

Health, Adult Social Care, Communities and Citizenship Scrutiny Sub-Committee

Monday 25 March 2013

7.00 pm

Ground Floor Meeting Room G02A - 160 Tooley Street, London SE1 2QH

Membership

Councillor Mark Williams (Chair)
Councillor David Noakes (Vice-Chair)
Councillor Denise Capstick
Councillor Norma Gibbes
Councillor Rebecca Lury
Councillor Eliza Mann
Councillor The Right Revd Emmanuel
Oyewole

Reserves

Councillor Sunil Chopra
Councillor Neil Coyle
Councillor Rowenna Davis
Councillor Paul Kyriacou
Councillor Jonathan Mitchell

INFORMATION FOR MEMBERS OF THE PUBLIC

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Contact Julie Timbrell on 020 7525 0514 or email: julie.timbrell@southwark.gov.uk

Members of the committee are summoned to attend this meeting

Eleanor Kelly

Chief Executive

Date: 15 March 2013



Health, Adult Social Care, Communities and Citizenship Scrutiny Sub-Committee

Monday 25 March 2013

7.00 pm

Ground Floor Meeting Room G02A - 160 Tooley Street, London SE1 2QH

Order of Business

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	PART A - OPEN BUSINESS	
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3.	DISCLOSURE OF INTERESTS AND DISPENSATIONS	
	Members to declare any interests and dispensations in respect of any item of business to be considered at this meeting.	
4.	MINUTES	
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	Improving Health Services in Dulwich and the Surrounding Areas - Full Consultation document is attached.	
6.	TRUST SPECIAL ADMINISTRATOR (TSA) RECOMMENDATIONS	
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9.	WORK PLAN	

Item No.

Title

Page No.

DISCUSSION OF ANY OTHER OPEN ITEMS AS NOTIFIED AT THE START OF THE MEETING.

PART B - CLOSED BUSINESS

DISCUSSION OF ANY CLOSED ITEMS AS NOTIFIED AT THE START OF THE MEETING AND ACCEPTED BY THE CHAIR AS URGENT.

Date: 15 March 2013



**Improving
health services
in Dulwich and the
surrounding areas**

**A consultation
about local
services**

28 February – 31 May 2013

NHS
*Southwark
Clinical Commissioning Group*

Dulwich, Nunhead, Herne Hill, south Camberwell and south Peckham

The CCG believes that people living in Dulwich and the surrounding areas deserve the best healthcare we can offer. We want to develop high quality services in GP surgeries and community settings, to stand alongside the services provided by major local hospitals. Whatever your stage of life or your healthcare need, you should have access to high quality, safe services provided locally in a good environment. GP, community social care and hospital services should work together to provide a seamless experience for patients.

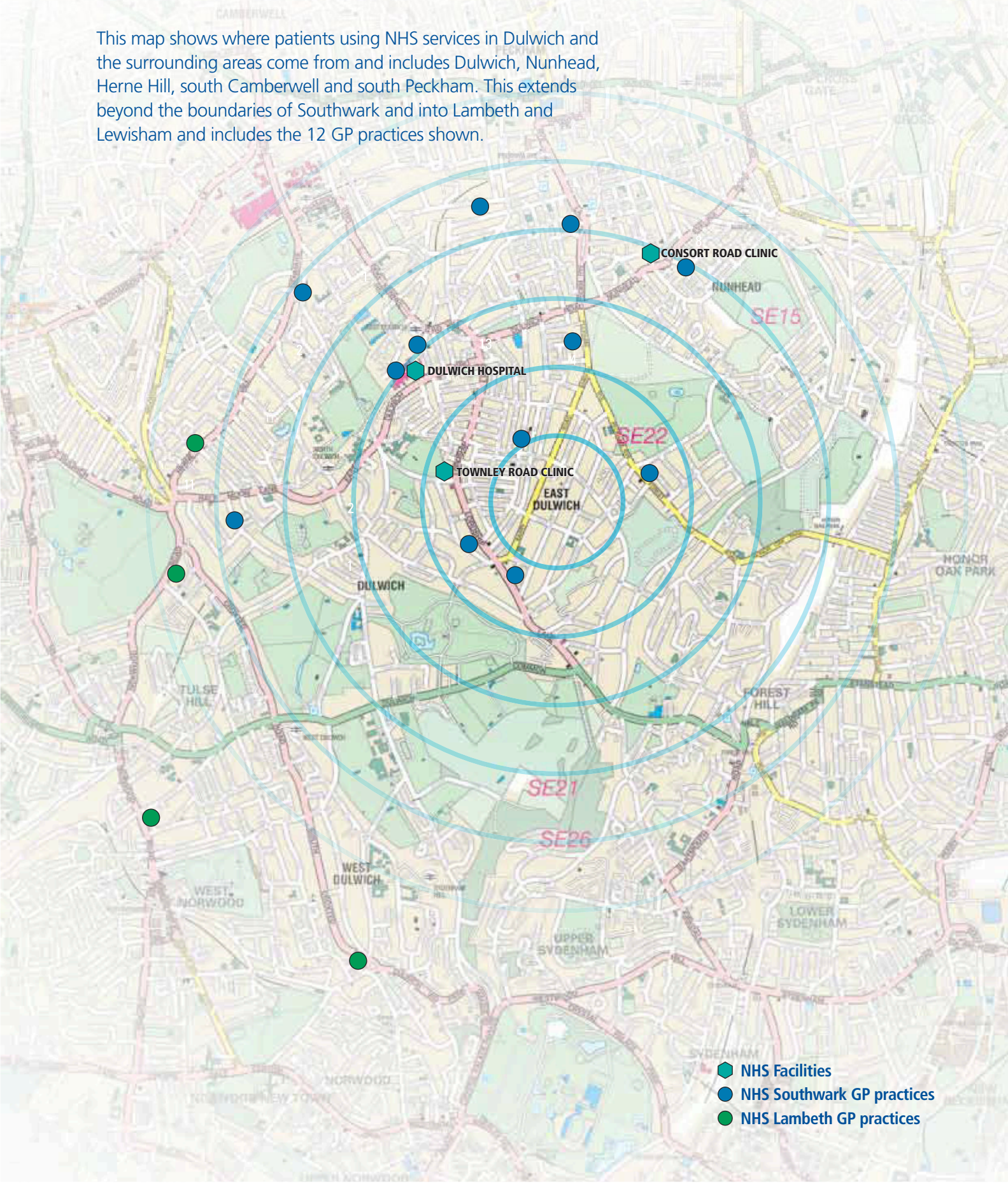
These are the aspirations behind the proposals in this consultation document.

Who is issuing this consultation

This consultation has been developed by NHS Southwark Clinical Commissioning Group (NHS Southwark CCG) who will take on the responsibility for planning health services in Southwark on 1st April 2013.

A map of Dulwich and the surrounding areas

This map shows where patients using NHS services in Dulwich and the surrounding areas come from and includes Dulwich, Nunhead, Herne Hill, south Camberwell and south Peckham. This extends beyond the boundaries of Southwark and into Lambeth and Lewisham and includes the 12 GP practices shown.



What this consultation is about

This consultation is about health services in the community, provided in Dulwich and the surrounding areas. It is not about the services provided by the major local hospitals.

We describe the community, hospital and primary care services that exist at present, set out the changes we believe should be made to those services in order for them to improve, and suggest different ways those changes might be made.

Throughout, we emphasise the need for community and hospital services to work together for the benefit of patients.

Dulwich and the surrounding areas

This document concerns the future of community health services in Dulwich and the surrounding areas. By this, we mean Dulwich, Nunhead, the southern parts of Camberwell and Peckham, and Herne Hill. People also travel from parts of north Southwark, Lambeth and Lewisham to use services in the Dulwich area.

Additional information about our proposals and how they were developed can be found on our website at: www.southwarkpct.nhs.uk

What we want from you

NHS Southwark CCG believes that our decisions should be informed by what local people tell us and the purpose of this consultation is to gather your views. We would like to know your views on our proposals and how you think they could be improved. We also want to hear if you have any alternative proposals on how services in community settings can be improved.

Please read through the proposals, come to one of our meetings, or invite us to one of yours or give us your feedback using the consultation questionnaire.

Where our proposals offer more than one possible solution, you do not have to choose between them unless you want to, but we hope you will tell us what you think are their pros and cons.

What is in this document

This consultation document includes:

- Why we believe we need to make changes to local healthcare
- What our proposals for change are; the kind of healthcare we would like to deliver in Dulwich and the surrounding areas; and the sorts of places where we think services should be offered
- How we have responded to what local people have told us so far
- What feedback we are now seeking from you, and how you can send us your views
- The section at the back of this document tells you how to get in touch with us to tell us what you think.



Status of the consultation

We believe consulting about health services with the people who will use them makes our services better. We have a duty to consult when proposing changes to services and this consultation is being issued under section 242 of the NHS Act 2006.

To develop or change services we have to follow a process that is agreed to be good practice. This consultation document is part of that process.

The phases of developing or changing health services



Consultation partners

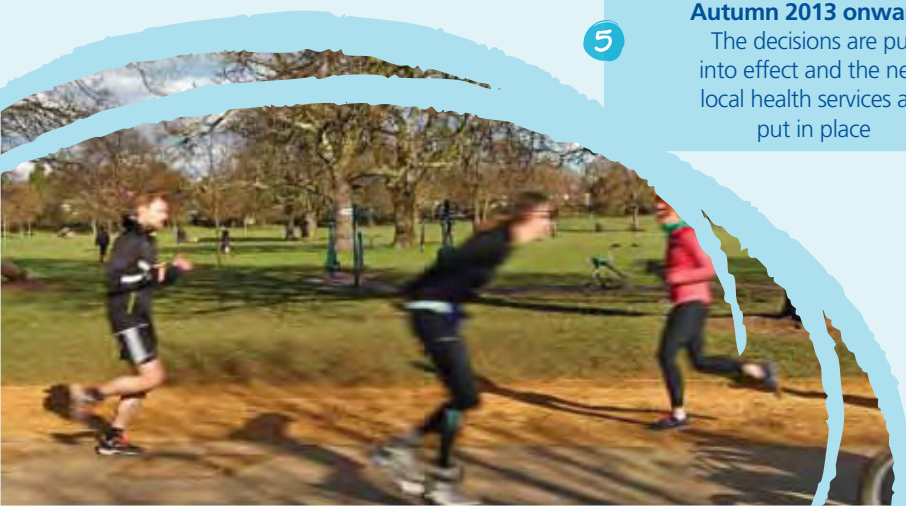
In developing these proposals we have worked closely with many local partners. In particular:

- the organisations which deliver NHS services in the area. These include the three hospital trusts (King's College NHS Foundation Trust, Guy's & St Thomas' NHS Foundation Trust, South London & Maudsley NHS Foundation Trust) and general practices in Southwark and neighbouring areas
- the local authority (Southwark Council)
- patient groups
- voluntary and community sector organisations.

Who we want to hear from

We would like to hear from anybody with an interest in local healthcare. The main users of health services in Dulwich and the surrounding areas are the people who live in the area, but some services are used also by people living in other parts of the borough, and in neighbouring boroughs.

Southwark is a diverse community with people of many different backgrounds, interests, faiths and ages. All of these people are users of NHS services and we would like to hear from you all.





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Our vision for the future of health services in Dulwich and the surrounding areas

NHS Southwark Clinical Commissioning Group has as its vision 'to achieve the best possible health outcomes for Southwark people'.

We have developed these proposals by looking at local evidence and best practice across the NHS and focusing on the things that make a difference to people's health. We want to develop high quality services that reflect local need, are informed by what patients have told us, and are led by the views of local doctors, nurses and other healthcare professionals. At the same time, we must make best use of the money, people and buildings we have available.

We want people to live longer, healthier, happier lives no matter what their situation in life.

How our vision fits with other local plans

The local NHS does not work in isolation. We have worked closely with Southwark Council to develop a Joint Strategic Needs Assessment (JSNA). The JSNA is the means by which the council, health service and local partners identify the future health, care and wellbeing needs of local people and prioritise what they do. Our proposals reflect what has been agreed in this assessment, focusing specifically on Dulwich and the surrounding areas.

London is a large, diverse city and we recognise that Southwark residents may access healthcare outside the borough, depending on what they need, where they live and work, and where specialist services are provided. We have therefore taken into account NHS plans across south east London.

A reminder of where patients get their care now

The table below shows how Southwark residents access healthcare at present, at home, at their GP surgery, in clinics and health centres, and in hospitals and urgent care centres.



People's own homes

For self-care, rehabilitation, expert advice to manage your health and nursing care for housebound people



GP surgeries

For routine healthcare, regular check-ups and other health concerns (alongside local pharmacies)



Clinics and health centres

For ongoing healthcare, tests, and more specialist community services



Hospitals and urgent care centres

For accidents and emergencies, urgent care and for planned operations





Section 1

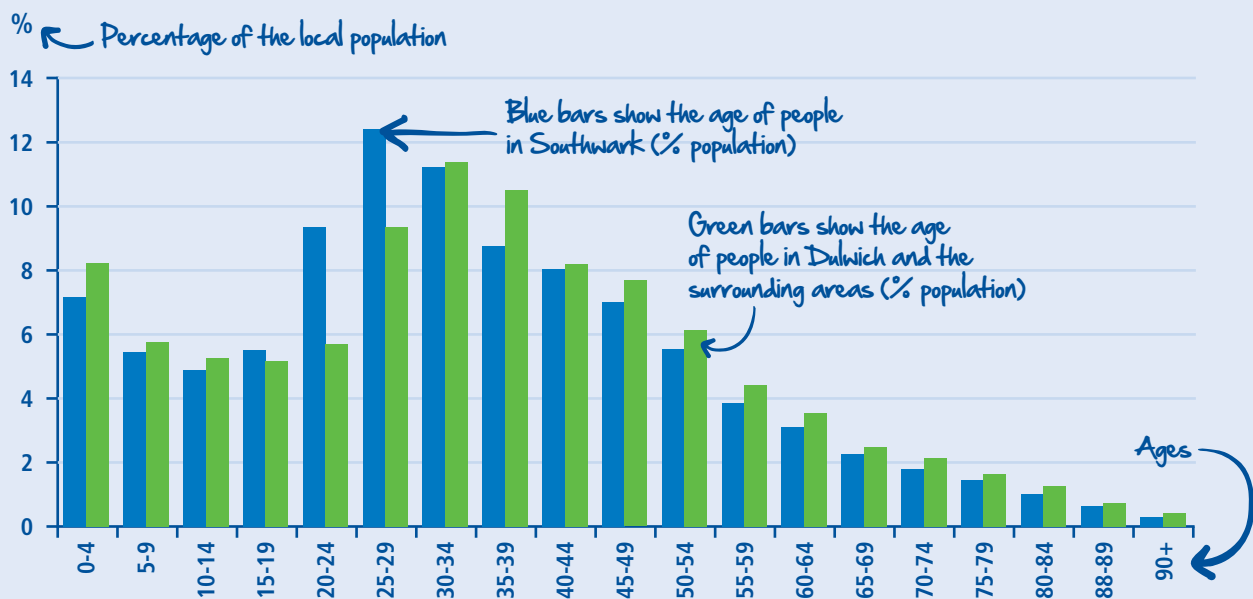
**NHS Services in
Dulwich and the
surrounding areas –
serving a diverse and
growing population**



Section 1

NHS Services in Dulwich and the surrounding areas – serving a diverse and growing population

Age of people in Southwark



We have developed our proposals to ensure that the services provided by the NHS in Dulwich and the surrounding areas meet the health needs of local people.

