TRANSFORMING SOUTHWARK’S NHS CONSULTATION REPORT
FINAL

May 2009

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Requested by:
NHS Southwark
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1.0 EXECUTIVE SUMMARY

- In response to recent national and London NHS policy, a Primary and Community Health Care Strategy was developed by NHS Southwark. The strategy for the next ten years identifies the health and social care challenges in Southwark, outlines how strengths and achievements of the current local service can be built on and describes how bringing together a range of services will reach out to the whole population of Southwark, delivering care that local people need and deserve.

- The overall vision is to:

  *Enable the people of Southwark to achieve the best possible health outcomes, live healthy lives and have access to a choice of good quality services when and where needed*.

- In order to achieve the vision for the next ten years, NHS Southwark plan to provide a network of care services, at the heart of which will be four health and social care centres based in Peckham, Canada Water/Surrey Quays, Dulwich and Elephant and Castle. The centres will be linked to and supported by GP practices, pharmacists, dentists and opticians. As proposals are implemented, NHS Southwark may consider a wider range of services to be included in the centres.

- A summary document of the Primary and Community Care Strategy was produced to form a user friendly consultation document for distribution across the borough. This consultation document was named ‘Transforming Southwark’s NHS’.

- Vision Twentyone were commissioned to help develop and to administer the consultation.

- The approach used for the ‘Transforming Southwark’s NHS’ consultation comprised a mixed methodology to ensure all members of the community who were interested in getting involved were able to do so.

- The consultation consisted of:
  - Public and patient (1328 – 1100 telephone & 228 web based/paper)
  - Staff (41)
  - Hard to reach participants (253)
  - Councillors (9)
  - Focus groups with public/patients, staff, community/support groups (7)
  - PPI presentations and briefings (13)
  - Individual responses received (5)
USAGE, ACCESS AND BARRIERS TO SERVICE

The respondents were asked about their usage and experience of accessing healthcare services and any barriers they face.

- The majority of the public and patients interviewed (1328) had used core services such as GPs (97.2%), pharmacy (76.1%), tests such as x-rays, ultrasound and blood tests (70.8%), services for people who have urgent problems (62.9%) and dentistry (60.7%). Just over half the sample (51.8%) had also used outpatients’ services including antenatal and postnatal care.
- Over half (56.2%) of the hard to reach respondents interviewed (250) said they found access to medical help and support quite or very easy. However, a large proportion 26.1% found it quite or very difficult to access medical help, support and advice.
- Language barriers (including difficulties with English, getting an interpreter and using children as interpreters), difficulties with the appointment system (predominantly at GPs) and continuity of service were the most common barriers to accessing primary and community care according to the hard to reach participants and some focus group attendees.
- Access to dental surgeries and opticians services in the borough was not raised as a particular problem.
- There was however, concern raised amongst the focus groups and hard to reach participants about the lack of chiropody (foot health) services in the borough.

WHAT SERVICE USERS WANT

The proposed network of care services were developed taking into account what people have told NHS Southwark they want during the early stages of engagement. The same aspects of service people said they wanted were re-tested during the ‘Transforming Southwark’s NHS’ consultation. In addition, respondents were also asked if there were any other improvements they would like to see.

- Positively, the majority of all respondents across the different groups broadly agreed with the needs and wants proposed and thought they should all be considered during the development of the proposals for change and network of care services.
- Fast and convenient access to diagnostic tests (97.5% staff and 94.1% public/patients - 228) and urgent access to a doctor or nurse especially for children, was also considered important by staff and (97.5% staff and 91.9% public/patients - 228).
- More convenient and longer opening times at the doctors (63.7%), access to a GP of choice (61.2%) and urgent access to a doctor or nurse especially for children (59.2%) were the top three important aspects of service according to the hard to reach participants.
MEETING THE CHALLENGE TOGETHER

In order to address the demands of a growing population with lifestyle related diseases and provide high quality, safe care, at the same time as meeting increasing public expectation of health services, Southwark NHS recognise that they need to change the way they deliver some services. Twelve overarching proposals for change were developed and from these a more concise version of eight proposals were consulted on.

- Over 60% of both staff (63.2%) and public/patients-228 (60.3%) consulted stated that the proposals set out would improve local healthcare services. However, it is worth noting that just over a quarter (28.9% of staff and 30% of public/patients-228) said that they did not know at this stage whether the proposals would improve local healthcare services.
- This fits with some of the responses collected during the focus group discussions, in that most people agreed with the proposals put forward but were sceptical about whether they would make a difference.
- The majority of all respondents (over 80%) were supportive of all of the proposals put forward.
- ‘A focus on detection and prevention’, ‘improved quality and safety’ and ‘management of long term conditions’ are the most positively supported of the proposals across the combined respondent groups.
- Some common suggestions for improvement included:
  - Improvements to the appointment system
  - Extended/flexible surgery opening hours
  - Less waiting time for services
  - Increased provision of dentistry services
  - Improve support/care for the elderly
  - Improvement to mental health services
  - Improve information and communication with patients
  - Ensuring home visits for out of hours especially for the elderly
  - Better access to translators
  - Better aftercare when leaving hospital.

NETWORK OF CARE SERVICES FIT FOR THE FUTURE

In order to achieve the vision for the next decade, NHS Southwark plan to develop a network of care services with a particular focus on prevention, early detection, choice, integrated care and support for patient self-management of conditions.

The network approach aims to provide more specialist care in health and social care centres whilst maintaining healthcare provisions, particularly GPs and pharmacists, close to people’s homes. The centres will be located at four sites in Peckham, Canada Water/Surrey Quay, Dulwich and Elephant and Castle.
Overall opinion
- The overall opinion was very positive with 73.9% of public and patients (1328) and 66.7% of staff agreeing with the proposal.
- A fairly large proportion disagreed (12.4% public/patients and 10.3% staff) with the proposals to have the four centres.
- A further were unsure at this stage as to whether they supported the proposals put forward (13.6% public/patients and 23.1% staff).
- In general, the focus group attendees were supportive of the proposed plans, particular stating that they liked the later opening hours of the centres, the idea of a walk in centre and having a range of primary and community care services all under one roof.

Concerns
Some respondents had concerns about the proposals for the four health and social care centres, these included:
- Duplication of services in some areas where health and social care centres would be close to current hospitals
- Concerns about the centres being imposed
- Concerns that changes may cause confusion amongst patients and the public
- Some worries about the effect the four centres would have on existing services
- Concerns about how the centres will be staffed
- Worries about how the centres will be funded the centres
- Concerns about being passed around by different primary and community care provisions
- Fear of losing GP surgeries
- Would not like to see a ‘one size fits all’ for the centres.

Suggestions
Some suggestions for the centres were proposed by the respondents:
- Ensuring transport links are adequate to access the centres
- Ensure travel is no further to the centres than people already travel
- Ensure the centres work in harmony with GP surgeries
- Good promotion and communications about how the network will work to ensure the transition is smooth and understandable.

Locations and services
- The majority of respondents (staff and 228 public and patients) were supportive of the four locations for the health and social care centres.
- Over three quarters (78.5%) of public and patients interviewed over the telephone (1100) and 87.7% of hard to reach participants are in overall support of the four key services proposed for the health and social care centres.
- When asked why they agreed with the core services, the public and patients consulted described them as ‘a good idea, providing all the necessary services’ (22.6%) and ‘convenient, accessible and closer to home’ (19.1%).
• Along with the proposed core provision, services for people with urgent problems and community and social care services including for mental health were considered important to include in the health and social care centres.

• Other core services proposed included a range of community services:
  o Intermediate care
  o Sexual and reproductive health and medical gynaecology
  o Community and social care services
  o Health and well-being advice and support
  o Foot health.

• Other additional services proposed included:
  o Exercise related classes/groups
  o Out reach teams
  o Flu jab clinics
  o Family planning
  o Dieticians
  o Support for Alzheimer’s and Parkinson’s disease
  o Preventative support such as weight control and smoking cessation
  o Mother and toddler group
  o Homeopathy and other non science based treatments.

**Services for people who have urgent problems**

• The majority of hard to reach participants who were feeling unwell said they would go to their GP (85.4%) to get medical help and advice.

• However, a fairly large proportion (15%) would go directly to A&E at a local hospital, despite the majority being registered with a doctor.

• Reasons why they would go to A&E were not asked directly, however the barriers hard to reach groups encountered (language and getting an appointment) and their support for longer opening hours and a minor injuries clinic suggest these may be the reasons for their visits to A&E.

• Overall, all the respondents were positive about the opening times and specific service provision for the health and social care centres.

• Opening times (91%) was the most positively supported across the respondent groups. This was closely followed by GP appointments that can be booked in advance (88.5%) and a walk-in service (88.5%).

• The public and patients including hard to reach participants, were more in-favour of having the extended opening hours from 8am to 8pm at the centres and less inclined to find the telephone consultation provision as important.

• Staff thought the 7 days a week opening proposal was the least important and that GP appointments that could be booked in advance and a walk-in centre would be more important to offer at the centres.

• The hard to reach participants also thought the minor injuries clinic was an important feature.
DULWICH HEALTH AND SOCIAL CARE CENTRE

- Those interested or familiar with the Dulwich area were asked questions specific to Dulwich, the sample sizes for this section were as follows:

<table>
<thead>
<tr>
<th>Respondent who completed the Dulwich element of the surveys</th>
<th>Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public and patients (telephone survey)</td>
<td>254</td>
</tr>
<tr>
<td>Public and patients (web/paper based survey)</td>
<td>228</td>
</tr>
<tr>
<td>Staff</td>
<td>41</td>
</tr>
<tr>
<td>Hard to reach participants</td>
<td>46</td>
</tr>
<tr>
<td>Total response for Dulwich</td>
<td>569</td>
</tr>
</tbody>
</table>

- A large proportion of public and patients from the web based/paper survey-228 (82.7%) and a fairly large proportion of staff interviewed (65%) were supportive of the location of a centre in Dulwich.
- Some members of the public during the focus group were less positive about the idea of having health and social care centres across the borough, preferring instead to have extended services at GP practices and going to one of the three main hospitals for specialist care.
- The public and staff focus group in Dulwich, revealed concerns about the transport links to the site and its close proximity to King’s College Hospital.
- The staff interviewed, although generally positive about the idea of a health and social care centre and the overall Network of Care Services, were sceptical about whether it would actually happen as they had heard of plans before that were not implemented.

Service provision

- Over 80% of public/patients interviewed via the telephone survey (254) and hard to reach participants (46) agreed in general with the proposed services for the Dulwich health and social care centre.
- Along with the proposed core provision, services for people with urgent problems and community and social care services including mental health were considered important to include in the health and social care centres overall, including Dulwich.
- The CICG focus group were positive towards the idea of having a centre at the Dulwich site but were keen for it to include the continuation of intermediate care beds. The Staff focus group (made up of the intermediate care team) also thought this was an important factor for the Dulwich site and talked about the current service only including step down care.
• Other service suggestions for Dulwich from across the respondent groups were similar to those mentioned for the other three centres, such as:
  o Dentistry
  o Fitness advice and exercise classes
  o More well being advice and support
  o Support for drug and alcohol problems
  o Complementary therapies
  o Support for people with disabilities.

• Some councillors consulted believed the general public would have a mixed response to the strategy for the Dulwich area but described how overall, if the provision is described properly, that the general public would support the proposals.

NEXT STEPS

Southwark NHS will be presenting this report to the Primary Care Trust Board meeting on 21 May 2009. A Transforming NHS Programme Board has recently been established by NHS Southwark to plan and implement the development of the Transforming Southwark proposals, predicated on the approval of the primary and community strategy at the Board meeting.

RECOMMENDATIONS

Vision Twentyone has provided a number of recommendations developed from the consultation findings and based around future communication considerations during the implementation stages of the project.

Communications

• Be transparent on how funding and staffing of the health and social care centres will work and how it will fit within the current service model e.g. will local GP’s remain?
• Provide information on the transport and parking provision for the centres in relation to each of the locations.
• Consider open discussions with transport providers with regard to providing adequate transport provision for the centres, particularly in relation to proposed site for the Dulwich health and social care centre.
• Provide a visual plan of what the centres will look like and the services they will offer.
• Provide information on how people will be referred to or use the centres – case studies are a useful tool for this.
• Use of simple language and graphics on literature to ensure it is assessable to all.
• Engage directly with King’s to discuss the health and social care centre service provision to avoid duplication and to strengthen and develop the partnerships.
Feedback
• Provide feedback on the consultation findings and how these will be considered. This information could be provided via an event as previously planned and/or on the NHS Southwark web site.
• We recommend conducting a widespread feedback exercise with NHS Southwark staff, whether they took part in the consultation or not. This could be done via a newsletter which could be adapted to be emailed and included into payslips.
2.0 CONSULTATION BACKGROUND

2.1 Introduction

In response to recent national and London NHS policy, a Primary and Community Health Care Strategy was developed by NHS Southwark. The strategy for the next ten years identifies the health and social care challenges in Southwark, outlines how strengths and achievements of the current local service can be built on and describes how bringing together a range of services will reach out to the whole population of Southwark, delivering care that local people need and deserve.

