# Southwark Health, Adult Social Care, Communities and Citizenship Committee

# Inquiry into Access into Health Services in Southwark

## Introduction

Access to health services throughout the Borough of Southwark is varied, with differing issues presenting at each access point.

Each of these issues is interlinked, and an under-performance in one sector will necessarily impact on other health services.

With increased, sustained pressure on health service it is important, now, more than ever, to have services which are truly delivering for our residents.

This Committee therefore decided to consider the range of health services provided in Southwark, and the ways in which our residents interact with these. In doing so, we found a number of key issues which are leading to strains being placed on other health services.

In this report, we set out a number of recommendations to help alleviate some of this pressure and ensure that Southwark residents are able to access the highest quality of healthcare services.

### Terms of the inquiry

The inquiry focused on four areas of concern:

1. **Access to out of hours care** – specifically the 111 Service and rollout in Southwark
2. Understanding the reasons for **increased use of A&Es** over winter and how this could be reduced
3. **Access to individual GP surgeries and walk-in centres**
4. The **implications of the TSA and KHP merger** on access to emergency and urgent care

**Oral evidence session attendees**

Evidence was received from:

- Kings College Hospital
- Guys and St Thomas' Hospital
- South London and Maudsley (SLaM)
- Southwark Clinical Commissioning Group
- Public Health, Southwark & Lambeth
- Healthwatch
- Southwark Council Cabinet Member for Health
- NHS England
- London Ambulance Service
- Local Medical Committee
- Southwark Residents through an online survey

The following appeared in person before the Health, Adult Social Care, Communities and Citizenship Committee:

- Harjinder Bahra, Equality and Human Rights Manager (SCCG)
- Andrew Bland - Chief Officer, (SCCG)
- Kevin Brown, Assistant Director Operations for South London, London Ambulance Service
- Steve Davidson, Service Director, Mood Anxiety and Personality Clinical Academic Group, SLaM
- Angela Dawe - Director of Community Services, GST
- Dr Roger Durston, GP Clinical Lead for Mental Health (SCCG)
- Dr Katherine Henderson - Clinical Lead, Guy's & St Thomas' NHS Foundation Trust (GST)
- James Hill - Head of Nursing for the Emergency Dept, GST
- Dr Patrick Holden - Urgent Care clinical Lead, Southwark Clinical Commissioning Group (SCCG)
- Tamsin Hooton, Director of Service Redesign (SCCG)
- Gwen Kennedy, Director of Client Group Commissioning (SCCG)
- Alvin Kinch, Healthwatch
- Sarah McClinton, Director of Adult Care, Southwark Council
- Cllr Catherine McDonald, Cabinet Member
- Keith Miller, Ambulance Operations Manager at Waterloo, London Ambulance Service
- Hayley Sloan, 111 lead, (SCCG)
- Briony Sloper - Deputy Divisional Manager for Trauma and Emergency Medicine, King's College Hospital (KCH)
- Dr Ruth Wallis, Public Health Director, Southwark and Lambeth
- Jill Webb Deputy Head of Primary Care (South London) NHS England
- Nicola Wise, General Manager, Guys and St Thomas'
- Dr Amr Zeineldine, Chair of the NHS Southwark Clinical Commissioning Group (SCCG)

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## 1. Summary of recommendations

**The 111 Service**

1. We recommend that the Clinical Commissioning Group should report an update when there are next discussions on the potential rollout of the NHS 111 Service in Southwark.

2. We recommend that the Clinical Commissioning Group should provide clarity on the telephone numbers that residents can use to access out of hours healthcare services in the borough.

3. We recommend that the Health & Wellbeing Board and the Clinical Commissioning Group places signposting to healthcare services as a key priority for 2014/15, with key activities to reach all communities throughout the Borough.

**Accident and Emergency Departments**

4. We recommend that the Trusts regularly report to the Committee on current staffing levels and the ways in which they are working to ensure that they are adequate.

5. The Committee recommends that Hospital Trusts should report quarterly on the number of beds available to A&E patients and how this compares to the number of beds needed, with particular reference to emergency admissions for older people and people in mental health crisis.

6. The Committee commends the 'Not Always A&E' campaign and recommends that it is rolled out throughout the year to help promote public awareness of the alternative healthcare services that residents can access.

7. We further recommend that Public Health supports the CCG in their campaign, ensuring that public awareness of the alternative healthcare services increases.

8. We recommend that the Health & Wellbeing Board and the Clinical Commissioning Group make raising the public awareness of the healthcare services available to Southwark residents a priority for the next year.

9. We recommend that the Clinical Commissioning Group continues its programmes working specifically with older people and that Public Health identifies the further support that we, as an Authority, can be giving them.

10. This Committee commends the work of the CCG, jointly with the Local Authority and community services to help people stay well at home for longer. We would like to see further evidence of the work being done on the frail elderly pathway to ensure that we are offering our residents the best care services.

11. This Committee welcomes the work being taken forward by the Adult Social Care department. We recommend an update report on the services provided for older people with high needs to be made to the next Committee.

12. We recommend that further work is done by the Adult Social Care team within the Council, looking specifically at the ways in which we can identify and support older people to prevent admissions to A&E.

13. We remain concerned however that there seems to be a lack of co-ordinated action by the health community to tackle the issue of increased acuity of patients. The Committee recommends that the Health & Wellbeing Board place this as a priority for 2014/15 and that Public Health carries out a piece of research into the reasons behind the increased acuity in Southwark.

14. We also recommend the establishment of a joint working group, led by the CCG, and including the Council, Hospital Trusts, Public Health and Healthwatch to look specifically at the ways in which we can support those people with long-term conditions in the community, and reduce presentations at A&E wards.

15. We recommend that the Mental Health sub-group of the Lambeth and Southwark Urgent Care Board presents its final Action Plan to the Committee for further comment.

16. We recommend that the final draft of the Joint Mental Health Strategy is presented to the Committee ahead of publication for further scrutiny.

17. We welcome the decision by SLAM to collate information on classifications of presentations to Emergency Departments and would recommend that this information is shared as part of the Joint Mental Health Strategy that is being developed.

18. We recommend that Kings College Hospital and Guys and St Thomas' place the provision of safe, secure spaces for the treatment of patients presenting with mental health conditions as a key priority in their workplans for 2014.

19. The Committee welcomes the services that are currently provided by SLaM to support those with mental health conditions in Southwark. We recommend that priority is placed by SLaM on supporting people with mental health in the community, and intervening ahead of any admissions to A&E wards.

**Access to GP Services**

20. We recommend that the CCG and Hospital Trusts work together to reduce the time taken for GP surgeries to receive outpatient reports. We also recommend the CCG look into the ways in which they can provide template forms and support to GPs to help them reduce the time taken on administrative tasks related to patient consultations.

21. We recommend that the Housing Options & Assessment and the Disabled Travel Team should carry out a review looking at the ways in which to influence customer signposting to ensure that residents are aware of the services that the Council provides in terms of assessing residents for blue badges and receipt of benefits.

22. This committee has actively followed and partaken in the consultation around the future provision of health services at the Dulwich Hospital site. We have welcomed the work done by the CCG, and the Committee recommends that the CCG provides an update as necessary.

23. We recommend that the CCG report back to the Committee on the Lister Urgent Care Centre once more work has been done on the preferred option for the provision of urgent care services in the south of the borough.

24. We recommend that GP services promote the SELDOC service within their local practices, to signpost patients to out of hours services.

25. We recommend that NHS England report to the Committee with an update on proposed opening hours of GP surgeries.

26. We recommend that NHS England, with the support of the Clinical Commissioning Group undertake a study into the best method for providing appointments consistently across the borough and consider a Southwark offer that ensures minimum standards of access for patients in Southwark in regards to contact with a GP if appropriate following NHS England's Call for Action response.

**The Kings Health Partners Merger**

27. The Committee noted with interest that this process has now been delayed and recommends that when a Full Business Case is developed, King's Health Partners should return to the Committee for further scrutiny.

