



Improving Health Services in Dulwich and the Surrounding Areas Consultation

Report prepared by
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1. Executive summary

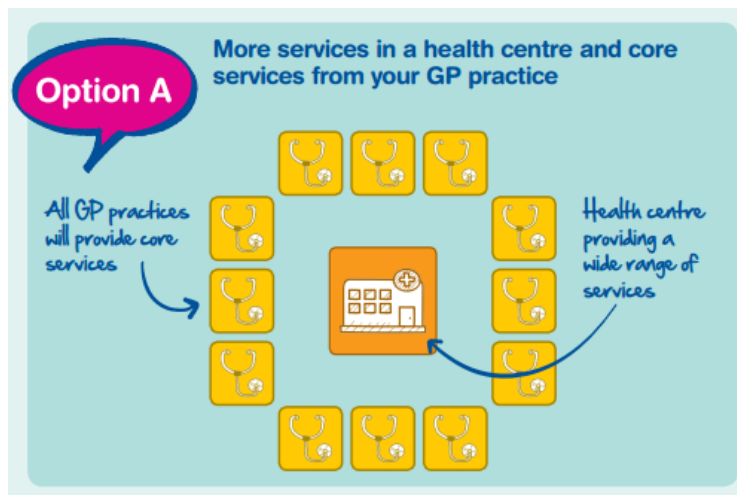
1.1 Introduction

In spring 2012, NHS Southwark CCG organised a public engagement exercise that sought to uncover the health needs of the population of Dulwich and the surrounding area. It identified particular demand for providing healthcare to cater for:

- The area's ageing population;
- The area's unusually high proportion of young families;
- A high prevalence of cardiovascular disease and cancer;
- Preventive treatment;
- Helping people to look after themselves and manage their long-term health conditions;
- Improving the availability of GP appointments;
- Providing healthcare closer to home in the community.

Consequently NHS Southwark CCG developed a model of healthcare and two proposals for the way primary and community health services might be delivered to address each of the above points:

- Option A would involve delivering more primary and community health services than at present from a health centre (that is likely to be located on the Dulwich Community Hospital site) and only core services being delivered by GP practices.



- Option B would involve delivering more primary and community health services from GP practices dependent on each practice's skills, capacity and space, and a smaller range of specialist community health services from a health centre that would be likely to be located on the Dulwich Community Hospital site.



This approach and these proposals formed the basis of a thirteen-week consultation, held between the 28th February and the 1st June 2013. Residents or individuals that currently received or may receive healthcare in the Dulwich, Nunhead, Herne Hill, south Camberwell and south Peckham areas were invited to take part. There were a number of ways in which individuals could respond to the consultation: through a questionnaire (available online and on paper); by submitting written responses via post or email; through deliberative events open to all members of the public; or through meetings organised by NHS Southwark CCG with key stakeholder groups.

Opinion Leader was commissioned to design the consultation questionnaire, observe and record two deliberative events, manage queries and responses to the consultation on a daily basis, and collate, synthesise and analyse all responses via the questionnaire and meetings organised by NHS Southwark CCG with members of the public and stakeholders. Opinion Leader worked with the Consultation Institute to ensure that the materials used in administering the consultation met good practice guidelines.

The number of individuals that participated in the consultation is detailed below:

- An estimated 667 people attended public meetings (including council meetings) in which the consultation was promoted, documents were distributed and there was an opportunity for questions to be asked of NHS Southwark;
- 568 people engaged in discussion meetings and events organised by NHS Southwark CCG;
- 215 people responded to the formal consultation questionnaire;
- 6 letters or emails from members of the public commenting on the proposals ('white mail');
- 14 stakeholder organisations sent a written response to the consultation;
- 60 people attended round-table public events, the purpose of which was to discuss and explore the proposals in depth.

This report provides an account of all responses to the consultation through the channels listed above. Responses to the questionnaire and 'white mail' are reported on in the form of charts and percentages; responses provided through public meetings are also described throughout as well as being detailed in a dedicated section of this report.

It is also important to note that, as with any public consultation, the findings in this report cannot be extrapolated to make claims about the wider population. Respondents to the questionnaire, those that provided other written responses, and those that chose to attend a deliberative event were self-selecting members of the public rather than a representative sample of the population of Dulwich and the surrounding area. In addition, NHS Southwark CCG approached some stakeholder groups on the basis that they may be disproportionately affected by the proposals; or that they might not be able to participate or provide a response in another way. The opinions reported on in this document, therefore, reflect only those who chose to take part in the consultation.

The profile of respondents to the consultation incorporated individuals from a range of backgrounds. The stakeholder groups that were specifically targeted by NHS Southwark CCG and with whom meetings were arranged included older residents, people with physical or learning disabilities, mental health service users, members of the Lesbian, Bisexual, Gay and Transgender community, and people from a range of ethnic backgrounds. A detailed breakdown of respondents to the consultation questionnaire is later in the report.

1.2 Key findings

A) Respondents were supportive of the proposed approach to delivering healthcare

Overall, respondents were supportive of NHS Southwark CCG's approach in putting together the two proposals to deliver healthcare in a community setting, and seeking to address the health needs of the local population as listed above – 80% of respondents to the questionnaire were **in agreement with the overall model of delivering healthcare in the community** compared with just 4% that were opposed. Support for this approach was also high amongst individuals that attended the deliberative and stakeholder meetings, with the exception of those who objected to the case for change more generally (moving care out of hospitals into the community, locating health services closer to people's homes, and modifying some GP practice buildings). Thinking about NHS Southwark CCG's case for change, respondents generally were supportive, particularly with regard the sentiment that healthcare should be delivered in a more **accessible setting in the community rather than in hospital**. This, respondents felt, would empower people to **manage their own health problems themselves independently**. Having **health services delivered locally** was the most important issue for some individuals, whilst the importance of providing **preventive care** was stressed at various points in the questionnaire and in deliberative and stakeholder meetings.

There was slightly less certainty that improvements or changes ought to be made to the delivery of health services from some GP practices and GP practice buildings. Here, questionnaire respondents as well as those attending meetings organised by NHS Southwark CCG acknowledged the variation in experience of patients across the area. There was a higher degree of **sensitivity amongst some respondents as far as modifying their GP practice was concerned** compared with other potential ways in which healthcare might be delivered in the area in future. **GP services were the most commonly used health services** in the area, especially for consultations, health checks and children's health services. For a large number of health services, GP practices were also rated as **the preferred location** for these services to be delivered; additionally even respondents who stated they had no preference as to where health services were delivered (in a health centre or GP practice) seemed to want to **preserve the current system** and keep the configuration of health services within GP practices as it is at present.

Whilst respondents were generally in favour of the overall approach, some commented that it was difficult to arrive at any firm opinion about either of the proposals in the absence of a **cost analysis of both Options**, and greater **detail about the configuration of services and the locations in which these would be delivered** under either of the Options.

B) The preferred option

Overall, **Option A was the preferred Option**: this feeling was concentrated most heavily amongst respondents to the questionnaire, with 60% in favour of it and 19% opposed, and also responses from stakeholder organisations and attendees at stakeholder meetings arranged by NHS Southwark CCG. This contrasted with Option B, where 46% of respondents to the questionnaire were in favour and 27% were opposed. Arguments in favour of Option A included the perceived **enhanced quality of healthcare** as it is delivered from a centralised point with concentrated expertise and equipment to treat specialist community health problems; **improved availability** of health services that might formerly have been offered in GP practices; and **decreased waiting times** to receive healthcare that might formerly have been offered in GP practices. All of these things would, in the view of some respondents, reduce some of the strain that GP practices currently face, and help to overcome the difficulty respondents commonly cited of making an appointment to see their GP.

The sorts of health services that respondents felt should be offered in a health centre included those relating to **more serious conditions** (like minor surgery, chest disease and neuro-rehabilitation stroke team, as well as more **complex services** like complex contraception and mental health support). Opinion seemed to be split where maternity and children's health services were concerned where responses from those completing the survey as well as those attending meetings highlighted the need for some groups, expectant mothers in particular, to have joined-up and personalised care.

Having said that, there were some respondents that were **strongly in favour of Option B**, largely for reasons of **accessibility and services being located closer to home**. Respondents' views on this varied depending on **where they lived and the type of healthcare they required**. Age was less of a driver of opinion here, with respondents to the questionnaire aged 18-24 more inclined to think that accessibility was more important than those aged over 65. There were concerns that the Dulwich Community Hospital site (the intended site for a new health centre) was **not always easily accessible by public transport** and would create longer travel times for patients who might no longer be able to obtain treatment from their local GP practice. Some stakeholder groups also favoured Option B from an accessibility perspective for more **vulnerable service users**.

The main argument some respondents (particularly those that preferred Option A) made against Option B was the inability of GP practices to deliver health services under this model. Some were disparaging of the **quality of their GP services** currently; another common complaint was **oversubscription of GP practices** and the difficulties this created in making an appointment. It was felt that these **problems would be exacerbated under Option B** and some respondents had genuine doubts about the feasibility of this Option in practice.

Having said that, individuals felt there were potential problems to overcome with regard to both Options. Discussions at the deliberative events open to all members of the public demonstrated a range of views among attendees and whilst participants may be more in favour of one Option over another, the priority for many of those in attendance was to ensure any Option that was taken forward did not have a detrimental effect on the quality of care available. Another concern raised with regard to both Options was ensuring **equality of access for residents across the area**, both to a health centre and to the GP practice

offering the care required. Access was repeatedly raised by respondents across all channels, and was rated as the most important feature of a new health centre by respondents to the questionnaire.

C) Other considerations

There were a number of other considerations that were raised by respondents irrespective of the Option that was pursued in the future. The first of these was ensuring that healthcare was **joined up across the different channels** that a patient might receive treatment. Specifically respondents and participants at deliberative events and stakeholder meetings identified the fact that **GPs, hospitals, any new health centre, pharmacists and social services** should all have access to current medical notes about each patient so that the healthcare – and the personal service – that patients require is delivered appropriately.

Some respondents' distrust that this could be implemented effectively in practice led them to question the feasibility of NHS Southwark CCG's approach and Option B in particular, which it was felt would **fragment the care individuals receive** across Dulwich and the surrounding area. This fragmentation, and the fact that some GP practices would offer some specialist community services whilst others would not was not felt to be fair or ensuring health services were of sufficient quality to patients across Dulwich and the surrounding area. This debate highlighted a tension in responses to the consultation between **offering patients choice** as to where they obtain their healthcare and **centralising services for the perceived sake of quality and continuity of care**.

Another general concern was the provision of **out-of-hours care**. **Evening and weekend opening times** were the second highest priority for a new health centre for respondents to the questionnaire, with 92% of respondents rating this as important, and this was also a priority for some of those at the deliberative events, particularly where they had bad experiences in the past. For respondents more generally, if more services were to be delivered from a health centre or from various GP practices, accessibility and flexibility of these services – particularly for people that work – was a concern.

At the forefront of some respondents' minds was the overarching necessity of having high quality healthcare. For these respondents, they hoped that NHS Southwark CCG would not simply work within the confines of the existing system, but that it would aim for the **ideal model of healthcare**.

1.2 Conclusions

There was strong support for the CCG's overall direction, with important caveats about cost and accessibility. There was particular support for delivering preventive care in the community but some individuals had concerns about the location of these services.

Option A is preferred to Option B overall, the variable standard of GP services being the driving factor. Other benefits individuals mentioned with regard to Option A was the concentration of expertise, the potential for care to be joined up for key groups like pregnant women, the elderly, and mental health service users, and for coordination with other health and social care providers.

GP services are well regarded overall, however, the standard is variable. There is some sensitivity about the capacity of GPs to take on additional services, but some individuals are keen to ensure they do not have to travel further or see multiple healthcare professionals to receive health services out of their GP practice.

Concerns about potential fragmentation of care and decrease in quality and accessibility due to the new approach to healthcare delivery need to be allayed. This point was raised irrespective of the Option that NHS Southwark CCG might go on to pursue.

2. Introduction

This consultation, *Improving Health Services in Dulwich and the Surrounding Area*, was launched by NHS Southwark Clinical Commissioning Group (CCG) following a period of public engagement in Spring 2012. This period of engagement sought to understand the health needs of the local population, and their priorities in terms of healthcare provision in the area. *Improving Health Services in Dulwich and the Surrounding Area* also took place as the NHS in the area came under increasing pressure to make efficiencies and work with reduced budgets.

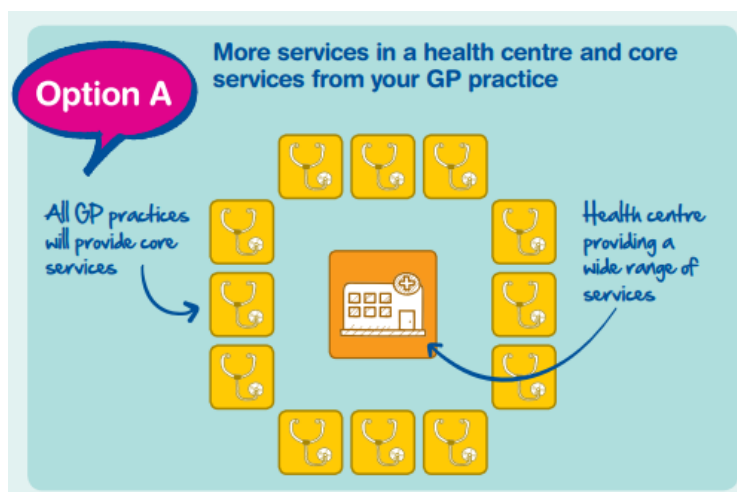
With both of these things in mind, NHS Southwark CCG had a number of considerations to carry forward into potential options for the delivery of healthcare in Dulwich and the surrounding area.

- The Southwark population had an increasing number of older people and very young children.
- Diseases such as cardiovascular disease, cancer and other long-term health conditions were especially prevalent in the area.
- Previous public engagement exercises had highlighted residents' priorities, including:
 - The need for more preventive healthcare in the area;
 - Assistance for residents with long-term health conditions;
 - Improvements to the availability of GP appointments;
 - The provision of more healthcare in the community.

As a result, NHS Southwark CCG devised two proposals for ways in which primary and community healthcare might be delivered in the Dulwich area in the future.

Configuration of health services under Option A

- Option A would involve delivering more primary and community health services than at present from a health centre (that is likely to be located on the Dulwich Community Hospital site) and only core services being delivered by GP practices.



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

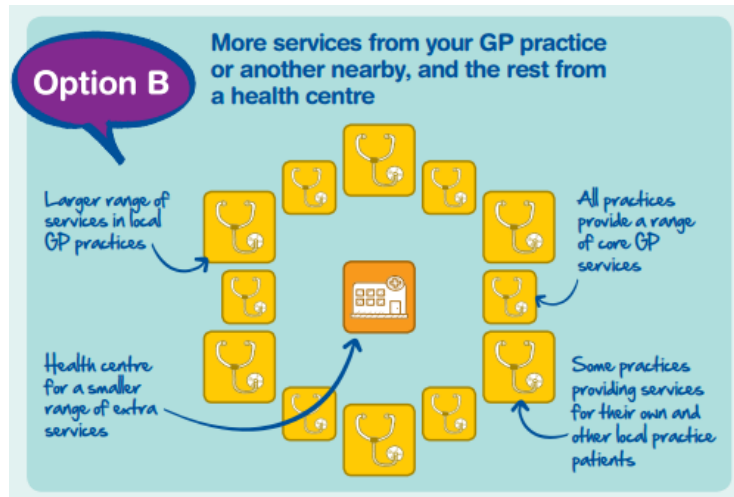
More complex gynaecology
Complex contraception services
Child health clinics
Parent craft and antenatal clinics

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

Configuration of health services under Option B

- Option B would involve delivering more primary and community health services from GP practices dependent on each practice's skills, capacity and space, and a smaller range of specialist community health services from a health centre on the Dulwich Community Hospital site.