The overall vision is to:

"Enable the people of Southwark to achieve the best possible health outcomes, live healthy lives and have access to a choice of good quality services when and where needed."

The following proposals outline how NHS Southwark propose to change the way delivery of services are arranged:

- Increased capacity in primary and community services
- Improved quality and safety
- Improved access and choice
- A focus on prevention
- A focus on early detection
- Excellent management of long-term conditions
- Excellent understanding of the impact of diversity
- Clinical leadership
- A cost-effective service
- Rapid response for intermediate care (support to enable independent living & prevent people going into hospital)
- Patient centred rehabilitation
- Maximise patient independence.

In order to achieve the vision for the next ten years, NHS Southwark plan to provide a network of care services, at the heart of which will be four health and social care centres based in Peckham, Canada Water/Surrey Quays, Dulwich and Elephant and Castle. The centres will be linked to and supported by GP practices, pharmacists, dentists and opticians. As proposals are implemented, NHS Southwark may consider a wider range of services to be included in the centres.
2.2 Development of the consultation document

A summary document of the Primary and Community Care Strategy was produced to form a user friendly consultation document for distribution across the borough. This consultation document was named ‘Transforming Southwark’s NHS’, a copy of which can be found in appendix 6.

Visual 1: Transforming Southwark’s NHS – Consultation document

The consultation document provided an overview of the Primary and Community Care Strategy and a specific look at proposals for the development of the Dulwich health and social care centre.

The document outlined the following:

- Challenges facing the NHS for the 21st Century
- Information on the make up of the population of the borough and health related issues
- Progress already made within primary and community care
- Proposals for change
- The network of care services proposals
- An outline of the proposed service provision specifically for Dulwich and how to provide comments.
2.3 Promotional and engagement activity

Table 1 illustrates the complete distribution, promotion and engagement activity conducted by NHS Southwark.

In short, presentations and briefings were conducted by NHS Southwark with the following groups:
- CICG (Dulwich Community Involvement and Communications Group)
- Dulwich Community Council
- Dulwich staff user group
- Hambleden Clinic patient participation group
- Learning Disabilities Partnership Board
- Southwark Local Medical Committee/PCT Standing Joint Liaison Committee
- Older People’s Partnership Board
- Southwark OSC (Health and Adults Social Scrutiny Sub Committee)
- Young Southwark Executive
- Southwark Local Pharmacy Committee and Community Pharmacy Forum (no meeting log produced – narrative response received).

Copies of the consultation document were also distributed and the main proposals highlighted at the Stronger Communities Partnership and the User Involvement and Patient Experience Committee and included at information stalls at the Walworth Community Council and the launch of the Sierra Leonean Community Forum.

Road show style events were held with the following:
- Dulwich event for staff
- Woodmill event for staff.

Additional narrative consultation responses were received from:
- King’s Health Partners
- Lambeth, Southwark and Lewisham Local Optometric Committee
- Lambeth, Southwark and Lewisham Local Pharmaceutical Committee
- Rt. Hon. Tessa Jowell MP
- Local Liberal Democrat Party.

Copies of the narrative responses can be found in appendix 3. A summary report of the key issues collected from the briefings and road shows can be found in appendix 4.
### Table 1 - NHS Southwark Activity

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<tbody>
<tr>
<td>Website and intranet:</td>
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<td>Constant coverage on homepages of NHS Southwark’s website and intranet about Transforming Southwark’s NHS.</td>
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<td>Emails sent to:</td>
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<td>Announcement of Transforming Southwark’s NHS consultation in Staff Bulletin (e-newsletter to all staff)</td>
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<td>Stronger Communities Partnership</td>
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<td>GPs</td>
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<td>Community Involvement and Communications Group mailing list/Users and carers representative training planning Group</td>
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<td>Email to Lambeth PCT</td>
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<td>Email to King’s College Hospital NHS Foundation Trust</td>
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<td>GP’s, Health Centres and Pharmacies</td>
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<td>King’s College Hospital NHS FT and Guy’s &amp; St Thomas’ NHS FT</td>
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<td>Libraries, 1 Stop Shops and Neighbourhood Management offices</td>
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<td>Stronger Communities Partnership meeting</td>
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<td>User Involvement and Patient Experience Committee meeting</td>
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<td>Delivered to Community Action Southwark, Southwark Carers, Southwark LINk, Community Involvement and Development Unit at Southwark Council (Pensioners Forum, Disability Forum, Multi—Faith Forum, Refugee Forum, LGBT Network)</td>
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<tr>
<td>Peckham Resident’s Network meeting</td>
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<td>Public Involvement database (approx 290) including 120 local orgs, rest local people</td>
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<td>Community Involvement and Communications Group</td>
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<td>Lambeth, Southwark &amp; Lewisham Local Optometry Committee</td>
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<td>Southwark Local Medical Committee/PCT standing Joint Liaison Committee Meeting</td>
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<td>Dulwich Staff User Group</td>
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<td>Lambeth, Southwark &amp; Lewisham Local Optometry Committee</td>
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<td>Dulwich Community Council</td>
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<td>Patient Participation Group at the Hambleden Clinic</td>
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<td>Southwark Health &amp; Adult Social Care Scrutiny Sub Committee</td>
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<td>Southwark Staff Road Show – Dulwich</td>
<td>23 Mar 2009</td>
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Transforming Southwark’s NHS – Consultation Report

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<thead>
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<th>Event</th>
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<tr>
<td>Southwark’s Staff Road Show - Woodmill event</td>
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<td><strong>Other</strong></td>
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<td>Stall at Walworth Community Council Stall</td>
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<tr>
<td>Display in exhibition room at Dulwich Community Hospital</td>
<td>19 Jan – 17 April 2009</td>
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</table>
2.4 Consultation process

Vision Twentyone were commissioned to help develop and administer the consultation. Vision Twentyone is an independent company that specialises in consultation, research, communications and public affairs, further information about Vision Twentyone can be found at [www.visiontwentyone.co.uk](http://www.visiontwentyone.co.uk).

The approach used for the ‘Transforming Southwark’s NHS’ consultation comprised a mixed methodology to ensure all members of the community who were interested in getting involved were able to do so. For example, in addition to a wide spread telephone survey, paper and electronic versions of the questionnaire were made available and a face-to-face method was used for the hard to reach participants to increase engagement.

Table 2 illustrates the approach used by Vision Twentyone. The paper, telephone and internet versions of the surveys provided both quantitative and some limited qualitative information. The findings and questions during the quantitative element were then explored further using focus groups with a range of audiences including public and patients, staff, community groups, support groups and action groups, and in-depth interviews with councillors in the borough.

Visual 1: Public focus group conducted in Walworth
Visual 2: Staff focus group conducted in Dulwich

Some respondents chose to provide their opinions on the proposals via a direct letter (narrative response) rather than complete a survey. These included Rt Hon Tessa Jowell MP, the Local Optometric Committee, the Local Pharmaceutical Committee, King’s Health Partners and the local Liberal Democrat Party.

NHS Southwark also conducted a further element of consultation by delivering presentations and briefings at a number of meetings with groups across Southwark, a list of which is provided in section 2.3. A summary of the findings from the meetings and individual narrative responses above can be found in appendices 4 and 3 respectively. The findings from meeting logs have not been included in the main report.
<table>
<thead>
<tr>
<th>Respondents</th>
<th>Delivery</th>
<th>Method</th>
<th>Response</th>
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<td></td>
</tr>
<tr>
<td>Staff</td>
<td>Vision Twentyone</td>
<td>Paper</td>
<td>41</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Internet</td>
<td></td>
</tr>
<tr>
<td>Hard to reach</td>
<td>Vision Twentyone</td>
<td>Face to Face</td>
<td>253</td>
</tr>
<tr>
<td>- Asylum seekers and refugees</td>
<td></td>
<td>Vision Twentyone</td>
<td></td>
</tr>
<tr>
<td>- BME</td>
<td></td>
<td>Vision Twentyone</td>
<td></td>
</tr>
<tr>
<td>- Long term health problems inc. mental health</td>
<td></td>
<td>Vision Twentyone</td>
<td></td>
</tr>
<tr>
<td>- Physical, sensory and learning disabilities</td>
<td></td>
<td>Vision Twentyone</td>
<td></td>
</tr>
<tr>
<td>Councillors</td>
<td>Vision Twentyone</td>
<td>In-depth telephone</td>
<td>9</td>
</tr>
<tr>
<td>Public and patients (Walworth and Dulwich)</td>
<td>Vision Twentyone</td>
<td>Focus groups</td>
<td>X2 groups (19 people)</td>
</tr>
<tr>
<td>Bermondsey &amp; Rotherhithe Development Partnership (BRDP)</td>
<td></td>
<td>Focus group</td>
<td>X1 group (6 people)</td>
</tr>
<tr>
<td>Staff (Intermediate care staff at Dulwich)</td>
<td>Vision Twentyone</td>
<td>Focus group</td>
<td>X1 group (7 people)</td>
</tr>
<tr>
<td>Carers</td>
<td>Vision Twentyone</td>
<td>Focus group</td>
<td>X1 group (10 people)</td>
</tr>
<tr>
<td>Southwark LINk (some steering group members &amp; some LINk host staff)</td>
<td>Focus group</td>
<td>X1 group (10 people)</td>
<td></td>
</tr>
<tr>
<td>Dulwich Community Involvement and Communications Group (CICG)</td>
<td>Focus group</td>
<td>X1 group (4 people)</td>
<td></td>
</tr>
<tr>
<td>Presentations and briefings</td>
<td>NHS Southwark staff</td>
<td>Meetings with groups in Southwark</td>
<td>13</td>
</tr>
</tbody>
</table>
To ensure the hard to reach groups selected were effectively included, a large scale engagement process was undertaken with community, religious, health and other related groups in the borough. The contacts made included:

- AAINA Women’s Group (Asian Women’s Group)
- Action for Blind People - Bradbury Oak House
- Aluna Court (temporary accommodation for BME young pregnant women and mothers)
- Art in the Park – Heart Garden
- Ahwazi Community Association – (support for people from Ahwazi (Iran) community)
- Aylesbury Day Centre (for people with physical & sensory disabilities)
- Bede Learning Disability Project
- Breathe Easy Group
- Bengali Community Development Project
- Bengali Women’s Group
- Cancer Black Care
- Camberwell ME Support Group
- CoolTan Arts (arts group for people with mental health needs)
- Southwark Day Centre for Asylum Seekers – Copleston Centre
- Southwark Refugee Project
- Southwark Somali Refugee Council
- Indo-American Migrant Organisation
- Latin American Disabled People’s Project
- Mission Care (accommodation for physically disabled adults)
- Open Door Day Centre (mental health organisation)
- Southwark Asian Centre
- Southwark Cypriot Day Centre
- Speaking Up (a learning disability user group)
- Stones End Day Centre (elderly people)
- Time and Talents Stroke Club
- Vietnamese Women’s Group.
3.0 ABOUT THE REPORT

This report details the key findings from the Transforming Southwark’s NHS consultation.

3.1 Appendices

Within the appendices, which is provided as a separate document, is an individual summary report from the hard to reach respondents and a summary of findings report from the NHS Southwark meeting logs. The hard to reach report enables the reader to look more closely into the findings, if required. Vision Twentyone are available to assist with any further insight on request. The location of the appendices is indicated below:

Appendices

1 – Individual summary report – Hard to reach participants
2 – Individual summary report – Councillors
3 – Copies of narrative responses received
4 – Summary of meeting logs
5 – Questionnaires/discussion guides
6 – Consultation document

3.2 Question format

The questions within the questionnaire and discussion guide were adapted to meet the requirements of each of the respondent groups consulted and the method of consultation used. For example, the public/patient telephone survey was a succinct, more descriptive version of the paper and web based public/patient survey. This enabled people who were likely not to have seen the consultation document to be provided with more detailed verbal descriptions of the proposals and a more user friendly way of asking questions. Care was taken to ensure the wording and description of the proposals was not misleading and gave the respondent the same opportunities to provide their views.