Dulwich and the surrounding areas

Patients in Dulwich and the surrounding areas account for around a quarter of registered Southwark patients. For these patients there are some particular challenges we want to address. They include:

- lower life expectancy due to cardiovascular disease and cancer in some wards
- people living with ongoing ill health (long-term conditions)
- variable access to, and quality of, GP services
- increasing numbers of older people and very young children
- People die earlier (under 75 years) in some wards in the area
- The early death rate from cardiovascular disease is higher than the England average in the north-east of the area
- The rate of early death from cancer is high in two areas
- As elsewhere in the borough, there are significant numbers of people with long-term conditions – for example, high blood pressure, diabetes,
- Between 2002 and 2009, there was a significant increase in the birth rate in East Dulwich ward. This trend is likely to continue.



Local people and our health challenges

Demographics

Southwark is a densely populated, geographically small inner London borough. The population is relatively young, ethnically diverse, with significant contrasts of poverty and wealth. There is a wide distribution in educational achievement, access to employment and housing quality.

Health inequalities

Major health indicators such as mortality and life expectancy have improved, but there are significant inequalities for people in more deprived parts of the borough.

Population

Estimated at 285,600, Southwark is London's second largest borough. This increased by 37,700 over the last 10 years and is estimated to increase by 37,500 between 2010 and 2020.

Deprivation

Improved in recent years but still remains the 12th most deprived London borough with pockets of high deprivation remaining.

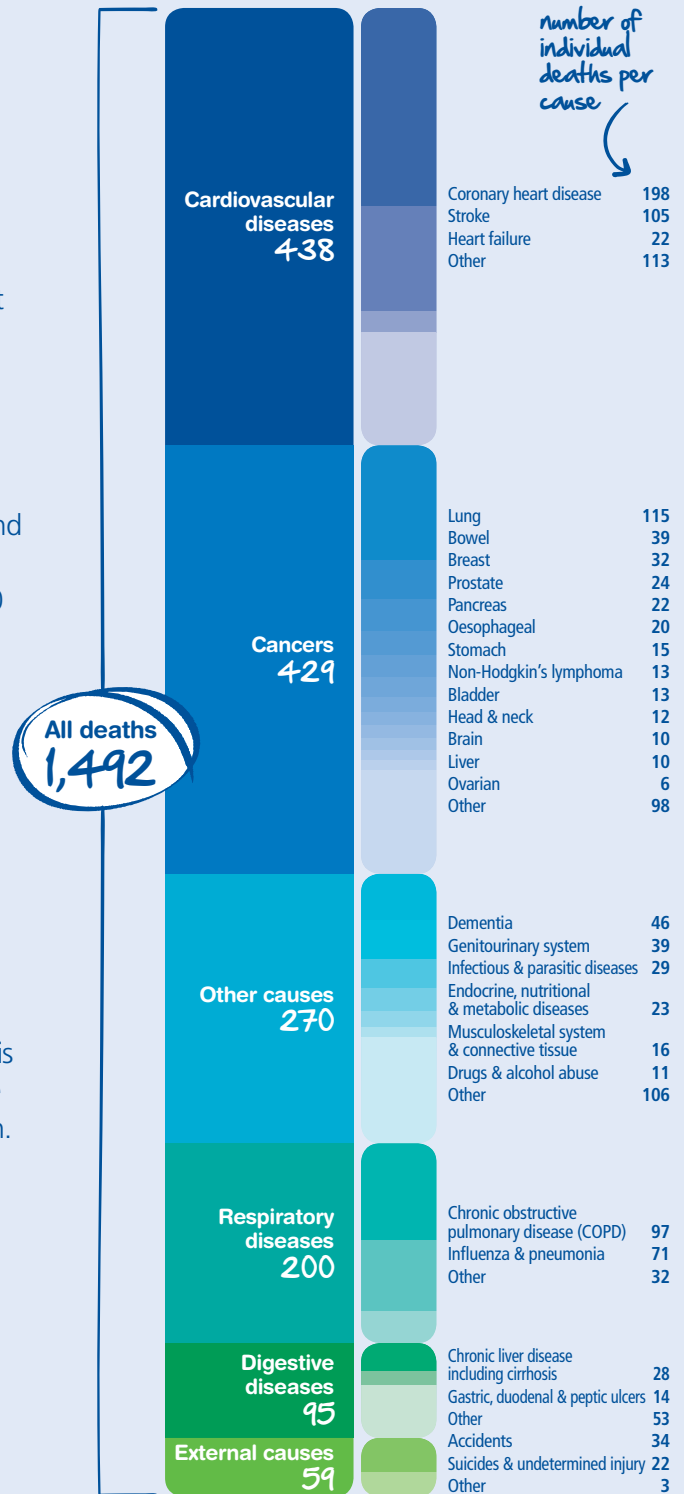
Life expectancy

Women in Southwark can expect to live for 82.9 years, men 77.8 years. Despite improvement there is still a significant gap in life expectancy between the best and worst off areas, for both men and women.



Cause of death

Average annual number of deaths among Southwark residents by cause (2007-9)



An equalities impact assessment has also been undertaken and will inform our decision-making.

Developing our proposals for your consideration

Recent engagement on these proposals

In the lead up to this consultation we carried out a comprehensive engagement exercise. Over three months in Spring 2012 we used the discussion document 'Developing Health Services in the Dulwich area' as the basis for exploring ideas with local residents and patients, voluntary and community groups, doctors, nurses, healthcare professionals, local councillors, community representatives and other interested groups. We used a survey to help us capture people's thoughts and we also made a record of the comments we heard at meetings. This resulted in more than 1,000 comments generated from survey responses and more than 300 face-to-face discussions with individuals and small groups.

This information contributed to the development of a 'Pre-consultation business case' available on our website at www.southwarkpct.nhs.uk, which led to the proposals in this document. You can read more about what people told us on pages 34 – 35 of this document.

What we are consulting on

In this consultation document we are asking for your views on the range of community services that might be provided in Dulwich and the surrounding areas, and on two different ways they could be delivered.

During the engagement exercise we heard suggestions for services, and ways of delivering them, that we have not included in our current proposals. Some of those services are available in nearby locations. Others need to be delivered in a different way for reasons of safety. You can read more about this on page 34 – 35 of this document, where we describe how we responded to your contributions to the engagement exercise.





Section 2

Our proposals

Section 2

Our proposals

We are asking for your views on the range of health services that could be provided in Dulwich and the surrounding areas and two different ways they could be delivered in the future.

Our proposals look at services you receive outside the large acute hospitals. They are often called 'primary and community health services'.

If you have a medical emergency, need an operation or have a condition that needs teams of specialist staff and equipment, then an acute hospital such as King's College Hospital, Guy's Hospital or St Thomas' Hospital will still be the right place for you to receive your NHS care.

Our proposals are concerned with community healthcare – that is:

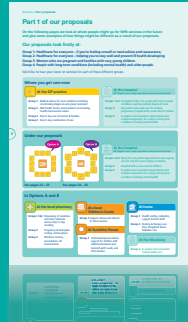
- The healthcare you receive from your GP or practice nurse
- Healthcare that you receive because you live with a long-term condition that does not need ongoing support from hospital clinicians
- Healthcare you receive because you are pregnant or have just given birth
- Some less complex health tests, such as blood tests and ECGs
- Care offered by those working outside hospitals, who have specialist knowledge about specific conditions (such as a GP or nurse who specialises in diabetes or dermatology)
- Integrated care that brings together health and social care, to support the independence of people with complex health conditions which might be provided at your GP surgery or one nearby.



We would like to hear your views on:

Part 1 The services we are proposing

The range of GP and community health services we are proposing to offer in community settings in Dulwich and the surrounding areas.

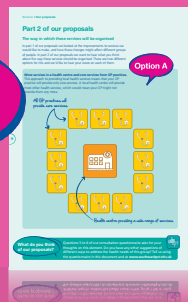


This is explained on pages 16 – 21

Part 2 The way in which these services will be organised

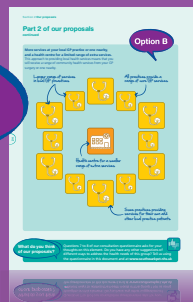
This is explained
on pages 22 – 27

Option A



More of these services from a health centre that is likely to be located on the Dulwich Community Hospital site, and only core services from your GP practice.

Option B



More of these services from your GP practice or another practice nearby, and the rest from a health centre that would be located on the Dulwich Community Hospital site.

The purpose of the consultation is to enable you to give us your views on these two different ways of providing health services and to offer the opportunity to put forward any alternative proposals that meet local health need.

What do you think of our proposals?

At the end of this consultation document you will find a questionnaire which asks you about specific elements of the two options. You do not have to choose between them, but if you have a preference for one over another then there is an opportunity to tell us. Our aim is to ensure that we deliver services in a way that is best for local people – and your feedback on our proposals will help us achieve this.



Part 1 of our proposals

On the following pages we look at where people might go for NHS services in the future and give some examples of how things might be different as a result of our proposals.

Our proposals look firstly at:

- Group 1: Healthcare for everyone – if you're feeling unwell or need advice and reassurance,**
- Group 2: Healthcare for everyone – helping you to stay well and prevent ill health developing**
- Group 3: Women who are pregnant and families with very young children**
- Group 4: People with long-term conditions (including mental health) and older people.**

We'd like to hear your views on services for each of these different groups.

Where you get care now



At the GP practice

- Group 1** Medical advice for most conditions including coordinating diagnosis and giving treatment.
- Group 2** NHS health checks, immunisations & screening, health improvement advice
- Group 3** Day to day care of women & families
- Group 4** Day to day coordination of care



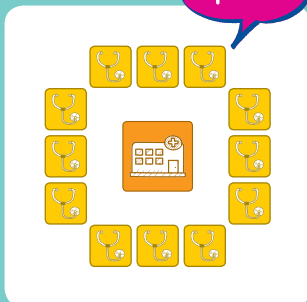
At the hospital

All: Urgent care, major operations and serious illnesses

- Groups 1 & 4** Out-patient clinics for people with more complex conditions needing multiple diagnostic tests
- Group 3** Out-patient ante-natal care for complex pregnancies, hospital births, acute care for children
- Group 4** In-patient and out-patient appointments and complex diagnostics, for a range of long-term conditions including mental health

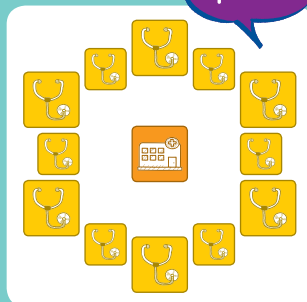
Under our proposals

Option A



See pages 22 – 23

Option B



See pages 24 – 25



At the hospital

All: Urgent care, major operations and serious illnesses

- Groups 3 & 4** Many first out-patient appointments and ongoing care for only the most complex conditions
- Group 3** Hospital births, acute care for children
- Group 4** In-patient and out-patient appointments and complex diagnostics, for a range of long-term conditions including mental health

In Options A and B



At the local pharmacy

- Groups 1 & 2** Dispensing of medicines and minor ailments advice, help to stop smoking
- Group 3** Pregnancy & chlamydia testing, contraception
- Group 4** Medicine reviews, prescriptions, flu immunisation



At a local Children's Centre

- Group 3** Support, advice and referral to other services



At Sunshine House

- Group 3** Child development advice, support for children with additional physical and mental health needs, and their families



At home

- Group 3** Health visiting, midwifery support & home birth
- Group 4** Nursing & therapy care from integrated teams
Palliative care



At the Maudsley

- Group 4** In-patient and out-patient mental health care

Group 1: Healthcare for everyone – if you're feeling unwell or need advice and reassurance

Anyone may need short-term health support or advice at some point in their life, because they are unwell, or think they are unwell. This includes an appointment with a GP, and may include some healthcare advice or an initial test such as a blood test or ultrasound.

For people who become unwell and need short-term healthcare, our proposals will improve access to GPs with special expertise and specialist nursing staff in GP practices who have the skills to treat you. More care will be available in local GP surgeries and clinics, reducing the need to go to hospital. This will reduce the pressure on hospitals, enabling them to focus on those who need the very specialist care they provide.

Some examples

Mr Edowu is 41 and has had chronic back pain for a week.

At present, he visits his GP, who prescribes pain killers and can refer him into physiotherapy at King's College Hospital.

Under our proposals, his GP will be able to refer him to one of a number of physiotherapists operating from nearby GP practices or the local health clinic as well as the hospital. Mr Edowu can choose where he goes from the wider selection of locations available, and can get an earlier appointment that fits in with his work commitments.



Ms Francini is 34, and has noticed a mark on her arm that she has had for two years, getting larger.

She sees her GP, and at present could expect to be on a waiting list for a hospital out-patient appointment.

Under our proposals, the GP explains that he can refer her to a GP at the local health centre with a skin clinic. This GP will examine the mark and decide whether to send Ms Francini to a hospital dermatologist for more tests and treatment, or simply treat the mark without any further wait.