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

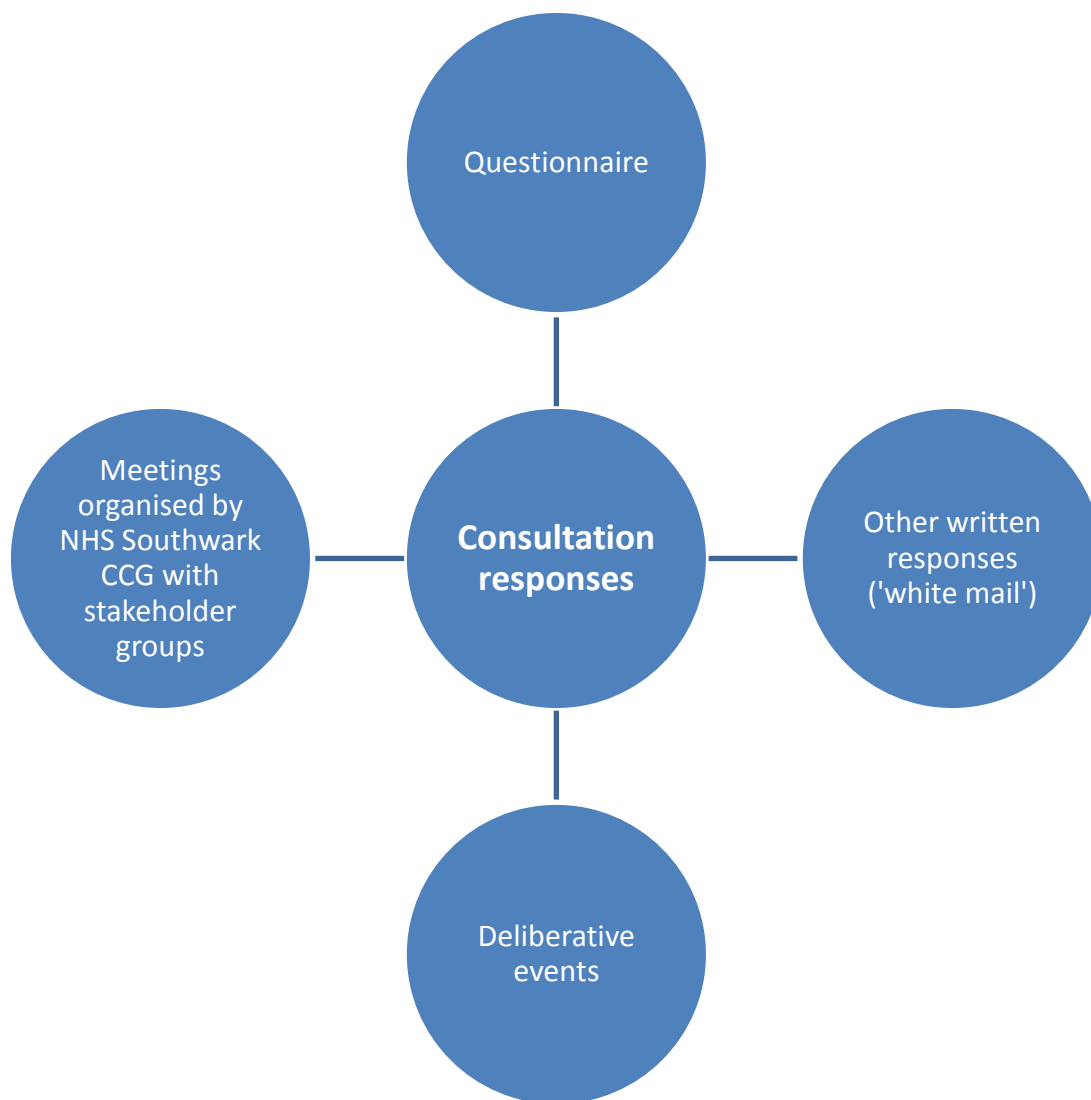
Option A and Option B formed the basis for public consultation.

NHS Southwark CCG commissioned Opinion Leader to administer and evaluate responses to the consultation, which took place over 13 weeks between 28th February and 1st June 2013. The report that follows synthesises and conveys public views on the proposals put forward for the future of health services in the Dulwich area.

2.1 Methodology

The consultation was aimed at any individual or organisation with an interest in the delivery of health services in the Dulwich area. This included individuals that lived, or received healthcare in, the area. No postcode or area boundaries were applied to assess eligibility for responding to the consultation, although NHS Southwark CCG acknowledged that the proposals would probably be most relevant to residents in Dulwich, Nunhead, Herne Hill, south Camberwell and south Peckham.

Respondents were able to participate in the consultation in a number of ways, and responses via all these channels have been considered equally in the reporting of findings in this document:



A) The consultation document and questionnaire



NHS Southwark CCG designed a 60-page consultation document to assist residents in arriving at an informed view of the proposals. The document included:

1. Details of the healthcare options that would be available in the community if the proposals were to go ahead as well as specific details of both of the proposals and the sorts of things NHS Southwark CCG had taken into consideration when designing the two options.
2. The case for change (including the financial case) and for changing the model of healthcare delivery in the area based on the local population's needs.
3. Details of how individuals could provide feedback on the options. A Freephone telephone number and a Freepost address were also included, directing queries and responses to the consultation to Opinion Leader who would independently log and handle them.

The consultation document and questionnaire were available on the NHS Southwark website¹ as well as in paper and easy read versions, to ensure residents could access this information through a range of channels. The consultation document was also available through GPs' surgeries, libraries and public access buildings. Opinion Leader also distributed copies of the document and questionnaire to residents that requested one. Other versions of the document in different formats and languages were also available on request.

Various activities were undertaken by NHS Southwark CCG throughout the consultation to advertise the consultation and encourage people to respond.

Actions taken to spread awareness and encourage engagement included:

- Distributing 2,000 copies of the consultation document and 100,000 copies of the summary document to every GP surgery, dentist, pharmacy & optician in Southwark including some in Lambeth and Lewisham where they bordered the core area.
- Distributing 45,000 (estimate) summary documents to 300 high street and community-based outlets- including libraries, community centres, shops, cafes and restaurants.
- Door to door distribution of 30,000 summary documents to most households in south Southwark.
- On-street distribution of consultation documents on Lordship Lane, Dulwich, Rye Lane, Peckham and Sainsbury's supermarket on Dog Kennel Hill.
- Advertising the consultation in South London Press and SE21&22 magazines.
- Advertising the consultation in Southwark News.
- Advertising the consultation in an exhibition at the Dulwich Community Hospital site
- Sending a copy of the consultation to 800 organisations/groups including all GP practice patient participation groups, dentists, pharmacies & opticians, nurseries, primary and secondary schools inviting them to participate and offering to visit them
- Providing 150 community and voluntary sector organisations working in the health and social care field with a hard copy of the document via Community Action Southwark.
- Two public deliberative events.
- Seventy-four meetings with stakeholder groups.
- Five drop in events.

¹ When NHS Southwark Primary Care Trust became NHS Southwark Clinical Commissioning Group, the document and questionnaire were made available on the new website.

The link to the online questionnaire was highlighted in the consultation document as well as leaflets that were distributed to all houses in the Dulwich area.

Opinion Leader worked closely with NHS Southwark CCG and the Consultation Institute to design the questionnaire, which was identical across both online and postal channels. The Consultation Institute provided an assurance throughout that questionnaire met good practice guidelines.

It was essential that the questionnaire met the following requirements:

- Relevant to the consultation topic;
- Objective;
- Written in plain English so that lay people could clearly understand the questions and were able to provide a clear and informed response;
- Unambiguous;
- Quantitative and qualitative in nature.

The questionnaire consisted of a mixture of closed and open questions. Closed questions with pre-coded responses sought to measure levels of support or opposition to different elements of the proposals whilst at open questions respondents were encouraged (but not obliged) to explain their answers and also put forward other ideas or considerations that NHS Southwark CCG ought to bear in mind.

The questionnaire was organised into the following sections:

1. **Use and preferred location of health services in the Dulwich area:** this included most recently used services as well as services respondents felt were not adequately referenced in the proposals.
2. **Thoughts on the model of community health care:** specifically gauging levels of support or opposition for providing local facilities for primary care, diagnostic services, mothers and young children, and support for older patients and those with long-term health conditions.
3. **Thoughts on Option A and Option B:** including levels of support or opposition, feelings about the availability and accessibility of healthcare specifically, key things that NHS Southwark CCG ought to bear in mind for each of these proposals and asking respondents for any additional ideas for the delivery of healthcare in the area. Respondents were also asked to rate the importance of the various features that a health centre might embody, for example, being open at the weekends and early evenings.
4. **Thoughts on the case for change:** gauging levels of support or opposition with the premise that local health services needed updating; that care in the community was more beneficial in some cases than care in hospital; and that some GP practice buildings needed improvement.
5. **Overall views:** so that respondents could add any further comments.

The questionnaire also contained a series of demographic questions for the purposes of analysis and to identify service user groups. These included postcode, age, gender, ethnic group, sexual orientation, occupation and disability.

As well as being available publicly online in order to obtain as many responses as possible the questionnaire was also sent directly to a research panel of respondents living in the following postcodes (within the areas listed above): SE5, SE14, SE15, SE19, SE21, SE22, SE23, SE24, SE26, SE27. Questionnaire links were sent separately to 150 community groups in the Dulwich area via Community Action Southwark, and NHS staff. The questions asked of respondents were identical across both online and postal channels, and across members of the public, panel respondents, community groups and NHS staff. The online questionnaire that was designed for panel respondents, community groups and NHS staff signposted respondents to information differently than the standard questionnaire and contained more detailed explanations of the

proposals contained alongside some of the questions so that respondents need not look at the consultation document separately.

Before launch, the questionnaire was tested with five members of the public that had used primary healthcare services in the Dulwich area in the past year. Participants were supplied with a draft of the consultation document and also the questionnaire. Firstly, they were asked to read the document and familiarise themselves with the proposals as well as highlighting any areas where they felt the information was unclear or sparse. They were then asked to go through the questionnaire and answer the questions as they might if they were responding to the consultation, timing how long it took them to do so. Finally, participants went through the questionnaire a second time, thinking about what sorts of things they had taken into consideration when answering the question and the reasons why they had responded in a particular way. They were then interviewed via telephone by an Opinion Leader researcher, to talk through their experience and thoughts on the questionnaire. Feedback from the cognitive interviews was then collated and given to NHS Southwark CCG for consideration and subsequent changes were made to the questionnaire.

In total, there were 215 responses to the questionnaire online and via paper. The breakdown of responses received online via the various channels described above includes:

- 122 self-selecting members of the public
- 89 panellists
- Two community group respondents
- One member of NHS staff

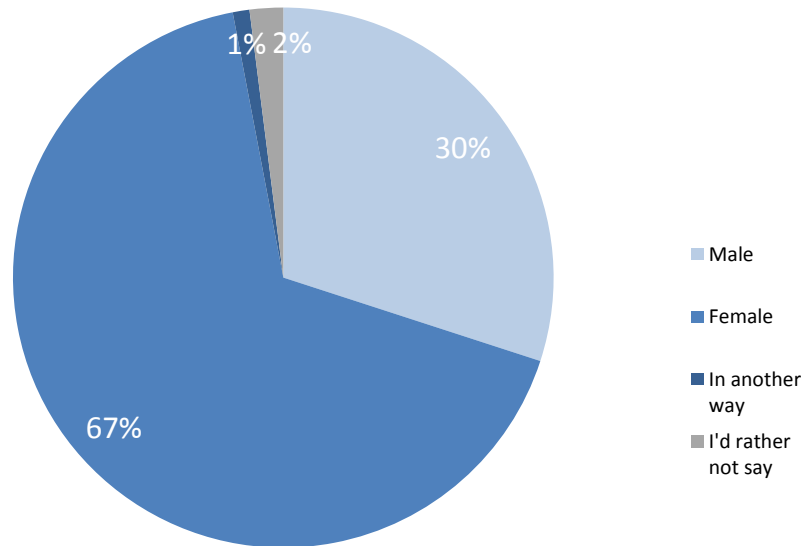
Of the responses to the questionnaire, 59 were received via paper and 156 online.

Respondents to the questionnaire came from a range of demographic backgrounds, a breakdown of which can be found in the charts below.

The proportion of female respondents to the questionnaire to men was roughly two to one.

Question 14. Which of the following best describes how you think of yourself?

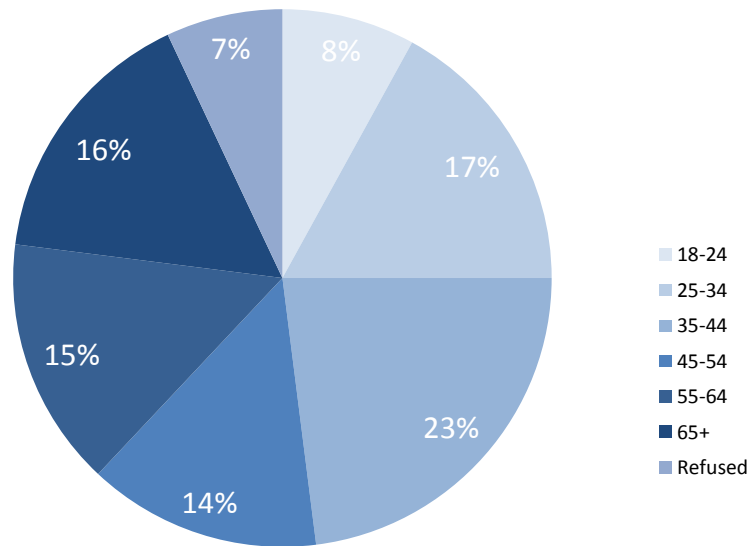
Base: 215 (122 public survey; 89 panel survey; 2 community group respondents; 1 NHS staff)



There was a spread of responses to the questionnaire across age groups. Younger respondents tended to come from the panel rather than self-selecting members of the public (16% versus 2%) as were 25-34 year olds (27% versus 11%). Older respondents tended to be self-selecting members of the public, with 22% of those aged 65 or older opting to take part in the survey compared with 8% of those responding from the panel. This was also true of respondents in the 55-64 age group, of whom 20% were self-selecting members of the public and 7% responded from the panel.

Question 13. What was your age on your last birthday?

Base: 215 (122 public survey; 89 panel survey; 2 community group respondents; 1 NHS staff)



The majority of respondents to the questionnaire (74%) came from White backgrounds. The remaining quarter of respondents to the survey were spread over a number of other categories. The proportion of respondents from non-white groups tended to respond via the panel (36% versus 26%) and were more likely than self-selecting members of the public to come from Black or Chinese groups. As already mentioned, NHS Southwark CCG separately approached a range of stakeholder groups representing individuals from a number of ethnic backgrounds.

Question 15. Which of these groups do you consider you belong to?

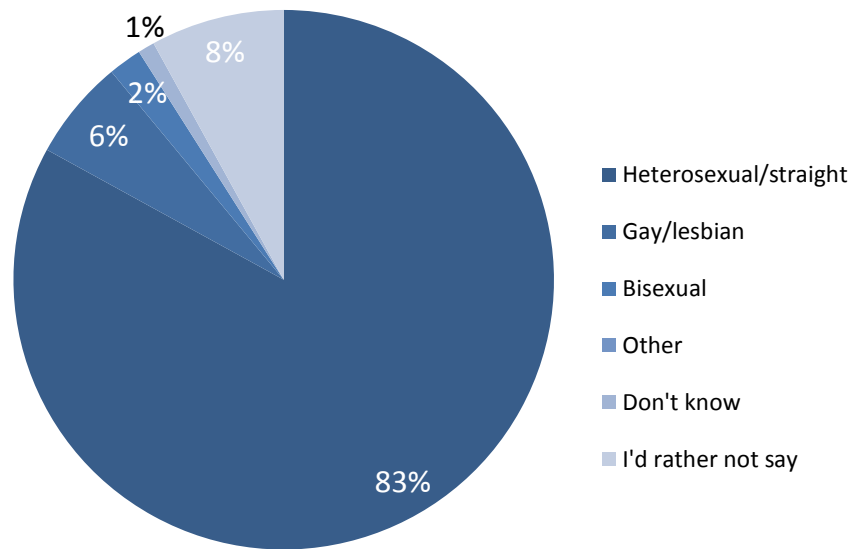
Base: 215 (122 public survey; 89 panel survey; 2 community group respondents; 1 NHS staff)

Health service	% respondents
White British	65
White Irish	1
Other White	8
Mixed White and Black Caribbean	3
Mixed White and Black African	1
Mixed White and Asian	1
Other Mixed	2
Asian or Asian British Indian	2
Asian or Asian British Pakistani	*
Asian or Asian British Bangladeshi	*
Other Asian	0
Black or Black British Caribbean	4
Black or Black British African	5
Other Black	1
Chinese	1
Any other ethnic group	1
I'd rather not say	4

Eight per cent of respondents to the questionnaire came from Lesbian, Bisexual, Gay or Transgender groups, with little variation amongst self-selecting respondents and those responding via the panel.