Quantitative analysis was undertaken using closed question responses, followed by further qualitative analysis of open responses. This method was also used for the councillor’s consultation with more open responses encouraged to provide further insight into their opinions of the proposals put forward.
Examples of the questionnaires and discussion guides used can be found in appendix 5.

3.3 Things to note

Public and patient data

Where possible, throughout the report the data collected from the public and patients via the two different methodologies (telephone and web based/paper surveys) has been combined. Combined public and patient data has a total sample size of 1328. In some parts of the report it refers to either the paper and web based survey or the telephone survey and not a combined figure, this is because the questions were slightly different to cater for the different methodology and therefore it was not possible to combine them. Table 3 illustrates the sample sizes for each methodology from the public and patient data that are referred to in the report.

<table>
<thead>
<tr>
<th>Methodology</th>
<th>Sample Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Combined public and patient data</td>
<td>1328</td>
</tr>
<tr>
<td>Telephone survey</td>
<td>1100</td>
</tr>
<tr>
<td>Web based and paper survey</td>
<td>228</td>
</tr>
</tbody>
</table>

It is also worth noting that the public and patient data contains responses from 10 clinicians who chose to complete this survey rather than the staff survey. It is possible however, that these respondents do not work for NHS Southwark.

Other combined data

Throughout the report some or all of the respondent groups from the quantitative element of the consultation (public & patients, staff and hard to reach respondents) have been combined to illustrate the overall view on the proposals. This is labelled as ‘combined respondents’ and occurs in figures 5, 6 and 7.

Hard to reach participants

With regard to the hard to reach participants data, a large number of participants fell into two or more categories, for example they were BME and had a physical disability. The quotes illustrated throughout the report indicate the multi categories the respondent correlates to.

Table 4 below gives a breakdown of the sample by group. Please note, group totals do not add up to 253 because some participants are in two or more groups: for example, a participant might be Black and have a long term health condition and learning disability.
Table 4: Breakdown of participants by group

<table>
<thead>
<tr>
<th>Group</th>
<th>No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Asylum seekers and refugees</td>
<td>48</td>
</tr>
<tr>
<td>B People from Black and ethnic minority backgrounds (BME)</td>
<td>177</td>
</tr>
<tr>
<td>C People with long term conditions, including mental health conditions</td>
<td>129</td>
</tr>
<tr>
<td>D People with physical, sensory and/or learning disabilities</td>
<td>101</td>
</tr>
<tr>
<td>Total number of participants</td>
<td>253</td>
</tr>
</tbody>
</table>

Elected member responses

Responses collected from the nine councillor in-depth interviews and the letter received from the Liberal Democrat Party and Rt Hon Tessa Jowell MP have been incorporated within the report. An individual summary councillor report can be found in appendix 2.

3.4 Validity of the data

We can be 95% confident that the stand alone patient and public telephone data or combined web based/paper and telephone public and patient data is robust within plus or minus 2.65%. The industry standard is plus or minus 3%, a confidence interval lower than 3% indicates that the findings are robust and reflective of the whole population of Southwark.

3.5 Shortfall in the data

Although an exhaustive approach was undertaken to engage and involve Primary and Community Care NHS staff within the consultation by NHS Southwark, a low response was received. The findings are based on 41 members of NHS staff and a focus group with the Intermediate Care Team at Dulwich Community Hospital. NHS Southwark staff also conducted a number of presentations and briefing meetings to introduce the proposals. Meeting responses were logged and a summary document can be found in appendix 4.

3.6 Appreciation

Vision Twentyone would like to thank all of the research participants for taking the time to share their experiences and opinions. We also extend our warmest thanks to the organisations that helped to ensure harder to reach members of the Southwark community were engaged in the consultation, a list of whom can be found in section 2.4. Thanks also to Katie Nicholls (BDRP), Alvin Kinch (Southwark LiNK) and Irene Kruger (Southwark Carers) for helping organise and recruit attendees for their respective focus groups. Finally, thanks to NHS Southwark for their help and support throughout the consultation process.
4.0 USAGE, ACCESS AND BARRIERS TO SERVICE

The following section outlines the key findings from the consultation, looking at usage, access and barriers to primary and community health services that some members of the Southwark community face.

4.1 Usage of primary and community healthcare services

In order to further understand the primary and community health needs of the whole community of Southwark, the consultation collected data on how people currently use and access services and what barriers they face.

All public and patients consulted (1328) were asked which healthcare services they had used. The hard to reach participants (253) and focus groups (x7) were also asked specifically about how they found access to healthcare services and what barriers they faced accessing these services.

As Figure 1 illustrates, the majority of the public and patients interviewed had used core services such as GPs (97.2%), pharmacy (76.1%), tests such as x-rays, ultrasound and blood tests (70.8%), services for people who have urgent problems (62.9%) and dentistry (60.7%). Just over half the sample (51.8%) had also used outpatients’ services including antenatal and postnatal care.

The other services used by a significant percentage of members of the public interviewed were all services being considered for the health and social care centres. Renal dialysis was the least used service by 1.5% of the public interviewed, perhaps not surprisingly given the frequency of the condition.

Figure 1 - Usage of services

![Chart showing usage of services]

Base: 1328 (Combined public/patient data)
4.2 Hard to reach participants experience of access to healthcare services

The hard to reach participants were asked about how they and other members of the Southwark community found access to healthcare services in their area.

As Figure 2 illustrates, when asked about overall access to healthcare services, over half (56.2%) of the hard to reach respondents interviewed said they found access to medical help and support quite or very easy. However, a large proportion 26.1% found it quite or very difficult to access medical help, support and advice. The barriers described in section 4.4 provide some explanation as to why some hard to reach respondents found access difficult.