What do you think of our proposals?

Questions 1 to 4 of our consultation questionnaire asks for your thoughts on this element. Do you have any other suggestions of different ways to address the health needs of this group? Tell us using the questionnaire in this document and at www.southwarkpct.nhs.uk



Group 2: Healthcare for everyone – helping you to stay well and prevent ill health developing

NHS services should be about more than treating you when you're unwell. We know that many conditions can be treated more effectively if they are detected early. With the right advice and support, people can also minimise the risk of some conditions developing at all.

For people living in Dulwich and the surrounding areas, our proposals will improve the availability of services that will help you stay as well as possible. Offering more screening, immunisation and prevention services in pharmacies and GP surgeries means they will be easier to access and you will be able to use them as part of your daily life, when out shopping or dropping in to your local surgery. Screening and prevention services that need a little more time or specialist advice will still be available locally so that they fit in with people's busy lifestyles.

An example

Anthony and Janet Williams live in East Dulwich with their two young sons Joseph (2) and Oliver (8) and daughter Emily (18) who is at college.

Anthony has decided to stop smoking, but has always struggled in the past. The Williams family have the same health concerns as many local families and use a mixture of local health services. They sometimes find making appointments difficult and fitting everything into their busy family life.

Under our proposals, preventative healthcare will become more convenient and easier to access. Anthony will still be able to get advice about stopping smoking from his local pharmacist, but he can also join an NHS-funded group at the local health centre.

Janet knows that Joseph is due some of his immunisations and goes to her GP surgery to get them. While she is there, she has a flu vaccination because she has asthma and her practice nurse has advised it. Emily, having seen a poster at her college, thinks it is a good idea to be screened for chlamydia and does this when she next pops in to the GP surgery to pick up a prescription for her mum. All of these services will become easier to access.



What do you think of our proposals?

Questions 1 to 4 of our consultation questionnaire asks for your thoughts on this element. Do you have any other suggestions of different ways to address the health needs of this group? Tell us using the questionnaire in this document and at www.southwarkpct.nhs.uk



Group 3: Women who are pregnant and families with very young children

The birth rate in East Dulwich has increased in recent years, and it continues to rise. We want to make sure that pregnant women can access the right kinds of services locally, so we have paid particular attention to this group in developing our proposals. Outside large hospitals, there are a number of places that pregnant women and families with very young children could get their health services.

For women who are pregnant and families with very young children, our proposals will put more health services closer to home and away from busy, acute hospitals, making them more convenient and pleasant to use. If families need specialist support this will still be available in places that are appropriate for children. However, more and more routine care will be available at home, from a local pharmacy or from GPs, practice nurses and health visitors. This fits in with people's busy lives, helps to tailor healthcare to individual needs and also helps ensure that families continue to have joined-up care from teams of people they get to know over a period of time.

An example

Ms Danvers is 35 and is expecting her first baby.

She is being looked after by one of the local midwifery teams who work very closely with her GP. At present they work from cramped premises and it is sometimes hard to make an appointment due to a lack space for midwifery sessions.

Under our proposals Ms Danvers will be cared for by a midwife working within a midwifery group practice, which will offer her continuity of care throughout her pregnancy, delivery and the post-natal period. The midwifery team will see Ms Danvers either in her own GP practice or in the health centre, where they will also offer ante-natal group classes.

After her baby is born Ms Danvers will be able to go to the health centre for post-natal care if she chooses, and the midwives will support the transfer of her care to the health visiting service at the health centre. Ms Danvers will be able to attend the weekly baby clinic, and a GP from her practice will be there with the health visitor.

There are also some parenting classes/breastfeeding support sessions at the health centre and the health visitors make sure that Ms Danvers is given information about all the services and activities available at the local children's centre.



What do you think of our proposals?

Questions 1 to 4 of our consultation questionnaire asks for your thoughts on this element. Do you have any other suggestions of different ways to address the health needs of this group? Tell us using the questionnaire in this document and at www.southwarkpct.nhs.uk



Group 4: People with long-term conditions and older people

There are growing numbers of people with long-term conditions, and older people, in Dulwich and the surrounding areas. We have taken a focused look at the services they need when developing our proposals. This group need a range of health and social care services over an extended period of time, help to manage ongoing ill-health, and support to remain independent. Their care is often provided by both the NHS and social care. We have paid special attention to how such care can be joined up so that it is 'integrated' and everyone works together.

Our proposals would improve NHS care for people living with ongoing ill health (long-term conditions), reducing the need for them to go to hospital and increasing the support they can get from their GP and in community settings.

Those most at risk of developing further health problems as a result of their long-term condition will be cared for at home by teams of doctors, nurses and therapists working in the community – when it is appropriate and safe to do so. They will also have access to care from specialist nurses, GPs and therapists either at a local general practice or at the health centre. The local NHS is already working closely with social services on an Integrated Care Programme across Lambeth and Southwark, which helps to support those who are old and vulnerable. As we plan services in the future, the roles of social services and voluntary and community organisations will be carefully considered.

For those who are more able to manage their long-term condition themselves, without very regular support from professionals, our proposals will put support into local GP surgeries and health centres, reducing the need for visits to large acute hospitals. We believe that these proposals offer people joined-up care that helps them to stay independent.



An example

Mrs Arkwright is 78 and has heart failure, hypertension, type II diabetes with complications, obesity and incontinence. She lives with her 62 year old cousin, Mrs Thomas, who takes care of her, helping Mrs Arkwright with the daily living tasks she now finds difficult.

Last year Mrs Arkwright had a fall at home and was taken to A&E at the local hospital. Before she was discharged she was assessed by a social worker from the hospital discharge team who referred her to the community reablement team.

The reablement social worker helped Mrs Arkwright to regain her confidence to get moving again and supported her in a number of other ways to make it more comfortable and safe for her to stay at home:

- The reablement social worker liaised with Mrs Arkwright's GP and district nurse (for continence management) to ensure a co-ordinated health and social care plan for her
- Mrs Thomas had started to have her own health problems and was finding it increasingly difficult to look after her cousin all the time – her needs as carer were assessed and she was referred her to a carers' support organisation
- Following her fall Mrs Arkwright's GP referred her to the Department of Clinical Gerontology.

Under Our Proposals

Building on the integrated approach already in place, in future Mrs Arkwright will have a care coordinator who ensures that she receives the support she needs from a range of health and social care services, linking into a community multi-disciplinary team and working closely with her GP.

At the health centre there will be a range of health professionals working together to support people with multiple needs, and she will be able to get the help she requires – for example a specialist nurse, podiatrist and dietician. Social care staff will continue to review Mrs Arkwright's support plan with her and her care coordinator, to ensure that she is able to live as independently as she can, in her own home, for as long as possible. This holistic integrated approach will reduce the likelihood of Mrs Arkwright needing to go to A&E in the future, and if she does become more frail, she may be cared for in her own home by the Home Ward nursing service rather than in hospital.

How does the 'Integrated Care Programme' work and what are integrated teams?

People living with complex conditions often need support from both health and social care services to help them live independently. The 'Integrated Care Programme' aims to offer this. NHS staff work closely with social care teams who may visit daily, to support people in their own homes, offer ongoing monitoring of their health conditions and other services to keep them independent. These 'integrated teams' meet regularly and share information so that people receive joined-up care. Visit www.slicare.org for more information.

What do you think of our proposals?

Questions 1 to 4 of our consultation questionnaire asks for your thoughts on this element. Do you have any other suggestions of different ways to address the health needs of this group? Tell us using the questionnaire in this document and at www.southwarkpct.nhs.uk



Part 2 of our proposals

The way in which these services will be organised

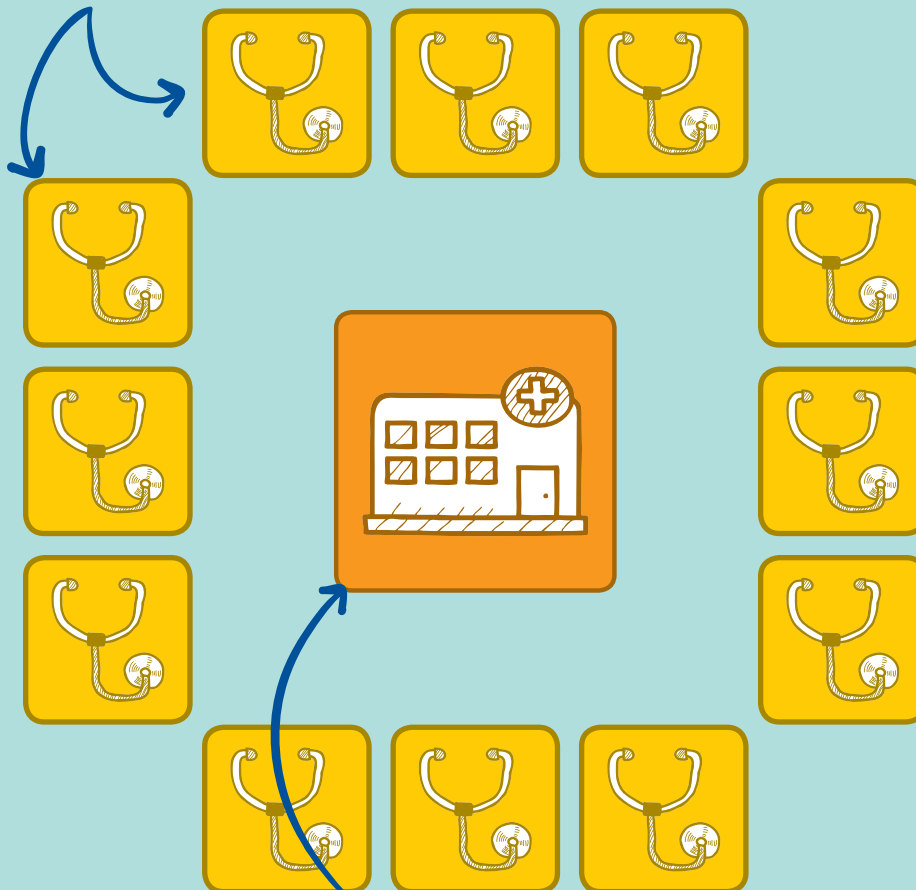
In part 1 of our proposals we looked at the improvements to services we would like to make, and how these changes might affect different groups of people. In part 2 of our proposals we want to hear what you think about the way these services should be organised. There are two different options for this and we'd like to hear your views on each of them.

Option A

More services in a health centre and core services from GP practices.

This approach to providing local health services means that your GP practice will provide only core services. A local health centre will provide most other health services, which would mean your GP might not provide them any more.

All GP practices will provide core services



Health centre providing a wide range of services

What do you think of our proposals?

Questions 5 to 6 of our consultation questionnaire asks for your thoughts on this element. Do you have any other suggestions of different ways to address the health needs of this group? Tell us using the questionnaire in this document and at www.southwarkpct.nhs.uk



Which services would be available in which locations?

A fuller description of each of these services can be found on pages 44 – 47 of this document.

Option A

More services in a health centre and core services from your GP practice

Group 1

Healthcare for everyone – if you're feeling unwell or need advice and reassurance

Group 2

Healthcare for everyone – helping you stay well and preventing ill health developing

Group 3

Women who are pregnant and families with very young children

Group 4

People with long-term conditions and older people



All practices provide a range of core GP services:

Group 1

Traditional GP services for people who are or believe themselves to be ill
Extended hours
Dressings & post-surgery wound care

Group 2

NHS Health checks
Help to stop smoking
Flu immunisation
Bowel screening
Chlamydia screening
Screening for cervical cancer

Group 3

Maternity care
Child health clinics
Childhood immunisation
Chlamydia screening
Reproductive health

Group 4

General care of people with long-term conditions;
Mental health care needs
Integrated case management
Counselling



A health centre providing the following services:

Group 1

Minor surgery
Pain management
Physiotherapy for bones & joints
More complex skin & headache care
Other more complex care in the future
A pharmacy
Blood tests
More specialist wound care for people following an operation
Some diagnostics including ultrasound

Group 2

Alcohol reduction & substance misuse support
Dietetics
Specialist help to stop smoking
Weight management
Breast screening

Group 3

More complex gynaecology
Complex contraception services
Child health clinics
Parent craft and antenatal clinics

Group 4

Specialist support for people with long-term conditions:
Memory clinics for people with dementia
Renal dialysis
Diagnostic tests such as blood tests, Echocardiogram, 24 hour blood pressure monitoring
Therapies:
Physiotherapy
Occupational therapy
Dietetics, podiatry
Mental health support
Other services:
Care for people taking warfarin and other blood-thinning products
Leg ulcer clinics
Hearing aid support
Eye care for diabetics
Mental health support including counselling, groups and memory clinics
Group meeting space
Support for carers

For patients, there are a number of benefits to having local health services organised in this way.

- ✓ The health centre will offer a range of services under one roof.
- ✓ If you are living with a long-term condition, you will receive your healthcare in a place that is local to you, from a specialist team who will get to know you well and look after you. The need to visit large hospitals will be reduced.
- ✓ Access to parking will be improved as it will be planned into the health centre.
- ✓ New and/or refurbished buildings will be fully accessible.

There are also a number of disadvantages to having services organised this way.

- ✗ Patients are less likely to get some services in their GP practice or one nearby, which means they are more likely to have to travel.
- ✗ Some GP practices that offer additional services would not continue to do this.
- ✗ GP surgeries may not be used as effectively as they could be, as the new health centre will host many services, perhaps leaving some local surgeries under-used.
- ✗ This larger centre may not make the best use of NHS money, as the new larger specialist health centre may cost more to build and more to run on an ongoing basis.