Question 16. Which of these options best describes how you think of yourself?

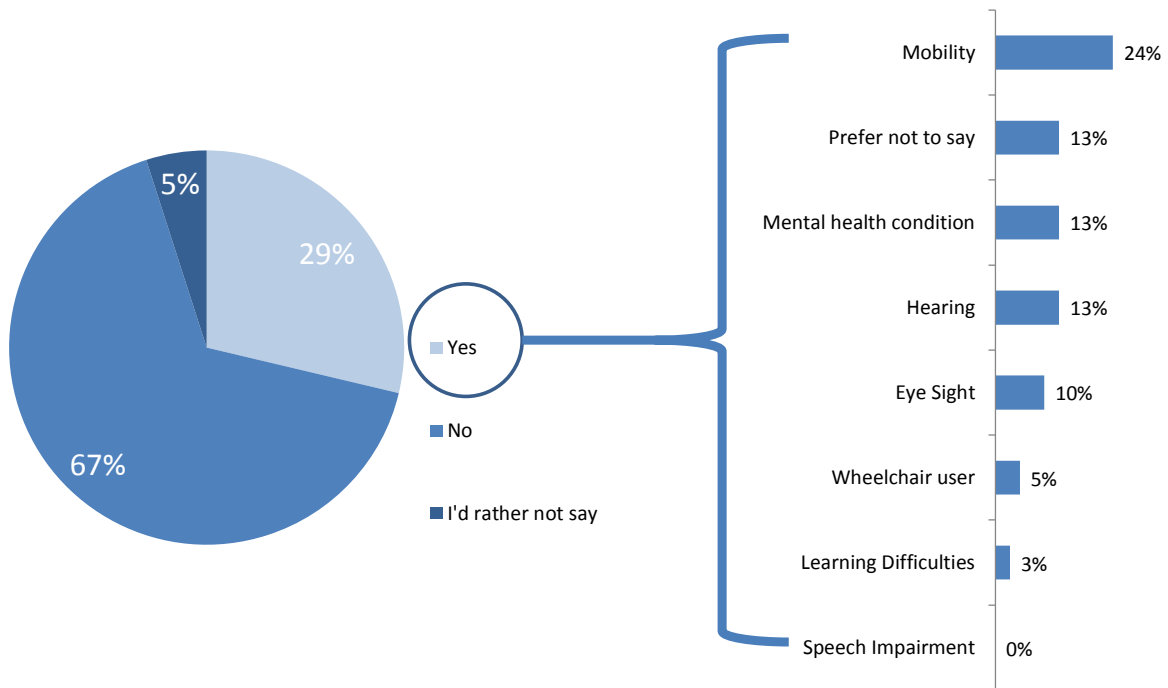
Base: 215 (122 public survey; 89 panel survey; 2 community group respondents; 1 NHS staff)



Almost one-third (29%) of respondents to the questionnaire reported having a disability. This was more common amongst self-selecting members of the public (32%) than amongst respondents from the panel (25%). The most commonly reported disabilities amongst those that had a disability were related to mobility (24%), mental health (13%) and hearing (13%). As part of its work to speak with stakeholder groups, NHS Southwark CCG also involved groups representing people with physical and learning disabilities, as well as people with mental health considerations, to take part in the consultation via informal meetings.

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

Base: 215 (122 public survey; 89 panel survey; 2 community group respondents; 1 NHS staff)



Responses to the questionnaire came from the following postcode areas:

Postcode	Postcode area	Number of respondents to the questionnaire
SE1	Bankside, South Bank, Southwark, Bermondsey, Vauxhall	4
SE5	Camberwell, Denmark Hill, Peckham	22
SE8	Deptford, Evelyn	1
SE11	Kennington, Vauxhall	1
SE12	Lee, Grove Park, Chinbrook, Hither Green, Eltham, Horn Park, Blackheath	1
SE13	Lewisham, Hither Green, Ladywell	1
SE14	New Cross	7
SE15	Peckham, Nunhead	41
SE17	Walworth, Newington	1
SE19	Upper Norwood, Crystal Palace	8
SE21	Dulwich, Dulwich Village, West Dulwich, Tulse Hill, Sydenham Hill	8
SE22	East Dulwich, Peckham Rye, Loughborough Junction, Herne Hill	69
SE23	Forest Hill, Honor Oak, Crofton Park	12
SE24	Herne Hill, Tulse Hill	10
SE26	Sydenham, Crystal Palace	6
SE27	West Norwood, Gipsy Hill	10
SW2	Brixton, Brixton Hill, Streatham Hill, Tulse Hill, Clapham Park, Balham	1
SW16	Streatham, Norbury, Thornton Heath, Streatham Park, Furzedown, Streatham Vale, Mitcham Common, Pollards Hill	1
Other/not stated		11

Organisations responding to the questionnaire included:

Organisations responding to the survey
WPF Therapy
East Dulwich Primary Care Centre
Guy's and St. Thomas' Therapies
Mind
Lambeth, Southwark and Lewisham Local Pharmaceutical Committee
Acorn and Gaumont House Surgery
SLAM SUCAG Service User and Clinical Academic Group
Concordia Melbourne Grove and Parkside Medical Centre

B) White mail

In addition we received six pieces of 'white mail' from members of the public. We have classified 'white mail' as an individual's written response to the consultation in the form of a letter or email that did not take the form of the questionnaire. Responses of this nature have been incorporated into the data contained in this report (more details below). No petitions were received over the course of the consultation. One other response to the survey was submitted in the form of a report, details of which are outlined here:

- Opinion Leader received a 17-page report from a Dulwich resident on the 29th May 2013. At the beginning of the consultation, NHS Southwark CCG outlined its process for responding to recommendations for delivering healthcare in the area outside of its current proposals. Consequently, NHS Southwark CCG has responded to this report separately. Further details about this can be found in the appendices to this report. A summary of the key points contained in the report can be found below:
 - A request for an integrated health and care set of services on the Dulwich Community Hospital site to be created.
 - A request for the consultation to focus on the ageing population of Dulwich, as they consume a great deal of health care money.
 - An assertion that, as older people cost £124million pounds of expenditure on acute activity annually, there is a need for a solution that diverts this expenditure into more productive healthcare models for older people, and reduces admission and re-admission into the acute sector.
 - A claim that primary/community care will not address these needs.
 - An assertion that the solution or model should not be a separation between primary/community care and emergency care, but a move towards a more integrated model, that includes social care and health care.
 - A proposal that the 'A++' model or option for future healthcare in Southwark is:
 - 'A 24 hour, 7 days a week, dedicated National Centre of Excellence for the medical treatment, care and social care of over 65's and their older carers resident in Southwark and accessible parts of Lambeth and Lewisham and other South East London.
 - Suggestions on where to go to fund this proposed model.
 - A strong request to keep the Dulwich Community Hospital site, as the site is prime real estate and 'once lost to health, will never again be reclaimed for health'.

Formal responses from stakeholder groups and organisations



A total of 14 formal responses were received from stakeholder groups and organisations, most of which had a medical or healthcare remit. Due to the breadth and detail of these responses, they are detailed in a dedicated section later in this report. The full list of stakeholder organisations that provided a formal response is below:

Community Action Southwark (CAS) and Healthwatch Southwark (HWS)
Southwark Council
NHS Lambeth Clinical Commissioning Group
NHS Lewisham Clinical Commissioning Group
Guy's and St Thomas' NHS Foundation Trust
King's College Hospital NHS Foundation Trust
King's Health Partners
Southwark and Lambeth Integrated Care (SLIC)
South London and Maudsley NHS Foundation Trust
NHS England
Rt Hon Dame Tessa Jowell MP
Southwark Local Medical Committee
Local Pharmaceutical Committees (LPCs)
The Chartered Society of Physiotherapy

Where the content of these responses resonated with other responses to the consultation, we have indicated this throughout the report.

C) Deliberative events



As part of this consultation, two public meetings in the form of deliberative events were held in St Barnabas Church, Southwark – one on Tuesday the 30th of April at 7pm and one on Wednesday the 22nd of May at 2pm. The purpose of these events was to provide a brief summary of the case for the consultation and details of the two options to attendees before more focused round-table discussion could take place where those in attendance could voice their feelings and concerns about the proposals and, more broadly, ways in which healthcare might be delivered across Dulwich and the surrounding area in the future. In total, 60 individuals attended these meetings.

The first event was independently moderated by Verve Communications and was chaired by Clive Caseley, a director at Verve Communications. Representatives from NHS Southwark included Malcolm Hines, Chief Financial Officer of NHS Southwark CCG, Rosemary Watts, Head of Membership & Engagement, Rebecca Scott, Programme Director for Dulwich and Colin Beesting, Communications and Engagement Manager. Two GPs were present (Dr. Roger Durston and Dr. Femi Osonuga) as well as two senior nurses, Barbara Hills, Directorate General Manager, Children's Community Services, and Gwen Kennedy, Director of Client Group Commissioning.

Those who attended the meeting were given an introductory presentation by Rebecca Scott outlining the objectives of the consultation, the case for change and the proposals outlined in the consultation. After the presentation, a series of round-table discussions ensued. For the discussion, the room was split out into four tables of groups with a moderator from Verve Communications and a healthcare specialist on each table, who provided points of information and clarification where necessary as the discussions progressed. The discussion was split out into four main themes: primary care, preventive care, young family healthcare, and healthcare for the elderly and long-term conditions. Each table of participants had fifteen minutes to discuss each topic with their table and the relevant healthcare specialist before moving onto the remaining three topics in turn. The discussions explored participants' views on the services included in the proposals; participants' feelings towards the proposals (Option A and Option B in particular) in the provision of these health services; and additional comments and considerations that ought to be borne in mind when planning healthcare across Dulwich and the surrounding areas in the future.

The second event was chaired by Clive Caseley, a director at Verve Communications. Rosemary Watts, Head of Membership & Engagement, Rebecca Scott, Programme Director for Dulwich and Colin Beesting, Communications and Engagement Manager, Malcolm Hines, Chief Financial Officer of NHS Southwark CCG and the same two GPs, Dr. Roger Durston and Dr. Femi Osonuga were present once more and an introductory presentation was delivered by Rebecca Scott. During the presentation, a number of questions arose outside of the formal Q&A session held at the end of the discussions. They are outlined in greater detail in the summary report at the end of this document. The room was once more split out into table discussions structured according to the same four main themes: primary care, preventive care, young family healthcare, and healthcare for the elderly and long-term conditions.

Feedback provided by attendees at these deliberative events was rich with detailed comments on each of the proposals, additional suggestions, and the personal experiences and preferences of those in attendance. Details of this feedback are captured throughout the report as well as in a dedicated section later in this report.

D) Meetings organised by NHS Southwark CCG with stakeholder groups



NHS Southwark CCG invited over 350 stakeholder groups to discuss the proposals and obtain feedback on how healthcare ought to be delivered across Dulwich and the surrounding area in the future. In order to speak with individuals spanning a broad cross-section of the local population, including those who might be disproportionately affected by the proposals and those who might not be able proactively to take part in a consultation of this nature. This included targeting groups of older residents, individuals with a physical or learning disability or mental health service users, members of the Lesbian, Bisexual, Gay and Transgender community, and residents from a range of ethnic backgrounds. This also included five public drop-in sessions in the following locations:

- Dulwich Community Hospital, Friday 15th March, 2pm-4.30pm
- Cambridge House, Camberwell, Tuesday 19th March, 10am-12.30pm
- Peckham Library, Friday 22nd March 2pm-4.30pm
- Gaumont House Surgery, Peckham Wednesday 1st May, 10am-12.30pm
- Dulwich Community Hospital, Wednesday 8th May, 6pm-8pm

In total 74 meetings (at which there were 568 attendees) were arranged with various interest groups, the full list of which is below:

1. African Caribbean over 50s club
2. Service users at Southwark Resource Centre
3. Nunhead Residents Association AGM
4. South Southwark Locality Commissioning Group
5. SELDOC
6. Dulwich Hospital League of Friends
7. Community Action Southwark voluntary sector event
8. Maternity Services Liaison Committee - GSTT & Kings
9. Copleston Church Centre
10. LGBT Forum meeting
11. DMC Crystal Palace Road – Patient Participation Group
12. Carers group at Nunhead Surgery
13. Southwark Local Medical Committee
14. Forest Hill Assembly
15. Father's Group - East Peckham Children's Centre
16. Acorn & Gaumont Surgeries Patient Participation Group
17. Staff meeting at Forest Hill Road Practice
18. Elm Lodge Patient Participation Group
19. Drop in - Dulwich Hospital
20. South Southwark Locality Patient Participation Group
21. Travellers group - East Peckham Children's Centre
22. Dulwich Helpline - focus group
23. The Garden's Surgery baby clinic
24. Diabetes Focus Group - DMI
25. Drop In - Gaumont House Surgery
26. Briefing Labour councillors
27. Townley Road Baby Clinic
38. Camberwell Community Council
39. Peckham and Nunhead Community Council
40. Speaking up group (session 2)
41. Nunhead surgery Patient Participation Group
42. Lewisham Healthier Communities Select Committee
43. Parent meeting - Dulwich Hamlet School
44. Bermondsey Church
45. Briefing for Lib-Dem Councillors
46. The Garden's Surgery Patient Participation Group
47. The Vale Residents Association
48. Family Mosaic Learning Disability Group (1)
49. Bede – Learning Disability Group (1)
50. Family Mosaic Learning Disability Group (2)
51. South Southwark Locality Commissioning Group
52. GSTT Staff meeting
53. DPB Stakeholder briefing
54. Bede - Learning Disability Group (2)
55. Southwark Health Overview Scrutiny Committee
56. Sternhall Lane Patient Participation Group
57. Drop-in - Peckham Library
58. Southwark Pensioners Forum meeting
59. Melbourne Grove Surgery - Listening Exercise
60. Melbourne Grove Surgery - Listening Exercise
61. Dulwich Programme Board Meeting
62. Briefing Labour councillors
63. Drop In - Cambridge House
64. Southwark Engagement and Patient Experience Committee

- | | |
|---|--|
| 28. Rae Sheppard's Monday Club | 65. Drop in - Dulwich Hospital |
| 29. South Southwark Locality Commissioning Group | 66. Briefing for Robin Crookshank-Hilton - Councillor |
| 30. Dulwich Project Board | 67. Older People's Partnership Board |
| 31. Herne Hill Forum | 68. CCG Staff meeting |
| 32. East Dulwich Primary Care Centre | 69. The Vale Residents Association |
| 33. Rye Lane Children's Centre | 70. Briefing for Catherine MacDonald, Cabinet Member for Health and Adult Social Care and Councillor |
| 34. DMC Chadwick Road Patient Participation Group | 71. SLAM Involvement Group meeting |
| 35. Dulwich Community Council | 72. Forest Hill Road Practice Patient Participation Group |
| 36. Paxton Green Patient Participation Group | 73. Hambledon Clinic Patient Participation Group |
| 37. Dulwich Community Hospital - Staff meeting | 74. South Southwark Locality Patient Participation Group |

The nature of these meetings varied according to the specific requirements of each group. In some instances, members of the NHS Southwark CCG project team gave a presentation about the proposals before providing an opportunity for questions; in others, a more unstructured discussion took place between members of the group and NHS Southwark CCG representatives.

Some of the feedback provided at these meetings was specific to the healthcare needs of the group in question and this is explored in detail in a dedicated section later in the report as well as being included throughout the report.