Figure 2 – Ease of accessing medical help, support and advice

```
<table>
<thead>
<tr>
<th>How easy or difficult do you think it is to get medical help, support and advice in general?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very easy</td>
</tr>
<tr>
<td>Quite easy</td>
</tr>
<tr>
<td>Neither easy nor hard</td>
</tr>
<tr>
<td>Quite difficult</td>
</tr>
<tr>
<td>Very difficult</td>
</tr>
<tr>
<td>Don't know/not sure</td>
</tr>
</tbody>
</table>
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Base: 253 (Hard to reach participants)

4.3 Accessibility of other primary and community services

Access to dental surgeries and opticians services in the borough was not raised as a particular problem by the hard to reach participants or across the focus groups, although some people did discuss the issue of a lack of NHS dentists in the borough overall.

“They say in the consultation document that there are 37 NHS dentists in Southwark and that there are 269,000 people living in the area, that seems like a complete joke, how can there be enough dental provision?” (Dulwich Public Focus Group)
There was however, concern raised amongst the focus groups and hard to reach participants about the lack of provision or long waiting times for chiropody (foot health) services in the borough. This was seen as a particular problem by the staff focus group and members of the Dulwich public focus group.

“There is a problem with the chiropodists, there is a 6 week wait and this means that we can not do rehabilitation with a patient until they have seen the chiropodist.” (Staff Focus Group)

“If the whole focus is keeping people in their own homes then something as simple as timely chiropody could prevent an early admission into hospital.” (Staff Focus Group)

“A friend who is in a nursing home could not get any chiropodist care.” (Dulwich Public Focus Group)

“Chiropodists used to visit the Day Centre but they don’t do this or make home visits [anymore]. It is very hard to get hold of them”. (Visual Impairment, Mobility Impairment, Long Term Health Condition)

During discussions the Dulwich public focus group and some hard to reach respondents also raised their concerns about care for the elderly in the community, particularly about the role carers play and how elderly people can be ‘short changed’ by caring organisations.

“The care workers are supposed to stay for an hour but they only stay for 10 minutes. They keep a log book but it is a fabrication of their time.” (Dulwich Public Focus Group)

“My mother required a doctor last week, she lives at home and has care workers. The doctor did not come to see her”. (Dulwich Public Focus Group)

“All GP surgeries should do home visits - weather conditions make it impossible to get to the surgery for the disabled and elderly. (“Visual Impairment, Mobility Impairment and Long Term Health Condition)

“Services often don’t provide treatment in one’s own home (vital when housebound)...” (Long Term Health Condition)

4.4 Barriers to accessing healthcare services

As Figure 3 illustrates, the barriers encountered by respondents from the hard to reach groups when seeking medical help, support and advice were mainly language barriers, difficulties with the appointment system, problems with reading and writing, getting to see the same doctor, nurse or consultant and issues with getting an interpreter. Further information about the barriers encountered is outlined on the following pages.
Figure 3 – Barriers to accessing healthcare services

What are the main problems you face when trying to get medical help, support and advice in general? (top ten responses)

- I have difficulty with English: 29.6%
- Appointment system: 28.1%
- Getting to see the same doctor/nurse/consultant every time can be difficult: 23.6%
- I have problems with reading and writing: 23.6%
- I have difficulty getting an interpreter from my doctor or other health and social work services: 19.2%
- I have to use my children as interpreters for personal issues: 16.7%
- The opening hours of my local GP services are not suitable for me: 15.8%
- I do not have any transport: 12.8%
- Other: 12.3%
- Staff within the health service do not understand my needs: 11.8%

Base: 253 (Hard to reach participants)

Permanent registration with a doctor however, does not appear to be a barrier encountered by the hard to reach participants interviewed, with 94.5% overall being permanently registered.

Language barriers

Language barriers were the most frequently cited problem when attempting to access primary and community care services for the hard to reach groups. Participants reported having difficulties with English (29.6%), difficulties getting an interpreter (19.2%) and using their children as interpreters (16.7%). Asylum seekers and refugees and people from a BME background reported having had difficulty getting an interpreter. Examples of participants’ responses include:

“I’m an elderly person living on my own, and because of the language barrier I find it difficult to even arrange to book an appointment to see my GP.” (BME)

“I am not confident in speaking to the professionals and feel more Bengali speaking professionals and regular interpreters would be appropriate.” (BME)

For some participants, the language barrier could be more of a problem on certain occasions, for example when they needed urgent help:

“Sometimes in an emergency I don’t know what to do. [This is when the language barrier is a problem]. I need to explain in more confidence
when it's a mental health problem. It's difficult to speak about my condition in English.” (BME, Mental Health Condition)

“[Language is only a problem] if I need to talk about something new.” (BME, Long Term Condition)

Difficulty in communicating with medical staff was also a problem for some participants with learning disabilities and long term health conditions:

“The Hospital asks a lot of questions – it’s difficult to understand.” (Long Term Condition)

Asylum seekers and refugees were asked a supplementary question on what measures would improve access to healthcare services for them and their families. The most popular answers were translators (64.4%), information leaflets in different languages (55.6%), and healthcare forms available in different languages (37.8%). Better training for health professionals about cultures, backgrounds and associated health problems (35.6%) and better training for health professionals on the specific needs of asylum seekers and refugees (26.7%) were also seen as positive measures. Figure 4 illustrates the findings further.

**Figure 4 – Measures to improve access to healthcare for asylum seekers and refugees**

![Bar chart showing the percentage of responses to measures that would improve access to healthcare for asylum seekers and refugees. The most popular measures are translators (64.4%), information leaflets in different languages (55.6%), and healthcare forms available in different languages (37.8%). Other measures include better training for health professionals about cultures, backgrounds and associated health problems (35.6%), better training for health professionals on the specific needs of asylum seekers and refugees (26.7%), and advice on how to register with a doctor (11.1%).]

Base: 48 (Asylum seekers & refugees)
Appointment system at GP surgeries

Similar findings were encountered amongst people consulted during the focus group discussions as amongst the hard to reach respondents. Most talked about problems booking advanced or same day appointments.

“The doctors I go to you have to phone up between 8-11am the day before but you can’t book in advance and it is quite difficult to get through on the phone.” (Walworth Focus Group)

“You used to ring [the doctors] and they’d give you an appointment. Now they ring back and offer you an appointment in a few days. It’s a problem if you’re very ill.” (BME)

Respondents from the focus groups also talked about other difficulties they experienced when trying to get appointments and having to describe their condition to a receptionist which they thought was inappropriate.

“Sometimes you have to call and the receptionist says what is wrong with you and she decides whether she can get you an appointment that day or not”. (Dulwich Public Focus Group)

“I woke up one morning and I couldn’t raise my left arm…I think it was a muscle or something…. and so I went to the doctors and said can I make an emergency appointment. The [receptionist] said they only do emergency appointments on Tuesdays or Thursday”. (LiNk Focus Group)

Other respondents from the focus groups however, appeared to be happy with their GP surgeries system of booking appointments and receiving emergency treatment.

“Mine is good, I can ring up on the same day and come as an emergency”. (Walworth Focus Group)

Continuity of GP services

Seeing the same doctor was an issue raised by people among the hard to reach participants and focus group discussions. Just under a quarter of hard to reach participants (23.6%) said that it could be difficult to see the same doctor, nurse or consultant especially if an urgent appointment was required.

“It can take a week to get to see your own GP. You can only see another doctor who doesn’t know your problem”. (BME, Asylum Seeker/Refugee, Long Term Health Condition)

Those within the focus groups also talked about the importance of being able to see the same doctor as they know their medical history.
Other barriers encountered

The following are other barriers to accessing services that emerged during the course of the consultation with the hard to reach participants. Although not the most commonly mentioned problems they are worth considering when decisions are being made about commissioning services in the primary and community setting.

- **Staff attitudes** – 9.9% of hard to reach respondents interviewed said they had experienced NHS staff being rude or dismissive. In some of these cases, the attitude of staff was seen to be due to a lack of understanding of an individual and their disability or health condition, or their age.
- **Wheelchair accessibility** – 2% of hard to reach respondents mentioned that their GP surgery or dentist was not accessible or equipped for wheelchair access. This was also raised by one person in the LINk focus group as a problem in the Southwark area.
- **Barriers to accessing services for people with learning difficulties** – a focus group-style discussion was held with hard to reach participants with learning difficulties and the following key points were raised:
  - Automated telephone systems can be confusing for people with learning disabilities
  - Electronic displays at surgeries which tell you when to enter the GPs room can be problematic for those who have difficulty reading
  - Healthcare providers should ensure that information sent to an individual is appropriate, for example by using pictures, symbols and simple language where appropriate.

**Summary**

- The majority of the public and patients interviewed (1328) had used core services such as GPs (97.2%), pharmacy (76.1%), tests such as x-rays, ultrasound and blood tests (70.8%), services for people who have urgent problems (62.9%) and dentistry (60.7%). Just over half the sample (51.8%) had also used outpatients' services including antenatal and postnatal care.
- Over half (56.2%) of the hard to reach respondents interviewed (250) said they found access to medical help and support quite or very easy. However, a large proportion 26.1% found it quite or very difficult to access medical help, support and advice.
- Language barriers (including difficulties with English, getting an interpreter and using children as interpreters), difficulties with the appointment system (predominantly at GPs) and continuity of service were the most common barriers to accessing primary and community care according to the hard to reach participants and some focus group attendees.
- Access to dental surgeries and opticians services in the borough was not raised as a particular problem.
- There was however, concern raised amongst the focus groups and hard to reach participants about the lack of chiropody (foot health) services in the borough.
5.0 WHAT SERVICE USERS WANT

The proposed network of care services were developed taking into account what people have told NHS Southwark they want during the early stages of engagement. The same aspects of service people said they wanted were re-tested during the ‘Transforming Southwark’s NHS’ consultation. In addition, respondents were also asked if there were any other improvements they would like to see.

Members of the public who took part in the ‘Transforming Southwark’s NHS’ consultation by completing a paper or web based survey (228), NHS staff (41), hard to reach participants (253), focus groups (x7) and councillors (9) were asked to review the needs and wants identified in the previous consultation. Public and patients completing the telephone survey were not asked to participate in this element of the consultation, this ensured the survey was timely and succinct.

Positively, the majority of all respondents across the different groups broadly agreed with the needs and wants proposed and thought they should all be considered during the development of the proposals for change and network of care services.

Figure 5 illustrates the findings from the staff (41) and the public and patient web based/paper survey (228). Although all nine aspects of improvement put forward are positively agreed with, having fast and convenient access to diagnostic tests e.g. x-rays, blood tests, minor procedures and out-patient appointments was the most strongly agreed by both respondent groups combined (94.6%) - 97.5% and 94.1% respectively.

Urgent access to a doctor or nurse especially for children, was also considered important by staff and public/patients combined (92.7%) - 97.5% compared to 91.9% respectively.

Using community pharmacists, dentists and opticians to provide a wider range of services was the least popular of the service improvements but still considered important by 71.2% of both staff and public/patients combined.
Figure 5 - Review of what service users want

This is what people have already told us about what is important about local health services. Please indicate how much you agree or disagree.

- Fast and convenient access to diagnostic tests
- Urgent access to a doctor or nurse, especially for children
- More convenient and longer opening times in general practice (GPs)
- Access to a GP of choice
- More support to manage long-term conditions
- More support for carers
- Easier access to mental health services
- More health advice and support, including weight management and help to stop smoking
- Using community pharmacists, dentists and opticians to provide a wider range of services

Base: Illustrates only those who agree/strongly agreed only. 41 (Staff), 228 (Public/Patients - web based & paper survey). Bases vary as some people did not provide a response to every option.

As Figure 6 (overleaf) illustrates, the hard to reach participants interviewed (253) were asked to say which of the options put forward they thought were the most important. More convenient and longer opening times at the doctors (63.7%), access to a GP of choice (61.2%) and urgent access to a doctor or nurse especially for children (59.2%) were the top three important aspects of service.

Similar to staff and public/patients one of the least popular service improvements amongst the hard to reach participants was the suggestion to use community pharmacists, dentists and opticians to provide a wider range of services such as health advice (40.8%). Easier access to mental health services however, was considered the least important in comparison to the other proposed service improvements.
5.1 More support for carers (family/friends providing support)

More support for carers was commented on further amongst the focus groups. Within the Southwark LiNk focus group they specifically highlighted the following point:

“There needs to be recognition of the responsibility carers have taken on in sustaining the health service.” (LiNk Focus Group)

Attendees of the carers focus group talked about how they would often put their own healthcare needs to one side and focused on the person they were caring for. A conversation with a Southwark Carers manager revealed that this was a common occurrence and a key concern due to the reliance the patient has on the carer continuing to stay fit and healthy.

“While you are caring for someone you forget to care for yourself.” (Carer Focus Group)

The carers’ focus group attendees also discussed how they thought Southwark Carers support group should be more widely promoted amongst GP surgeries and other primary care services.

“My mum has been going to the doctors for years and we were never told that Southwark Carers existed. It was only through my counsellor that I eventually found out about carers support groups.” (Carers Focus Group)
5.2 Other improvements in service provision considered important

The councillors consulted broadly agreed with the areas for improvement put forward with three people suggesting additionally that local GP practices should be better provided with technology and equipment and have more local specialists on site.

“More holistic care, as often you may go to see a doctor who will look at your symptoms for the diagnosis when the problem may be more grave. Ensure that there is expertise at the local level and the necessary technology and equipment.” (Councillor)

“For mental health, make sure there’s a specialist at GP practices - would be good to have a friendly face there so people don’t always have to go to hospital.” (Councillor)