Part 2 of our proposals

continued

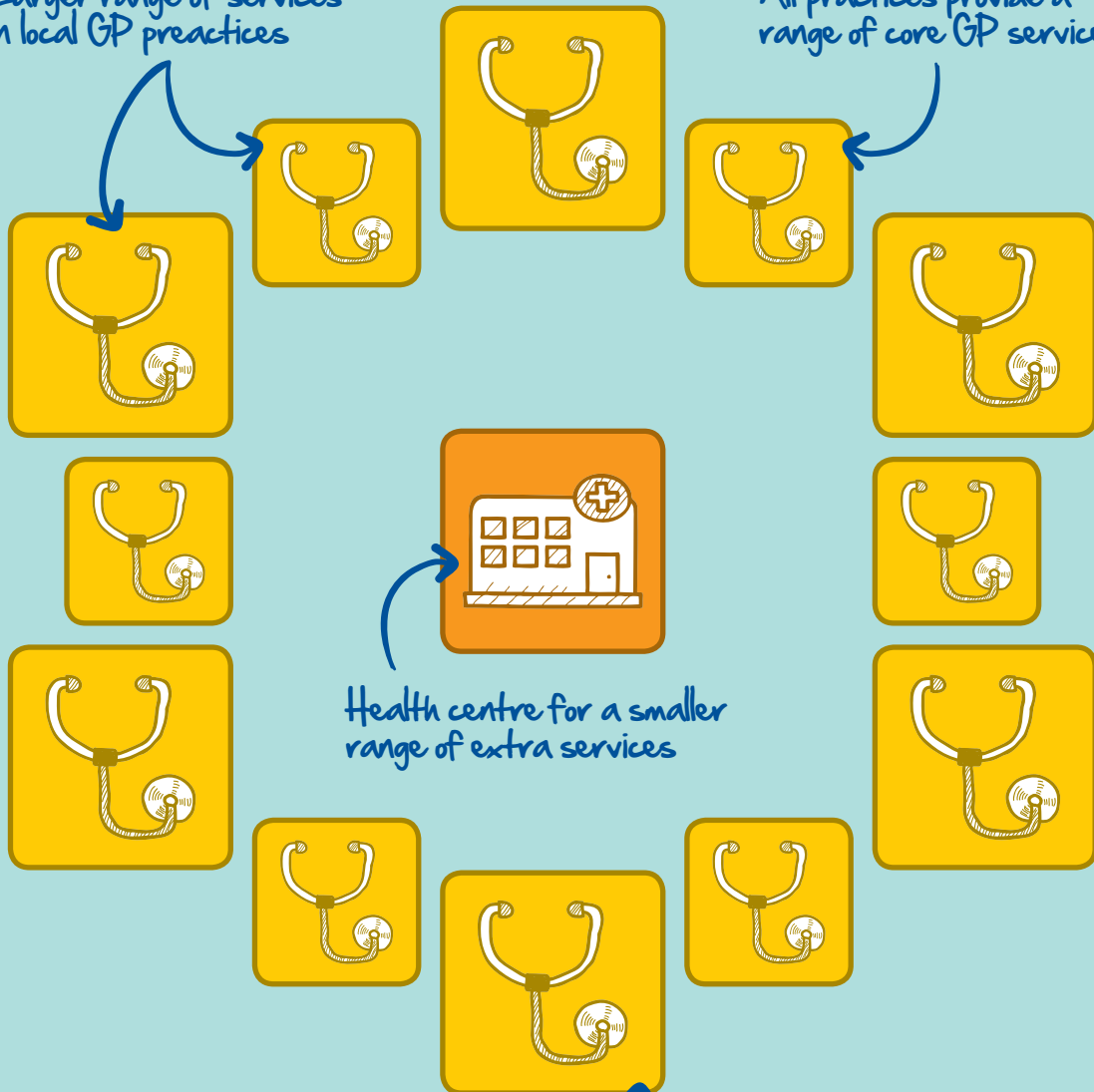
Option B

More services at your local GP practice or one nearby, and a health centre for a limited range of extra services.

This approach to providing local health services means that you will receive a range of community health services from your GP surgery or one nearby.

Larger range of services in local GP practices

All practices provide a range of core GP services



Health centre for a smaller range of extra services

Some practices providing services for their own and other local practice patients

What do you think of our proposals?

Questions 7 to 8 of our consultation questionnaire asks for your thoughts on this element. Do you have any other suggestions of different ways to address the health needs of this group? Tell us using the questionnaire in this document and at www.southwarkpct.nhs.uk



Which services would be available in which locations?

A fuller description of each of these services can be found on pages 44 – 47 of this document.

Option B

More services at your local GP practice or one nearby and a health centre for a smaller range of extra services

Group 1

Healthcare for everyone – if you're feeling unwell or need advice and reassurance

Group 2

Healthcare for everyone – helping you stay well and preventing ill health developing

Group 3

Women who are pregnant and families with very young children

Group 4

People with long-term conditions and older people

All practices provide a range of core GP services:

Group 1

Traditional GP services for people who are or believe themselves to be ill
Extended hours
Dressings & post-surgery wound care

Group 2

NHS Health checks
Help to stop smoking
Flu immunisation
Bowel screening
Chlamydia screening
Screening for cervical cancer

Group 3

Maternity care
Child health clinics
Childhood immunisation
Chlamydia screening
Reproductive health

Group 4

General care of people with long-term conditions;
Mental health care needs
Integrated case management
Counselling

Some practices provide services for their own and other local patients

Group 1

Minor surgery
Pain management
Physiotherapy for bones & joints
More complex skin & headache care
Other more complex care in the future
Blood tests
More specialist wound care for people following an operation

Group 2

Alcohol reduction & substance misuse support
Dietetics

Group 3

More complex gynaecology

Group 4

Memory clinics for people with dementia
Counselling for stress & anxiety (IAPT)

A health centre providing the following services:

Group 1

A pharmacy
Minor surgery
Physiotherapy for bones & joints
Some diagnostics including ultrasound

Group 2

Specialist help to stop smoking
Mental health support including counselling, groups, memory clinics
Weight management
Breast screening
Group meeting space

Group 3

Complex contraception services
Child health clinics
Parent craft and antenatal clinics

Group 4

Specialist support for people with long-term conditions:
Diagnostic tests such as blood tests, Echocardiogram, 24 hour blood pressure monitoring
Therapies:
Physiotherapy
Occupational therapy
Dietetics, podiatry
Mental health support
Other services:
Care for people taking warfarin and other blood-thinning products
Leg ulcer clinics
Hearing aid support
Eye care for diabetics
Renal dialysis
Support for carers
Mental health support including counselling, groups and memory clinics

For patients, there are a number of benefits to having local health services organised in this way.

- ✓ Some patients will have a wider range of services in community settings, which means that you will not have to travel so far for many services.
- ✓ Your GP practice, or one nearby, will offer a wider range of services if they have the skills, capacity, and space.
- ✓ If you are living with a long-term condition, you will be seen in community settings that are local to you, by specialist teams who will get to know you well and look after you. The need to visit large acute hospitals will be reduced.
- ✓ Some of the places where you receive your care will improve.
- ✓ Access to flexible spaces for all GP practices will enable your GP practice to offer you a wider range of services, even if they do not have the room in their own surgery.
- ✓ The NHS will be using your money more wisely, by providing services mostly in buildings that either already exist or are the right size, modern, and built to good environmental standards. New or refurbished buildings will be fully accessible.

There are also a number of disadvantages to having services organised this way.

- ✗ Patients may have to travel to another GP practice, the health centre or a large acute hospital for some health tests and some specialist support.
- ✗ Some GP practices will not be large enough to offer extra services, which means that not all services will be available at all practices.

In Options A and B local people will have access to a wider range of more joined up services that you do not currently have – either at your GP surgery, one close by or in the new centre.

We can offer these much-needed services because our proposals allow us to use NHS money more efficiently and focus more resources on patient care.

These services are:

- Specialist support for people living with long-term conditions, especially those with multiple long-term conditions
- Easy access to health tests for people with long-term conditions
- Services for pregnant women and those with very young babies that are more joined up.

We are also offering new premises for GP practices and additional clinic space for all GP surgeries to offer a wider range of services. Under both proposals the services currently at Townley Road Clinic would transfer to the proposed health centre so that they can sit alongside other services for those patients.

How services are delivered today

The way in which healthcare is delivered locally at present means local people receive some services at GP surgeries, some at the existing Dulwich Community Hospital and neighbouring clinics, and some at local hospitals. It also means that some services needed by local people are not currently available. The diagram opposite shows this, for comparison with our two proposed options.

A fuller description of each of these services can be found on pages 44 – 47 of this document.



How services are delivered at the moment



Services available in GP practices:

Traditional GP services for people who are or believe themselves to be ill	Help to stop smoking
Extended hours access	NHS Health checks
Some dressings/post-surgical care	Chlamydia screening
Some ante-natal and maternity care	Flu immunisation
Childhood immunisation	Bowel screening
Some reproductive health	Counselling
Cervical cytology	Integrated Care Programme case management



Services available in some GP practices:

Physiotherapy	Some outpatient services
Dietetics	Child health clinics



Dulwich Community Hospital

Blood taking	GP practice
Musculo-skeletal physiotherapy	Dulwich Helpline (a voluntary sector organisation).
Renal dialysis	Bladder & bowel service
Diabetes nurse specialists	Parentcraft classes
GP out-of-hours	



Townley Road Clinic

District nursing clinics including leg ulcer clinics	Speech and language therapy
Health visiting clinics – immunisations and health/development checks	Foot health



Consort Road Clinic

Health visiting clinics – immunisations and health/development checks	School nursing clinics – immunisations and health/development checks
	Foot health



Home-based services

Health visiting	Adult neuro-rehabilitation (stroke) team
District nursing	Adult community rehabilitation team
Intermediate care – Rapid response, Home Ward	

For patients, there are some benefits from continuing to have services organised in this way.

- ✓ Services will continue to be delivered in a way that is familiar in locations that people are used to travelling to.
- ✓ The cost of delivering these services remains the same.

There are also a number of disadvantages to having services organised this way.

- ✗ We are missing an opportunity to have more services delivered in people's homes.
- ✗ Many patients can't get some services they need in their GP practice or one nearby.
- ✗ GP practices will not be used as effectively as they could be, perhaps leaving some local surgeries under-used and others not offering local patients access to a wider-range of services.
- ✗ We lack the opportunity to provide more coordinated care across a range of different sites.
- ✗ The current Dulwich Community Hospital does not provide a suitable environment for modern healthcare.

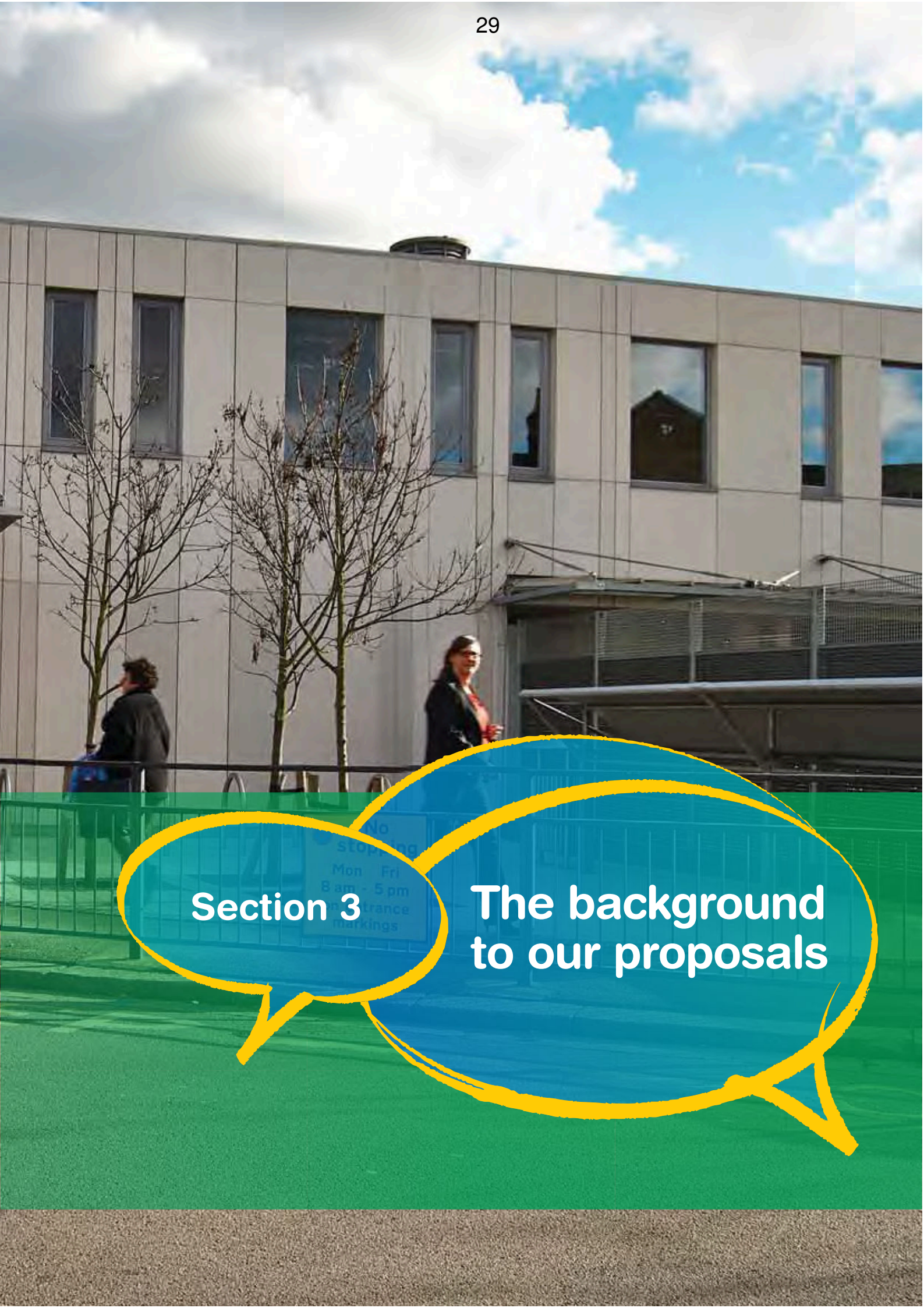
The option to continue offering services in this way does not help to deliver our vision to improve local services for patients. We cannot recommend continuing to offer local health services in this way.

What do you think of our proposals?

Question 9 of our consultation questionnaire asks for your alternative proposals to address the health needs of local people. Tell us using the questionnaire in this document and at www.southwarkpct.nhs.uk







Section 3

The background to our proposals

No
Stopping
Mon - Fri
8 am - 5 pm
Entrance
markings

Section 3

The background to our proposals

Creating facilities for modern, effective healthcare

Following this consultation, in Options A and B it is likely we shall create a health centre on part of the site where Dulwich Community Hospital currently stands.