## 2. The 111 Service

The NHS 111 Service was set out by the Secretary of State for Health as

*'[an] underlying concept...that everyone can agree with: it is a simple number that everyone can remember; the fact that you are connected directly to a clinician, if you need to speak to one, rather than being called back is something people like; the idea that you are triaged only once and do have to repeat your story lots and lots of times is a good one; and the fact you have a service that is broader than the old NHS Direct.'* (House of Commons, Health Select Committee Report: Urgent and emergency services, 24 July 2013, p.41)

However, there have been a number of problems with its initial rollout. The initial provider of the 111 service, NHS Direct , was not financially sustainable , although it performed relatively well after initial teething problems. Performance in Southwark's surrounding boroughs - Bexley, Bromley and Greenwich, was below national standards for clinician referrals and call-backs.

In Southwark, the decision was taken to delay the rollout of the 111 Service in Southwark, Lambeth and Lewisham while the new provider, London Ambulance Service (LAS), became established . As the CCG highlighted in their report to this Committee, 'A stable, high standard of service is what we wish to be available for our patients across the whole area' (CCG Submission, South East London NHS 111 service update, July 2013).

At the same time the NHS Direct 111 service ended the NHS Direct number (0845 4647) was also switched off in March 2013. As the CCG set out in their evidence, a Southwark resident who calls the NHS Direct number will be advised to call 111. The call handler will be able to deal with the call, and redirect Southwark residents to the local out-of-hours provider (SELDOC) if they require GP out of hours services. This has obviously led to some complications, with residents having to phone multiple different telephone numbers in order to be able to access the right service. Southwark Healthwatch has been monitoring the feedback provided on the NHS 111 Service and highlighted in their evidence a number of key issues, including access and awareness of GP out of hours service (SELDOC) and the process by which residents are redirected to the NHS 111 Service. (NHS 111 Feedback Report, Healthwatch, 30 August 2013).It is reassuring that the new provider for South East London (SEL) of the 111 service is in the top 5 for 111 providers in the country.

**We recommend that the Clinical Commissioning Group should report an update when there are next discussions on the potential rollout of the NHS 111 Service in Southwark.**

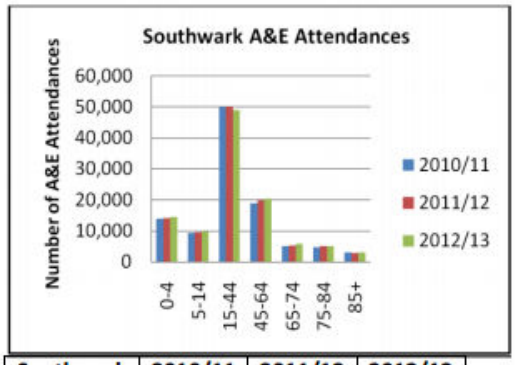
**The Committee is concerned with the process by which patients have to access out of hours services. We recommend that the Clinical Commissioning Group should provide clarity on the telephone numbers that residents can use to access out of hours healthcare services in the borough.**

**We recommend that the Health & Wellbeing Board and the Clinical Commissioning Group places signposting to healthcare services as a key priority for 2014/15, with key activities to reach all communities throughout the Borough.**

## 3. Accident and Emergency Departments

**Problems in Accident and Emergency Departments**

It is fair to say that there is an increased pressure on Accident & Emergency (A&E) departments in Southwark. Whilst the number of attendees has not changed significantly over the past two years, there are a number of problems, which when combined together are affecting the way in which the service operates. There has been an increase in the volume and acuity of both older people presenting at A & E and in demand for emergency mental health services.




| Southwark | 2010/11 | 2011/12 | 2012/13 |
|---|---|---|---|
| 0-4 | 13,945 | 14,238 | 14,607 |
| 5-14 | 9,307 | 9,576 | 9,887 |
| 15-44 | 49,949 | 49,993 | 49,029 |
| 45-64 | 18,904 | 19,846 | 20,474 |
| 65-74 | 5,194 | 5,379 | 5,877 |
| 75-84 | 4,789 | 5,073 | 5,205 |
| 85+ | 3,047 | 2,975 | 3,130 |
| **Total** | **105,135** | **107,080** | **108,209** |

Figure 6. (Source: Local SUS data)

**Figure 1:** Trends in Acute Care Usage in Lambeth and Southwark: Public Health Analysis, Public Health Southwark, January 2014

As the Lambeth and Southwark Urgent Care Board noted in their evidence to the Committee, both Kings College Hospital and Guys and St Thomas' have experienced issues with capacity.

Briony Sloper from Kings College Hospital said in her evidence that Denmark Hill A&E was not well set up for the volume and acuity of patients with mental health needs, and this was confirmed too by Guys and St Thomas' who said that a lot of their overspend is around mental health issues. Both hospitals also raised the issue of increased economic pressures contributing to the rise in acuity of patients. Clinical staffing was also raised as an issue, with Kings College Hospital noting that there was a particular problem with approved social workers.

***i. Staffing levels in hospital A&E departments***

There have been increasing reports of the number of locum doctors that are being drafted in to support A&E departments. On 14 January 2014, the BBC reported that spending on locum doctors to plug the gaps in A&E units in England had risen by 60% in the last three years. Spending rose from £52million in 2009-10, to £83.3m last year. (Sharp rise in spending on A&E locum doctors, 14 January 2014, http://www.bbc.co.uk/news/health-25713374)

This same issue was raised as part of the Committee's inquiry. As a result, the Lambeth and Southwark Urgent Care Board, in their evidence to the Committee told us that both Hospital Trusts are implementing large scale emergency department developments over the next two years which will create additional physical capacity.

**This Committee notes with concern that staffing levels are an issue in Accident & Emergency departments. We recommend that the Trusts regularly report to the Committee on current staffing levels and the ways in which they are working to ensure that they are adequate**.

***ii. Numbers of beds for admissions***

The numbers of beds for hospital admissions has been reducing consistently over the past two and half decades. This is not a new problem. As The Guardian reported in January 2014 *'successive governments have closed over 50% of NHS beds. In 2013/14 there were 135,000 NHS beds compared with 297,000 in 1987/88.'* (Why A&E departments are fighting for their life, 14 January 2014, The Guardian) However reductions in bed capacity can be warranted by reductions in length of stay, which is the objective of the CCG admission avoidance programme and investment in community capacity.

The Lambeth and Southwark Urgent Care Board noted in their evidence that there were issues with numbers of beds. Sufficient bed capacity in acute hospitals is linked to A&E capacity and their ability to manage pressures. Guy's & St Thomas' bed capacity is historically less pressured than at King's College Hospital.

**The issue of not having enough beds for patients is a worrying one. The Committee recommends that Hospital Trusts should report quarterly on the number of beds available for admissions from A&E and how this compares to the number of beds needed**, **with particular reference to emergency admissions for older people and people in mental health crisis.**

### *iii. Length of stay and discharge processes*

Matthew Cooke, an academic and clinical director of Heart of England Foundation Trust suggested in the Health Services Journal in October 2013, that the reason for increased pressure on A&E services was in fact down to delayed discharges from hospitals.(Delayed Hospital Discharge to blame for A&E pressure, October 2013, http://www.hsj.co.uk/acute-care/exclusive-delayed-hospital-discharge-to-blame-for-ae-pressure/5063876.article#.UwSNqPl_tnE)

Public Health in their evidence, told the Committee that the proportion of short (1-2 day) admissions had increased in Southwark, whilst the proportion of long-stay admissions had decreased. Dr Wallis suggested that one possible explanation for this was a lower number of delayed discharges.

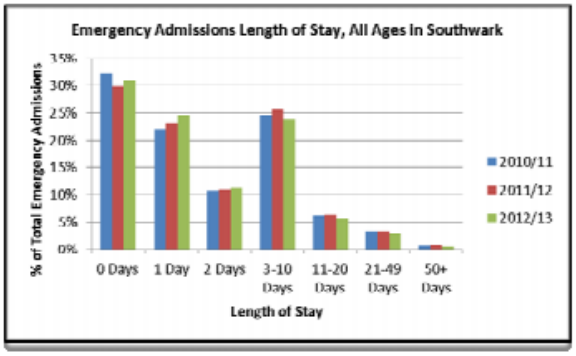



Figure 17. (Source: Local SUS Data)

| Length of Stay | % change 2010/11 - 2011/12 | % change 2011/12 - 2012/13 | % change 2010/11 - 2012/13 |
|---|---|---|---|
| 0 Days | -13.51% | 10.38% | -4.53% |
| 1 Day | -1.74% | 12.86% | 10.90% |
| 2 Days | -5.99% | 11.05% | 4.40% |
| 3-10 Days | -2.65% | -1.23% | -3.84% |
| 11-20 Days | -2.44% | -7.90% | -10.15% |
| 21-49 Days | -6.68% | -4.20% | -10.60% |
| 50+ Days | 15.32% | -25.94% | -14.59% |

**Figure 2:** Emergency admissions length of stay, all ages in Southwark, Public Health, January 2014

However, she also noted that whilst hospital data suggested that delayed discharges have reduced, it is important to ensure that pressures in the system do not lead to premature discharges.