“I think that there should be a greater concentration on ensuring that independent GPs and pharmaceutical practices are supported; that they should be allowed by PCT trusts to take on more work/a wider range of services.” (Councillor)

One councillor would also like to see better monitoring and information about medication prescribed to patients.

“One thing I’m concerned about is that sometimes GPs and hospitals put people on too much different medication and don’t explain it properly - some people aren’t that literate. [Different types of] medication can interact with each other and often people don’t understand, especially with the BME community. You need to make sure that people understand what they’ve been told.” (Councillor)

Of the 77 people from the public and patient survey and 95 hard to reach participants providing any further suggestions for service improvements, ‘reducing waiting times’ was the most common response (20% of hard to reach participants compared to 11.6% of public and patients). A further 13.7% of hard to reach participants said they would like better access to translators and a further 10.5% would like to see more home visits and out of hours services, especially for the elderly.

Most of the other suggestions for improvement from these respondent groups were quite individual however, some were also raised during the focus group discussions, such as:

- Immediate support and provision for a mental health crisis

  “Immediate healthcare for emergency mental health problems e.g. a psychotic episode.” (BME, Mental Health Condition)
“More support in a crisis particularly for Schizophrenia otherwise it escalates. We need someone to come quickly.” (Carers Focus Group)

- More information for people who become disabled through an accident or late onset condition

  “For disability that is through an accident rather than progressive (MS etc) you never know what you can expect, for example with regard to counselling. You’re left on the scrap heap. We need an info pack like they give out for certain illnesses that includes signposting advice.” (Mobility Impairment)

  “[People need] transition therapy [to help support them] from being able bodied to disabled, to understanding what a person has got and how they can cope.” (LINK Focus Group)

- A more consistent provision for prescriptions. Some people were unable to receive a home delivery service in their area, another person described having to come back the next day for a prescription that was not available and a further person described not being given adequate information about their prescription as a problem.

  “It seems to be up to the pharmacists as to whether this happens so I think there needs to be a uniform policy.” (BDRP Focus Group)

  “You have to queue then come back at the chemists - better if you didn’t have to come back the next day.” (Hearing Impairment, Visual Impairment)

  “Sometimes they give you prescriptions but don’t talk you through it, for example if you may suffer an allergic reaction.” (BME, Hearing Impairment, Learning Disability, Long Term Health Condition)

A further suggestion for pharmaceutical provision included:

  “[Provide] up-to-date computers [systems], one should be able to email for a repeat prescription instead of wasting time writing letters, then having to post, as you live too far away to drop it in.” (Public/Patient Survey)

- The importance of confidentiality when talking to a receptionist at a GP surgery was mentioned by some respondents within the public and patient survey and amongst some of the focus groups. Some people felt discussions about their condition should be dealt with more discreetly. This supports similar findings in section 4.2 with regards to the appointment system.
“More privacy i.e. receptionist who insists on knowing why you want a doctor either over the phone or when attending the surgery should lower their voice and respect patients at all times.” (Public/Patient Survey)

“When I went to collect my test results the reception were telling me the results and asking for my name and address, you don’t want to be yelling your entire health history and personal [contact] details to the receptionist and a room full of people.” (BDRP Focus Group)

**Summary**

- Positively, the majority of all respondents across the different groups broadly agreed with the needs and wants proposed and thought they should all be considered during the development of the proposals for change and network of care services.
- Fast and convenient access to diagnostic tests (97.5% staff and 94.1% public/patients - 228) and urgent access to a doctor or nurse especially for children, was also considered important by staff and (97.5% staff and 91.9% public/patients - 228).
- More convenient and longer opening times at the doctors (63.7%), access to a GP of choice (61.2%) and urgent access to a doctor or nurse especially for children (59.2%) were the top three important aspects of service according to the hard to reach participants.
6.0 MEETING THE CHALLENGE TOGETHER

In order to address the demands of a growing population with lifestyle related
diseases and provide high quality, safe care, at the same time as meeting
increasing public expectation of health services, Southwark NHS recognise
that they need to change the way they deliver some services.

Twelve over-arching proposals for change were developed and from these a
more concise version of eight proposals were consulted on. These were:

- Healthcare closer to home
- Improved quality and safety
- Improved access and choice
- Improving/a focus on detection and prevention of diseases
- More support/management of long term conditions such as diabetes,
  asthma and high blood pressure
- Ensuring value for money
- Rapid response for intermediate care
- Rehabilitation at home.

6.1 Impact of proposals for change

Initially, staff (41), councillors (9) and public and patients completing a web
based or paper version of the survey (228) were asked whether they thought
the proposals set out would improve local healthcare services.

As Figure 7 illustrates, over 60% of both staff (63.2%) and public/patients
(60.3%) consulted stated that the proposals set out would improve local
healthcare services. Few respondents, from these groups, thought the
proposals would not improve local healthcare services (7.9% and 8.7%
respectively).

Just over a quarter (28.9% of staff and 30% of public/patients) said that they
did not know at this stage whether the proposals would improve local
healthcare services. This fits with some of the responses collected during the
focus groups discussions, in that most people agreed with the proposals put
forward but were sceptical about whether they would make a difference.

“Thereir heart is in the right place.” (Dulwich Public Focus Group)

“It does sound so good but you do feel that it is hot air.” (Dulwich
Public Focus Group)
Figure 7 – Will proposals improve local health services?

<table>
<thead>
<tr>
<th></th>
<th>Staff</th>
<th>Public/Patient (Web based &amp; Paper)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>28.9%</td>
<td>31.1%</td>
</tr>
<tr>
<td>No</td>
<td>7.9%</td>
<td>8.7%</td>
</tr>
<tr>
<td>Don’t know</td>
<td>63.2%</td>
<td>60.3%</td>
</tr>
</tbody>
</table>

Base: 41 (Staff), 228 (Public /Patient – web based & paper)

6.2 Level of support for each proposal for change

All of the respondents consulted were asked to say what their level of support was for each of the proposals for change.

The majority of all respondents (over 80%) were supportive of the proposals put forward (taken from combined totals in table 3). NHS staff were the most supportive overall, with public and patients and the hard to reach participants consulted being slightly more cautious although still very positive towards the proposals. It is likely that the knowledge of how the services are delivered enables staff to feel more able to provide a response, whereas members of the public and patients were slightly more likely to choose the middle ground ‘neither support nor do not support’ or to say they ‘don’t know’.

Table 5 illustrates that ‘a focus on detection and prevention’, ‘improved quality and safety’ and ‘management of long term conditions’ are the most positively supported of the proposals across the combined respondent groups. With ‘healthcare closer to home’ being the least supported amongst those consulted but still supported by 78.9% of all respondents combined.

Amongst the staff consulted, the strength of support for the ‘management of long term conditions’ proposal was notable with 60% saying they strongly supported it and a further 37.5% saying they supported it (97.5% in total). In addition, one of the proposals staff least supported, namely ‘ensuring value for money’, was less strongly supported overall – only 20% strongly supported the proposal of the 85% in total who supported it.
Table 5 - Support for the proposals for change

<table>
<thead>
<tr>
<th>Please indicate your level of support for these proposed changes.</th>
<th>Public/patients (1328)</th>
<th>Hard to reach (205*)</th>
<th>Staff (41)</th>
<th>Combined respondents (1574)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A focus on / improving detection and prevention</td>
<td>90.7%</td>
<td>89.9%</td>
<td>95.0%</td>
<td>90.8%</td>
</tr>
<tr>
<td>Improved quality and safety</td>
<td>83.6%</td>
<td>86.5%</td>
<td>95.0%</td>
<td>84.3%</td>
</tr>
<tr>
<td>Management of / more support for long term conditions</td>
<td>83.6%</td>
<td>87.1%</td>
<td>97.5%</td>
<td>84.2%</td>
</tr>
<tr>
<td>Rapid response for intermediate care</td>
<td>82.8%</td>
<td>80.9%</td>
<td>92.5%</td>
<td>82.8%</td>
</tr>
<tr>
<td>Rehabilitation at home</td>
<td>82.1%</td>
<td>76.4%</td>
<td>87.2%</td>
<td>81.5%</td>
</tr>
<tr>
<td>Improved access and choice</td>
<td>79.4%</td>
<td>89.4%</td>
<td>87.5%</td>
<td>80.9%</td>
</tr>
<tr>
<td>Ensuring value for money</td>
<td>79.8%</td>
<td>76.4%</td>
<td>85.0%</td>
<td>79.5%</td>
</tr>
<tr>
<td>Healthcare closer to home</td>
<td>78.1%</td>
<td>82.8%</td>
<td>85.0%</td>
<td>78.9%</td>
</tr>
</tbody>
</table>

NB: Illustrates those who support/strongly support only - bases vary as some respondents did not provide a response to each option.
* This excludes asylum seekers and refugees surveyed as they were asked a differently worded question.

Insight into support for the proposal to ‘focus on detection and prevention’

The focus groups provide further insight into the strength of support for the proposal to focus on detection and prevention.

“Having prevention is good, getting patients more informed about their illness or what they can take for their illness is a good thing.” (Walworth Public Focus Group)

“Focus on prevention so long as it is not [via] a blame culture.” (LINk Focus Group)

“I think all the proposals are fantastic but prevention ideas don’t stay because they are more difficult to measure.” (Staff Focus Group)
Councillors

Although councillors were largely supportive of the priorities put forward they also made the following comments around choice.

“Patients are often not well informed enough to make a choice.” (Councillor)

“[I’m] not sure that choice is necessarily important; how does a lay person choose the right consultant? Choice is just a word to make a good impression. Value for money [is] good as long as it's not a euphemism for not treating people over a certain age/cutting services for certain groups.” (Councillor)

One councillor who disagreed with some of the proposals put forward the following reason:

“I think GPs are close to home and that we don’t need them closer. For the others that I don’t support, the NHS already provide the service. Value for money isn’t a consideration when it comes to healthcare as there are more important things to consider. I don’t think that in every case rehabilitation at home is always the best idea; there is a need for more intermediate care as at the moment there is a tendency for PCT bosses in Southwark to rush people home and get them out of the hospital bed quickly.” (Councillor)

6.3 Other suggestions for priorities for change

The majority of the public and patients consulted did not have any further suggestions for priorities for change (68%). Of those who did (425), just over half (58.1%) provided quite varied individual suggestions, while the majority of the remaining 41.9% provided some common suggestions for priorities for change. In order of popularity, these include:

- Improvements to the appointment system (12%)
- Extended/flexible surgery opening hours (8.7%)
- Less waiting time for services (8.7%)
- Increased provision of dentistry services (6.5%)
- Improve support/care for the elderly (4.7%)
- Improvement to mental health services (3.5%)
- Improve information and communication with patients (2.8%).

A variety of other suggestions for priorities for change were suggested by 13 NHS staff, the suggestions centred around considering children's services, moving towards personalised healthcare and reducing bureaucracy and complex systems.
“Children’s services need more investment especially CAMHS [Child & Adult Mental Health Services] community services.” (Staff Survey)

“Reducing bureaucracy to ensure a higher proportion of clinical time is spent on patient care.” (Staff Survey)

“Personalised healthcare programmes, not just fixing what is wrong now but planning an individual’s journey into the future.” (Staff Survey)

Of the 74 people within the hard to reach groups who provided other suggestions for priorities for change, the most common comments were about providing better access to translators (14.9%) and ensuring home visits and out of hours services are available, especially for the elderly (10.8%). Better aftercare when leaving hospital was also mentioned by 10.8% of people within this group.

The Dulwich CICG and staff focus group suggested one of the proposals should be to keep the intermediate beds provision in the borough, currently situated at Dulwich Community Hospital. This was also highlighted within some of the meeting logs and narrative responses received during the consultation, a summary of which can be found in appendix 3.

“Keep intermediate beds as [they would be] keeping a unique service at Dulwich and this needs to continue or increase.” (Dulwich CICG Focus Group)

“[Keep the] intermediate care unit [at Dulwich], this is the only one in Southwark. [I don’t think] the new one will have an intermediate care unit, really there should be two, one in the North [of the borough] and one in the South. There should be a unit that does step up and step down”. (Staff Focus Group)

The staff focus group also went on to talk about the proposed ‘rapid response for intermediate care’.

“In the [consultation] document it says about rapid response to intermediate care which they took away from us and now they want to bring it back.” (Staff Focus Group)
An additional proposal put forward by one councillor suggested transport and community services such as district nursing and health visiting was in need of improvement.

“[W]e need] transport links to the services and make sure there’s enough support for people if rehabilitation at home is to be encouraged. The reliability of the district nurses and health visitors could be improved. They need to be accessible to the two main vulnerable groups - young and old as often both ends seem to be neglected. Need to make sure that they show up when they arrange to.”

(Councillor)

Summary

- Over 60% of both staff (63.2%) and public/patients-228 (60.3%) consulted stated that the proposals set out would improve local healthcare services. However, it is worth noting that just over a quarter (28.9% of staff and 31.1% of public/patients-228) said that they did not know at this stage whether the proposals would improve local healthcare services.
- This fits with some of the responses collected during the focus group discussions, in that most people agreed with the proposals put forward but were sceptical about whether they would make a difference.
- The majority of all respondents (over 80%) were supportive of all of the proposals put forward.
- ‘A focus on detection and prevention’, ‘improved quality and safety’ and ‘management of long term conditions’ are the most positively supported of the proposals across the combined respondent groups.
- Some common suggestions for improvement included:
  - Improvements to the appointment system
  - Extended/flexible surgery opening hours
  - Less waiting time for services
  - Increased provision of dentistry services
  - Improve support/care for the elderly
  - Improvement to mental health services
  - Improve information and communication with patients
  - Ensuring home visits for out of hours especially for the elderly
  - Better access to translators
  - Better aftercare when leaving hospital.
7.0 NETWORK OF CARE SERVICES FIT FOR THE FUTURE

In order to achieve the vision for the next decade, NHS Southwark plan to develop a network of care services with a particular focus on prevention, early detection, choice, integrated care and support for patient self-management of conditions.

The network approach aims to provide more specialist care in health and social care centres whilst maintaining healthcare provisions, particularly GPs and pharmacists, close to people’s homes. It is proposed that the centres will be located at four sites in Peckham, Canada Water/Surrey Quay, Dulwich and Elephant and Castle.

The aim of the centres is to bring together in one place a range of health care professionals who will work together to provide primary and community care from 8am-8pm, seven days a week to registered and unregistered patients. It is proposed that space within the health and social care centres may also be used for local community or patient groups.

Figure 8 – Network of care services diagram