E) Handling queries

For the duration of the consultation, members of the public were advised to contact Opinion Leader via telephone or email if they wished to request a brochure, had any queries about the survey, or wanted more information about the consultation or proposals. Opinion Leader's contact details were supplied in the consultation document, and the leaflet that was distributed to households across Southwark. All interactions between members of the public and Opinion Leader were systematically logged and all queries were addressed either by Opinion Leader or, where appropriate, NHS Southwark CCG.

Opinion Leader received twenty five emails and calls over the course of the consultation. Of these 15 people had general enquires and comments, often relating to individuals' specific healthcare needs (mainly diabetes) and the impact of the proposals on themselves personally. Five individuals had queries specifically relating to the proposals, about the catchment area that would be affected if either Option were adopted, where resource would come from to facilitate either Option A or B, and asking for more information about the role of GPs under both of the Options. Two people wanted to check their eligibility for responding to the questionnaire. Eighteen people wished to request a copy of the consultation document and questionnaire. In total, 219 copies of the consultation document and questionnaire were requested via freepost, including one braille version.

2.2 Analysis and interpretation of the data

A) The questionnaire

All online and paper responses were systematically logged. Data from the pre-coded questions was collated into data tables which give both numeric and percentage results for each applicable question. Sub-group analysis was also shown for key groups in these tables. The free-text (open-ended) verbatim comments, answers and responses were coded. This involved compiling a list of themes based on the open ended responses for each question into a 'code frame', which was then used to statistically analyse the responses in much the same way as the pre-coded questions.

The code frame was initially developed early in the consultation process. The first 50 completed response forms were used to build the preliminary code frame and it was continually refined throughout the duration of the consultation process. The code frame itself was 'organic' in that the coding teams had the flexibility to raise new codes when it was felt that genuinely new issues or terminology were appearing, and re-visit other codes previously allocated to see if they should be re-allocated.

B) White Mail

The six 'white mail' responses (i.e. letters or emails that did not follow the questionnaire format or specifically answer the consultation questions) from individual respondents that could reasonably be matched to the general focus of the questions in the consultation questionnaire were also included in the analysis and coded at the most appropriate question in the questionnaire. We have indicated whether the charts contained in this report include white mail responses.

All pre-coded and open question data is 'unweighted' – i.e. the results are an exact reflection of the numbers / types of submissions received. Linked to this, the results cannot be extrapolated to represent 'public opinion' or any similar concept. **They are simply the collective views of those people responding to the consultation.** This principle reflects that for any 'self-selecting' sample. All data in charts in this report excludes those who chose not to answer a question, hence base sizes vary. Charts presenting free-text responses show actual numbers rather than percentages because of the low number of respondents providing each response. Furthermore the percentages cited have been rounded to the nearest whole number. All responses to the survey are available in a full raw data file.

C) Formal responses from stakeholder groups and organisations

Responses from these groups were often very specific in focus and could not be matched to an appropriate question in the questionnaire for coding. As such these responses have been analysed in a qualitative fashion, and the content is described throughout the report as well as in a dedicated section later in the report.

D) Deliberative events and meetings organised by NHS Southwark CCG with stakeholder groups

Another set of responses that is considered throughout the report that follows is that of the meetings organised by the consultation project team with stakeholder groups. Because of the diverse and detailed nature of the comments raised in these events, as well as the fact that these meetings were recorded in a qualitative way, they have been analysed in a qualitative fashion and therefore feedback through this channel is described throughout the report and in a dedicated section rather than being measured in a statistical sense.

Note on interpreting the data

It should be noted that the responses shown below cannot be used to extrapolate about the wider population's views of the proposals or the way in which healthcare might be delivered in the Dulwich area in the future. The Equalities Impact Assessment highlighted 'protected characteristics' groups that may be adversely affected by proposed changes to local health services and through the consultation the CCG team undertook specific activities to involve these groups. Analysis of the questionnaire responses showed little significant variation in the responses of those identifying as members of these groups and the responses given by any other respondent. In many cases, this was because the size of some of these subgroups were too small (i.e. less than thirty) to draw any firm conclusions from the data. Where there were significant differences in the responses provided by individuals identified in the Equalities Impact Assessment, we have highlighted this in the report.

The key advantage of a consultation over opinion polls or sample surveys is that the whole population are offered the potential opportunity to take part, making it more of a democratic tool. However, it is a less effective way of measuring how widely held particular opinions are in the population as the results of a consultation are comprised of those who chose to respond to the consultation – i.e. it may over-represent some demographic groups who were disproportionately likely to respond, and may also over-represent particular views in the same way. Therefore, as with any public consultation, the results cannot be used to generalise or extrapolate in the same way as a representative sample survey. Furthermore the fact that NHS Southwark CCG made additional effort to encourage responses from stakeholder and specific patient groups, as well as distributing the link directly to panel respondents, community groups and NHS staff may also have influenced the distribution of responses received.

Furthermore, consultation responses often consist of a brief **open response** to a lengthier proposal thus these responses are subject to a certain degree of interpretation. In particular, those who responded that they were in favour a proposal might well not have recorded their support for all the specific elements of the proposal, while opponents who cite one aspect of a proposal as their reason for opposing it cannot be assumed to be supporting of, or indifferent to, every other aspect purely because they did not mention it. Hence it is unlikely that a true measurement of opinions on particular details of the proposals, even of those who responded to the consultation, could be achieved merely by tallying the number of favourable and unfavourable mentions in participants' responses. Moreover, in this consultation many participants provided a **qualified response** to some open-ended questions – e.g. *I would be in support of x if NHS Southwark do y*, making it difficult to classify the response as 'in support of' or 'opposed to'.

3. Main findings

3.1 Current and proposed health services across Dulwich and the surrounding area

In order to get a sense of the usage of community health services in the Dulwich area, a particular area of interest for NHS Southwark CCG was which NHS services individuals had used in the past twelve months.

The chart below displays the responses provided to this question in the questionnaire:

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?

Base: 215 (122 public survey; 89 panel survey; 2 community group respondents; 1 NHS staff)

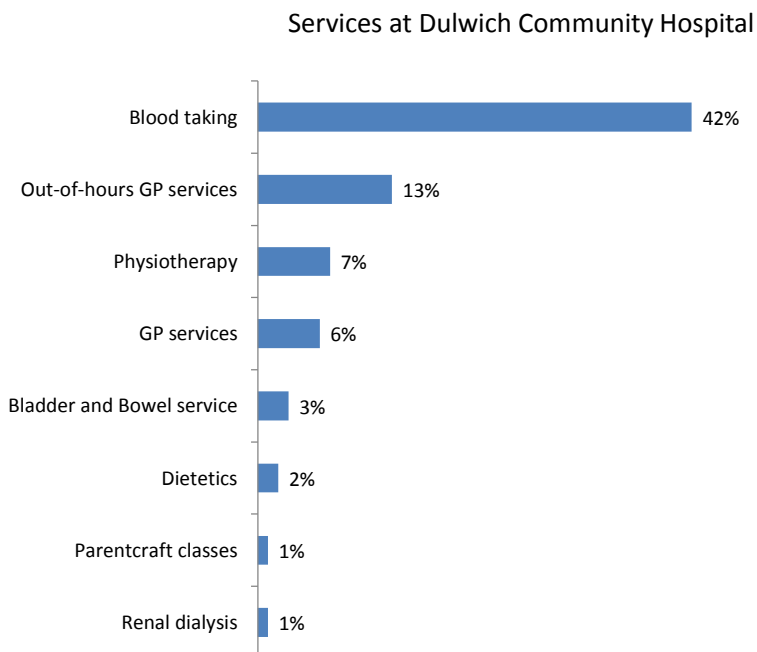


Almost nine-out-of-ten respondents (87%) had made use of health services at their GP practice in the past year and, as with individuals attending deliberative and stakeholder meetings, the most common of these was a standard consultation. This particular service was attended by 76% of respondents to the questionnaire, followed by NHS Health Checks (attended by 20%) and outpatient services (used by 15%). Children’s health services and maternity care were also commonly used by respondents, which supports previous research undertaken by NHS Southwark CCG as to the healthcare needs of the population of Dulwich and the surrounding areas.

Some respondents had also used health services at Dulwich Community Hospital itself:

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?

Base: 215 (122 public survey; 89 panel survey; 2 community group respondents; 1 NHS staff)

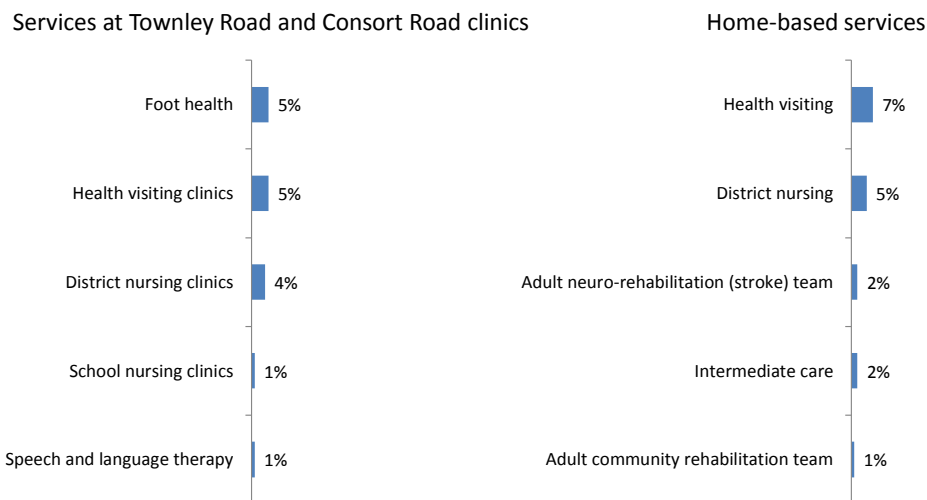


The proportion of respondents attending Dulwich Community Hospital was lower than for GP practices, with 53% of respondents having used the Hospital in the past year. The most common reason for going there was for blood taking (42%), whilst 13% of respondents had visited the hospital for out-of-hours GP services.

Use of health services at Townley Road and Consort Road clinics, as well as home-based services, was much lower overall.

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?

Base: 215 (122 public survey; 89 panel survey; 2 community group respondents; 1 NHS staff)

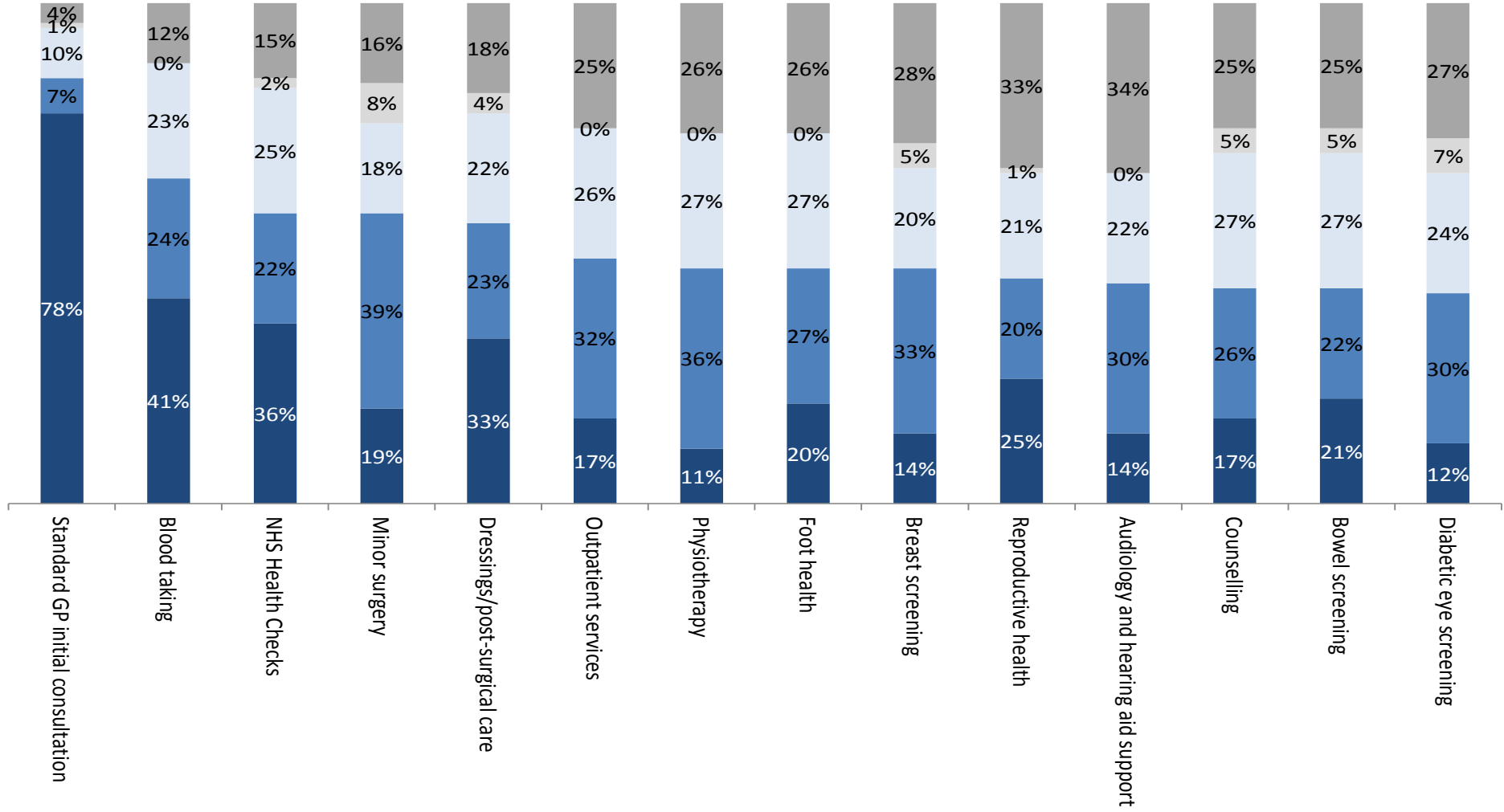


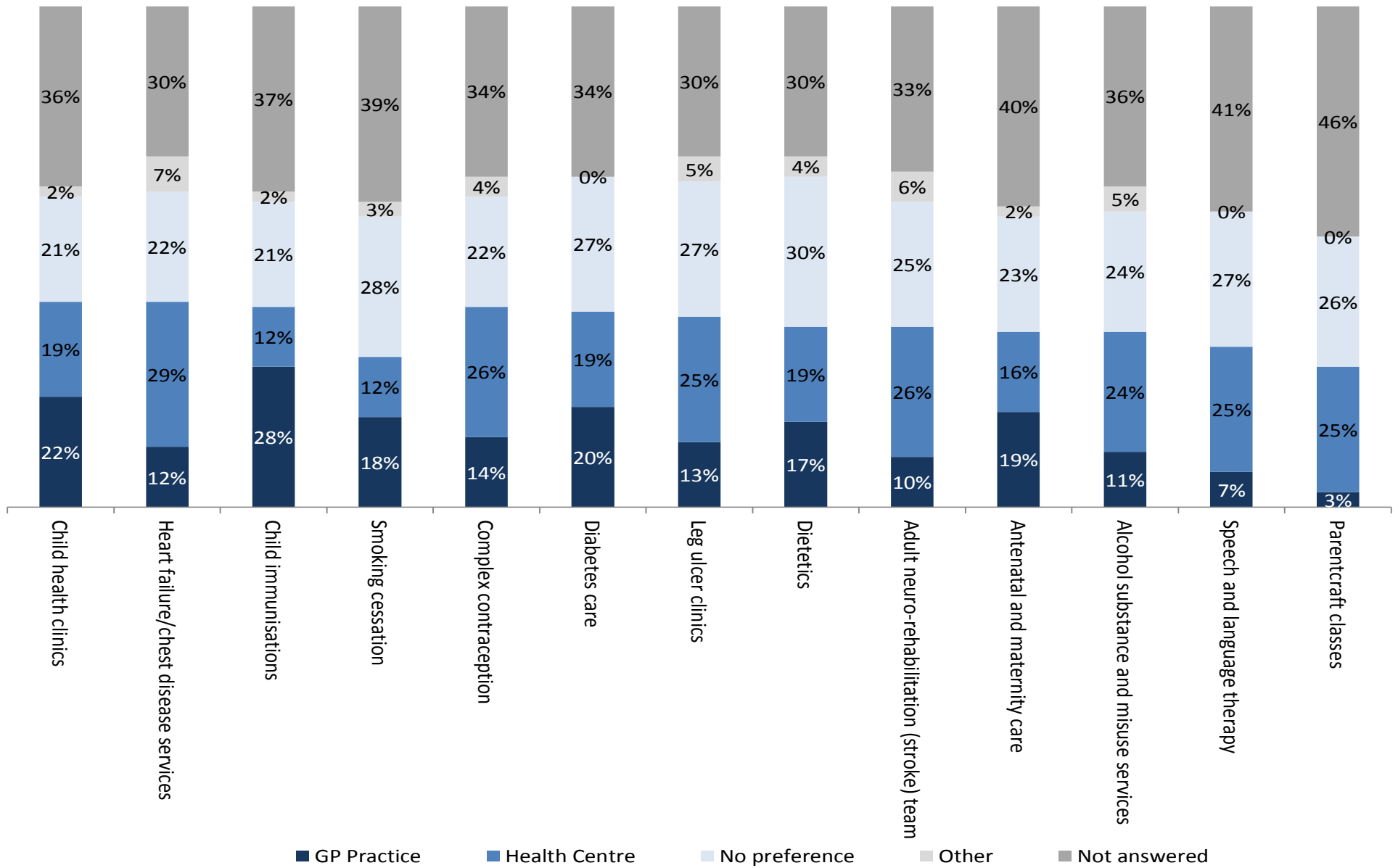
Use of services at both of these locations was higher for the 25-34 age groups, and those aged over 65: 18% of those aged over 65 had used services at Townley Road (predominantly foot health), and 19% of those aged 25-34 had received home-based services (specifically health visiting).