The Hospital Trusts addressed this in their evidence to the Committee. Kings College Hospital told the Committee that they had initiatives such as 'home for lunch' and a discharge suite, to help speed up the process.

And Guy's and St Thomas' told the Committee that they had plans to further improve discharge planning, looking at the ways in which they can use community support to help patients outside of hospitals. They also hoped that this would help to reduce readmissions in the future.

**Type of people presenting at A&E departments**

***i. People presenting with non A&E conditions***

Both Guy's & St Thomas and King's College Hospital emergency staff reported that around 20% of presentations at A&E are more minor ailments that could be treated outside of A&E or urgent care.

However, their concern was that it is hard to turn people away, especially when they are presenting in person at the A&E department. For those that present at an A&E department without an urgent medical condition, they will get streamed to a GP or emergency nurse. This has a cost implication for the hospitals, who said in their evidence that a hospital may get paid the lower tariff for providing care, but none of the emergency tariffs actually covers the cost of providing the service.

The London Ambulance Service also gave evidence as part of this review, explaining that the calls that they receive have been increasing by about 3% year on year. However, around half of all patients are not being taken to A&E.

London Ambulance Service suggested that there are people dialling 999 when it is not an emergency, because they don't know what to do and don't know how to access help and support from other parts of the healthcare system.

**The Committee notes with interest the high proportion of people contacting, or presenting at A&E departments who do not have an immediate medical emergency. We believe that there is continued confusion about where residents can access minor care, versus urgent care.**

The Clinical Commissioning Group in Southwark have taken steps to help educate residents about when to access A&E services through the 'Not Always A&E' campaign, launched in Winter 2013.


**Figure 3:** Not Always A&E Campaign

The NHS campaign explains that people should only go to A&E when it is absolutely necessary and reminds people of the alternative services that are available. The campaign is focused around yellow men, with different minor ailments, highlighting the alternative places that they can go to get expert advice and treatment if they need it.

**The Committee commends this campaign and recommends that it is rolled out throughout the year to help promote public awareness of the alternative healthcare services that residents can access.**

**We further recommend that Public Health supports the CCG in their campaign, ensuring that public awareness of the alternative healthcare services increases.**

We recommend that the Health & Wellbeing Board and the Clinical Commissioning Group make raising the public awareness of the healthcare services available to Southwark residents a priority for the next year

***ii. High acuity patients***

The Public Health function of the Council has looked into the changing demographic of Southwark and found that GLA predictions indicate that the population of Southwark will grow by 15% by 2025, but the age structure will stay similar, with approx. 7% of the population between 65 and 84.

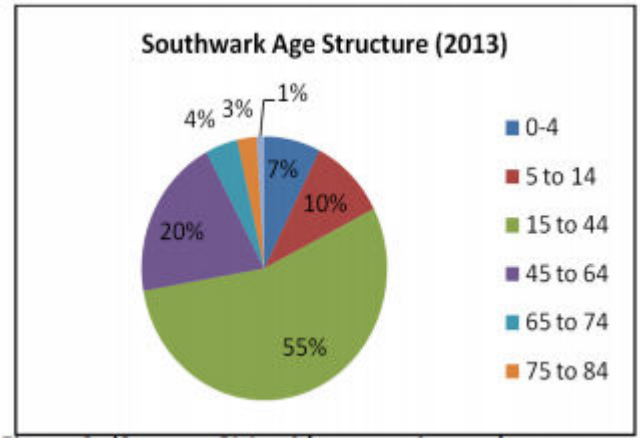



**Figure 4:** Southwark Age Structure, 2013, Public Health Southwark and Lambeth, January 2014

As part of their evidence, they suggest that A&E attendance and admission rates increased amongst 65 - 84 year olds, but fell amongst younger groups.

This was reinforced by the Lambeth and Southwark Urgent Care Board which noted that there is an increase in activity amongst the over 65 age group across Lambeth & Southwark in accessing A&E services. (Lambeth and Southwark Urgent Care Board Briefing, September 2013)

The Council took over responsibility for Public Health in April 2013, which means that we as an Authority now have responsibility to ensure that the right services are available for our residents for public health related concerns.

Dr Ruth Wallis, Director of Public Health for Southwark & Lambeth set out in her evidence a number of ways in which the Council should be focusing its efforts on public health concerns, especially for older people.

Focusing on issues that affect people as they become older may be one way in which increased older people A&E admissions can be combated. Dr Wallis suggested that long-term conditions need care and there should be an increased focus on diabetes and flu immunisation. In doing so, the causes of accessing A&E services by older people can be prevented through intervention by another part of the healthcare system.

**The committee notes with interest that public health drivers can play a part in reducing admittance to A&E's. We recommend that Public Health continues to support the work of the CCG in this and that the CCG, with Public Health support, undertakes a programme to look specifically at older people and the further support that we, as an Authority, can be giving them.**

Alongside an increase in the number of older people presenting at A&E departments, Hospital Trusts reported an increase in the acuity of these patients.

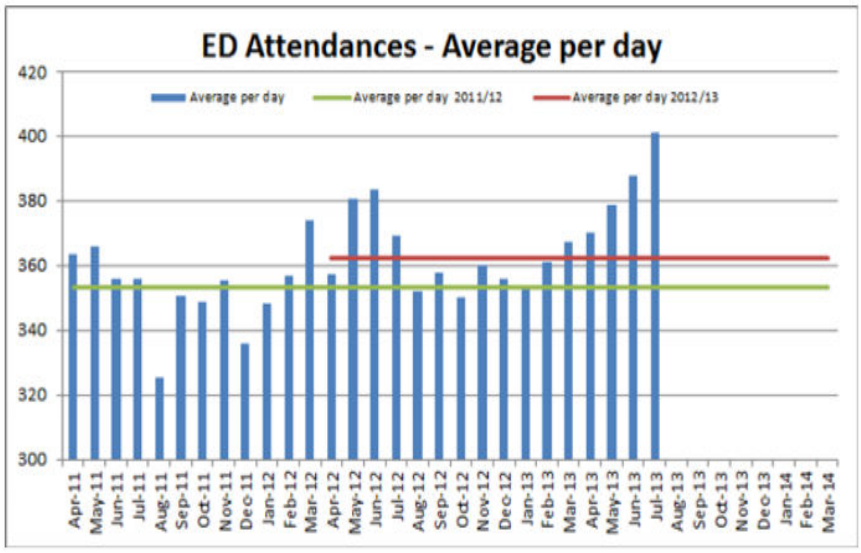
In Southwark, the number of emergency admissions in 2012/13 was 1.5% lower than in 2010/11, but the rate per 1,000 population fell by a more significant 4.66%. However A&E attendance rate per 1,000 population had risen by around 10% in both 65-74 and 75-84 age groups since 2010/11, but the emergency admission rate per 1,000 population actually fell by 2.50% in the 65-74 age group, whilst rising 11.56% in the 75-84 age group.