This facility will be modern, efficient and environmentally friendly. Before such a facility is designed, we have to decide what services are needed and how they will be delivered. The final size of the building will depend on whether Option A or Option B is taken forward. In either case, a new or refurbished building will be flexible enough to meet future health needs and have space to expand in future.

Both Options A and B offer a new home to certain local GP practices which are currently in cramped or inappropriate buildings. This includes the East Dulwich Medical Practice.

Having listened to feedback, we will prioritise issues that are important to people using healthcare facilities. The building will have adequate parking for its size, be fully accessible for disabled people, and, most importantly, offer people living in Dulwich and the surrounding areas a place to go for healthcare services that they cannot get from their GP surgery, without the need to go to large, busy hospitals that serve a much wider area.

We considered the use of the current Dulwich Community Hospital

The priority of the local NHS is to ensure that health services needed by local people are provided effectively and efficiently. The options outlined in our consultation focus on this aspiration.

During our engagement exercise we heard a wide range of views from people concerned about the current Dulwich Community Hospital building. We carefully considered these views in developing our proposals, but we cannot recommend continuing to use the existing building as it is.

We also heard suggestions about future uses for the land surrounding the hospital. The NHS is required to offer its use for health, social care or other public services. Only then can any part of the site be offered for other uses.



Why change? The case for our proposals

We have put these proposals together for your consideration, because local health services need to keep pace with the changing health needs of our community. Here are some of the reasons.

Local health services need updating to meet local health needs

These proposals offer a great opportunity to match local health services with the needs of local people. Clinical commissioners – your local GPs – have taken a long-term view of health services and are updating services to keep pace. Our proposals give a longer-term approach to planning local services and give you the opportunity to be part of that process and feed in your views.

Local health services need to meet the challenges set by groups who have a greater need for services

The section on local health need described an increasing demand for certain kinds of health service in the area. We want to change the emphasis of local health services to meet this demand with a wider range of joined up services, especially for the very young and the very old. This includes pre and post natal care for the growing numbers of pregnant women, services to help prevent ill-health developing and services to help local GPs diagnose conditions early, while they are still manageable in the community.

Community services need to be close to where people live and to have up-to-date facilities for their patients

When we spoke to local people in 2012, you told us you would like more services offered in community settings such as GP surgeries or health centres. Clinical commissioners in Southwark want more and more people to have their care outside hospital, when it is safe and cost-effective to do this. Hospitals should only be for the most seriously ill and those who need very specialist care. More care is being delivered closer to where people live in community settings, including outpatient appointments, healthcare tests, help and advice for people living with long-term conditions and the support of therapists (such as physiotherapy and speech and language therapy). When these services do not need specialist equipment or to be close to whole teams of specialist consultants, it is less costly and more convenient and pleasant for patients to have these appointments in a clinic or local surgery. When we have spoken to local patients, and many of you told us that this is what you would prefer.

Some local GP practice premises need improving

The East Dulwich Medical Centre is based at the existing Dulwich Community Hospital, in facilities that were not designed for a GP surgery. Our proposals help to address the needs of this and potentially other practices in a cost-effective way, now and into the future.

The NHS needs to improve its efficiency, but the current arrangement of local services make it difficult to do this

With increased demand for health services and the restrictions imposed by the current financial climate, the NHS is working hard and thinking creatively about how to use the money it has. Locally, the health service has been relatively successful in its drive to develop best-value health services. Nevertheless, the way our services are currently organised and the condition of buildings such as Dulwich Community Hospital are beginning to hinder our progress. The changes we propose can help us become more efficient and innovative in how we deliver services. We want to work with social care and the voluntary sector to offer patients more joined-up care.

We need to use our buildings, resources and money more efficiently to focus NHS funds on patient care.

NHS Southwark (Southwark PCT) currently owns the Dulwich Community Hospital site. We use approximately 40% of this building, in part for patient services, but mainly as office accommodation for clinical staff. The building costs NHS Southwark £2.3 million each year.

Working with surveyors and building experts, we looked at how this expenditure might be reduced. We know it would be impossible without major works to the building. The spaces are large and unsuitable for their current use, so the building is being used inefficiently. The heating system does not maintain the building at a comfortable temperature. We have to heat unused spaces, and draughty windows and doors allow heat loss during cold weather.

Any plans would have to be feasible within the very different financial environment we are in now and for the foreseeable future.



What do you think of our proposals?

Question 10 of our consultation questionnaire asks for your thoughts on what you think is important when developing health care facilities. Tell us using the questionnaire in this document and at www.southwarkpct.nhs.uk



The finances

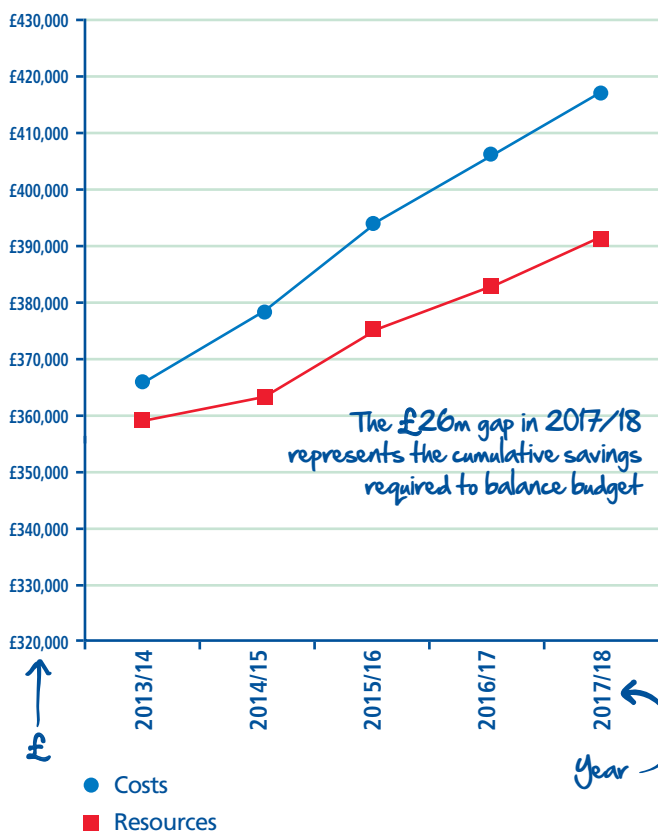
To inform the development of these proposals, we have looked at what it might cost to deliver the kinds of services we are proposing, and the costs of building a new centre or refurbishing part of the existing Dulwich Community Hospital building.

We have also looked at whether or not our proposals are affordable, are a good use of NHS money, and whether they can be delivered in the current difficult financial climate.

Money available for healthcare in Southwark

Across the NHS we are looking at ways in which we can deliver services more efficiently. Demand on health services is increasing at a pace beyond the growth in health service resources and so we are being challenged to find different ways to ensure people have access to high quality care.

Projected budget and resources for Southwark CCG



The cost of health services

As well as the costs of buildings, we also looked at the costs of delivering the services we need locally. When calculating the costs of services the NHS takes into account a number of factors, which include the cost of staff, equipment and medical supplies.

By providing more care in community settings and outside acute hospitals we believe we will be able to treat more people for the same amount of money, while improving the quality of care being reduced. In addition, by freeing up space in hospitals, we can help ensure that those who need the very specialist care offered in these settings will have faster access to it.

Studies have taken place looking at the cost of care in hospitals when compared to care in community settings and figures vary depending upon the service, but care delivered outside hospital settings, when safe and appropriate, is better value for money.

An example

The cost of intermediate care

Intermediate care is a range of nursing and therapy services for people recovering from an operation or ill health, who do not need the intensity of hospital services, but may benefit from a short period of rehabilitation. This care is increasingly being offered in people's own homes.

The national audit of intermediate care 2012* looked at care commissioned by approximately 60 PCTs in England and compared a number of elements including the costs of home-based care against hospital-based care.

Looking at the average costs across 120 providers of intermediate care, they found that the average (mean) cost per person was £1,100 for the care they received at home, as against £4,543 if they received the same level and length of care in hospital.

*National Audit of Intermediate Care 2012. NHS Benchmarking.

How your views helped us develop these proposals

Before developing our proposals we spent several months speaking to local people, GPs and other doctors, nurses and healthcare professionals, community and voluntary sector groups, and people involved in social care. What they told us influenced the proposals that are contained in this consultation document.

By hearing what you said at meetings, in one to one sessions, gathering your views using questionnaires, and reading the letters that you sent to us, we have been able to identify some issues that are particularly important to you. They fit into a number of broad categories:

- The services offered by GPs
- Urgent care services
- Services for women who are pregnant and parents with very young children
- Acute (hospital) care
- Diagnostics (health tests such as blood tests and ECGs)
- Long-term conditions (ongoing ill-health)
- Mental health
- Site / estates issues (the buildings where people receive their NHS care)
- Other general comments.

You can read a full account of the comments on our website at www.southwarkpct.nhs.uk

Some of the comments highlighted issues that have been taken into account in our proposals. Some comments were more relevant to other areas of the local NHS and have been picked up outside this consultation.

Women who were pregnant or have very young children said:

- You value the relationship with your midwife – but hospital maternity services are very stretched, as are post-natal services
- You need a range of post-natal services but you can't access them in the way you want
- You want consistent advice from professionals about how best to care for your babies
- Women with very young families want reproductive health and contraception services included in your post-natal care.

In response to this we:

- Raised with King's College Hospital the possibility of a midwife-led birthing centre
- Reviewed the space needed for baby clinics
- Prepared to implement a national initiative that will increase the number of health visitors
- Started working with Children's Centres to promote their services
- Considered including more 'complex' contraception among the services proposed in Options A and B.

When talking about acute care (care that you get in larger specialist hospitals) you said:

- You find visiting local hospitals can be confusing and overwhelming. (This was especially the case for older people living with long-term health conditions).

In response to this we:

- Looked at how more services for people living with long-term health conditions can be offered away from hospitals, either at GP surgeries or a specialist health centre in Options A and B.

When talking about diagnostics (health tests such as blood-testing and ECGs) you said:

- You want blood-tests and diagnostic tests to be in a variety of places, and at times that are more convenient to you – including early mornings and evening times
- Audiology services, including a support service for hearing aid wearers, was important to some people.

In response to this we:

- Included some diagnostic services in the proposed services in Options A and B

- Planned to make blood-testing facilities available locally, in our proposed health centre and in more GP surgeries, and to make these available for longer hours
 - Improved access to audiology services, which are now available in a number of high street shops as well as at local clinics.
-

When talking about living with long-term conditions (ongoing health concerns) you said:

- You would like more support for a wider range of long-term conditions
- You want to see the same people each time you visit and for services to be joined up so that the clinicians you visit talk to each other, share information and understand your health. Continuity of care and the organisation of services are important
- You want better podiatry (foot care) services.

In response to this we:

- Included some diagnostic services in the proposed services in Options A and B
 - Included support for long-term conditions in both Options A and B. These include podiatry, physiotherapy, occupational therapy and the equipment needed for those services
 - Looked at how we can better join up services
 - Considered how people can be treated nearer home, and included this in our proposals.
-

When talking about local facilities where you receive your health services you said:

- You want services in places that are well-served by public transport, and this should be carefully considered in any plans
- You want access to good parking and enough space for this should be allowed in any planning
- You want good access for people with mobility problems.

In response to this we:

- Made the consideration of parking and transport requirements a high priority in forward planning, and will continue to do so, following the consultation
 - Ensured that any buildings we develop following this consultation will be fully accessible.
-

When talking about your experiences of healthcare you said:

- You want services to be joined up and for hospital staff, our GP and other community-based staff to talk to each other and share information with each other so that everyone knows what is going on
- Some of you commented on the services offered by your current GP and this highlighted that patients were concerned that quality varied from practice to practice, and in some cases could be improved. They also commented on issues such as opening hours, and being able to get appointments when they wanted them
- Some of you said you were confused and were not sure when to go to A&E, when to use an urgent care centre, when to call the out-of-hours GP and when to seek advice from a pharmacist
- You had mixed views on where you thought these services should be delivered in future.

In response to this we:

- Started working with local GP practices to constantly improve local services
 - Asked those who provide health services to actively monitor patient experience to ensure that this improves. We shall continue to do this in future and take action where improvements are not made
 - We expect the introduction of the new 111 service for non-emergency care to help direct people to the most appropriate places in future
 - Worked closely with King's College Hospital to agree on the best way to arrange urgent care services, out-of-hours GP services and A&E services
 - Developed this consultation to consult more widely on where services should be.
-

Q4 I heard that all NHS buildings are being taken over by another organisation and the NHS won't manage them any more. Won't this stop your plans?

A4 Under the new arrangements for the management of the NHS, most buildings will be managed by a new organisation known as NHS Property Services Ltd (Prop Co) and will still be owned by the NHS. This organisation will look after healthcare buildings, leaving Clinical Commissioning Groups to focus on services. We do not expect this to affect our plans and we are already working closely with the new organisation.

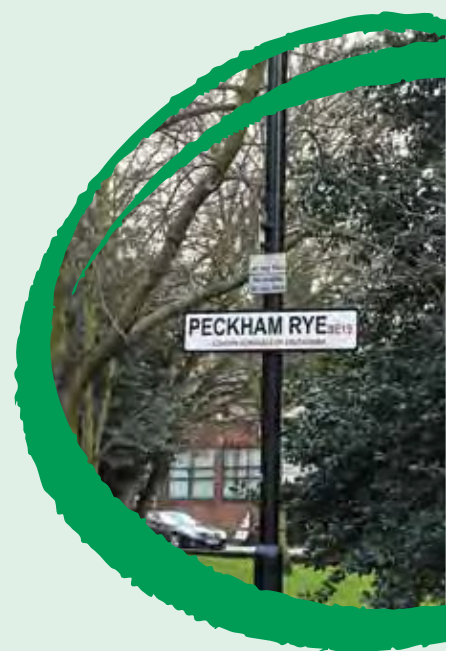
Q5 What are CCGs?