Next, respondents were asked where they would prefer to receive the health services they had used in the past twelve months: at their GP practice, in a health centre, or somewhere else.

Question 2. Thinking about the services that you currently use or anticipate using in the future, where would you prefer to receive those services?

Base: 215 (122 public survey; 89 panel survey; 2 community group respondents; 1 NHS staff)







For a number of services, when thinking from a personal perspective about the service they tended to use themselves, the preferred location respondents wished to receive healthcare was in a GP practice. Preference for the location of GP consultations was, perhaps unsurprisingly, in a GP practice with 78% of those that had used GP services in the past year saying so; blood taking was the next most popular option respondents felt should be delivered from a GP practice, with 41% saying so (versus 24% saying this should be delivered in a health centre); and dressings/post-surgical care was the next service respondents felt should be delivered from a GP practice (33% versus 23%). There was a slight preference for children's healthcare to be located at GP practices, particularly where immunisations were concerned (28% versus 12% saying these should be delivered in a health centre).

Having said that, there was feeling that some services – generally the more complex ones – might better be delivered in a health centre. Specifically these included minor surgery (39%), heart failure/chest disease (29%) and adult neuro-rehabilitation (stroke) team (26%). Other more specific health services were also felt to be better located in a health centre: whilst 25% of respondents answered that reproductive health should be located in a GP practice, a far smaller proportion (14%) felt the same way about complex contraception. Rather, support was greater for the delivery of complex contraception from a health centre (26%).



It was the case in some of the stakeholder meetings that attendees had concerns that GPs had the skills and training necessary to treat more specialist health problems. There was also the sense that providing specialist community healthcare in a health centre would increase the availability of appointments at GP practices and take some of the strain off GPs – an issue that was raised frequently at these meetings.

There were a number of services that a number of respondents had used and had no preference as to where they were located. This was the case for smoking cessation (28% had no preference) and diabetes care (27%) as well as antenatal and maternity care (23%). In these instances, opinion was also split between the GP practice and the health centre as the site for delivering these services.

In addition to the services listed in the consultation document and questionnaire, respondents were asked if there were any additional health services that ought to be incorporated into any local model of care. The following is a summary of the responses provided:

Question 3. Are there any specific health services that you think are needed locally that are not mentioned in this list?

Base: 215 (122 public survey; 89 panel survey; 2 community group respondents; 1 NHS staff)

Health service	Number of mentions
GUM (Genitourinary Medicine / Sexual Health)	9
X-ray	6
Counselling, psychological support	5
Chest disease services	5
A&E/Minor injuries	5
Other screening services	5
Homeopathy	5
Dental	3
Gym/outdoor exercise facility	3
Cardiology	3
Mental health	3
Care for the disabled	2
Blood pressure	2
Minor ailments/preventive care	2
Orthopaedics – muscular/skeletal	1
Osteopathy	1
Rehabilitation services	1
Other	23



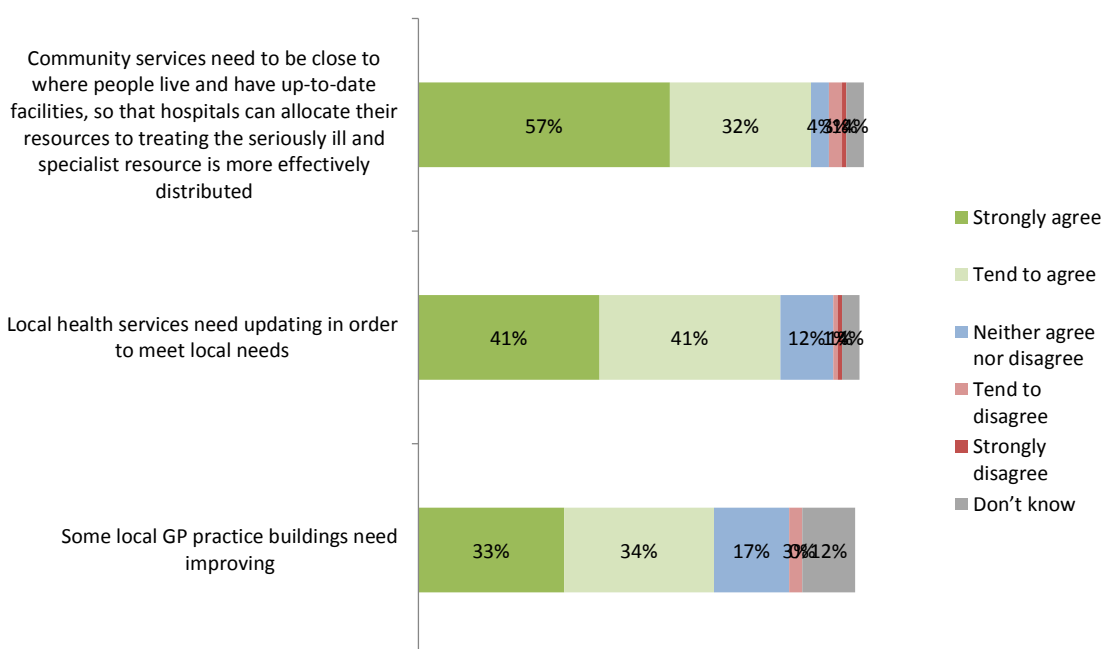
Responses from some stakeholder organisations also felt that further consideration ought to be given to services like minor surgery and urgent care. Additionally, the response from Guy's and St Thomas' NHS Foundation Trust advised that NHS Southwark CCG coordinate the delivery of specialist community health services with other community healthcare facilities in the surrounding area, for example, the Medical, Dental and Leisure centre in West Norwood.

3.2 Views on the case for change

The consultation document contained a section that explained to residents the reasons why the proposals were being put forward. These included a breakdown of the health needs of the local population in Dulwich and the surrounding areas accompanied with an argument for reconfiguring health services accordingly; delivering healthcare in the community so that healthcare was accessible for local residents and they did not need to visit hospital; and improving some GP practice buildings in the area to make them fit for purpose.

Question 11a. Below are some statements which summarise the reasons why the proposals for delivering health services in Dulwich and the surrounding area above have been put forward now. For each, please state the extent to which you agree or disagree with them, if at all.

Base: 215 (122 public survey; 89 panel survey; 2 community group respondents; 1 NHS staff)



Strong support for accessibility of local health services



Support was greatest for the argument of delivering health services locally and out of hospitals, with 89% of respondents agreeing with this statement. Respondents aged over 65 were most in agreement (94%) with this statement. This argument was closely followed by the statement 'local health services need updating in order to meet local needs', where 82% of respondents agreed change was needed. There seemed to be more uncertainty as far as respondents were concerned as to whether local GP practice buildings needed improvement, although over two-thirds (67%) agreed with this statement overall.



The fact that participants in deliberative and stakeholder meetings said that services such as intermediate care ought to be offered outside of hospitals, and repeatedly raised the importance of the accessibility of health services, further reinforces the importance of this to local residents. Attendees at these meetings also spontaneously mentioned that one benefit of introducing this change would be improvements to preventive care in the area.

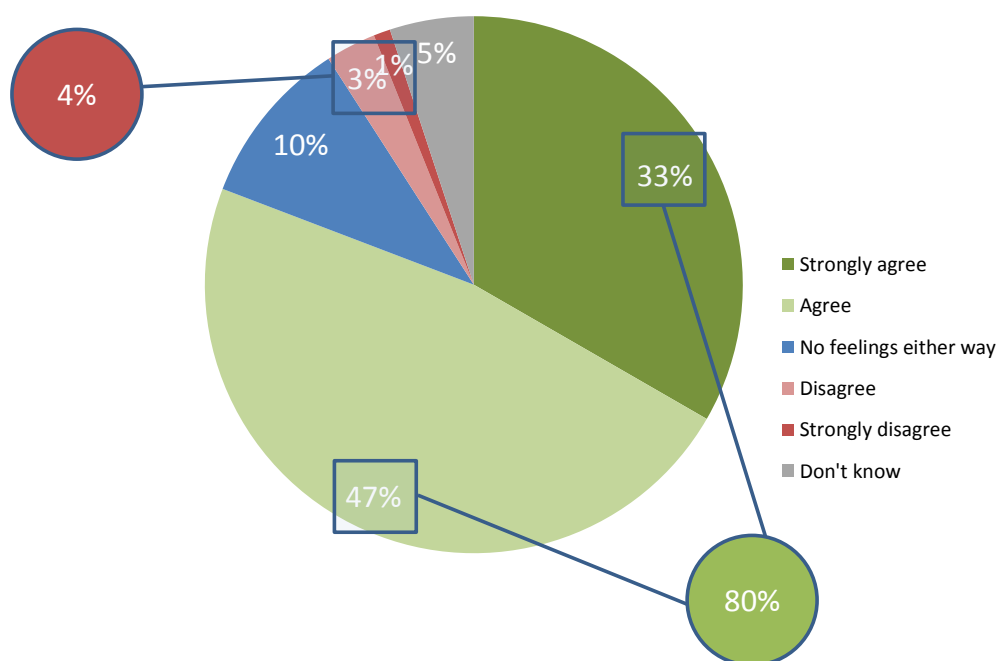
It should be noted that, with regard to whether local GP practice buildings needing improvement, participants at meetings (both deliberative events and stakeholder meetings) reported varying levels of satisfaction with the facilities of their GP practice and this may have informed responses to this question.

3.3 Views on proposals for the delivery of health services across Dulwich and the surrounding area

NHS Southwark CCG also sought to find out the level of agreement amongst residents with the overall approach it had adopted in designing its proposals. This approach included offering advice and diagnostic services at multiple sites in the community; improving the availability of preventive healthcare; providing personalised local care for expectant mothers and young children; and helping older people with long-term health conditions to manage them independently.

Question 4. Overall, to what extent do you agree with this approach, as laid out in our proposals?

Base: 215 (122 public survey; 89 panel survey; 2 community group respondents; 1 NHS staff)



Strong overall support for the approach to improving health services



Overall, support for this approach was high with 80% answering that they agreed or strongly agreed with this approach. Support for this approach was particularly high amongst respondents that agreed with the case for change (especially those who agreed that some GP practice buildings needed improving, of whom 88% were in support of NHS Southwark CCG’s approach).

Whilst 18-24 year olds were least positive about this approach, those aged 35-54 were more positive (85% of respondents in this age bracket agreed).



Stakeholder organisations were unanimously in favour of NHS Southwark CCG’s overall approach to delivering health services in the community. There was particular support for bolstering preventive healthcare in the community, with organisations including the Chartered Society of Physiotherapy applauding the delivery of health services like physiotherapy in the community, thus enabling residents to manage their own health to a greater extent and not having to be admitted to hospital.

Respondents were then able to provide reasons for their answers:

Question 4b. Why do you say that?

Base: 221 (122 public survey; 89 panel survey; 2 community group respondents; 1 NHS staff)

Includes white mail responses to the survey



Respondents' views on this approach were generally positive, for the reasons of accessibility and quality of healthcare delivered to local residents

Other thoughts on NHS Southwark CCG's approach to delivering healthcare in Dulwich and the surrounding areas in the future

Health service	Number of mentions
The plan is to promote privatisation	4
Concerned about the cost / insufficient funding	4
Happy with the current service	4
Too complicated / health centres add another layer of bureaucracy	4
Better for management of long-term conditions	3
Will result in a better service / better quality	3
Issues with GP appointment system / takes too long to get an appointment / want more flexible system	3
Want a greater emphasis on alternative medicines	2
GPs will have to extend opening hours / will have increased workload	2
Current GP service is variable in quality	2
This will effectively be subsidising GPs	2
Don't see how the plan would reduce waiting times	1
Too much information to absorb quickly / give a quick answer	1
Alternative proposal	1



The most common reason given by respondents for their answer was that it was better to have services closer to home, with 22 respondents saying this. Accessibility and location were mentioned by other respondents who felt it would result in less travelling (10 respondents). Some respondents also felt there were clinical benefits to delivering healthcare in this way, with 13 respondents saying this approach would help prevent disease in the first place and nine respondents saying this would allow practitioners to foster a closer relationship with their patients.

Preventive healthcare was also mentioned by attendees at stakeholder meetings as a priority and where more could be done to make healthcare as accessible as possible in the community – through measures such as drop-in services or health workshops.

“It doesn't matter where the service is based as long as it is of high quality, joined up with other services (e.g. make sure my records are accessible to all professionals helping me).”

Female, 35-44, SE15

“The proposals have the effect of placing the patient and his or her needs at the forefront of healthcare professionals' thinking, and will reduce the tendency for the condition to be separated as it were, from the patient. Medicine and therapies will be more holistic.”


Male, 65+, SE24

There were some negative comments about this approach and also some advice from respondents about things to bear in mind if this approach were to be adopted. There were doubts amongst 10 respondents that the approach could be implemented in practice, especially considering the existing difficulties facing GP surgeries. This was supplemented by respondents' concerns to reduce waiting times to receive treatment, and that specialist centres of excellence remain (mentioned by eight and nine respondents respectively).



These views were commonly expressed at deliberative and stakeholder meetings, and were often stated as the priority for attendees at these meetings for improving community healthcare delivery.

Some respondents to the questionnaire (10) also felt that it should simply be the priority to deliver high quality healthcare through whatever approach was necessary.

 This was a view that was commonly expressed at the deliberative events in particular: that the approach should not be confined within the current constraints of the system but should aim for the ideal model of healthcare delivery. For some of these individuals, the quality of care was felt to be more of a priority than location.