7.1 Overall views on the health and social care centres

Quantitative findings from staff and public/patients

Staff (41) and all public/patients (1328) consulted were asked whether they agreed or disagreed with the proposals to have four health and social care centres throughout Southwark.

The overall opinion was very positive with 73.9% of public and patients and 66.7% of staff agreeing with the proposal. Figure 9 illustrates the findings. The qualitative findings from the focus groups reveal further insight into the positivity towards the proposals for the four health and social care centres (refer to qualitative findings on the following page).

Figure 9 – Support for health and social care centres

A fairly large proportion disagreed with the proposals for the four health and social care centres (12.4% public/patients and 10.3% staff). Some of the qualitative comments collected during the surveys provide some insight into the reasons why respondents were not in favour of having the four health and social care centres.

NHS staff detailed concerns about the centres being imposed on the borough and had some worries about the confusion the changes may cause patients and the public.

"Please develop in tandem with existing services rather than just imposing." (Staff Survey)
“The four centres must include local practices after appropriate consultation with staff and patients. It must not be an imposed solution or put out to tender. If it is not handled appropriately it has the potential to de-stabilise general practice.” (Staff Survey)

“I am concerned that [the] introduction of another whole layer of service provision will make things more confused for [the] public. Some mental health users may [also] find it confusing.” (Staff Survey)

Public and patients who completed the web and paper based survey (228) provided some explanation as to why they disagreed with the proposals to have four health and social care centres. Some common responses were linked to the perceived effect the centres would have on existing services (7.9%) and expressed concerns about transport links (5.7%).

“I am very worried this will mean my GP practice will not be close to me as these centres could be a long way (in London traffic from me).” (Public/Patient Survey)

“I would need to know what they’ll be replacing, first. How many GP surgeries and pharmacies would these replace, and in which areas? Would they have a knock-on effect on local chemists who already have to compete with supermarkets? How confident are those predictions? As east Dulwich is my nearest, I’d also want to be reassured that adequate changes to public transport links would be made.” (Public/Patient Survey)

A fairly large proportion of public/patients and staff were unsure as to whether they agreed with the proposals to have four health and social care centres throughout Southwark (13.6% and 23.1% respectively)

Staff who were unsure felt that they needed to know more information about the funding, provision and overall plans before they could decide whether having the four centres was the right way forward for the borough.

“Why are we spending more money on more new initiatives? How do we know these changes will work, where are the facts and figures and the business case for these decisions? What are the cons of the centres? We only get told the positives, which is not very transparent.” (Staff Survey)

“I don’t know which services will change/close/merge in order to afford these health and social care centres, so can not comment.” (Staff Survey)

Public and patients who were unsure were again mostly concerned with how it will affect current services.
"I cannot say. How would these affect existing local services? Are these in addition to what we have got, or are they a rationalisation?" (Public/Patients Survey)

Qualitative findings from staff and public/patient focus groups

The focus groups revealed further thoughts on the overall network of care and the plan to have four health and social care centres across the borough.

Two people in the LINk focus group and an attendee at the staff focus group described how they had visited or heard of similar sounding centres in other areas and had found that they worked very well, providing a range of services.

"[I] went to a place in Kent that was very similar and it seemed to work very well. It had a number of GP’s, a café, treatment rooms and a really nice community centre. In the Kent centre the therapists would rent a room and they would have a banding system for people such as if you were a professional person you would pay so much etc." (LINk Focus Group)

"It worked in Brighton. You go for a blood test and you ring up for the results the day after. It runs efficiently, [also] you can have an x-ray and they do physio etc." (Staff Focus Group)

"Lord Darzi described a clinic as it operates in New York. It is based on the fact that you would to see your GP there, while you are there the GP would say I think you need a test for this, you would go for your test while you are there. The test results were immediately available and then you went back to the GP for a consultation. This is why potentially the idea is good but here [in this country] it is being financially driven. For me the question is, is it as convenient? Is it specialised? And is my GP there? (LINk Focus Group)

In general the focus group attendees were supportive of the proposed plans, particular stating they liked the later opening hours of the centres, the idea of a walk in centre and having a range of primary and community care services all under one roof.

"It sounds good to have something where you can go to one place, makes it easier." (Staff Focus Group)

"I think it will help the community because at the moment you can wait for a long time [for tests]. I think the later opening times are good too." (Staff Focus Group)
“[The] walk-in centre is a very good idea, as far as I can tell in Southwark you have always had to arrange a time with your GP and [the walk-in centre] just gives you more flexibility. If you are a working person you can just turn up rather than waiting for an appointment at your GP.” (Walworth Focus Group)

“I think it sounds quite good. It depends on what my doctors say as to whether I would use it. If my GP said my husband needed a blood test, if it was local, rather than going to hospital it would be easier for me.” (Carers Focus Group)

However, the following concerns were raised during the focus groups in relation to the health and social care centres:

- How will the centres be staffed?
- How will the centres be funded?
- Will some services remain in the hospitals too so as to be available when in an acute setting e.g. x-rays, blood tests?
- Will the centres be able to view your medical notes?
- Lack of faith by staff in what they are being told due to a history of promises not being kept
- Concerns about being passed around by different primary and community care provisions
- What primary and community services will be removed to enable the centres to work?
- Feeling that GPs could provide the services outlined in the centres
- Concerns about having another layer of medical care
- Concerns about the duplication of services
- Will the quality of the services be affected?

Comments included:

“I think it is a great idea if it happens, but there are a shortage of people now so how are they going to staff it?” (BDRP Focus Group)

“It seems to me that I get access to all these services presently from my GP.” (Dulwich Public Focus Group)

“A lot of the areas are very different and I am worried that there will be a duplication of services that exist in hospitals already. What is going to happen to King’s and Guy’s and St Thomas’. We are in a triangle of amazing hospitals?” (Dulwich Public Focus Group)
“The problem centres get when they have a lot of services together is that the quality of services goes down. Like a big Asda where you get everything cheap but the quality drops. I would like to go to one place where the person is specialised for what I need and I would get more out of this rather than going to a centre where I get a number.” (LiNK Focus Group)

“[I am] concerned about GP practices [being] taken away from [the] locality and relationships not continuing. I would like to see beds in the clinics otherwise it puts a lot of pressure on King’s. Amalgamating under one roof might affect quality, will some services be privatised?” (LiNK Focus Group)

Some of the groups, although positive about the health and social care centres, expressed a number of caveats including:

- Ensure transport is good
- Ensure travel is no further to the centres than people already travel
- Ensure it works in harmony with GP surgeries
- Good promotion and communications about how the network will work to ensure the transition is smooth and understandable.

“The whole concept is useful but it is whether it will work. It is good to go and have a lot of things in one place. Making people aware [of it and how it works] is important. It will take time to promote it”. (LiNK Focus Group)

Councillor findings

Five of the nine councillors agreed in principle to the four health and social care centres. Concerns were centred on the potential closure of current services and the use of ‘one size fits all approach’ which they thought was not appropriate.

“I strongly agree as I think it’s all in line with the devolution of services. You have to have some sort of management structure that is closer to the public whilst at the same time covers a wider practice area.” (Councillor)

“Strongly agree as long as it doesn’t lead to the closing down of local surgeries. [There] needs to be more of an emphasis on prevention, and there need to be more services available which are easily accessible to people without them having to go to hospital. These centres can deal with things like smoking and obesity more personally.” (Councillor)

“There’s a lot of people who want access to the services and because people often work shifts they need longer hours so they have the option to go before/after work.” (Councillor)
“There’s no understanding of what implications there would be; how many GP practices would close? The PCT is being supply led rather than community led as the proposals are not for the benefit of patients – they haven’t asked for any of this.” (Councillor)

“One brand does not fit all – in some areas these centres may be appropriate but not in all. A wider range of services is required, in particular in Dulwich; the centres aren’t sufficient.” (Councillor)

7.2 Opinions on locations

Staff (41) and public/patients who completed a paper or web based survey (228) were asked whether they were in general support of the location of the health and social care centres.

The majority were supportive of all four locations as Table 6 illustrates, Dulwich being the most supported overall (79.7% combined public/patient and staff).

| Base: Bases across all respondent groups vary as some people did not provide a response. The table illustrates support or strongly support responses only. |
|---|---|---|---|
| **Table 6 - Support for locations of the health and social care centres** | | |
| Please indicate whether you are in general support of the location of the health and social care centres in the following areas. | Public/patient (web/paper survey 228) | Staff (41) | Combined Respondents (269) |
| Dulwich | 82.7% | 65.0% | 79.7% |
| Peckham | 70.8% | 71.8% | 71.0% |
| Elephant and Castle | 69.2% | 71.8% | 69.7% |
| Canada Water/Surrey Quays | 61.2% | 71.8% | 63.2% |

Fewer staff however, were supportive of a centre based in Dulwich in comparison to other sites. One staff member provided some indication that this was due to the proximity to King’s College Hospital and thus the potential to result in a duplication of services and that the transport links to the site were inadequate, as quoted previously. There was no further evidence to explain why staff were less favourable towards a centre in Dulwich.

Public/patients conversely appeared very supportive of a centre in Dulwich, with 82.7% being very or quite supportive of a Dulwich Health and Social Centre.

However, Dulwich public focus group attendees revealed some concerns about the location of the of the Dulwich Health and Social Care Centre in relation to King’s College Hospital and raised concerns about transport to and from the proposed location. Further insight into this can be found in section 9.0.
Councillors

As described previously and in-line with opinions from staff, some of the councillors consulted described how they did not want to see a ‘one size fits all’ approach being used as they thought not all the areas required a health and social care centre. The elected Liberal Democrat response below provides an example of the type of comments collected.

“We do not support ‘a one size fits all solution’ because we believe that local people, existing provision and need should shape local solutions. To this end while we support proposals for new health and social care centres in 2 areas of major regeneration with growing population bases, the Elephant and Castle and Canada Water, we believe that in both Peckham and Dulwich existing health facilities and provision should be the basis for developing proposals.” (Elected Liberal Democrat Response)

One councillor thought four centres was not enough and wanted to see them in other areas:

“The 4 together are really badly thought out. Four centres is not enough, especially as they seem to be cutting back on everything. Logically, there are 8 community council areas so one centre per area would make sense. This would make it easier to access for people.” (Councillor)

7.3 Service provision at the health and social care centres

For this element of the consultation staff, public and patients who conducted the telephone survey (1100) and the hard to reach participants (253) were asked about whether they agreed with the core services overall and why. Public/patients and staff who completed the web based and paper surveys were provided with all the proposed services, core and additional, and were asked to choose the top five services they thought were most important to include in the centres.

All respondents were asked if they had any further thoughts on other services that could be provided in the centres. The focus groups and councillor interviews provided further insight into some of the quantitative findings around service provision overall.

Core service provision

It is proposed that the health and social care centres will provide the following core services:

- GP services including appointments and walk-in
- Outpatients including antenatal and postnatal care
- Support to manage long-term conditions
- Tests such as x-rays, ultrasound, blood tests and others.
As Figure 10 illustrates, over three quarters (78.5%) of public and patients interviewed over the telephone and 87.7% of hard to reach participants are in overall support of the four key services proposed for the health and social care centres. When asked why they agreed with the core services, the public and patients consulted described it as ‘a good idea, providing all the necessary services’ (22.6%) and ‘convenient, accessible and closer to home’ (19.1%).

Public and patients who disagreed (9.1%) described how they were happy with the current services (20 of the 100 people providing an explanation) or that they found the service impersonal (14 of 100) preferring to see their own GP where they have built up a relationship.

Figure 10 - Strength of agreement with the core service provision for the health and social care centres

Do you agree or disagree that these should be the key services available in the four main health and social care centres?

<table>
<thead>
<tr>
<th>Agree</th>
<th>Disagree</th>
<th>Don’t know/not sure</th>
<th>No answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>78.5%</td>
<td>9.1%</td>
<td>12.4%</td>
<td>0.0%</td>
</tr>
<tr>
<td>87.7%</td>
<td>9.1%</td>
<td>12.4%</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

Base: 253 (Hard to reach), 1100 (Public/patient – telephone survey)

Public and patients who completed the web or paper based survey (228) and the staff (41) consulted were asked to chose the top five services they thought were important for the centres. ‘Community and social care services including mental health’ and ‘services for people who have urgent problems’ featured highly. ‘GP services’, ‘management of long term conditions’ and tests such as ‘x-rays, ultrasound, blood tests and other tests’ also featured. ‘Outpatients including antenatal and postnatal care’ and ‘intermediate care’ were less popular choices for the centres. Figure 11 illustrates the findings further.
Figure 11 – Key services provided in the health and social care centres

Please indicate the top five services you think should be put in the health and social care centres.

- **X-rays, ultrasound, blood tests and other tests**: 67.3% (Public/Patient), 55.3% (Staff)
- **Community and social care services including mental health**: 75.6% (Public/Patient), 68.4% (Staff)
- **Services for people who have urgent problems**: 60.5% (Public/Patient), 51.2% (Staff)
- **GP services**: 60.5% (Public/Patient), 55.3% (Staff)
- **Management of long term conditions**: 49.8% (Public/Patient), 47.4% (Staff)
- **Intermediate care**: 34.2% (Public/Patient), 28.9% (Staff)
- **Outpatients including antenatal and postnatal care**: 26.8% (Public/Patient), 30.9% (Staff)

Base: 41 (Staff), 228 (public/patients - web based & paper)

**Councillors**

Six of the nine councillors agreed in general with the core services suggested for the centres and thought taking some services out of a hospital setting was ‘a good move’.