This may indicate that the increase in attendances by 65-74 year olds is predominantly amongst less seriously ill individuals, whereas the increase in the older 75-84 year old age group consists of more seriously ill individuals who then require admission.

| Age group | % change 2010/11-2011/12 | % change 2011/12-2012/13 | % change 2010/11-2012/13 |
|---|---|---|---|
| 0-4 | -4.92% | 0.18% | -4.74% |
| May-14 | -3.45% | -0.31% | -3.75% |
| 15-44 | -3.39% | -6.58% | -9.74% |
| 45-64 | -4.79% | -5.36% | -9.90% |
| 65-74 | -1.37% | -1.15% | -2.50% |
| 75-84 | 11.25% | 0.28% | 11.56% |
| 85+ | 2.43% | -2.03% | 0.35% |
| Overall | -1.47% | -3.24% | -4.66% |

**Figure 5:**CCG data on older people and acuity February 2014

In their evidence, Kings College Hospital said that this increase in patients with acute conditions presenting at A&E departments meant that the number of people being admitted to the hospital was increasing, and they were staying longer. This necessarily puts more pressure on hospitals.




| | A&E attendances | Average Daily |
|---|---|---|
| Jan-13 | 10944 | 353 |
| Feb-13 | 10106 | 361 |
| Mar-13 | 11400 | 368 |
| April-13 | 11112 | 370 |
| May-13 | 11747 | 379 |
| Jun-13 | 11651 | 388 |
| Jul-13 | 12443 | 401 |

**Figure 6:**Report to the Southwark Health and Adult Social Care Scrutiny Sub-Committee on Emergency Care, Emergency Department Attendances, Kings College Hospital, September 2013

As Public Health set out in their evidence, the proportional increase in attendance of patients of older age may mean a greater proportion of patients with co- morbidities as elderly patients are more likely to present with a number of conditions. Managing chronic conditions during an acute illness presents challenges, and this could be part of the explanation for the increased 'acuity' noted by local clinicians.

*Providing support for those with high acuity in hospitals*

Hospital Trusts however have set up a number of programmes to try and relieve the pressure caused by patients presenting with high acuity. The CCG in their evidence suggests that the provision of 'soft care' can help to keep people at home. They talked in their evidence to the Committee of an increased focus on community based admission avoidance schemes.

As part of the Southwark and Lambeth Integrated Care Programme's (SLIC) frail elderly pathway, the CCG has worked with the Local Authority and community services to keep people well and cared for in the home. This plan includes enhanced rapid response and home wards, which allow people to be discharged from hospital earlier.

However, when probed, the CCG admitted that whilst the use of 'rapid response' has been very good, the effectiveness of 'home wards' was less effective.

Guys and St Thomas' further detailed their work as part of the frail elderly pathway, highlighting a focus on simplified discharge process, enhanced seven day working arrangements, redesign of the falls pathway, Community Multi-Disciplinary Team registers, holistic checks and case management.

**This Committee commends the work of the CCG, jointly with the Local Authority and community services to help people stay well at home for longer. We would like to see further evidence of the work being done on the frail elderly pathway to ensure that we are offering our residents the best care services.**

*Providing support for those with high acuity conditions in the community*

The Adult Social Care Department also presented evidence on their actions to support those older people with high needs in our community.

Sarah McClinton highlighted that *'risk of hospital admission is a key factor in assessing eligibility for social care, and services are put in place to minimise the risk.'* (Adult Social Care, Access to Health Services, January 2014)

A key objective of the social services that the Authority provides is to prevent, delay or avoid the need for people to access more intensive health and care services including A&E, by helping people to live independently and safely in the community.

Sarah McClinton went on to say that:

*'for older people identified as at risk of admission we take a multi-disciplinary team approach with a single lead professional co-ordinating support from different agencies that should help prevent avoidable admissions through A&E. This priority is recognised nationally and will be taken forward in 2014/15 through the Better Care Fund which necessitates pooled funding and joint working in areas that will reduce pressure on health and care services.'*(Adult Social Care, Access to Health Services, January 2014)

**This Committee welcomes the work being taken forward by the Adult Social Care department. We recommend an update report on the services provided for older people with high needs to be made to the next Committee.**

Southwark Council provides a large number of services as part of its social care package, which further helps to enable people to remain safely and independently in the community. This includes a 24 hour 7 day social care service, increased telecare resources, support for care homes to manage the health of residents, occupational therapy service and community equipment services.

Councillor Catherine McDonald, Cabinet Member for Health, in her annual scrutiny interview with the Committee also highlighted the work being done by GPs to provide assessments for older people

to prevent demand at a later point in time - for example recommending the installation of grab rails to prevent falls in the home.

She also talked about the council's work looking at housing policy, including the re-introduction of wardens and the plans for expansion of extra care, which would provide nursing on-site.

**The Committee is pleased to know that the Adult Social Care teams within the Council are working hard to ensure that Southwark residents are receiving the best levels of care to help them stay safely and independently in the community. We recommend that further work is done to specifically look at the ways in which we can identify and support older people to prevent admissions to A&E.**

**We remain concerned however that there seems to be a lack of co-ordinated action by the health community to tackle the issue of increased acuity of patients. The Committee recommends that the Health & Wellbeing Board place this as a priority for 2014/15 and that Public Health carries out a piece of research into the reasons behind the increased acuity in Southwark.**

**We also recommend the establishment of a joint working group, led by the CCG and including the Council, Hospital Trusts, the Public Health and Healthwatch to look specifically at the ways in which we can support those people with long-term conditions in the community, and reduce presentations at A&E wards.**

### *iii. Helping people with mental health conditions*

In 2011, the Department for Health published 'No Health without Mental Health', a cross-government mental health outcomes strategy for people of all ages.

The report emphasised the importance of mental health, stating this: *'Mental health is everyone's business...good mental health and resilience are fundamental to our physical health, our relationships, our education, our training, our work and to achieving our potential.'* (No Health without Mental Health, February 2011, p.5)

The impact of mental health problems is estimated to continue to increase. As the CCG set out in their evidence, there are suggestions that the cost of treating mental health problems could double over the 20 years from the current estimated cost of £105billion per year. (NHS England statistics)

The Committee established that there are two distinct working groups looking at addressing the issues around mental health in Southwark.

First, a sub-group of the Lambeth and Southwark Urgent Care Board has recently been formed, which includes Gwen Kennedy, Director of Client Group Commissioning at the Clinical Commissioning Group, with representatives from the hospital trusts. This group is looking directly at supporting patients who present with mental health conditions at A&E.
The group is currently working on an Action Plan, which sets out the activities the Trusts will be undertaking to help relieve the pressures.

**We recommend that the Mental Health sub-group of the Lambeth & Southwark Urgent Care Board presents its final Action Plan to the Committee for further comment.**

Secondly, the Council and the Clinical Commissioning Group commissioned a review of the partnership arrangements that were in place for delivering mental health services in the borough. The review made a number of recommendations, including the developments of a new Mental Health Strategy for Southwark.

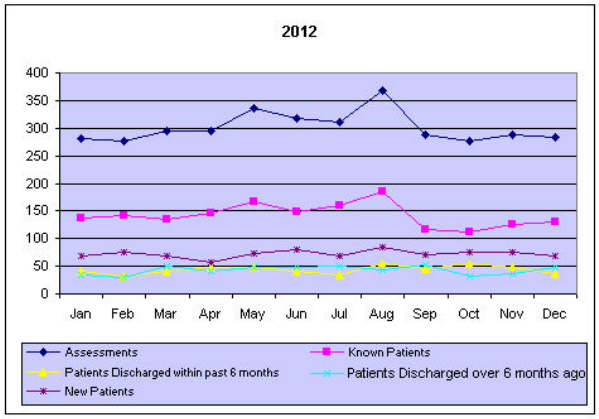
The initial thoughts on this document were presented to the Committee by the Clinical Commissioning Group in October 2013.

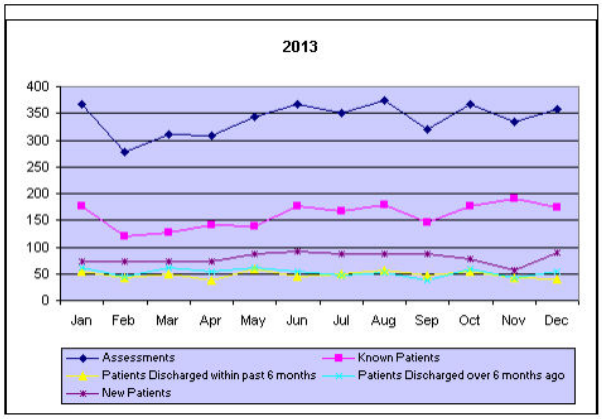
**We recommend that the final draft of the Joint Mental Health Strategy is presented to the Committee ahead of publication for further scrutiny.**

*Numbers of people presenting at A&Es*

The Committee heard from the Hospital Trusts specifically about the increasing numbers of people presenting at A&E departments with mental health conditions, alongside increased acuity and increased co-morbidity.