A5 CCGs, or Clinical Commissioning Groups, are the new organisations that plan local health services from 1 April 2013. These organisations were created by the 2012 Health and Social Care Act to take over the commissioning role currently undertaken by Primary Care Trusts (PCTs). CCGs are already running in 'shadow' form. The current clinical commissioning committee in Southwark, made up of local GPs, will become the governing body of NHS Southwark CCG and has

agreed our plans and options for services in the Dulwich area. NHS Southwark CCG is led by local GPs and is a membership organisation of all 47 Southwark practices, working closely with other healthcare managers and professionals. The governance of CCGs is set up in such a way that there is no conflict of interest for GPs that commission health services. Their priority will be to ensure that local healthcare is planned around the needs of the population.

Q6 What if I have my own ideas about how services could be delivered in Dulwich and the surrounding areas, and they are different from what you are proposing?

A6 There are a number of opportunities in the consultation questionnaire to put forward alternative proposals and any received will be carefully considered. If the questionnaire format does not enable you to express your ideas clearly we are also happy to receive your feedback in the form of a letter or report. During the consultation period, please send any submissions to our independent partner, Opinion Leader, so that they can be evaluated alongside all other consultation responses.



What will happen when the consultation closes

Following the close of the public consultation on 31 May our independent evaluation team at Opinion Leader will spend some time analysing the responses provided through the consultation questionnaire.

We shall share Opinion Leader's analysis of the responses widely. However, individual responses will be treated as confidential and will be seen only by Opinion Leader.

The project team and NHS Southwark Clinical Commissioning Group will consider the implications of the response to the consultation. A final decision on the way forward will be taken at a governing body meeting held in public during summer 2013.

Final recommendations and decisions will take into account the consultation responses alongside the fit of the proposed service model with commissioning priorities, clinical and patient benefits, affordability and the ability to adapt to future changes (future proofing). Our final decision must also fit in with wider plans and aspirations for healthcare across London.

How to find out more

If you would like to find out more about our proposals there are a number of opportunities available.

If you have specific questions about the proposals that are not answered in this consultation document, to enable you to make a full response to the questionnaire there are several sources of additional information:

- Our pre-consultation business case (PCBC) is a more technical, detailed document that lays out the thinking behind the proposals. You may find the information you are looking for in this document. It is available on our website at: www.southwarkpct.nhs.uk
- There are also a number of other documents on our website that contain useful background information. These include minutes from the meetings of the Dulwich Project Board, an initial equalities impact assessment, and a detailed summary of what we heard during our conversations with local people prior to this consultation
- We will be publishing updates and frequently asked questions on the site throughout the consultation period, so please check the site to see if your question has already been asked by another person and an answer has been provided
- You can also contact our independent partner Opinion Leader with your question and they will try to assist you. During the consultation period, please send your questions via Opinion Leader rather than directly to NHS Southwark CCG. This will ensure that all of your questions are captured and represented in the final feedback report that will be presented to the governing body of NHS Southwark CCG.

If you have any complaints or concerns about this consultation please contact PALS (Patient Advice and Liason Service) on 0800 5877170.



Public meetings

We will be holding two public meetings as part of the consultation. These deliberative events have been designed to give an opportunity for discussion and debate about our proposals, will provide an opportunity to ask questions and also if you wish to offer your own proposals.

These will take place at:
St Barnabas Church, Calton Avenue,
London, SE21 7DG

Tuesday 30 April in the evening from 19:00
Wednesday 22 May in the afternoon from 14:00

To take part in one of these meetings please contact us to book a place. You can do this by calling 0800 148 8572 or online at www.southwarkpct.nhs.uk

Drop-in sessions

If you have specific questions or concerns that you would like to raise in person please come to a drop-in session. There is no need to book, simply turn up.

Dulwich Community Hospital
East Dulwich Grove, Dulwich, SE22 8PT
Friday 15 March 2013 from 14:00 to 16:30

Cambridge House
1 Addington Square, Camberwell,
London SE5 0HF
Tuesday 19 March 2013 from 10:00 to 12:30

Peckham Library
122 Peckham Hill Street, SE15 5JR
Friday 22 March 2013 from 14:00 to 16:30

Gaumont House Surgery
153 Peckham High Street, Peckham, SE15 2AU
Wednesday 1 May from 10:00 to 12:30

Dulwich Community Hospital
East Dulwich Grove, Dulwich, SE22 8PT
Wednesday 8 May 2013 from 18:00 to 20:00

We are happy to attend local community meetings to talk about these plans.

How to respond to the consultation

We have asked Opinion Leader to receive all consultation feedback on our behalf, so that you can be reassured that it will be independently reviewed and that all views will be accurately reported.

There are several ways to join in this consultation and give us your views on the proposals which include completing the consultation questionnaire, attending one of our meetings or drop-ins or writing to us with your own feedback or proposals. All feedback will be evaluated by Opinion Leader, regardless of how it is submitted, however it should be noted that comments posted via social media do not fall within this.

Please let us know your comments and views on these proposals by completing the consultation questionnaire and returning it to Opinion Leader in the post using the Freepost address provided.

You can also complete the consultation questions using our online survey at: www.southwarkpct.nhs.uk

If you attend any of the public meetings or drop-in events, your views will also be captured at these.

If you have any questions or need additional help to respond, please contact Opinion Leader, by calling Freephone: 0808 178 9055 or emailing: smulcahy@opinionleader.co.uk

Additional help to respond to these proposals

We can provide support for those who may need some additional help to participate due to learning difficulties. Please contact us on the telephone number above so we can arrange this for you. We can also offer translations and additional support if English is not your first language.

We also offer versions of this consultation document in audio, large print, Easy-Read or Braille format, on request. Please contact Opinion Leader, by calling Freephone: 0808 178 9055 or emailing: smulcahy@opinionleader.co.uk Once produced, these will also be available on our website.

This consultation will run until 31 May 2013 so please return your response to us by this date to ensure that your views are taken into account.



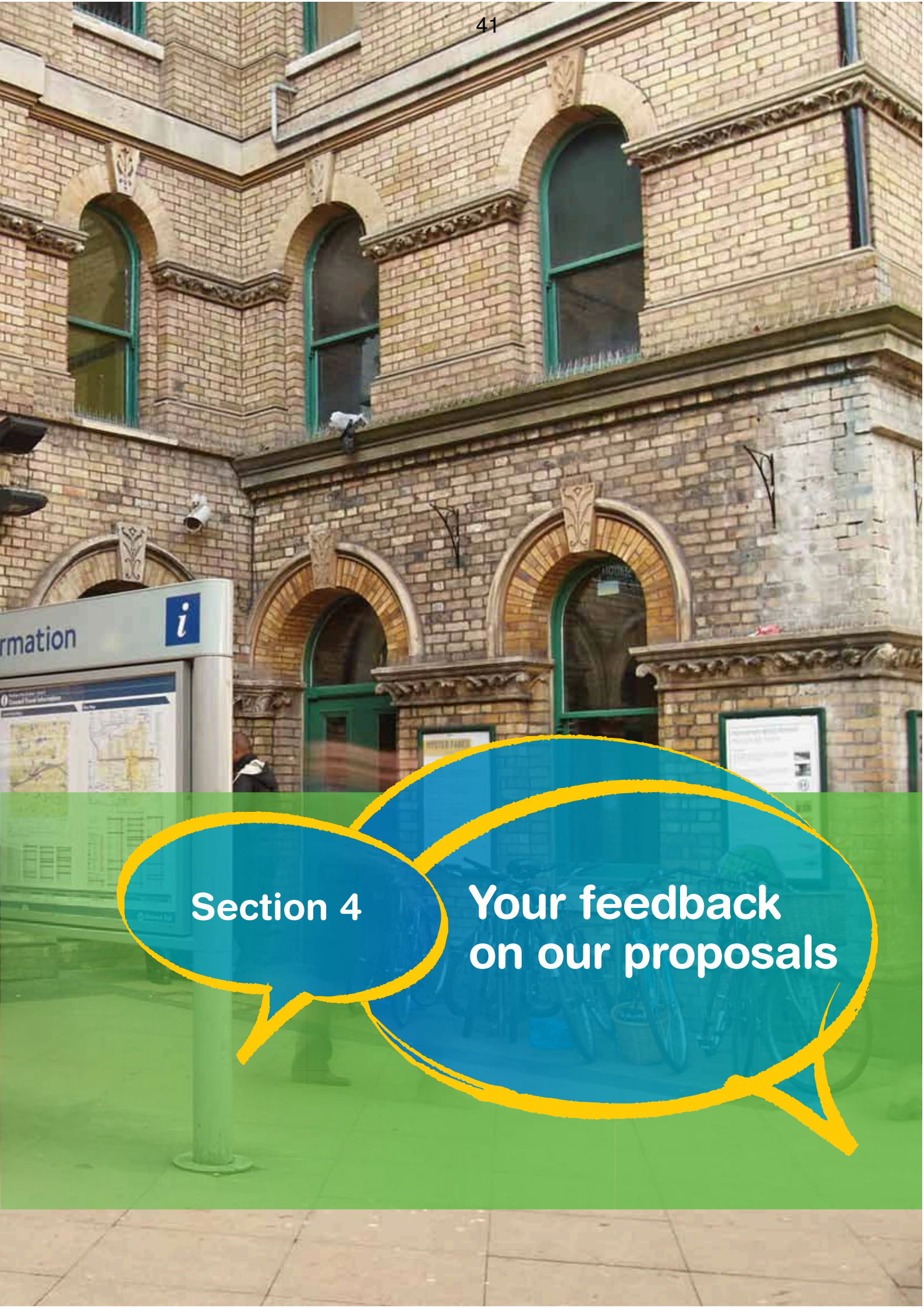
Peckham Rye Station

Peckham Rye Station
Ticket Office opening hours
06:30 - 19:45 Monday to Friday
06:30 - 19:45 Saturday
07:30 - 16:30 Sunday
Contacts
0844 21 73 20 Station Services
0844 138 4300 Freedom Passes
08442 48 69 50 Freedom Passes
0207 222 2214 London Underground

Info
Freedom Passes

No Smoking

Info



Section 4

**Your feedback
on our proposals**

Section 4

Your feedback on our proposals

Please return this completed questionnaire to:

**NHS Southwark Consultation
Facts International Ltd
FREEPOST HS464
Ashford
TN24 8BR**

Consultation questionnaire

About your local NHS, NHS Southwark and NHS Southwark Clinical Commissioning Group

This consultation has been developed by NHS Southwark. On 1st April 2013 NHS Southwark will cease to exist and its role in commissioning most health services in Southwark will become the responsibility of the NHS Southwark Clinical Commissioning Group (Southwark CCG) which has been responsible for preparing this document.

NHS Southwark Clinical Commissioning Group will take on responsibility for planning and buying healthcare services for Southwark residents from 1 April 2013, while the NHS Commissioning Board will be responsible for commissioning GP services, pharmacies, dentists and opticians (known as primary care services). NHS Southwark Clinical Commissioning Group will have its own website from 1 April 2013 at www.southwarkccg.nhs.uk. The consultation document will also be available on this site.

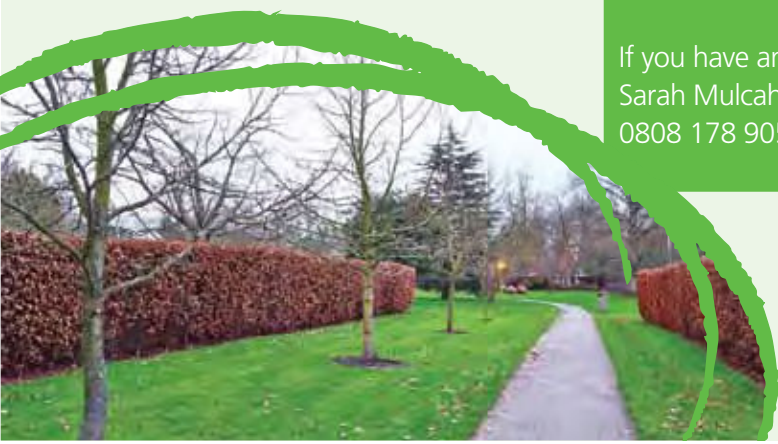
What do you think of our plans?

The consultation is open from the 28th February until the 1st June. The questionnaire should take around 20 minutes to complete (depending on how many questions you choose to answer). Please answer questions by ticking a box (as directed) or writing your answers in the spaces provided (these are optional).

Responses to this consultation are being received and evaluated by Opinion Leader Research on behalf of NHS Southwark Clinical Commissioning Group. All responses are confidential.

The questionnaire can also be completed online at www.southwarkpct.nhs.uk

If you have any questions about the consultation please contact Sarah Mulcahy on smulcahy@opinionleader.co.uk or freephone 0808 178 9055.



Your details

BQ1.

When you respond to this consultation are you doing so...

As an individual ₁

On behalf of an organisation ₂

Please specify below:

On behalf of a group of organisations ₃

Please specify below:

PLEASE TICK
ONE BOX ONLY

BQ2.

Please provide your details below.

Name:

Postcode:

Section 1

Current and proposed health services across Dulwich and the surrounding area

Question 1.

Which, if any, of the following community health services provided by the NHS in Dulwich and the surrounding area have you used in the last 12 months?