“It sounds pretty good and a rational use of resources. If you see a doctor you might need a blood test so it makes sense to have the services in one building. It will hopefully mean that test results are received faster and will be generally more convenient for people.” (Councillor)

“Keeping things out of the hospital is a good move and the fact that it can be walk-in is very handy. At present I can’t make a future appointment with my GP other than phoning at 8.30am and then it’s just pot luck.” (Councillor)

“Those are all services that are needed by the local communities and it’s logical to have them in a centre that’s easy to access.” (Councillor)
Other service provisions

Other services proposed for the health and social care centres included a range of community services:

- Intermediate care
- Sexual and reproductive health and medical gynaecology
- Community and social care services
- Health and well-being advice and support
- Foot health.

When presented with the proposed services, the majority (79.5%) of public and patients interviewed via the telephone survey (1100) and 82.6% of hard to reach participants (253) agreed in general with the additional services (see Figure 12).

Figure 12 - Strength of agreement with the other service provision for the health and social care centres

Those agreeing with the service provision explained, as with the core services, that they were all necessary, convenient, accessible, close to home and provided a range of services all under one roof. Respondents who disagreed with the service provision in the centres were concerned about local services (such as GP surgeries) being affected and were not keen to see what they called ‘centralisation’.
Suggested additional service provision

The majority of all respondent groups interviewed were unable to provide any further suggestions for other services they would like to see offered at the health and social care centres. Those who did provide suggestions would like to see services such as dentistry, more preventative care, elderly care, alternative therapy and diet and exercise included in the centres, amongst others.

“Dentistry should really be within the centres.” (Public/Patient Survey)

“An emphasis on prevention of disease or obesity for example. More help and education attitude to the prevention.” (Public/Patient Survey)

“Services to help the older people to remain fit and healthy so they are able to stay at their own home rather than a nursing home.” (Public/Patient Survey)

“More alternative therapy. E.g. Counselling, reflexology, massage etc.” (Public/Patient Survey)

“Complimentary therapy - for help with stress, anxiety, chronic pain.” (Public/Patient Survey)

“Maybe a dietician for people with eating disorders etc. Giving people giving dietary advice and exercise advice.” (Public/Patient Survey)

“Integrated health & fitness programme design, management & support.” (Public/Patient Survey)

Similar suggestions were put forward by NHS staff including:

“More social care e.g. children and elderly care to be based within the centres.” (Staff Survey)

“Fitness advice from indoor movement (easy light exercise for the infirm and [those] with health conditions) to a full exercise regime to keep people moving and fit.” (Staff Survey)

“Full healthcare checks such as executives get from BUPA.” (Staff Survey)

Some staff provided other suggestions for service provision in the centres:

"Intermediate care requires respite beds! Also some sort of carers support services and possibly some formal palliative care services.” (Staff Survey)
“Drug and alcohol services are not mentioned. [Also have] joint developments with libraries, fitness centres etc. so as health is not an isolated public service.” (Staff Survey)

“Re: community and social care services. District nursing, Occupational Therapy, physio, speech therapy (which is not listed) etc. should have bases but must be community teams. There should be outpatient physiotherapy as well as community based teams and a one stop shop for social care and compensatory equipment would be excellent.” (Staff Survey)

The focus groups also provided some further suggestions along the same lines as the staff and overall public/patient response. Examples of some of the suggestions included:

- Exercise related classes/groups
- Out reach teams
- Flu jab clinics
- Family planning
- Dieticians
- Support for Alzheimer’s and Parkinsons disease
- Preventative support such as weight control and smoking cessation.

“[They] should have a gym. I have had to join a local gym [having been told diagnosed with a heart condition] and that costs money. Once you leave rehab you tend not to exercise.” (Carers Focus Group)

“I would like to see more out reach teams that go out into the community [perhaps based from the centres].” (Walworth Focus Group)

Thoughts on centres having local community and patient groups

The focus groups were presented with the idea of having other organisations or support groups based at the centres. Mixed opinions were collected as to whether the centres should be offering other organisations or support groups rooms to work from. Some people thought this a very good idea and others were concerned about such things as security, monitoring and whether the services would be free.

“Mother and toddler and self help groups sounds good.” (Walworth Focus Groups)

Homeopathy and other non-science based treatments” (Walworth Focus Groups)
“They should have exercise classes for the elderly in the centres. It is very important that elderly people improve their heart and [the classes] would stop them from getting lonely at home and suffering from depression.” (Staff Focus Group)

One councillor described their support for having additional and alternative services within the centres.

“It would be very convenient to have a pharmacy within the centres as then if you get a prescription from your GP you can drop it off in the same building. Also, it’d be good to have alternative health services available. At the moment there are a lot of little places which are often quite tatty, over shops or in awkward places. They’re popular though so it would be good to make these available in these centres. It might be nice to have a space to hold group classes too e.g. yoga; would be good for the community. I think it would also be good to have counselling services in particular for young people as there seems to be quite a lot of people who require this.” (Councillor)

Optometry, pharmacy and the network of care services

Narrative responses to the consultation were received from Lambeth Southwark and Lewisham Local Optometric Committee and Lambeth Southwark and Lewisham Local Pharmaceutical Committee. These responses are summarised below. The full responses are included in Appendix 3.

Overall, Lambeth Southwark and Lewisham Local Optometric Committee felt that it was a positive step for optical practices to become more integrated into Southwark’s network of care. Nevertheless, they indicated that where eye conditions are concerned, patients are best directed towards their local opticians rather than to a health and social care centre. The Committee furthermore felt that within the funding model of optometry, it is unlikely that an optometry practice would wish to set up or relocate as part of one of the centres. That said, there are some services such as glaucoma monitoring which require more specialist knowledge and volumes of patients which cannot be provided cost effectively in community practice. In such cases, the Committee believed that specialist clinics run by optometrists and located in the new centers may be an appropriate way forward.

The proposals were also broadly welcomed by Lambeth Southwark and Lewisham Local Pharmaceutical Committee, who felt that if implemented correctly, the proposals could deliver real patient benefit and help address the health inequalities agenda. However, the Committee were concerned that the insensitive implementation of new pharmaceutical services at these sites could result in a reduction in the local pharmaceutical provision in the long-term, especially if any one pharmacy (new or existing) was opened at the sites. The resultant change in prescription flows could, they argued, render some of the local pharmacies unviable and result in closures. This, perversely, would reduce patients’ access to and choice of pharmaceutical services. The
Committee recommended a hub and spoke model, with the health and social care centre forming the hub and the existing network of pharmacies forming the spokes. The hub would deliver specialist pharmaceutical services with dispensing and other services commissioned from the spokes with clear referral pathways between them.

The committee emphasised that any new services at the health centre should be commissioned sensitively so as not to disadvantage local pharmacy contractors and potentially jeopardise the existing pharmacy infrastructure. This way, equitable access to medicines could be maintained for the entire population. The PCT were also urged to carefully study the guidance produced on the provision of pharmaceutical services from polyclinics and GP-led health centres before making any decisions.

**Partnership working and the network of care services**

King’s Health Partners also provided a narrative response to the consultation, included in full in Appendix 3. Overall, King’s Health Partners support the aims of NHS Southwark, and strongly support the vision for primary and community care which focuses on enablement, improved access, choice and high quality services in convenient locations for local residents. Nevertheless, the Partnership notes that achieving the proposed vision within a five to 10 year timeframe will require significant engagement and partnership working. They would welcome this from the outset, and believe that a re-examination of existing mechanisms for partnership working would be beneficial in achieving this.

King's Health Partners state that there is a need to discuss options for which services will be provided within the health and social care centres in order to ensure partners avoid fragmentation in pathways, unnecessary duplication of services, and that clinics and diagnostics are fully utilized. Duplication particularly needs to be avoided when a proposed hub is near to a neighbouring PCT boundary or to an acute hospital. Where intermediate care is concerned, they contend that a more joined up approach between Lambeth and Southwark, both strategically and operationally, would be helpful for the residents of the two boroughs.

**The Rt. Hon. Tessa Jowell’s response to the network of care services**

The Rt. Hon. Tessa Jowell, Member of Parliament for Dulwich and West Norwood, provided a narrative response to the consultation focussing on proposals for the Dulwich Health and Social Care Centre which can be found in section 9.0. The full response is included in Appendix 3.

Key points included:

- There is much to applaud in the consultation document and the majority of proposals will be widely welcomed by constituents.
• More convenient and longer opening times for general practice and easy access to a GP of their choice are particularly important. Sufficient flexibility must remain to maintain this option where patients want it.
• In particular, the proposals to provide more support for carers and easier access to mental health services are welcomed. The latter should be considered in the context of the re-development of services at King’s Emergency Department and the replacement of lost services at the Maudsley Emergency Clinic.

Summary

• The overall opinion was very positive with 73.9% of public and patients (1328) and 66.7% of staff agreeing with the proposal.
• A fairly large proportion disagreed (12.4% public/patients and 10.3% staff) with the proposals to have the four centres.
• A further were unsure at this stage as to whether they supported the proposals put forward (13.6% public/patients and 23.1% staff).
• In general, the focus group attendees were supportive of the proposed plans, particular stating that they liked the later opening hours of the centres, the idea of a walk in centre and having a range of primary and community care services all under one roof.
• The majority of respondents (staff and 228 public and patients) were supportive of the four locations for the health and social care centres.
• Over three quarters (78.5%) of public and patients interviewed over the telephone (1100) and 87.7% of hard to reach participants are in overall support of the four key services proposed for the health and social care centres.
• When asked why they agreed with the core services, the public and patients consulted described them as ‘a good idea, providing all the necessary services’ (22.6%) and ‘convenient, accessible and closer to home’ (19.1%).
• Along with the proposed core provision, services for people with urgent problems and community and social care services including for mental health were considered important to include in the health and social care centres.
8.0 SERVICES FOR PEOPLE WHO HAVE URGENT PROBLEMS

The consultation document explains the importance of ensuring that this type of care is received in the most appropriate setting. NHS Southwark recognises that many people who attend A&E could be better cared for within a primary and community care setting.

The proposals in the long term are to re-direct some people using A&E services to the four health and social care centres which would provide as a minimum:

- Opening hours from 8am to 8pm
- 7 days a week
- Services for registered and non registered patients
- GP appointments that can be booked in advance
- Walk-in service, and
- A minor injuries clinic.

To gain more understanding about how people use healthcare services when they are feeling unwell, the hard to reach participants consulted were asked 'if you were feeling unwell where would you go to get medical help and advice?'

The majority said they would go to their GP (85.4%). A fairly large proportion (15%) however, would go to A&E at a local hospital instead of or as well as their GP, despite the majority on the whole being registered with a doctor. Figure 13 illustrates the findings further.

**Figure 13 - Services used when seeking medical help and advice**

Base: 253 (Hard to reach participants)
Reasons why 15% of hard to reach groups would go to A&E were not asked directly however, the barriers encountered (language and getting an appointment) and their support for longer opening hours and a minor injuries clinic suggest these may be the reasons for their visits to A&E. It may also be possible that they feel they will be seen quicker in A&E than at their GP’s surgery or it could be possible that there is a lack of understanding with regards to how healthcare services are organised.

8.1 Operational service provision

All respondents were asked to review the opening times and specific service provision for the health and social care centres as outlined above.

Overall, the respondents were positive about the provisions put forward with opening times (91%) being the most positively supported (refers to combined figures). This was closely followed by GP appointments that can be booked in advance (88.5%) and a walk-in service (88.5%).

The public and patients including hard to reach participants were more in-favour of having the extended opening hours from 8am to 8pm at the centres and less inclined to find the telephone consultation provision as important. Staff however, thought the open 7 days a week was the least important service to offer.

The hard to reach participants also thought the minor injuries clinic was an important feature. The findings for each group are illustrated in Table 7.

Table 7 - Important operational elements of service

<table>
<thead>
<tr>
<th>How important are the following to have as part of primary and community care in Southwark?</th>
<th>Public/patients telephone (1100)</th>
<th>Hard to Reach (253)</th>
<th>Staff (41)</th>
<th>Combined respondents (1349)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opening hours from 8am to 8pm</td>
<td>92.1%</td>
<td>88.5%</td>
<td>75.0%</td>
<td>91.0%</td>
</tr>
<tr>
<td>GP appointments that can be booked in advance</td>
<td>89.2%</td>
<td>85.7%</td>
<td>88.9%</td>
<td>88.5%</td>
</tr>
<tr>
<td>Walk-in service</td>
<td>89.3%</td>
<td>85.3%</td>
<td>88.2%</td>
<td>88.5%</td>
</tr>
<tr>
<td>Minor injuries clinic</td>
<td>84.2%</td>
<td>85.5%</td>
<td>77.1%</td>
<td>84.2%</td>
</tr>
<tr>
<td>Open 7 days a week</td>
<td>77.5%</td>
<td>76.1%</td>
<td>60.0%</td>
<td>76.8%</td>
</tr>
<tr>
<td>Services for registered and non-registered patients</td>
<td>62.8%</td>
<td>75.4%</td>
<td>80.6%</td>
<td>65.5%</td>
</tr>
<tr>
<td>Telephone consultations</td>
<td>62.8%</td>
<td>71.0%</td>
<td>75.0%</td>
<td>64.6%</td>
</tr>
</tbody>
</table>

Base: Illustrates very/quite important responses only. Bases vary as some respondents did not provide a response to each option.
Summary

- The majority of hard to reach participants who were feeling unwell said they would go to their GP (85.4%) to get medical help and advice.
- However, a fairly large proportion (15%) would go directly to A&E at a local hospital, despite the majority being registered with a doctor.
- Reasons why they would go to A&E were not asked directly, however the barriers hard to reach groups encountered (language and getting an appointment) and their support for longer opening hours and a minor injuries clinic suggest these may be the reasons for their visits to A&E.
- Overall, all the respondents were positive about the opening times and specific service provision for the health and social care centres.