Hospital Trusts reported the worrying statement that the number of mental health patients presenting at A&E departments requiring assessment and appropriate interventions has increased significantly. In terms of numbers of presentations, Kings College Hospital reported that there was a 10.2% increase in assessments between 2011-2012 and 2012-13 (3370 to 3717). At the same time, there was a 32% increase in MHA admissions in the same time period from 88 to 117.



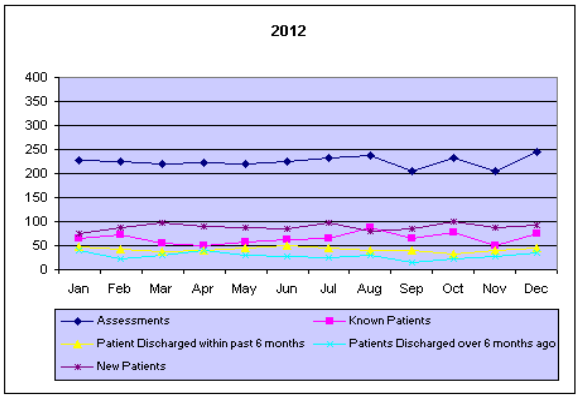

**2012**

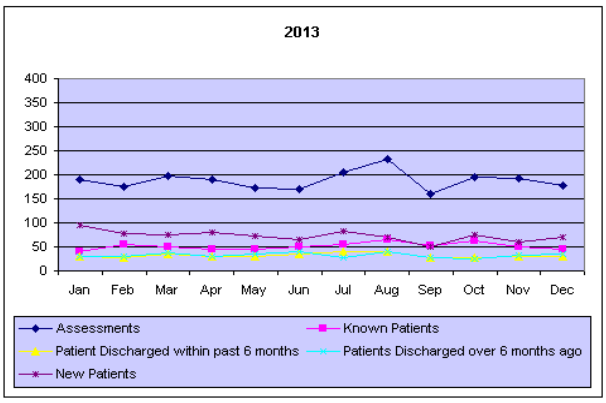
| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Assessments** | 282 | 277 | 295 | 294 | 336 | 318 | 312 | 369 | 287 | 276 | 287 | 284 |
| **Known Patients** | 138 | 141 | 136 | 147 | 168 | 149 | 159 | 185 | 117 | 113 | 126 | 131 |
| **Patients Discharged within past 6 months** | 42 | 31 | 41 | 47 | 47 | 41 | 34 | 55 | 46 | 55 | 49 | 37 |
| **Patients Discharged over 6 months ago** | 34 | 30 | 50 | 42 | 47 | 48 | 50 | 44 | 52 | 33 | 37 | 48 |
| **New Patients** | 68 | 75 | 68 | 58 | 74 | 80 | 69 | 85 | 72 | 75 | 75 | 68 |

**2013**

| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Assessments** | 366 | 277 | 311 | 308 | 344 | 367 | 351 | 374 | 319 | 368 | 333 | 357 |
| **Known Patients** | 176 | 119 | 127 | 142 | 138 | 176 | 168 | 180 | 147 | 177 | 190 | 175 |
| **Patients Discharged within past 6 months** | 55 | 42 | 50 | 37 | 58 | 44 | 49 | 56 | 48 | 55 | 43 | 39 |
| **Patients Discharged over 6 months ago** | 62 | 44 | 62 | 55 | 62 | 55 | 46 | 52 | 38 | 59 | 43 | 54 |
| **New Patients** | 73 | 72 | 72 | 74 | 86 | 92 | 88 | 86 | 86 | 77 | 57 | 89 |

**Figure 7:** Kings College Hospital Mental Health Liaison Team 2012-2013, South London and Maudsley Mental Health Paper, January 2014




**2012**

| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Assessments** | 227 | 225 | 220 | 222 | 220 | 225 | 232 | 238 | 205 | 232 | 205 | 245 |
| **Known Patients** | 66 | 72 | 55 | 51 | 57 | 63 | 65 | 88 | 64 | 77 | 49 | 74 |
| **Patient Discharged within past 6 months** | 48 | 43 | 37 | 40 | 44 | 50 | 44 | 40 | 39 | 32 | 41 | 44 |
| **Patients Discharged over 6 months ago** | 39 | 22 | 31 | 40 | 31 | 27 | 26 | 31 | 16 | 23 | 27 | 34 |
| **New Patients** | 74 | 88 | 97 | 91 | 88 | 85 | 97 | 79 | 86 | 100 | 88 | 93 |

**2013**

| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Assessments** | 189 | 174 | 198 | 189 | 172 | 170 | 205 | 232 | 161 | 195 | 192 | 178 |
| **Known Patients** | 39 | 55 | 50 | 45 | 45 | 50 | 54 | 64 | 53 | 63 | 50 | 44 |
| **Patient Discharged within past 6 months** | 30 | 28 | 34 | 31 | 31 | 35 | 41 | 39 | 27 | 27 | 30 | 31 |
| **Patients Discharged over 6 months ago** | 29 | 31 | 38 | 31 | 35 | 40 | 27 | 39 | 27 | 26 | 32 | 34 |
| **New Patients** | 94 | 77 | 75 | 80 | 73 | 64 | 83 | 69 | 50 | 76 | 60 | 69 |

**Figure 8:** Guys and St Thomas' Hospital Mental Health Liaison Team 2012-2013, South London and Maudsley Mental Health Paper, January 2014

The Trusts also noted that there was an increase especially amongst local people who are unknown to the service and this is further complicated by the complexity of the social problems that these individuals are facing.

South London and Maudsley also told the Committee that they do not have detailed records of the numbers of different classifications of presentations to Emergency Departments, but are now in the process of collating this information.

**The Committee finds these statistics concerning, especially in light of the comments that this increase seems to be amongst local people who are unknown to the service. We welcome the decision by SLAM to collate information on classifications of presentations to Emergency Departments and would recommend that this information is shared as part of the Joint Mental Health Strategy that is being developed.**

*Providing support for those with mental health conditions in hospitals*

Individual Trusts also told us about the work that they are doing to support patients presenting with mental health concerns. Kings College Hospital has a KPI that all patients are to be seen by the specialist psychiatric team within 30 minutes from referral. It is also encouraging to see that they are up-skilling their staff through specialist psychiatric training and increase provision of Psychiatric Liaison Nurses (PLN).

Guys and St Thomas' also have PLNs available 24/7, in conjunction with SLAM to ensure that patients are receiving the highest levels of care at all times. They currently also have two cubicles which can be separated from some of the noise and the lights can be dimmed, but this is not an ideal situation.

The main issue raised by both Trusts was the provision of beds to admit patients to, and physical spaces within A&E departments to treat those presenting with mental health conditions.

As Guys and St Thomas set out in their evidence, this is a key issue, with patients from across the country utilising mental health bed provision in South London. In their experience, patients can wait for up to 24 hours to gain access to an appropriate bed in their local area, and during this time they are in a suboptimal environment for their condition.

| | April | May | June | July | August | |
|---|---|---|---|---|---|---|
| **Abertawe** | | | | | 1 | **1** |
| **Barking & Dagenham** | 1 | | | | | **1** |
| **Barnet** | 3 | 2 | 2 | | 1 | **8** |
| **Bedford** | | 1 | | | 1 | **2** |

| | | | | | | |
|---|---|---|---|---|---|---|
| **Berkshire East** | | | 3 | 2 | 1 | **6** |
| **Bexley** | 1 | | 1 | 2 | 2 | **6** |
| **Blank / Unknown** | 12 | 12 | 11 | 12 | 4 | **51** |
| **Bournemouth** | 1 | | | | | **1** |
| **Bradford** | | 1 | 1 | | | **2** |
| **Brent** | 1 | 2 | 2 | 2 | 3 | **10** |
| **Brighton** | | 2 | | | | **2** |
| **Bristol** | | 1 | | 1 | 1 | **3** |
| **Bromley** | 1 | | 1 | 1 | 2 | **5** |
| **Bucks** | | 1 | | | | **1** |
| **Cambridge** | | | | | 1 | **1** |
| **Camden** | 1 | 3 | 1 | 2 | 4 | **11** |
| **City & Hackney** | 1 | 3 | | 1 | 1 | **6** |
| **Cornwall & Scilly** | 1 | | | 1 | | **2** |
| **Cumbria** | | | | 1 | | **1** |
| **Cwm Taf** | | 1 | | | 1 | **2** |
| **Ealing** | 1 | 2 | 1 | 2 | 2 | **8** |
| **East & North Herts** | | 1 | | | | **1** |
| **Eastern & Coastal Kent** | | | | 2 | 1 | **3** |
| **East Sussex Downs** | | | | | 1 | **1** |
| **Enfield** | | 1 | | | | **1** |