PLEASE TICK AS MANY AS APPLY		PLEASE TICK AS MANY AS APPLY		PLEASE TICK AS MANY AS APPLY	
Services at your GP practice		Services at Dulwich Community Hospital		Speech and language therapy <input type="checkbox"/> ₂₄	
Standard GP initial consultation	<input type="checkbox"/> ₁	Blood taking	<input type="checkbox"/> ₁₄	Foot health	<input type="checkbox"/> ₂₅
Dressings/post-surgical care	<input type="checkbox"/> ₂	Physiotherapy	<input type="checkbox"/> ₁₅	School nursing clinics	<input type="checkbox"/> ₂₆
Ante-natal and maternity care	<input type="checkbox"/> ₃	Renal dialysis	<input type="checkbox"/> ₁₆	Home-based services	
Child immunisations	<input type="checkbox"/> ₄	Out-of-hours GP services	<input type="checkbox"/> ₁₇	Health visiting	<input type="checkbox"/> ₂₇
Child health clinics	<input type="checkbox"/> ₅	GP services	<input type="checkbox"/> ₁₈	District nursing	<input type="checkbox"/> ₂₈
Reproductive health	<input type="checkbox"/> ₆	Bladder and bowel service	<input type="checkbox"/> ₁₉	Intermediate care	<input type="checkbox"/> ₂₉
Smoking cessation	<input type="checkbox"/> ₇	Dietetics	<input type="checkbox"/> ₂₀	Adult neuro-rehabilitation (stroke) team	<input type="checkbox"/> ₃₀
NHS Health Checks	<input type="checkbox"/> ₈	Parentcraft classes	<input type="checkbox"/> ₂₁	Adult community rehabilitation team	<input type="checkbox"/> ₃₁
Bowel screening	<input type="checkbox"/> ₉	Services at Townley Road and Consort Road Clinics			
Counselling	<input type="checkbox"/> ₁₀	District nursing clinics	<input type="checkbox"/> ₂₂	Other (please specify):	
Physiotherapy	<input type="checkbox"/> ₁₁	Health visiting clinics	<input type="checkbox"/> ₂₃	<input type="text"/>	
Heart failure clinic	<input type="checkbox"/> ₁₂				
Outpatient services	<input type="checkbox"/> ₁₃				

Section 4 Your feedback on our proposals

Question 2.

Thinking about the services that you currently use or anticipate using in the future, where would you prefer to receive those services?

PLEASE TICK ONE BOX FOR EACH SERVICE AS APPROPRIATE

	GP Surgery (1)	Health Centre (2)	No preference (3)	Other (please specify): (98)	Don't know (99)
1 Standard GP initial consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
2 Dressings/post-surgical care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
3 Ante-natal, post-natal and maternity care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
4 Child immunisations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
5 Child health clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
6 Reproductive health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
7 Smoking cessation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
8 NHS Health Checks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
9 Bowel screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
10 Counselling, psychological support, memory clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
11 Dietetics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
12 Outpatient services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
13 Blood taking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
14 Physiotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
15 Diabetes care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
16 Parentcraft classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
17 Speech and language therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
18 Foot health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
19 Adult neuro-rehabilitation (stroke) team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
20 Heart failure services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
21 Chest disease services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
22 Diabetic eye screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
23 Breast screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
24 Audiology and hearing aid support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
25 Minor surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
26 Complex contraception	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
27 Leg ulcer clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
28 Alcohol substance and misuse services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>

Question 3.

Are there any specific health services that you think are needed locally that are not mentioned in this list?

PLEASE WRITE IN YOUR RESPONSE (OPTIONAL)

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Section 3

Proposals for the different ways that healthcare services could be delivered across Dulwich and the surrounding area

1. Option A More services in a health centre and core services from your GP practice

Option A describes a health centre providing a wide range of health services (which is likely to be located on the existing Dulwich Community Hospital site), and GP surgeries providing core services. This might mean that some GPs will offer fewer services than they currently do. This approach would mean patients could go to their GP for routine healthcare as normal, and the health centre would provide a much broader range of extra services than are available at present, reducing the need to use local hospitals.

Question 5.

To what extent do you agree with the proposal for more services in a central health centre and core services being delivered from your GP practice as described in Option A?

PLEASE TICK ONE BOX ONLY

- | | | | |
|------------------------|----------------------------|-------------------|-----------------------------|
| Strongly agree | <input type="checkbox"/> 1 | Disagree | <input type="checkbox"/> 4 |
| Agree | <input type="checkbox"/> 2 | Strongly disagree | <input type="checkbox"/> 5 |
| No feelings either way | <input type="checkbox"/> 3 | Don't know | <input type="checkbox"/> 99 |

Question 6.

How do you think that this proposal might affect the following aspects of healthcare? Please say in each case whether you feel that the proposal would make that aspect of healthcare in Dulwich and the surrounding area better, the same, or worse.

a) The **availability** of the care you receive would...

PLEASE TICK ONE BOX ONLY

- | | |
|---------------|-----------------------------|
| Get better | <input type="checkbox"/> 1 |
| Stay the same | <input type="checkbox"/> 2 |
| Get worse | <input type="checkbox"/> 3 |
| Don't know | <input type="checkbox"/> 99 |

i) Why do you say that?

PLEASE WRITE IN YOUR RESPONSE (OPTIONAL)

.....

.....

.....

.....

b) **People's ability to get to places** healthcare is provided (with more services delivered from a health centre and core services delivered from GPs' surgeries) would...

PLEASE TICK ONE BOX ONLY

- | | |
|---------------|-----------------------------|
| Get better | <input type="checkbox"/> 1 |
| Stay the same | <input type="checkbox"/> 2 |
| Get worse | <input type="checkbox"/> 3 |
| Don't know | <input type="checkbox"/> 99 |

i) Why do you say that?

PLEASE WRITE IN YOUR RESPONSE (OPTIONAL)

.....

.....

.....

.....

c) Is there anything else that should be taken into account when thinking about this proposal?

PLEASE WRITE IN YOUR RESPONSE (OPTIONAL)

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2. Option B More services at your local GP practice or one nearby and a health centre for a smaller range of extra services

Option B would involve the development of a health centre (offering a smaller range of extra services, and which is likely to be on the site of Dulwich Community Hospital) and GP surgeries, some of which would offer a wider range of services.

This approach would mean patients could go to their GP for routine healthcare as normal, either their own or another GP surgery for a much broader range of extra services than are available at present, and a health centre for more specialist services, reducing the need to use local hospitals.

Question 7.

To what extent do you agree with the proposal for more health services in GP practices and a health centre with a smaller range of services as described in Option B?

PLEASE TICK ONE BOX ONLY

- | | | | |
|------------------------|----------------------------|-------------------|-----------------------------|
| Strongly agree | <input type="checkbox"/> 1 | Disagree | <input type="checkbox"/> 4 |
| Agree | <input type="checkbox"/> 2 | Strongly disagree | <input type="checkbox"/> 5 |
| No feelings either way | <input type="checkbox"/> 3 | Don't know | <input type="checkbox"/> 99 |

Question 8.

How do you think that this proposal might affect the following aspects of healthcare? Please say in each case whether you feel that the proposal would make that aspect of healthcare in Dulwich and the surrounding area better, the same, or worse.

a) The **availability** of the care you receive would...

PLEASE TICK ONE BOX ONLY

- | | |
|---------------|-----------------------------|
| Get better | <input type="checkbox"/> 1 |
| Stay the same | <input type="checkbox"/> 2 |
| Get worse | <input type="checkbox"/> 3 |
| Don't know | <input type="checkbox"/> 99 |

i) Why do you say that?

PLEASE WRITE IN YOUR RESPONSE (OPTIONAL)

.....

.....

.....

.....

b) **People's ability to get to places** healthcare is provided (with more services delivered from GP's surgeries and extra services delivered from a health centre) would...

PLEASE TICK ONE BOX ONLY

- | | |
|---------------|-----------------------------|
| Get better | <input type="checkbox"/> 1 |
| Stay the same | <input type="checkbox"/> 2 |
| Get worse | <input type="checkbox"/> 3 |
| Don't know | <input type="checkbox"/> 99 |

i) Why do you say that?

PLEASE WRITE IN YOUR RESPONSE (OPTIONAL)

.....

.....

.....

.....

c) Is there anything else that should be taken into account when thinking about this proposal?

PLEASE WRITE IN YOUR RESPONSE (OPTIONAL)

.....

.....

.....

.....

Section 4 Your feedback on our proposals

The following questions are optional and will help us to see if there are differences between the views of different people. All the information you give will be kept confidential and will be used for analysis purposes by Opinion Leader only.

Question 13.

What was your age on your last birthday?

Please write in your age:

Question 14.

Which of the following describes how you think of yourself?

PLEASE TICK ONE BOX ONLY

Male 1

Female 2

In another way (please specify):

I'd rather not say 4

Question 15.

Which of these groups do you consider you belong to?

PLEASE TICK ONE BOX ONLY

White:

1 British 1

2 Irish 2

3 Any other white background (please specify):

Mixed:

4 White and black Caribbean 4

5 White and black African 5

6 White and Asian 6

7 Any other mixed background (please specify):

Asian or Asian British:

8 Indian 8

9 Pakistani 9

10 Bangladeshi 10

11 Any other Asian background (please specify):

Black or Black British:

12 Caribbean 12

13 African 13

14 Any other black background (please specify):

Chinese or other ethnic group:

15 Chinese 15

16 Any other ethnic group (please specify):

17 I'd rather not say 99

Question 16.

Which of these options best describes how you think of yourself?

PLEASE TICK ONE BOX ONLY

Heterosexual / Straight 1

Gay / Lesbian 2

Bisexual 3

Other 4

Don't know 5

I'd rather not say 6

Question 17.
Please tick the box that best matches your occupation.

PLEASE TICK ONE BOX ONLY

Higher managerial/ professional/ administrative (e.g. established doctor, solicitor, board director in a large organisation with 200+ employees, top level civil servant/public service employee) ₁

Intermediate managerial/ professional/ administrative (e.g. newly qualified (under 3 years) doctor, solicitor, board director small organisation, middle manager in large organisation, principal officer in civil service/local government) ₂

Supervisory or clerical/ junior managerial/ professional/ administrative (e.g. office worker, student doctor, foreman with 25+ employees, salesperson, etc) ₃

Student ₄

Skilled manual worker (e.g. skilled bricklayer, carpenter, plumber, painter, bus/ ambulance driver, HGV driver, AA patrolman, pub/bar worker, etc) ₅

Semi or unskilled manual worker (e.g. manual workers, all apprentices to be skilled trades, caretaker, park keeper, non-HGV driver, shop assistant) ₆

Casual worker – not in permanent employment ₇

Housewife/ homemaker ₈

Retired ₉

Unemployed or not working due to long-term sickness ₁₀

Full-time carer of other household member ₁₁

Self employed ₁₂

Other (please specify):

 ₉₈

I'd rather not say ₉₉

Question 18.
Do you have a disability or long term illness?

PLEASE TICK ONE BOX ONLY

Yes ₁

No ₂

I'd rather not say ₃

If you do have a disability or long term illness

Question 19.
Is your disability or long-term illness related to the following?

PLEASE TICK AS MANY AS APPLY

Wheelchair user ₁

Mobility ₂

Speech Impairment ₃

Eye Sight ₄

Learning Difficulties ₅

Hearing ₆

Mental health condition (please state):

 ₇

Other disability or long-term condition (please state):

 ₉₈

Prefer not to say ₉₇

Not applicable ₉₉



Section 5

Additional information

Section 5

Additional information

Glossary & Jargon-buster

More about the services we are proposing to offer in our options.

A

A & E

Accident and Emergency: the unit of a hospital where people go (often by ambulance) when they have a life-threatening condition that requires immediate, specialist treatment.

Acute

An episode of serious illness requiring hospital care as opposed to community care (see below).

Additional clinic space for all GPs to use

Some GPs may have small surgeries where they are unable to offer a wider range of services due to space restrictions. Additional space could be booked so that they can offer more services to their patients.

Admission avoidance

Services which help people avoid being admitted to hospital – typically nursing and therapy care aimed at looking after people in their own homes.

Ante-natal and maternity care

Care for women during pregnancy and after they have given birth. This can include medical care, advice and group support.

Anti-coagulation

Medication that helps to 'thin' the blood, often used to prevent strokes. Patients having anticoagulation medication (such as Warfarin) need regular check ups to monitor their blood and adjust their medication.

B

Bowel screening

The NHS Bowel Cancer Screening Programme offers screening every two years to all men and women aged 60 to 69. The simple screen looks for early signs of cancer.

C

Carer

A person who is unpaid and looks after or supports someone else who needs help with their day-to-day life due to illness or disability. Carers may be family members, including children and young people, who live with the person they care for, or family, friends or neighbours who live elsewhere.

CCG

Clinical Commissioning Group: a group of GPs that will, from April 2013, be responsible for designing local health services. They will do this by commissioning (buying) health and care services.

Cervical cytology

A test performed on cells from the cervical area to check for abnormal cells – sometimes called a 'cervical smear test'.

Child health clinics

Usually run by health visitors, these clinics offer regular check ups for very young babies.

Childhood immunisation

Medications offered routinely to all children, in early years and also in teenage years, to help prevent diseases such as diphtheria, tetanus, pertussis (whooping cough), measles and polio. Girls around the age of 13 are also offered HPV vaccine.

Chlamydia screening

A simple test to detect the presence of chlamydia in both men and women. Chlamydia is the most commonly diagnosed sexually transmitted infection.

Clinics

Clinic can refer to either a building or a healthcare session or check-up run by a medical professional. Clinics are usually for outpatients, in the community or sometimes attached to a hospital.

COPD

Short for 'Chronic Obstructive Pulmonary Disease', the name for a collection of lung diseases including chronic bronchitis, emphysema and chronic obstructive airways disease. People with COPD have difficulties breathing primarily due to the narrowing of their airways.

Community

In healthcare, 'community' generally means outside hospital.

Complex conditions

Medical conditions that may require ongoing care from specialist doctors, nurses and consultants.

Counselling

Sometimes known as 'talking therapy', the NHS offers counselling to people with depression, anxiety and those needing emotional support.

D

Dermatology services that do not need a hospital visit

Care and treatment of skin conditions that can take place in a local clinic.

Diabetes

Diabetes is a lifelong condition that causes a person's blood sugar level to become too high. In the UK, diabetes affects approximately 2.9 million people. There are also thought to be around 850,000 people with undiagnosed diabetes. There are two kinds of diabetes which affect people in different ways.

Diagnostic services / diagnostics

Medical services used to detect ill health such as ECGs and blood tests.

Diagnostics and therapies to support patients living with long-term conditions

People living with some of the long-term conditions can benefit from regular check ups to help monitor their health. This sometimes requires health tests (diagnostics). They may also join in classes to help them improve their health or manage their condition.

Dietetics

Advice on good nutrition, food, weight-loss or weight-gain and specialist diets for people with different medical conditions.

Dressings and care following surgery

Changing bandages and other dressings, without the need to go back to hospital.

E

ECG / Electrocardiogram

A painless test that records the electrical impulses that control heart activity.

Echo / Echocardiogram

A painless test that uses sound waves to create pictures of the heart to help understand how well it is working.