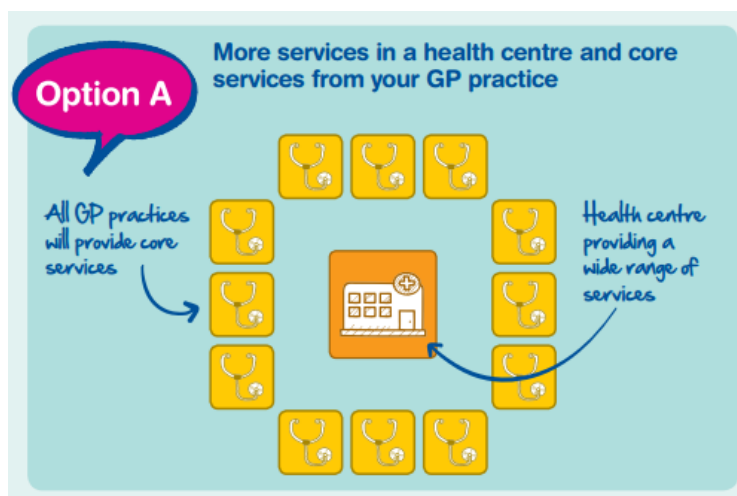
“On the surface what you are saying sounds very reasonable, however, what I am concerned about is that local hospitals are being quite seriously threatened e.g. the whole of Lewisham Hospital (not just the A & E department as publicised), so there is always a wider political context. That closure would have a massive effect on King's. Farming everything out to Health Centres and GPs may also overload them.”

Female, 45-54, SE15

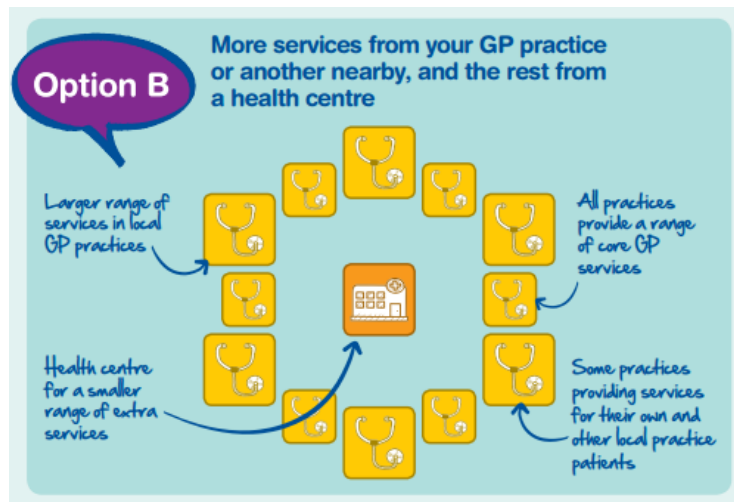
In addition, one person at this question felt that alternatives to this approach ought to be described by NHS Southwark CCG, and felt they could not comment on whether their proposed approach was a good idea or not if they did not know what other options were available.

Individuals were also asked to comment on both of the options being proposed by NHS Southwark CCG:

- **Option A** would involve delivering more primary and community health services than at present from a health centre (that is likely to be located on the Dulwich Community Hospital site) and only core services being delivered by GP practices;

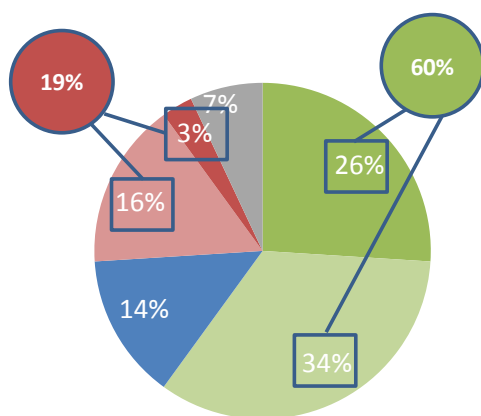


- **Option B** would involve delivering more primary and community health services from GP practices dependent on each practice's skills, capacity and space, and a smaller range of specialist community health services from a health centre on the Dulwich Community Hospital site.

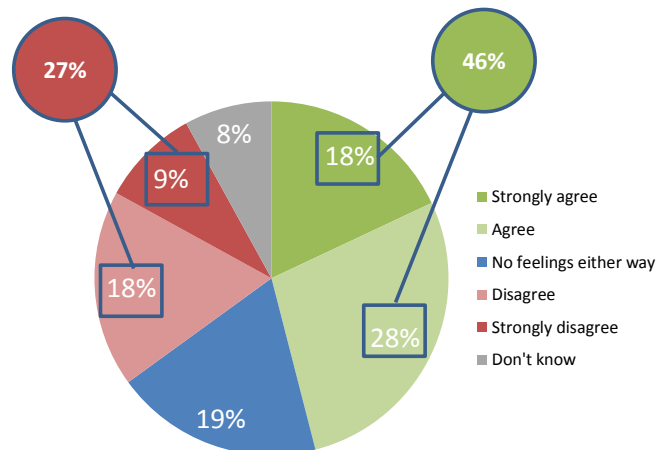


The following chart shows respondents to the questionnaire's levels of endorsement for each of these options:

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?
 Base: 215 (122 public survey; 89 panel survey; 2 community group respondents; 1 NHS staff)



Question 7. To what extent do you agree with the proposal for more health services in GP practices and a health centre with a narrower range of services as described in Option B?
 Base: 215 (122 public survey; 89 panel survey; 2 community group respondents; 1 NHS staff)



More services in a central health centre and core services being delivered from GP practices is preferable to more health services in GP practices and a reduced capacity health centre



Respondents tended to prefer Option A to Option B, with 60% in favour of the former compared with 46% for the latter. Furthermore, a higher proportion of respondents actively opposed Option B (27%) than Option A (19%).



This matched the strength of opinion expressed at the deliberative and stakeholder meetings, and especially responses provided by stakeholder organisations.



Those most in favour of Option A fell in the 18-24 (71%) and 55-64 (75%) age brackets. Those that had attended Dulwich Community Hospital in the past twelve months were significantly more likely to be in favour of Option A than Option B (61% versus 49%). Generally those who would prefer to receive their health services in a health centre were more in favour of Option A particularly when thinking specifically about post-surgical care, counselling, phlebotomy, physiotherapy, foot health, chest disease and antenatal and child health services.

Unsurprisingly, support for Option B was higher almost across the board for respondents that preferred to receive healthcare in a GP surgery. More broadly, respondents that had used children's health or reproductive health services in the past twelve months were more likely to opt for Option B than Option A (of those in support of Option A, 10% had used child immunisation services in the past twelve months compared with 15% of those in support of Option B). Given that some respondents clearly wanted children's health and maternity care based in a health centre, there is no clear consensus as to where residents would prefer these services to be delivered.



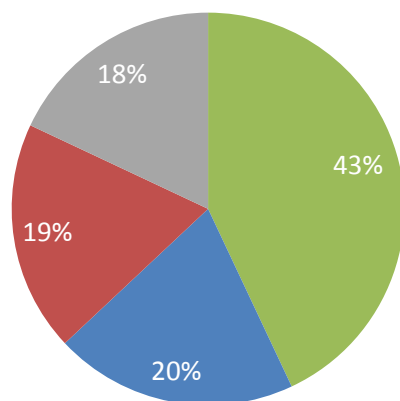
As became evident in the deliberative and stakeholder meetings, feeling about having specialist community services provided in a GP practice tended to be dependent on individuals' personal experiences of care from their GP practice.

Respondents that claimed to have no preference as to where health services were delivered in the locality were also more likely to agree with Option B than Option A. As some participants at the deliberative events made clear, this may be because they had not experienced any problems with the delivery of health services at present, and therefore wished to preserve the status quo as far as possible.

Respondents were then asked to consider the potential outcomes of Option A and Option B on the availability and accessibility of healthcare. Respondents' views on Option A are presented below:

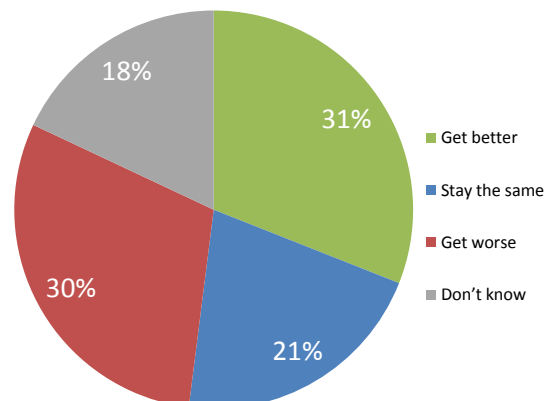
Question 6a. How do you think that this proposal might affect the following aspects of healthcare? The AVAILABILITY of the care you would receive would...

Base: 215 (public survey; panel survey; community group respondents; NHS staff)



Question 6b. How do you think that this proposal might affect the following aspects of healthcare? PEOPLE'S ABILITY TO GET TO PLACES where healthcare is delivered would...

Base: 215 (public survey; panel survey; community group respondents; NHS staff)



Most feel that for more services in a central health centre and core services being delivered from your GP practices will improve availability of care, but opinion is split on its impact on accessibility



Overall, respondents were more inclined to think that the availability of the care they would receive would improve than they were to think that the location of these services would be any more accessible than at present (43% versus 31%). The difference in feeling between those in favour of Option A and those in favour of Option B was marked: two-thirds (65%) of those agreeing with Option A were positive about the availability of healthcare under Option A compared with one-third (34%) of those in favour of Option B. Additionally those in the 45-54 (48%) age group and those aged 65 or over (50%) were more likely to hold the view that Option A would improve the availability of health services compared with the present.

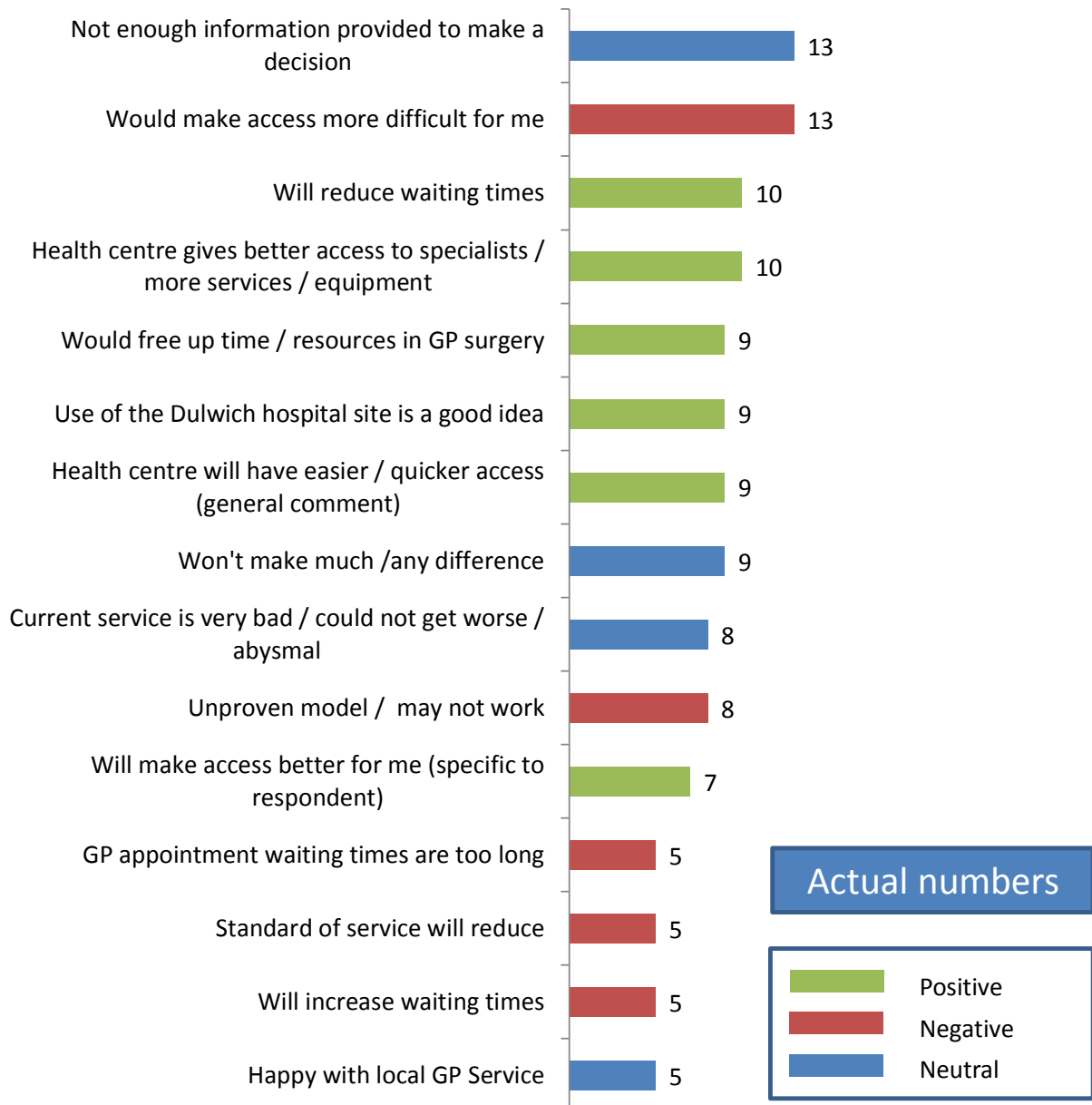
Those who disagreed with Option A more generally felt that availability and accessibility of healthcare under this option would decline (60% and 73% respectively) and those who disagreed with the case for change overall also tended to hold the view that these aspects of healthcare would get worse under Option A. The 35-44 age group were the group most actively voicing the view that both these aspects of healthcare would get worse under Option A.

With regard to the availability of healthcare, respondents to the questionnaire provided the following reasons for their answers:

Question 6ai. Why do you say that?

Base: 221 (122 public survey; 89 panel survey; 2 community group respondents; 1 NHS staff)

Includes white mail responses to the survey



Some found it difficult to speculate how this would affect the services they currently receive, and there were mixed feelings about access

Other comments about the availability of health services under Option A

Response	Number of mentions
GP Service is variable / service will become postcode lottery	4
Option A is the correct approach	4
Agenda to direct patients away from hospitals / to fragment the service	3
GPs are already overloaded / have too big a role / lack capacity to expand	3
GP service is mediocre / not very good	3
No real difference between Option A and Option B / a false choice	3
Alternative proposal	2
Will lead to a decrease in hospital funding	2
A Necessary change / to cope with current demands	2
Commercial agenda / Back door to privatisation	1

Given that the proposals were not developed to the extent that the distribution of services across the area had been finalised, some respondents (13) found it difficult to know how the availability of health services would be affected by Option A. Additionally, respondents' feelings about this Option seem to have been influenced by their personal experiences of their GP practice and their location in relation to the Dulwich Hospital site. Consequently 13 respondents felt this Option would have a negative impact on the availability of health services for them, whilst nine respondents felt the opposite.

"For some people, i.e. middle class, mobile, this may improve their access to health care. I am concerned that for more vulnerable and deprived people this may not be the case. Also for people who typically fail to engage with services, I feel there are huge benefits for services being delivered in local surgeries by a team who work closely together with regular meetings and detailed knowledge of their vulnerable patients."

Female, 35-44, SE16

"It would be wrong to reduce the quality of GP care and I am concerned it would become less good and less joined up if more episodes of care took place elsewhere."

Female, 35-44, SE15



Some respondents saw benefits in centralising specialist community health services (and specialist community practitioners) on one site – what participants at deliberative and stakeholder meetings repeatedly described as having a 'centre of excellence' – and relieving pressure from GPs and GP waiting times. This was one of the most common complaints about the existing system and an area where residents argued for improvement to be made.

"Central provision of services would obviously mean more expertise."

Female, 65+, SE23

"There is a huge variation in the quality of GPs and care, centralising the resources and specialisms will help improve quality and cost effectiveness."

Female, 35-44, SE15

In particular, however, those attending meetings frequently cited family healthcare, care for the elderly (both health and social care) and care for mental health service users as areas of healthcare where

concentrated resource and expertise would be beneficial. Not only did individuals feel this would result in more joined-up and continuous care for patients, but allocate resource to best effect. Another argument that individuals at meetings commonly raised (as well as some stakeholder organisations) was that the health centre could act as a “*market place*” for the coordination of healthcare across a number of channels including district nursing, social services and voluntary groups.