| | | | | | | |
|---|---|---|---|---|---|---|
| **Gateshead** | | | | | 1 | **1** |
| **Glasgow** | | 1 | | | | **1** |
| **Gloucs** | | 1 | | | | **1** |
| **Great Yarmouth** | 1 | 2 | 1 | | | **4** |
| **Greenwich** | 1 | | 3 | 4 | 2 | **10** |
| **Hammersmith & Fulham** | | | 1 | 1 | | **2** |
| **Haringay** | 1 | | 2 | 1 | 2 | **6** |
| **Harrow** | | 1 | 1 | | 1 | **3** |
| **Hastings** | | | 1 | | | **1** |
| **Havering** | | | 2 | 1 | | **3** |
| **Herts** | 1 | | | | 2 | **3** |
| **Hillingdon** | | | | | 1 | **1** |
| **Hounslow** | | | | 1 | | **1** |
| **Islington** | 1 | 2 | 1 | 1 | 1 | **6** |
| **Kensington & Chelsea** | 4 | 1 | 2 | 2 | 2 | **11** |
| **Kingston** | 1 | | 1 | | 1 | **3** |
| **Leeds** | | | 1 | | 1 | **2** |
| **Lincolnshire West** | | | | | 1 | **1** |
| **Liverpool** | | 1 | | | | **1** |
| **Luton** | 1 | | | | 1 | **2** |
| **Medway** | 1 | | 1 | | | **2** |
| **Newcastle** | | | 2 | 2 | 1 | **5** |
| **Newham** | | 1 | 1 | 2 | | **4** |

| | | | | | | |
|---|---|---|---|---|---|---|
| **North East Essex** | 1 | | | | | **1** |
| **North Lancs** | | | 1 | | | **1** |
| **Nottingham** | | | | 2 | | **2** |
| **Portsmouth** | | | | | 1 | **1** |
| **Redbridge** | 1 | 1 | | 1 | 2 | **5** |
| **Richmond & Twickenham** | 1 | 1 | | 2 | | **4** |
| **Sheffield** | | 1 | | 1 | | **2** |
| **Somerset** | | | | 1 | | **1** |
| **South Birmingham** | | | 1 | | 1 | **2** |
| **South East Essex** | 2 | | | | | **2** |
| **South West Essex** | | 1 | | 1 | | **2** |
| **Surrey** | 5 | 1 | 1 | 2 | 1 | **10** |
| **Sutton & Merton** | | 6 | 4 | | | **10** |
| **Tower Hamlets** | 1 | 4 | 1 | 3 | 2 | **11** |
| **Waltham Forest** | | | 1 | 2 | 2 | **5** |
| **Wandsworth** | 8 | 6 | 4 | 5 | 3 | **26** |
| **West Essex** | | | | 1 | | **1** |
| **West Kent** | 2 | 1 | 1 | 1 | 2 | **7** |
| **West Sussex** | | 3 | 2 | | | **5** |
| **Western Cheshire** | | | | 1 | | **1** |

| | | | | | | |
|---|---|---|---|---|---|---|
| **Westminster** | 16 | 11 | 14 | 20 | 12 | **73** |
| **Wiltshire** | | 1 | | | 1 | **2** |
| **Worcester** | | | 1 | | | **1** |
| **Total** | **73** | **80** | **74** | **87** | **71** | **385** |

**Figure 9:** Guys and St Thomas' Hospital, Mental Health Paper, January 2014

Both Hospital Trusts however are taking steps to change the way in which they provide support for mental health patients.

Kings College Hospital is in the process of an organisational reconfiguration in their outpatients department. This will support the final phase of the mental health assessment suite which will then provide a separate space for the treatment of these patients.

Guys and St Thomas' are also in the process of a rebuild for the emergency floor which is due to begin in early 2014. This will lead to the creation of two specifically designed and located cubicles for the treatment of mental health patients in the Major Treatment Area.

**The Committee notes with concern the current facilities for patients presenting with mental health conditions at A&E wards. We recommend that Kings College Hospital and Guys and St Thomas' place the provision of safe, secure spaces for the treatment of patients presenting with mental health conditions as a key priority in their workplans for 2014.**

*Providing support for those with mental health conditions in the community*

The Council's Adult Social Care team currently has a number of initiatives to support people with mental health conditions in the community, which aim to help keep them safe in the community and away from A&E wards.

The mental health services in Southwark are provided by integrated health and social care teams, under the auspices of SLaM. They use a holistic approach which enables teams to support all health and social care needs under one service. These teams also 'in-reach' onto wards to enable earlier discharges.

The Adult Social Care team in their evidence, told the Committee about the services that are provided, including

- Home Treatment Teams (HTT) who provide 24/7 care to service users in a crisis in their own homes, accept out of hours referrals from GPs, provide peer support for people in leaving HTT.
- Psychiatric Liaison Nurses (PLN) who are based in A&E and provide 24/7 mental health triage, as well as assessing for HTT.

- 13 weeks support through reablement with a Recovery and Support Plan aimed at avoiding future mental ill-health episodes leading to a crisis situation.
- Maudsley's 'place of safety' which is open 24/7 and where those with mental illness who are picked up by the police can be taken to instead of A&E
- AMHP team who can undertake assessments under the Mental Health Act without a need for referral to A&E
- Emergency Duty Workers (EDT) who provide rapid assessment under the Mental Health Act as well as care planning.

**The Committee welcomes the services that are currently provided by SLaM to support those with mental health conditions in Southwark. We recommend that priority is placed by SLaM on supporting people with mental health in the community, and intervening ahead of any admissions to A&E wards.**

**General Practitioner Services**

**Pressure on GP Services**

***i. Bureaucracy***

GP services are experiencing ever-increasing pressures, particularly in terms of bureaucracy. The Local Medical Committee (LMC) in their evidence to the Committee said that the Department of Health recognises that there is a 35% administrative 'tail' for every consultation. For every hour a GP sees patients, there is a further 20 minutes administration. Alongside this, clinical information following outpatient consultations is not sent to GPs in a timely manner, leading to further time spent chasing for information.

**This extra time spent on largely bureaucratic tasks is concerning to this Committee. We recommend that the CCG and Hospital Trusts work together to reduce the time taken for GP surgeries to receive outpatient reports. We also recommend the CCG look into the ways in which they can provide template forms and support to GPs to help them reduce the time taken on administrative tasks related to patient consultations.**

***ii. Local Authority Support***

The LMC reported to the Committee that as part of their GP Workload Survey, which was conducted Londonwide in August 2013, there were reported that whilst not contractually obliged to undertake the work, GPs are spending time dealing with local authority related issues such as assessments for blue badges and housing assessments.

The Committee requested further information on this from Council officers directly. Southwark Council told the Committee that if a resident does not qualify for automatic entitlement for a blue badge, they will need to see an occupational therapist. The Council employs two OT contractors to provide this service, to prevent redirection to GP services.

Southwark also carried out housing assessments for residents requesting re-housing. NMC registered nurses are employed to undertake these assessments, using the criteria as set out in Southwark's housing allocation policy.

**The Committee is pleased to see the Local Authority supporting its residents directly, rather than directing them to healthcare services. However, we remain concerned that some residents may not know that these services exist within the Council.** We recommend that the Housing Options & Assessment and the Disabled Travel Team should carry out a review looking at the ways in which to influence customer signposting to ensure that residents are aware of the services that the Council provides in terms of assessing residents for blue badges and receipt of benefits.

### *iii. Walk-in centres and Urgent Care*

*Dulwich Hospital, Dulwich*

A consultation was carried out by the Clinical Commissioning Group on future health service provision in Dulwich and the surrounding areas. Between 28th February and 31st May 2013, NHS Southwark CCG undertook a formal consultation, where people were asked to comment on a proposed service model for health services in community settings and two options for how these might be delivered.