Elderly care

Sometimes known as geriatric medicine, focusing on the health and sometimes social care needs of older people.

Exercise space

Space for people to do supervised exercise in groups. An example of how this is used in the NHS is pulmonary rehabilitation classes which are supported exercise for people living with COPD.

Extended hours access

The ability to use health services outside traditional 9am – 5pm working hours. This could include early mornings, evenings and weekends.

F

Flu immunisation

An injection – usually given on an annual basis – to help prevent seasonal flu.

G

GP

General Practitioner: a family doctor who works from a local surgery to provide medical advice and treatment to patients

Group meeting space

Space where groups of patients can come together to learn how to manage their condition (such as people with diabetes) or do group exercise.

Gynaecology services that do not need a hospital visit

Reproductive healthcare for women which could include services for menstrual disorders, early pregnancy complications, and infertility.

H

Headache services that don't need a hospital visit

Tests, advice and support for people suffering from regular or severe headaches.

Heart failure

A serious condition caused by the heart failing to pump enough blood around the body at the right pressure. It usually occurs because the heart muscle has become too weak or stiff to work properly. People can experience breathlessness and difficulty in performing daily tasks.

High blood pressure / hypertension

Blood pressure measures how strongly blood presses against the walls of arteries (large blood vessels) as it is pumped around the body by the heart. If this pressure is too high it puts a strain on the arteries and heart, leading to other conditions.

I

IAPTS

IAPTS stands for 'Increasing Access to Psychological Therapies', and offers people with anxiety, depression or other emotional support needs a course of 'talking therapy'. This is often a good alternative to medication.

Integrated Care Programme (ICP) case management

The ICP aims to help older people (over 65s) and people with long-term conditions, to lead healthier and more independent lives, and have an improved experience of care. This is done by coordinating care more effectively so that services fit around the needs of patients, rather than expecting patients to fit around the way our services are organised. In Southwark the ICP involves local general practices, Guys and St Thomas', King's College Hospital and South London and Maudsley NHS Foundation Trusts and Lambeth and Southwark Councils.

J

JSNA

Joint Strategic Needs Assessment: Put together by the NHS and local authority, the JSNA looks at the needs of the local population to help organisations plan for the medium and long-term.

L

Long-term condition

A condition that cannot be cured but can be managed through medication and/or therapy. Examples include diabetes, asthma and COPD.

M

Mental health services

Services which support mental health – which include counselling and medication.

Mild/moderate mental health problems

These conditions are varied and relatively common. They can include depression, anxiety, mild obsessive-compulsive disorder and phobia.

Minor surgery

Small surgical procedures that don't need a visit to hospital. Examples could include the removal of warts or moles, injections to help with conditions like tennis elbow or the removal of contraceptive implants.

Musculo-skeletal physiotherapy

Physiotherapy treating injuries and conditions which affect the muscles, joints, and soft tissues. This can include muscle strains, arthritis, pre and post surgery rehabilitation and back pain.

N

Neurological conditions

Neurological conditions result from damage to the brain, spinal column or nerves, caused by illness or injury. Examples include muscular dystrophy, Alzheimer's disease and Parkinson's disease.

NHS

National Health Service.

NHS Health checks

The NHS Health Check is for adults in England between the ages of 40 and 74. It helps to assess the risk of conditions such as heart disease, stroke, type two diabetes or kidney disease, and offers advice on how to reduce it.

O

Obesity

A person who is obese is carrying too much body fat for their height and sex. Obesity can cause health problems such as diabetes or heart disease and can also shorten life expectancy.

Outpatients

Hospital services such as clinics, that do not require a stay in hospital.

OT / occupational therapy

Therapy that helps people perform everyday tasks to the best of their ability. It can be offered to people with disabilities, those who have recently had an operation or perhaps after a stroke, to help them re-learn tasks or adapt to their disability.

P

Parentcraft classes

Sometimes known as antenatal classes, they teach future parents practical techniques such as relaxation, breathing and postures for labour and birth, baby care and breastfeeding.

Phlebotomy

The process of taking blood from a patient, usually for diagnosis or testing.

Podiatry

Sometimes known as chiropody, this is care for the feet and related conditions.

Post-natal services

Services for women after they have had a baby, usually provided by midwives and health visitors who offer health advice and support child development.

Primary care

GP surgeries, high street dentists, opticians and pharmacies.

Primary Care Trust / PCT

Statutory NHS bodies with responsibility for delivering healthcare and health improvements to their local areas. They commission or directly provide a range of community health services as part of their functions. Clinical Commissioning Groups (CCGs) will take over this responsibility from 1 April 2013.

R**Rehabilitation**

Therapy and nursing that supports recovery from ill health.

Renal dialysis

Sometimes called kidney dialysis, this process removes waste and excess water from the blood, and is used primarily to provide an artificial replacement for lost kidney function.

Reproductive health

Services for men and women which include advice, contraception, pregnancy testing, counselling and tests for sexually transmitted infections.

S**Smoking cessation**

NHS help and support to stop smoking, including group work, medication and counselling.

Social care

A range of non-medical services which support individuals and families in their daily lives. This can include home-care and social work.

Southwark LINK

The collective patient and public voice in health and social care. Southwark Local Involvement Network will be replaced by 'Healthwatch' at the end of March 2013.

T**Traditional GP services including responding to people who are or believe themselves to be ill**

Initial consultations from your local GP when you are feeling unwell. These may result in receiving some advice, being given medication or perhaps being referred to another service, such as one of those listed below or a service in hospital.

U**Urgent Care Centre**

Centres offering unscheduled medical care for urgent conditions that aren't so severe that they require treatment at an accident and emergency department.

V**Voluntary and community sector organisations / agencies**

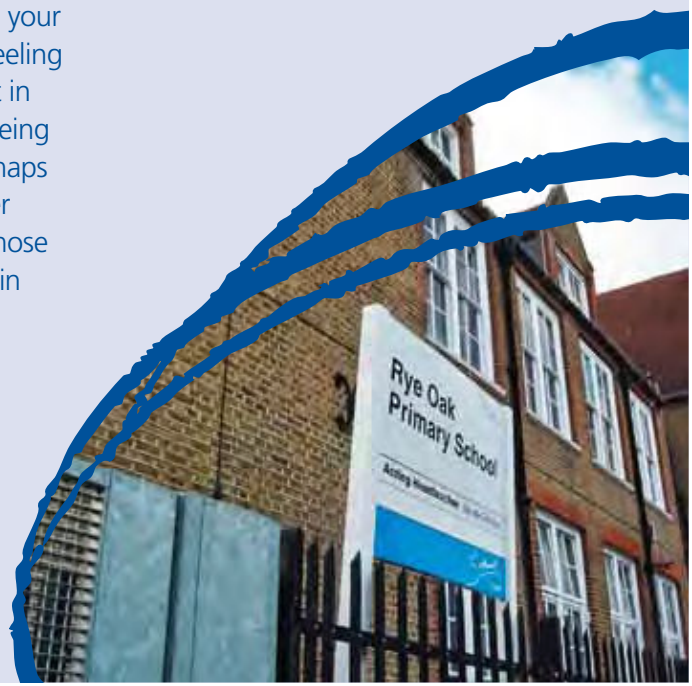
Not-for-profit organisations, often set up to offer services to specific groups in society. These can be run by paid professionals as well as volunteers.

W**Wellbeing services**

Non-medical services aimed at supporting people to live healthier lives. Examples include exercise and healthy-eating classes.

24 hour blood pressure monitoring

A way to monitor people's blood pressure to help manage their health condition. Blood pressure that is too high or too low may indicate a health problem.



Invitation to contact us in a range of community languages

English:

If you would like a translation of this consultation or would assistance to feedback on our proposals in a language other than English please contact us.

Albanian:

Nëse dëshironi një përkthim të këtij konsultimi apo të asistoni me përshtypje rreth propozimeve tona në një gjuhë tjetër përveç anglishtes, ju lutem na kontaktoni.

Arabic:

إذا كنت ترغب في الحصول على ترجمة لهذه الاستشارة أو الحصول على مساعدة في تقديم تعليقاتك على مقترحاتنا بلغة غير اللغة الإنجليزية، برجاء الاتصال بنا.

Bengali

আপনি এই আলোচনার কোনো অনুবাদ পেতে চাইলে বা আমাদের প্রস্তাবের ব্যাপারে ইংরেজি ছাড়া অন্য কোনো ভাষায় ফিডব্যাক প্রদানে সহায়তা চাইলে অনুগ্রহ করে আমাদের সঙ্গে যোগাযোগ করুন।

Chinese Simplified (Mandarin):

如果您需要本咨询的翻译或您想以非英语的语言对我们的建议给予反馈，请联系我们。

Chinese Traditional (Cantonese):

若您需要本諮詢的翻譯或您想用非英語的語言對我們的建議給予反饋，請聯絡我們。

Farsi:

اگر ترجمه این مشاوره را می خواهید یا مایلید درباره پیشنهادات ما به زبانی غیر از انگلیسی نظر دهید، لطفاً با ما تماس بگیرید.

French:

N'hésitez pas à nous contacter si vous souhaitez une traduction de cette consultation ou une assistance aux commentaires relatifs à nos propositions dans une langue autre que l'anglais.

Greek:

Αν επιθυμείτε μετάφραση αυτής της συνεδρίας ή σας χρειάζεται βοήθεια για να λάβετε πληροφορίες για τις προτάσεις μας σε γλώσσα άλλη από τα Αγγλικά, παρακαλούμε επικοινωνήστε μαζί μας.

Italian:

Si prega di contattarci se è necessaria una traduzione della consulenza, o se si richiede aiuto per commentare la proposta in una lingua diversa dall'inglese.

Kurdish:

نهگهر وینهی وهرگنێدر اوێ نههه راوێژکار بیههتانه دهوێت بانه بۆ پێشکههشکردنی بیروراکانی خۆتان لهسههر پێشنیارهکانی نههه به زمانیک جگه له نینگلیزی بیویستنهه به یارمهتی ههیه، تکایه بهیهوه نههه بکههن.

Polish:

Prosimy o kontakt jeżeli chciałbyś otrzymać tłumaczenie tej konsultacji lub pomoc w ocenie naszej oferty w języku innym niż angielski.

Portuguese:

Se desejar uma tradução desta conversa ou quiser ajuda para nos disponibilizar feedback em relação às nossas propostas num idioma que não o Inglês, contacte- nos, por favor.

Russian:

Если Вы бы хотели получить перевод данной консультации или оставить комментарии по нашим предложениям на другом языке, просим связаться с нами.

Somali:

Hadii aad turjumaan ka rabtid la-tashigan ama aad u baahatid caawimaad jawaab-celista qorsheheena ku saabsan, taasi oo ah luuqad aan ingriisi ahayn, fadlan inala soo xiriir.

Spanish:

Póngase en contacto con nosotros si necesita una traducción de esta consulta o ayuda para darnos su opinión acerca de nuestras propuestas en un idioma distinto al inglés.

Turkish:

Bu danışmanlığın çevirisini veya tekliflerimize ilişkin İngilizce dışında bir dilde görüş sunma konusunda yardım istiyorsanız, lütfen bizimle irtibata geçiniz.

Yoruba:

Tí ó bá máa fẹ́ itumọ́ ìjíròrò yí fẹ́ àbí fẹ́ láti ẹ̀ ṣe ìrànlọ́wọ́ láti fèsì lórí àwọn àgbékalẹ̀ wa ní èdè kan tí ó yàtọ̀ sí èdè Gẹ̀ẹ́si, jọwọ̀ kàn sí wa.



Consultation Principles – summary

This guidance sets out the principles that Government departments and other public bodies should adopt for engaging stakeholders when developing policy and legislation. It has been summarised below. The full principles document can be found on the Cabinet Office website at: www.cabinetoffice.gov.uk/resource-library/consultation-principles-guidance

Subjects of consultation

There may be a number of reasons to consult: to garner views and preferences, to understand possible unintended consequences of a policy or to get views on implementation. Increasing the level of transparency improves the quality of policy making by bringing to bear expertise and alternative perspectives, and identifying unintended effects and practical problems.

Timing of consultation

Engagement should begin early in policy development when the policy is still under consideration and views can genuinely be taken into account.

Timeframes for consultation should be proportionate and realistic to allow stakeholders sufficient time to provide a considered response. The amount of time required will depend on the nature and impact of the proposal and might typically vary between two and 12 weeks.

Making information useful and accessible

Policy makers should think carefully about who needs to be consulted and ensure the consultation captures the full range of stakeholders affected. Information should be disseminated and presented in a way likely to be accessible and useful to the stakeholders with a substantial interest in the subject matter.

Information provided to stakeholders should be easy to comprehend – it should be in an easily understandable format, use plain language and clarify the key issues, particularly where the consultation deals with complex subject matter.

Transparency and feedback

The objectives of the consultation process should be clear. To avoid creating unrealistic expectations, any aspects of the proposal that have already been finalised and will not be subject to change should be clearly stated. Being clear about the areas of policy on which views are sought will also increase the usefulness of responses.

Sufficient information should be made available to stakeholders to enable them to make informed comments. Relevant documentation should normally be posted online to enhance accessibility and opportunities for reuse.

Practical considerations

Consultation exercises should not generally be launched during local or national election periods.



A photograph of a person sitting on a grassy lawn in a park. The person is wearing a light blue long-sleeved top and dark blue jeans. They are sitting on the grass, and their legs are crossed. The background is filled with trees with yellow and orange autumn leaves, suggesting a park setting. The lighting is soft and natural, typical of an outdoor setting in autumn.

If you have any questions or need help to respond, please contact **Opinion Leader**, by calling Freephone **0808 178 9055** or emailing smulcahy@opinionleader.co.uk

This document is available on our website at www.southwarkpct.nhs.uk

From 1 April 2013 it will also be available on the new NHS Southwark Clinical Commissioning Group website www.southwarkccg.nhs.uk

We also offer versions of this consultation document in audio, large print, Easy-Read or Braille format, on request.

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**HEALTH, ADULT SOCIAL CARE, COMMUNITIES & CITIZENSHIP
SCRUTINY SUB-COMMITTEE**

MUNICIPAL YEAR 2012-13

AGENDA DISTRIBUTION LIST (OPEN)

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