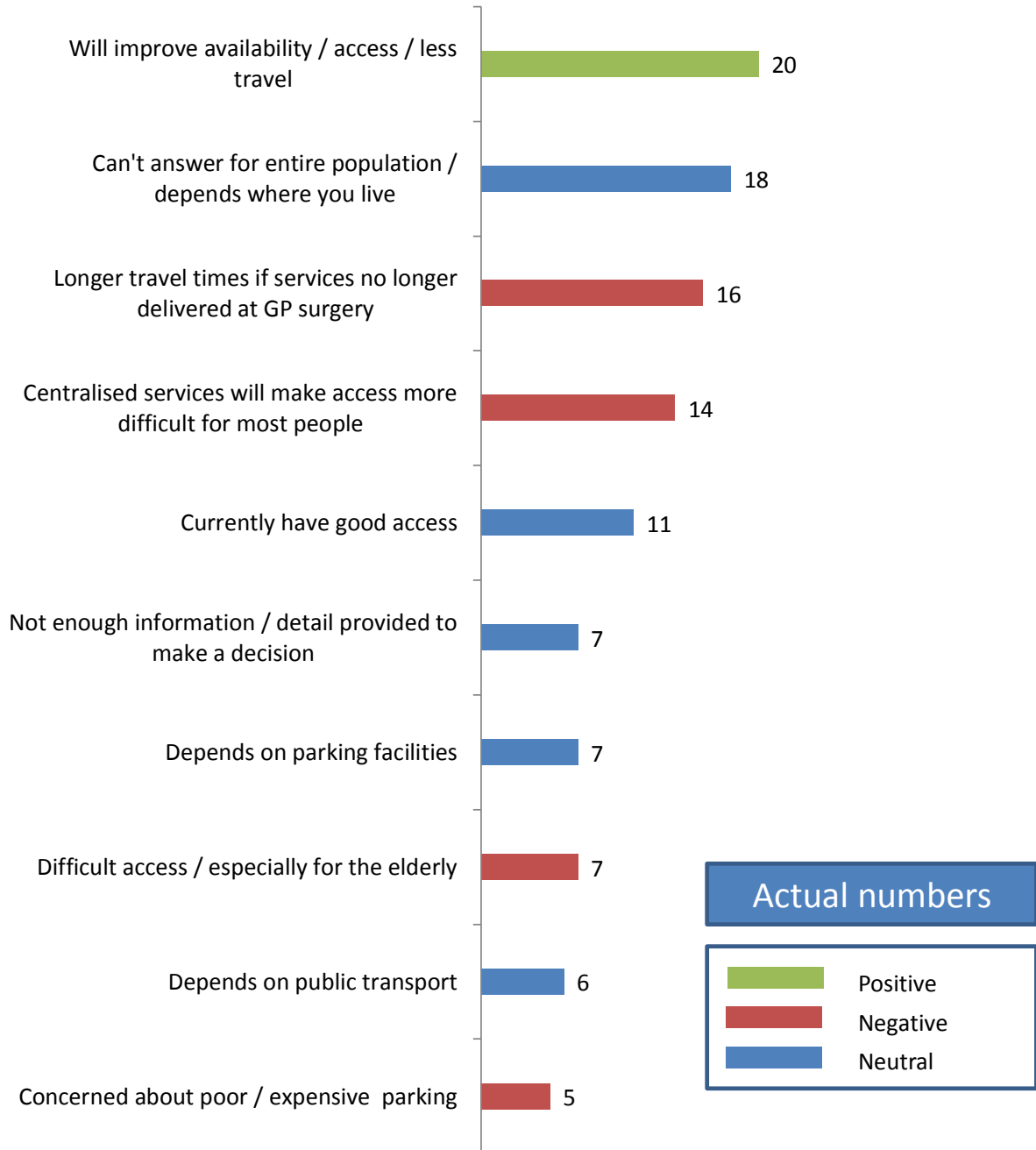
Another potential benefit that individuals attending meetings with NHS Southwark CCG raised (particularly at a Father and Toddler group meeting) was the potential for Option A to deliver what was described as “*opportunistic*” healthcare, where residents could drop into the centre and undergo a range of preventive procedures that they admitted they might not proactively seek themselves.

Respondents felt less positively about the accessibility of health services under Option A:

Question 6bi. Why do you say that?

Base: 221 (122 public survey; 89 panel survey; 2 community group respondents; 1 NHS staff)

Includes white mail responses to the survey



Respondents' views on access of healthcare services under Option A were varied

Other comments on the accessibility of healthcare under Option A

Response	Number of mentions
GP surgery / Health centre are more local than hospital	4
Too many locations / too many journeys / too much travelling time	4
Likely to be easier to access with transport than GP surgeries	3
Prefer health centres / they go beyond the GPs	3
Agenda to direct patients away from hospitals / to fragment the service	3
Just moving things around / won't make much / any difference	3
Can strategically place health centres at good locations for transport	2
Access more difficult for working people	2
Commercial agenda / Back door to privatisation	2
Alternative proposal	1
No real difference between Option A and Option B / a false choice	1
GP appointment waiting times are too long	1



Where accessibility was concerned, again there were a range of views as to what people felt the implications of Option A would be depending on their personal circumstances. For 20 respondents, the accessibility of this Option would be an improvement on the current situation whilst others were less sure of this, both for themselves and for the population of Dulwich and the surrounding area more broadly. Interestingly, respondents in the youngest age group (41% of 18-24 year olds) were most likely to think this aspect of service delivery would get worse under Option A. One participant at this question also put forward an alternative approach, in involving pharmacies more in the delivery of healthcare, thus making it more accessible for working people.



For those attending public meetings and stakeholder organisations (even those who tended to be in favour of Option A overall) accessibility was the main sticking point, particularly where vulnerable groups (individuals with disabilities, for example) as well as the elderly and expectant mothers/mothers with young children were concerned. Specifically, some older residents had concerns that waiting times for health services that were concentrated in just the one location would increase.



Another concern voiced by Local Pharmaceutical Committees was that if the distance patients had to travel was very much greater than at present (if, for instance, they were no longer able to obtain a particular service from their GP practice) this would simply result in an increase of residents simply dialling 999 to receive attention as quickly as possible.

"I can only assume that centralising services will make it less accessible for people."

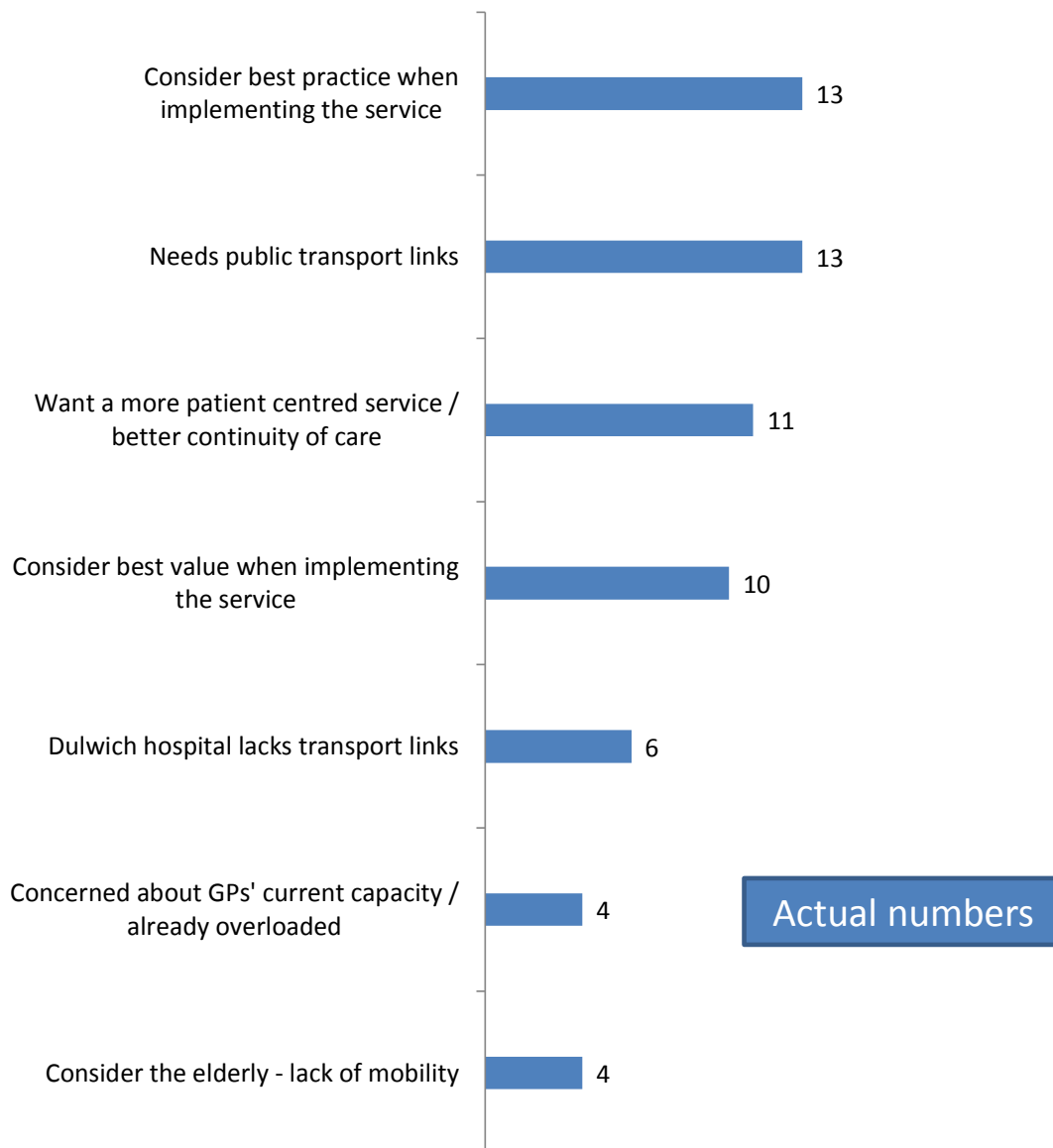
Male, 25-34, SE22

Finally, respondents were asked if there was anything else that NHS Southwark CCG should bear in mind with regard to this proposal and responses to this question are shown below:

Question 6c. Is there anything else that should be taken into account when thinking about this proposal [A]?

Base: 221 (122 public survey; 89 panel survey; 2 community group respondents; 1 NHS staff)

Includes white mail responses to the survey



Respondents did not want NHS Southwark CCG to be constrained by the current system but to keep quality and cost efficiency at the forefront of their planning

Other comments on Option A

Response	Number of mentions
Commercial agenda / Back door to privatisation	3
Waiting times need to improve	3
Don't move services from the GP to the health centre	3
Concerned about GP's ability to deliver care	3
Alternative proposal	3
Improve consultation process / provide more information / make more people aware / consult at each stage	3
Dulwich hospital lacks resources	2
GP service is variable in quality	2
May be difficult to convince people / win them over	2
Ensure GPs are more accountable	1
Does not take demographics of Dulwich area into account, e.g. higher birthrates / more dementia patients	1
Consider other healthcare providers - pharmacy / dentist / optician	1



Respondents were most concerned that NHS Southwark CCG keeps best practice and best value in mind if proceeding with this proposal (mentioned by 13 and 10 respondents respectively). For 11 respondents this involved providing a patient-centred service and ensuring continuity of care across different locations.



This was also mentioned in stakeholder meetings: here it was stressed that Option A could facilitate the delivery of a number of useful local health services and care in the community, but these agencies should all have an up-to-date understanding of the needs of a patient to ensure the delivery of personalised and effective care. Specifically, attendees at these meetings identified voluntary organisations and charities as potential partners for delivering healthcare through this channel. Furthermore, they suggested that the health centre become a base for delivering care in the community in the form of health visitors and social care.



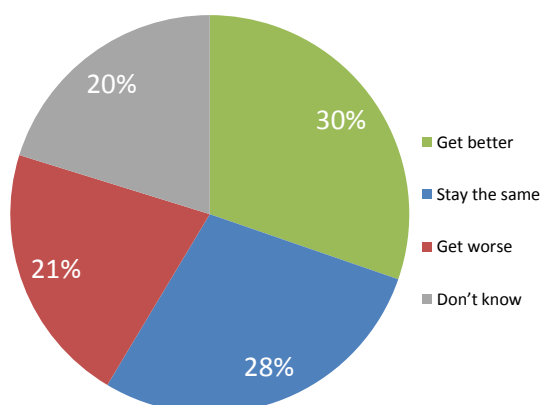
Again, accessibility and transport were mentioned as particularly important things to consider (especially where the elderly were concerned). As described above, however, younger respondents were more likely than older ones to think accessibility would become an issue under Option A.

Three respondents at this question put forward alternative ways of delivering healthcare. One respondent said they would prefer for a new purpose-built centre to be used instead of the existing Dulwich Community Hospital building in order to deliver the types of healthcare services needed in the area at the moment; others suggestions included the model of Option A be transferred to GP practices, so they offered the additional services that the proposed health centre would; and another felt that the NHS should look at reducing demand or taking steps to cope with demand for health services in existing facilities rather than *“diverting them to another place”*.

Respondents were then asked for their expectations of the availability and accessibility of healthcare if Option B were pursued:

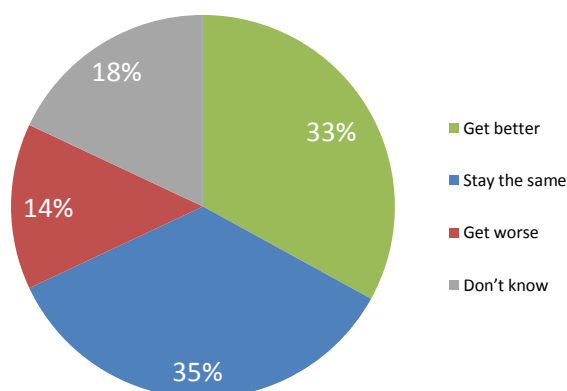
Question 8a. How do you think that this proposal might affect the following aspects of healthcare? The AVAILABILITY of the care you would receive would...

Base: 215 (public survey; panel survey; community group respondents; NHS staff)



Question 8b How do you think that this proposal might affect the following aspects of healthcare? PEOPLE'S ABILITY TO GET TO PLACES where healthcare is delivered would...

Base: 215 (public survey; panel survey; community group respondents; NHS staff)



Opinion is split as to whether more health services in GP practices and a health centre with a narrower range of services will improve availability of care and most are unsure either way of its impact on accessibility

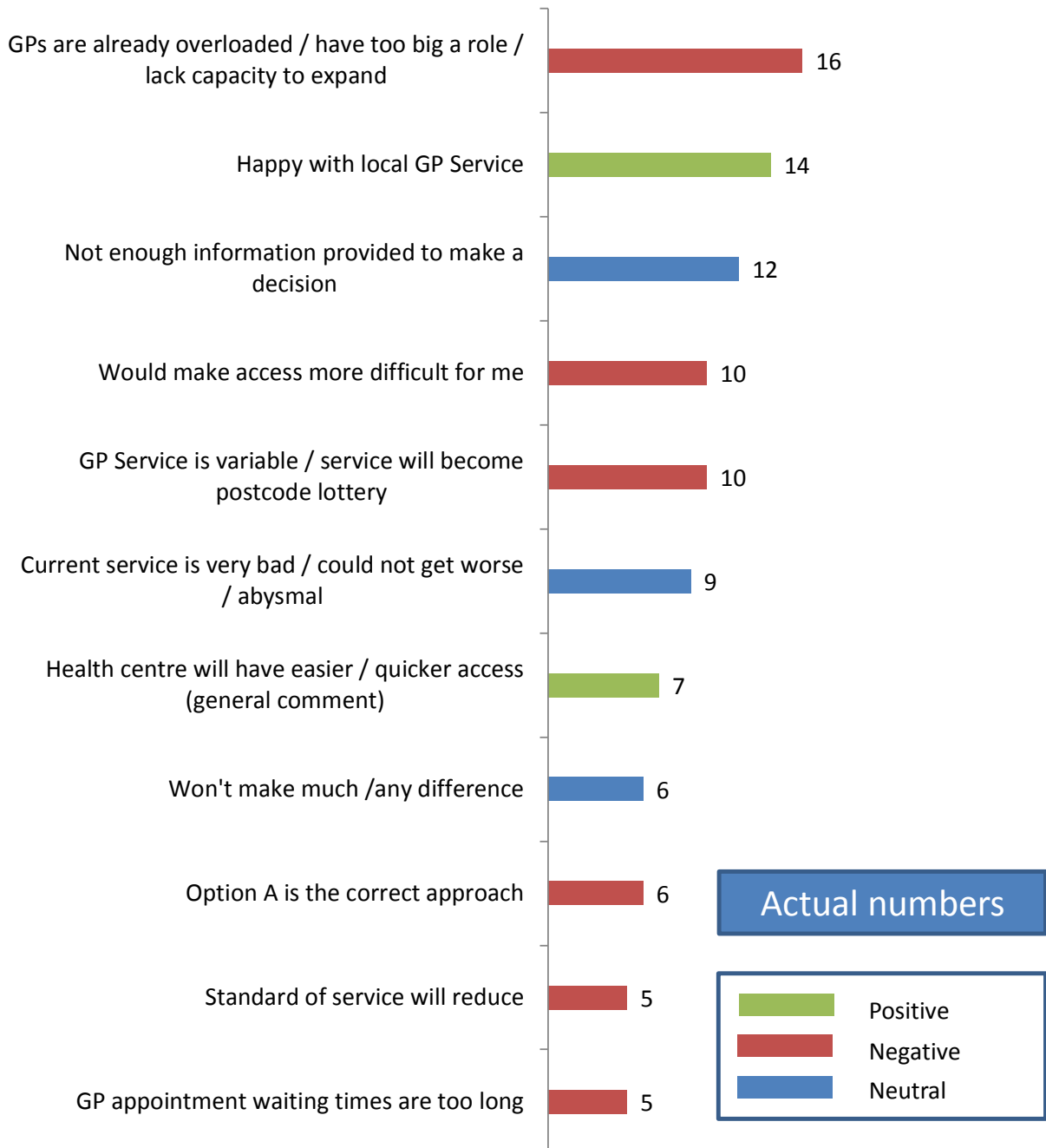


For both of these aspects of service, respondents were more likely than for Option A to think that the availability and accessibility of healthcare would remain the same, which would support other responses to the consultation that suggest respondents regarded this Option as less of a change to the status quo. Having said that, one-in-five respondents (21%) felt the availability of healthcare under Option B would get worse. This included respondents that were in favour of Option A (29%), and those aged 45-64 (29%). Some of the reasons provided for this are shown below:

Question 8ai. Why do you say that?