Key findings from the consultation included:

- 80% of respondents were in agreement with the overall model of delivering healthcare in the community
- Respondents were supportive of more accessible settings for healthcare in the community rather than hospital
- Having healthcare delivered locally was an important issue for many respondents
- That health care should be joined up
- That provision of out of hours care was a concern for many respondents with 92% of respondents rating access to evening and weekend primary care as an important issue

**This committee has actively followed and partaken in the consultation around the future provision of health services at the Dulwich Hospital site. We have welcomed the work done by the CCG, and the Committee recommends that the CCG provides an update as necessary.**

*Lister Urgent Care Centre, Peckham*

The LMC further highlighted the reports in the media about reductions in the number of walk-in centres nationally. They believe that this will impact in terms of capacity and workload.

In January 2014, the CCG presented to the Committee proposals for the Lister Urgent Care Centre in Peckham. The Lister Walk-in Centre has been operating since May 2009, and the contract is due to come to an end in September 2014. The CCG agreed to review the current service, but wanted to use the opportunity to review the commissioning of urgent care across Southwark on the whole.

As part of the review into the Lister Walk-in Centre, a meeting was held on 26 November 2013, which aimed to engage the public about access and urgent care and provide information about the proposed plans for changes at Lister.

Four options for the provision of urgent primary care services were presented to the Southwark Commissioning Strategy Committee (CSC) for consideration in December 2013

- Re-commission the Walk-in Centre service in line with the existing specification

- Commission limited Walk-in Centre service – unregistered patients and Kings re-directed patients only
- De-commission Lister Walk-in Centre and focus upon improvements in primary care access
- Commission alternative model of urgent primary care access based on extended access to GP practices on a locality basis

**The Committee is pleased that this was brought to their attention by the CCG, and is grateful for the time taken to attend the scrutiny meeting. We recommend that the CCG report back to the Committee once more work has been done on the preferred option for the provision of urgent care services in the south of the borough.**

**Access to GP services**

There is an ongoing perception within Southwark that there are difficulties in accessing GP services. This is not a view confined just to Southwark, but is being seen throughout England.

Reasons for this include the increase in patients presenting with complex conditions, which require more time to be spent by GPs in appointments, rather than the 10 minute slot allocated. At the same time, patients whose first language is not English often require extra time in consultation, which further extends the time spent with patients outside of the 10 minute slot.

Both local and national NHS policy is to promote more care out of hospital, which will mean that sicker patients are being cared for in primary care settings, placing further pressures on GP surgeries.

There are 45 GP practices in Southwark, with a combined registered patient list of 305,841 (as at 1 April 2013). All Southwark practices are required to be open from 08.00 – 18.30 and the majority of Southwark practices have not opted out of responsibility for Out of Hours Care and are members of South East London Doctors' Co-Operative (SELDOC), a co-operative organisation of member practices which provides Out of Hours Services across Lambeth, Southwark and Lewisham CCGs, including telephone advice, GP consultations and home visits.

In addition to SELDOC, there is an 8am-8pm GP Led Health Centre at the Lister Health Centre in Peckham, which provides walk-in based care for registered and un-registered patients, 7 days a week.

NHS England carried out a survey into access to GP services for the whole of England. They found that people's overall experience of GP surgeries across England showed 87% of people thought they were overall good, whilst only 82% of residents in Southwark agreed with this view.

***i. Opening hours of GP surgeries***

The CCG in their Community Care Strategy notes that whilst they found there to be sufficient capacity in terms of number of appointments across the borough and across days of the week, this masks the differences between practices and across days of the week.

The NHS England Access Survey looks at when patients would like to have more access to GP services, finding that this was primarily after 6.30pm, and on Saturdays and Sundays.

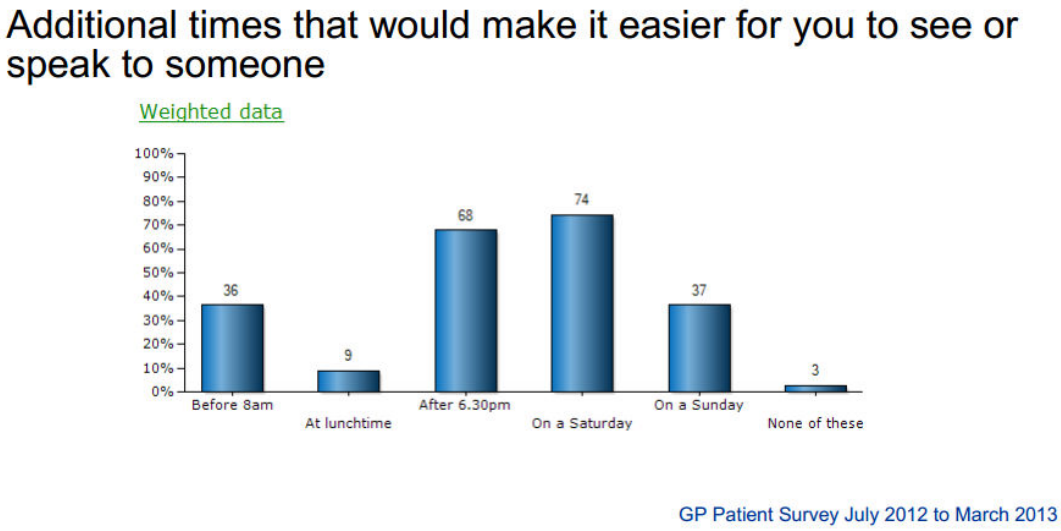



**Figure 10:** GP Patient Survey, Additional times that would make it easier for you to see or speak to someone, July 2012 – March 2013, NHS England Access to GP Services, October 2013

The LMC reported that most GP practices in Southwark are now offering extended hours for patients, alongside providing out of hours care through SELDOC (South East London Doctors' Co-operative).

**The Committee welcomes the provision of the SELDOC service, especially in light of the delay in the rollout of the 111 Service in Southwark. We recommend that GP services promote the SELDOC service within their local practices, to signpost patients to out of hours services.**

NHS England's GP Survey found that the percentage of people who were satisfied with the opening hours of GP surgeries was 80% for the whole of England, and 79% of Southwark residents.

As part of the Community Care Strategy, the CCG set out that it would be working to action clear arrangements for extended hours care in primary care. Jill Webb of NHS England also said as part of her evidence that 8am to 8pm opening will be considered in 2014.

**The Committee welcomes this move. We recommend that NHS England report back to the committee with an update on proposed opening hours of surgeries when appropriate.**

### *ii. Appointment booking services*

The Committee's own survey showed that a large percentage of respondents found it fairly difficult/very difficult to get a timely appointment with a GP.

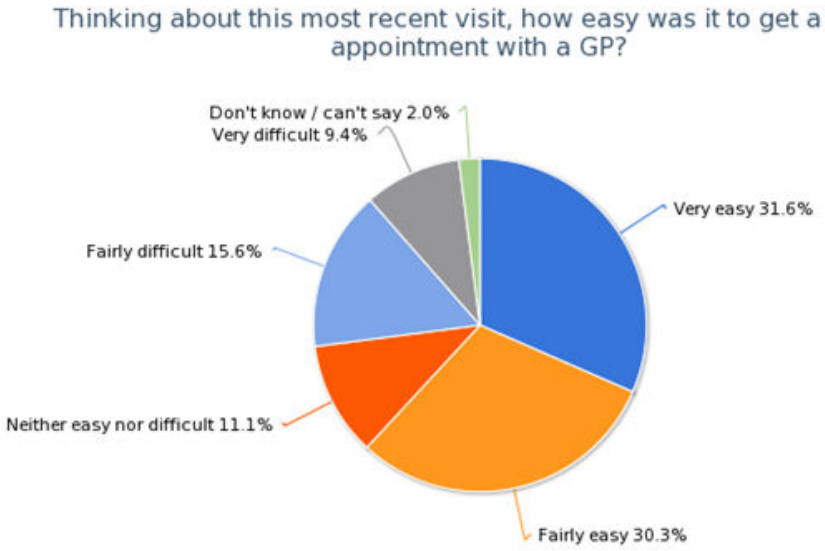



**Figure 11:** Access to GP appointments, Health Committee Survey, January 2014

GP practices throughout the borough do not have a consistent way of providing appointments for patients. These range from the ability to book appointments in advance, to having to call on the morning of the day you would like an appointment, through to calling for cancellations if you want an appointment on a specific day.