- The public and patients including hard to reach participants, were more in-favour of having the extended opening hours from 8am to 8pm at the centres and less inclined to find the telephone consultation provision as important.
- Staff thought the 7 days a week opening proposal was the least important and that GP appointments that could be booked in advance and a walk-in centre would be more important to offer at the centres.
- The hard to reach participants also thought the minor injuries clinic was an important feature.
9.0 DULWICH HEALTH AND SOCIAL CARE CENTRE

The proposals outlined in the consultation document incorporate having a health and social care centre based at the current Dulwich Community Hospital site. The proposals for this site build on work previously carried out locally and are linked to the polyclinic proposals contained in the Healthcare for London 2008 consultation and the national report, ‘A Framework for Action’ written by Professor Lord Darzi in 2007. Part of the Dulwich Hospital site has already been cleared to provide space for building a new healthcare facility.

The network of care services planned for Dulwich will be very similar to the other areas in that it will consist of Dulwich Health and Social Care Centre and between 6-8 linking GP practices and existing dental, pharmacy and optometry services.

The service provision for the health and social care centre will offer the same as the other three centres, additional services will also be provided such as renal dialysis and more specialist diagnostic tests listed below, some of which will be made available at the other three centres. Intermediate care is due to be further reviewed and thus has not formed a major part of this consultation.

- Phlebotomy
- Ultrasound
- Electro-cardiogram
- Spirometry
- Mobile diagnostic unit
- And, x-ray.

Public and patients taking part in the telephone survey and hard to reach respondents were asked questions about the proposals for Dulwich only if they lived, worked or were familiar with the Dulwich area. Staff and public and patients who completed the web based or paper survey were able to choose if they wished to comment on the Dulwich proposals. The sample sizes for each group who took part in the Dulwich element of the consultation are shown in Table 8:

Table 8 - Sample size

<table>
<thead>
<tr>
<th>Respondent who completed the surveys</th>
<th>Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public and patients (telephone survey)</td>
<td>254</td>
</tr>
<tr>
<td>Public and patients (web/paper based survey)</td>
<td>228</td>
</tr>
<tr>
<td>Staff</td>
<td>41</td>
</tr>
<tr>
<td>Hard to reach participants</td>
<td>46</td>
</tr>
<tr>
<td>Total response for Dulwich</td>
<td>569</td>
</tr>
</tbody>
</table>
Focus groups were held with the Dulwich CICG group, staff from the Intermediate Care Team based at Dulwich Community Hospital and members of the public living in the Dulwich area. Councillors were also asked to provide their opinions on the proposals for Dulwich.

9.1 Views on the Dulwich Health and Social Care Centre

As indicated in section 7.2 about the location of the health and social care centres, a large proportion of public and patients from the web based/paper survey (82.7%) and a fairly large proportion of staff interviewed (65%) were supportive of the location of a centre in Dulwich.

The staff interviewed, although generally positive about the idea of the health and social care centres and the overall Network of Care Services, were sceptical about whether it would actually happen in Dulwich. They had heard of previous plans for the site that had not been implemented.

“I would be worried that it is a big government plan where they shove loads of money into it and then it gets all forgotten. Money is cut from everywhere and is it all just lip service but not following through?” (Staff Survey)

Many of the comments collected from the public focus group in Dulwich were in support of a health and social care centre in Dulwich but were accompanied with concerns around their perception and experience of poor transport links and its close proximity to King’s College Hospital.

“The idea is good but the only way I could get here sensibly would be by car but if I had got here it is less than a mile to King’s and parking is not great here.” (Dulwich Public Focus Group)

“Good idea in principle but worried about staffing and budget, is it new money or are they going to get from other services.” (Dulwich Public Focus Group)

“There is only one bus that comes down here.” (Dulwich Public Focus Group)

One staff member had similar thoughts:

“I feel that Dulwich’s transport links are inadequate for this site and King’s proximity means unnecessary duplication [of services].” (Staff Survey)
9.2 Service provision for the Dulwich Health and Social Care Centre

Over 80% of public/patients interviewed via the telephone survey (254) and hard to reach participants (46) agreed in general with the proposed services for the Dulwich Health and Social Care Centre. Public/patients and staff completing a web based or paper survey were asked to indicate the top five services they thought should be provided in the centre. As with the other centres, ‘services for people with urgent health problems’ and ‘community and social care services including mental health’, were considered the important to include along with core services such as ‘GP services’, tests and ‘management of long term conditions’. Figure 14 illustrates the findings further.

**Figure 14 - Service provision for Dulwich Health and Social Care Centre**

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Public/Patient (Web based &amp; Paper)</th>
<th>Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>X-rays, ultrasound, blood tests and other tests</td>
<td>69.6%</td>
<td>82.1%</td>
</tr>
<tr>
<td>Community and social care services including mental health</td>
<td>69.9%</td>
<td>77.1%</td>
</tr>
<tr>
<td>Services for people who have urgent problems</td>
<td>62.2%</td>
<td>62.8%</td>
</tr>
<tr>
<td>Management of long term conditions</td>
<td>57.1%</td>
<td>62.2%</td>
</tr>
<tr>
<td>GP services</td>
<td>62.9%</td>
<td>62.8%</td>
</tr>
<tr>
<td>Health and wellbeing advice and support</td>
<td>28.6%</td>
<td>32.7%</td>
</tr>
<tr>
<td>Outpatients including antenatal and postnatal care</td>
<td>48.6%</td>
<td>48.6%</td>
</tr>
</tbody>
</table>

Base: 41 (Staff), 228 (public / patient - web based & online)

The CICG focus group were positive towards the idea of having a centre at the Dulwich site but were keen for it to include the continuation of intermediate care beds. The staff focus group made up of the intermediate care team also thought this was an important factor for the Dulwich site and talked about the current service only including step down care.

“[They should keep] beds at the hospital in Dulwich because King’s are short of acute beds and have had to send [people] to Lewisham. [By keeping the beds] they are keeping a unique service at Dulwich and this needs to be continued or increased.” (CICG Focus Group)
“The intermediate care unit here is the only one in Southwark. With the new one there would not be a unit. Really there should be two, one for north and one for south. There should be a unit that can do step up and step down.” (Staff Focus Group)

“…………we are only doing half of it we are not preventing admissions to hospital. If they want to prevent admissions to hospital then they need to think about all of it.” (Staff Focus Group)

9.3 Further comments on the strategy for Dulwich over the next decade

Other service suggestions for Dulwich from across the respondent groups were similar to those mentioned for the other three centres, such as:

- Dentistry
- Fitness advice and exercise classes
- More wellbeing advice and support
- Support for drug and alcohol problems
- Complementary therapies
- Support for people with disabilities.

Finally, all respondents were asked if they had any further comments they would like to make on the strategy for Dulwich over the next 10 years.

Most public and patients consulted chose not to comment. Those who did, provided quite mixed responses, some being very much in favour of the idea of a Dulwich Health and Social Care Centre.

“It would be a positive thing for Dulwich and it would [be] close for people in the surrounding areas.” (Public/Patient Survey)

Locally based GP surgeries

Others commented on their preference for services, such as those suggested for the centres, to be more locally based at GP surgeries.

“There will always be a need for a local GP surgery - however difficult in a changing population, personal relationships can be built up here and these are important for confidence and continuity. For some people a local health centre might be further than their surgery - in a crisis, especially involving children, this could compound the problem. Quantity is often the enemy of quality; and a centre, though I am in favour of them, risks becoming very impersonal - in particular with unreliable IT - always a problem in a large situation.” (Public/Patient Survey)
“[I don’t] feel there needs to be a health centre in this area as there is already a GP practice and a hospital - the only benefit would be the extended opening hours.” (Public/Patient Survey)

The responses collected from the hard to reach participants were also focused around ensuring GP services are not affected and making sure the Dulwich Health and Social Care Centre is managed properly.

“This must not replace [the] role of GPs who patients see regularly in existing practices. It should be used as a way of improving lifestyle and providing a co-ordinated approach to community care…” (Long Term Health Condition)

“[It’s not a bad idea] as long as the right hand knows what they left hand is doing…” (Visual Impairment and Mobility Impairment)

More information and action

A mix of comments were collected from NHS staff. Some felt they required more information about the strategy for the area to make a more informed response and others were keen to see something happen to the hospital site as they thought there had already been many delays. A sample of quotes are illustrated below:

“Any plans need to be implemented quite quickly as [we have] already had delays of four years. Also [it] needs to be future proofed so adaptable when government policy and PCT priorities change.” (Staff Focus Group)

“I would like more specific information about, what will be based there? How much it will cost? How this will be paid for? When will it happen? The Dulwich site has been earmarked for development for the last 25 years and yet nothing has happened and the existing hospital is wholly unsuitable for the provision of modern healthcare. The re-development of the site should be the PCT’s top priority.” (Staff Focus Group)

Better communications

Some councillors consulted believed the general public would have a mixed response to the strategy for the Dulwich area but described how overall, if the provision is described properly, that the general public would support the proposals.

“[The response will be] mixed – lots of people want a hospital and feel that it is necessary to have one, whereas others feel there is one just round the corner so a new one isn’t needed. (Councillor)
“I think if it's explained clearly what services will be provided and how they will benefit then the public would have a better appreciation of the changes. Obviously there are some scare stories that people will lose their local GPs but they just need to be reassured that the service is going to be enhanced. In areas like Dulwich there is more concern.” (Councillor)

“I think that most people will be quite happy. Some people have got a thing about Dulwich hospital and they're fairly firm in their view that it should have been retained/should have been rebuilt as a new hospital. I imagine that once they get in the new centres and experience them their doubts will probably disappear.” (Councillor)

Political response

The Liberal Democrat elected representatives for Southwark further described the public opinion around the Dulwich site and how previous plans and funding had been approved by the PCT. In the light of this they would like the following points to be considered when developing any further plans for the Dulwich site:

- Further consideration should be given to implementing the previous Dulwich Community Hospital LIFT scheme
- The proposals for a health and social care centre should only be pursued if they have and can demonstrate local public support
- All the services currently delivered at Dulwich Community Hospital should be considered for inclusion in any new facility
- Additional services that address and meet local needs, including those suggested in the consultation document, should also be considered
- The health facility on this site should continue to be known as Dulwich Community Hospital
- The remaining part of the site should be considered for further health facilities, including the option of being a secondary site for King's College Hospital.

The Rt. Hon. Tessa Jowell, Member of Parliament for Dulwich and West Norwood, provided a narrative response to the consultation focussing on proposals for the Dulwich Health and Social Care Centre. The response is included in Appendix 3. Key points included:

- Whilst there is much to welcome, the subject of intermediate care has not been properly or directly addressed in the consultation. In particular, the issue of how intermediate care beds will be utilised and distributed when the new Dulwich Health and Social Care Centre is open is one of great importance.
- For many people, new facilities at Dulwich would be the best environment in which to provide intermediate care facilities. More detail is needed
regarding current thinking on intermediate care, including an outline of where these services may be located and what form they may take.

**Summary**

- A large proportion of public and patients from the web based/paper survey-228 (82.7%) and a fairly large proportion of staff interviewed (65%) were supportive of the location of a centre in Dulwich.
- Some members of the public during the focus group were less positive about the idea of having health and social care centres across the borough, preferring instead to have extended services at GP practices and going to one of the three main hospitals for specialist care.
- The public and staff focus group in Dulwich, revealed concerns about the transport links to the site and its close proximity to King’s College Hospital.
- The staff interviewed, although generally positive about the idea of a health and social care centre and the overall Network of Care Services, were sceptical about whether it would actually happen as they had heard of plans before that were not implemented.
- Over 80% of public/patients interviewed via the telephone survey (254) and hard to reach participants (46) agreed in general with the proposed services for the Dulwich health and social care centre.
- Along with the proposed core provision, services for people with urgent problems and community and social care services including mental health were considered important to include in the health and social care centres overall, including Dulwich.
- The CICG focus group were positive towards the idea of having a centre at the Dulwich site but were keen for it to include the continuation of intermediate care beds. The Staff focus group (made up of the intermediate care team) also thought this was an important factor for the Dulwich site and talked about the current service only including step down care.
- Some councillors consulted believed the general public would have a mixed response to the strategy for the Dulwich area but described how overall, if the provision is described properly, that the general public would support the proposals.
10.0 NEXT STEPS

Southwark NHS will be presenting this report to the Primary Care Trust Board meeting on 21 May 2009. A Transforming NHS Programme Board has recently been established by NHS Southwark to plan and implement the development of the Transforming Southwark proposals, predicated on the approval of the primary and community strategy at the Board meeting.

11.0 RECOMMENDATIONS

Vision Twentyone has provided a number of recommendations developed from the consultation findings and based around future communication considerations during the implementation stages of the project.

11.1 Communications

- Be transparent on how funding and staffing of the health and social care centres will work.
- Be clear on how the centres will fit within the current service model e.g. will local GPs remain?
- Provide information on the transport and parking provision for the centres in relation to each of the locations.
- Consider open discussions with transport providers with regard to providing adequate transport provision for the centres, particularly in relation to proposed site for the Dulwich Health and Social Care Centre.
- Provide a visual plan of what the centres will look like and the services they will offer.
- Provide information on how people will be referred to or use the centres – case studies are a useful tool for this.
- Use of simple language and graphics on literature to ensure it is assessable to all.
- Engage directly with King’s to discuss the health and social care centre service provision to avoid duplication and to strengthen and develop the partnerships.

11.2 Feedback

- Provide feedback on the consultation findings and how these will be considered. This information could be provided via an event and/or on the NHS Southwark web site.
- We recommend conducting a widespread feedback exercise with NHS Southwark staff, whether they took part in the consultation or not. This could be done via a newsletter which could be adapted to be emailed and included into payslips.