NHS England's Access Survey compared the responses for Southwark and the rest of England.

| | Yes | Yes but had to call back | No | Can't remember |
|---|---|---|---|---|
| Southwark | 70% | 12% | 13% | 5% |
| England | 74% | 13% | 10% | 3% |

**Figure 12:** Able to get an appointment or speak to someone, NHS England GP Patient Survey July 2012 – March 2013, NHS England Access to GP Services, October 2013

The Committee collated a number of comments from individuals who expressed their frustration with the appointment services.

*"No appointments available in the next month, unless you call for an emergency one, plus they only take bookings for the next four rolling weeks*

*"No appointments available unless you can call at the crack of dawn - impossible for working people who can't take time off without clearing it in advance"*

*"You have to call right at 8am - if you're lucky you'll get something that day. Making appointments for any date in the future is absolutely impossible"*

- Comments from Southwark residents

The Committee went on to look at where those who could not access a GP appointment went to for medical assistance.

From the survey conducted by the Health Scrutiny Committee, we found that a large proportion of people either went to walk-in centres, or to A&Es, thereby putting unnecessary pressure on other parts of the healthcare system.

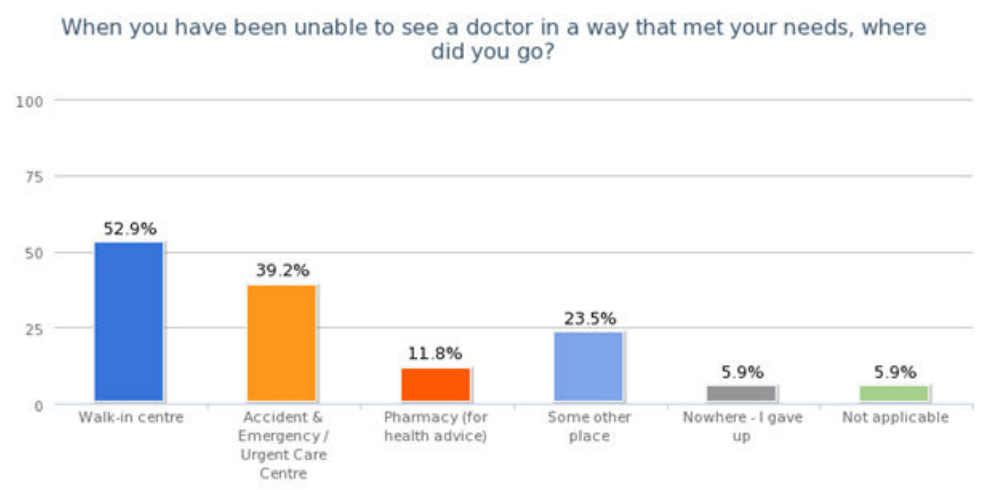
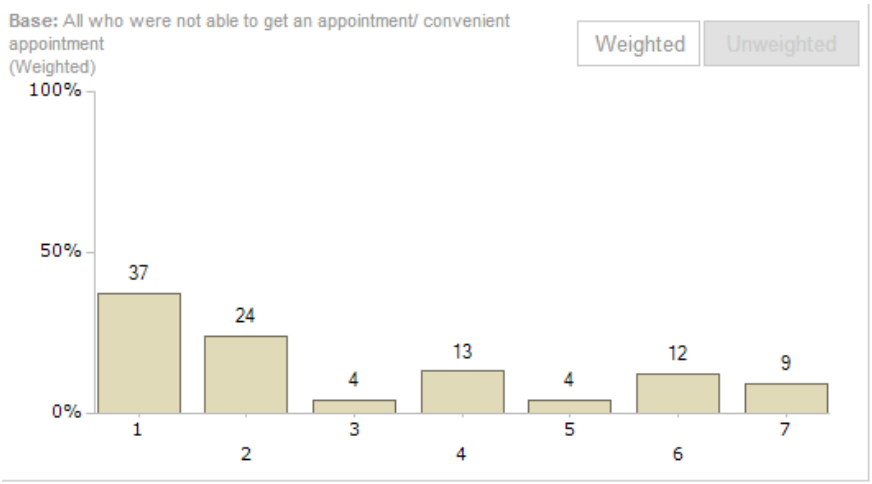



**Figure 13:** Health services accessed when unable to attend GP surgeries, Health Committee survey, January 2014

The Southwark CCG Health Survey, which will be more reliable, as it spoke to a larger sample of people, asked a similar question, about what a resident would do if they were not offered a convenient appointment. In that case, 13% of people went to A&E or an urgent care centre. Whilst this figure is less than the one from the Health Scrutiny Survey, it is still concerning to see 13% of people turning to urgent care services when they cannot access a GP appointment at a convenient time, thereby placing pressure on emergency services.




| | % | N |
|---|---|---|
| 1. Went to the appointment I was offered | 37% | 396 |
| 2. Got an appointment for a different day | 24% | 255 |
| 3. Had a consultation over the phone | 4% | 43 |
| 4. Went to A&E / a walk-in centre | 13% | 142 |
| 5. Saw a pharmacist | 4% | 43 |
| 6. Decided to contact my surgery another time | 12% | 127 |
| 7. Didn't see or speak to anyone | 9% | 93 |
| **Total** | | **1063** |

**Figure 14:** GP Patient Survey: Southwark CCG. What you would do if you were not able to get an appointment/convenient appointment (December 2013)

We are also aware from the Health Committee's own survey, that there is a significant proportion of people who use GP services for managing their long-term conditions. In these cases, many patients would like appointments with their named GP, who understandably has more of an understanding of their ongoing medical needs.

The appointments system seems to be creating difficulties for many of these individuals.

*"Appointments with your preferred GP have to be booked about 4 weeks in advance."*

*"When I try and book an appointment for more than four weeks ahead I'm told they only take bookings for the next few weeks and to call back in a week. When I do all the appointments are filled so I'm told to call again in a week. I do and again there are no appointments."*

*"Difficult to get an appointment with the same GP because you seem to have to always ring back as they release more appointments. This is despite them asking me to try to see the same person. It works for urgent problems but is not set up well for people like me with chronic health problems who would like to book well ahead for review."*

- Comments from Southwark residents

The issue of not being able to access GP services as required is a worrying one. The Committee is concerned that whilst we are assured that there are enough appointments available within the

system, patients are struggling to get them at times they would like. This is leading to extra pressure on other healthcare services.

We recommend that NHS England, with the support of the Clinical Commissioning Group undertake a study into the best method for providing appointments consistently across the borough and consider a Southwark offer that ensures minimum standards of access for patients in Southwark in regards to contact with a GP if appropriate following NHS England's Call for Action response.

**The King's Health Partners Merger**

The previous Committee last received an update on the King's Health Partner merger in May 2013. At that point in time, King's Health Partners were continuing with the idea of a partnership. They noted that their partnership currently is complicated, with three different NHS organisations, with different structures, cultures and ways of doing things.

The Strategic Outline Case was published in July 2012, with a more detailed Full Business Case due to be developed, which would test a range of organisational models, including creating a single academic health organisation by merging the trusts, alongside looking at alternatives short of a three way merger.

They hoped to publish the Full Business Case in autumn 2013 and this Committee was committed to scrutinising that process. However, in November 2013, it was announced in a statement that the proposed merger would be progressing less quickly than anticipated.

In their statement, King's Health Partners stated that

*"The further work we have been doing points us to the conclusion that only a merger between the NHS foundation trusts as well as closer integration with the university would enable us to maximise the benefits of our AHSC to patients.*

*Organisational change on this scale and complexity would need to take place at a measured pace, informed by clear evidence of the benefits for the patients and communities we serve.*

*If we are to proceed towards a merger then the next step would be to develop a full business case, for consideration by our boards, and in the case of the NHS partners, our councils of governors.*

*"This is not the right time to take that step, not least because we will only do this if we are confident that a case for merger is likely to be approved by the regulators and we have made further progress in coordinating our services." (Kings Health Partners Statement, November 2013)*

**Since the merger was proposed, the Committee has taken an active interest in the decision-making process. The Committee noted with interest that this process has now been delayed and recommends that when a Full Business Case is developed, King's Health Partners should return to the Committee for further scrutiny.**