Base: 221 (122 public survey; 89 panel survey; 2 community group respondents; 1 NHS staff)

Includes white mail responses to the survey



Some respondents had concerns about GPs' capacity to deliver additional services

Other comments about availability of health services under Option B

Response	Number of mentions
Service would be more efficient / streamlined	4
Health centre gives better access to specialists / more services / equipment	4
Alternative proposal	4
Will make access better for me (specific to respondent)	3
Will reduce waiting times	3
Agenda to direct patients away from hospitals / to fragment the service	3
Will increase waiting times	3
Will make GPs' role more focussed / not diluted with other responsibilities	2
GP service is mediocre / not very good	2
Commercial agenda / Back door to privatisation	2
No real difference between Option A and Option B / a false choice	1
Will lead to a decrease in hospital funding	1
Unproven model / may not work	1

For those supplying negative comments about Option B, the strain on GPs if this Option were pursued was mentioned by 16 respondents (plus nine who said their existing GP service was very poor), as was the distribution of services across some GP practices but not others (10 respondents).



For those attending deliberative and stakeholder meetings as well, this was an issue. Some had experienced poor quality care from their GP practice in the past and complained about how overstretched their GP was; others felt it would be unfair for specialist community services to be available in one area (to the benefit of local residents) but not in others.

Another point of view (mentioned by five respondents to the questionnaire as well as across a number of stakeholder meetings) was that offering specialist community healthcare across a number of GP practices would potentially fragment the care received by patients. Where expectant mothers, those with mental health considerations, and the elderly were concerned, attendees at meetings were more likely to think these groups as in particular need of consistent and personal care by the same healthcare professionals over time. This concern was also raised by stakeholder groups at which individuals with learning disabilities were in attendance, as well as a Lesbian, Bisexual, Gay and Transgender group, who commented that, further, there was a need for patients' health records to be up-to-date and available to the professional providing care for a patient at any given time.

"I strongly disagree with the proposal for only a small health centre as it would not ease the pressure on GP surgeries, nor the acute sector. However, a small one is better than none at all! Availability of care would be worse as increasing the range at surgeries would condense even further the space and time available for existing patients who are actually ill rather than needing e.g. counselling."

Female, 55-64, SE22

“This option has the inherent capacity to fragment care just when the current “direction of travel” is to be more holistic, more “one stop.” It also has the capacity to incite unnecessary competition and perhaps jealousy between practices. Not all patients would get worse care, but this option runs the risk of making care in some areas or practices worse, when the intent to make the care much more uniform in quality, deliverability and accessibility.”

Male, 65+ SE24



Some respondents (14) were happy with the service currently provided by their GP and felt this Option would ensure this service was continued.

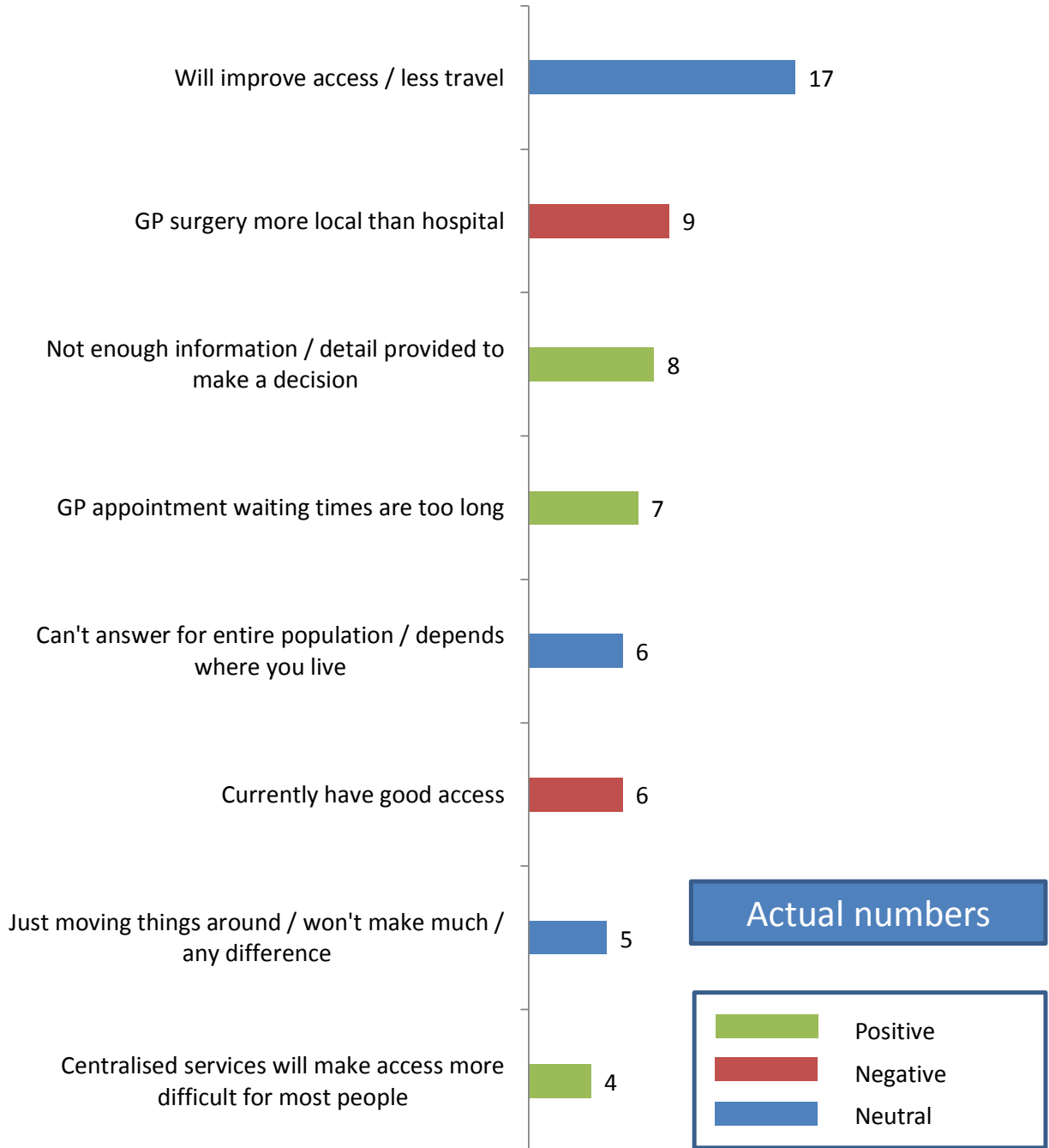
Four respondents had alternative proposals as far as the availability of community health services under Option B was concerned. The proposal to deliver health services from a pharmacy was raised once again by one respondent; another said they could not see a need to develop a new building and that existing hospital facilities should receive investment rather than more complicated redevelopment. Others felt that devolving increasing community health services to GPs would, in effect, make them into their own *“mini privatised”* hospitals, and that supervision of GPs and community health services more broadly should be conducted by a London-wide healthcare authority or hospital, a little like the King’s College Clinics in the Community.

Respondents were slightly more positive about the accessibility of healthcare under this Option:

Question 8bi. Why do you say that?

Base: 221 (122 public survey; 89 panel survey; 2 community group respondents; 1 NHS staff)

Includes white mail responses to the survey



Respondents felt this Option would mean health services were local and entail less travel

Other comments about the accessibility of healthcare under Option B

Response	Number of mentions
Can strategically place health centres at good locations for transport	2
Depends on public transport	2
Same as for Option A	2
Alternative proposal	2
Access more difficult for working people	2
Concerned about poor / expensive parking	2
Agenda to direct patients away from hospitals / to fragment the service	2
Difficult access / especially for the elderly	2
Too many journeys / too much travelling time	2
Prefer health centres / they go beyond the GPs	1
Longer travel times if services no longer delivered at GP surgery / too many locations	1
Commercial agenda / Back door to privatisation	1
System too complicated / confusing	1
No real difference between Option A and Option B / a false choice	1

The most common responses to this question were positive, with improved accessibility/less travel being mentioned by 17 respondents and the locality of GP practices by nine. There was still some variability in opinion on accessibility, particularly where out-of-hours care was concerned (mentioned by two respondents). There was some concern (amongst seven respondents) that GP surgery waiting times would grow.

“If a wide range of services are offered in several locations, people will have more choice of where to go for their healthcare based on where they are able to get to conveniently.”

Female, 18-24, SE5

“It doesn't matter where the services are delivered, it matters that people can access it and that it is high quality. There needs to be continuity of care. Unless there are more staff to deliver this care (including doctors, Nurses, HCPs and frontline/admin staff) people will be dealing with waiting times, difficulty navigating 'the system'.”

Female, 25-34, SE22

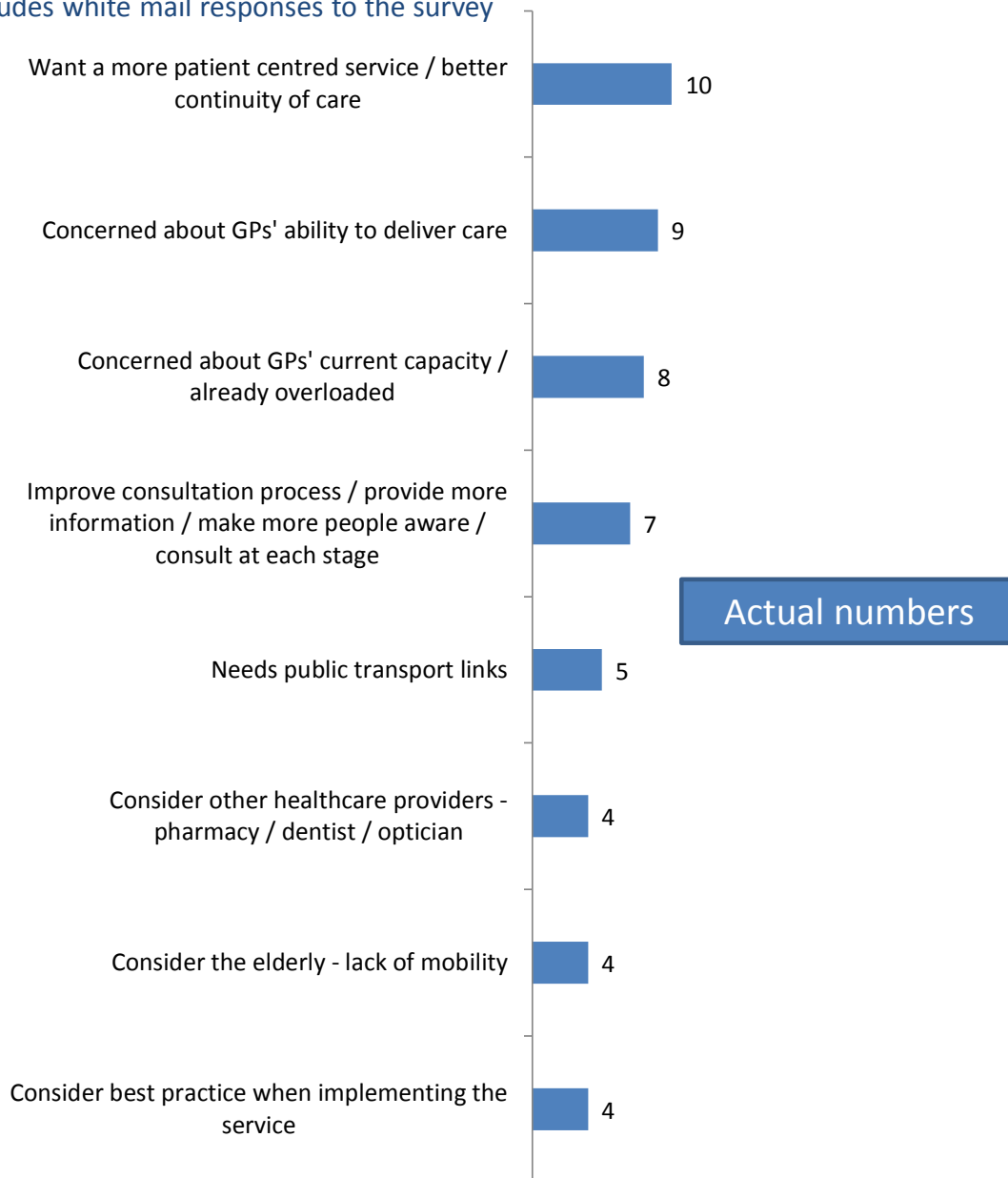
The option of delivering community healthcare services through pharmacies was another proposal raised by a respondent at this question.

As with Option A, respondents were asked what NHS Southwark CCG ought to bear in mind when considering Option B:

Question 8c. Is there anything else that should be taken into account when thinking about this proposal [B]?

Base: 221 (122 public survey; 89 panel survey; 2 community group respondents; 1 NHS staff)

Includes white mail responses to the survey



Respondents' main concerns related to the capacity of GPs to deliver the quality of care to patients

Other comments on Option B

Response	Number of mentions
GP service is variable in quality	3
Commercial agenda / Back door to privatisation	2
More crowding in GP waiting rooms will increase infections	2
Ensure GPs are more accountable	2
Both models require adequate investment	2
Consider best value when implementing the service	1
Dulwich hospital lacks transport links	1
Waiting times need to improve	1
Don't move services from the GP to the health centre	1
No real difference between option A and option B	1
Alternative proposal	1
Would result in loss of land / buildings / would be expensive	1
Prefer option A	1

Respondents' concerns centred around the issue of the capability and capacity of GP practices to offer specialist community services under Option B. The most commonly cited point was that care would need to be patient-centred (mentioned by 10 respondents) followed by concerns about the clinical and practical implications of Option B (including waiting times). Having said that, one respondent stated that they did not want services to be moved from their GP practice to a health centre.

One respondent had an alternative proposal that entailed delivering a range of community health services from GP practices but also establishing a centre of excellence on the Dulwich Community Hospital site for providing healthcare for the very young and for the elderly.

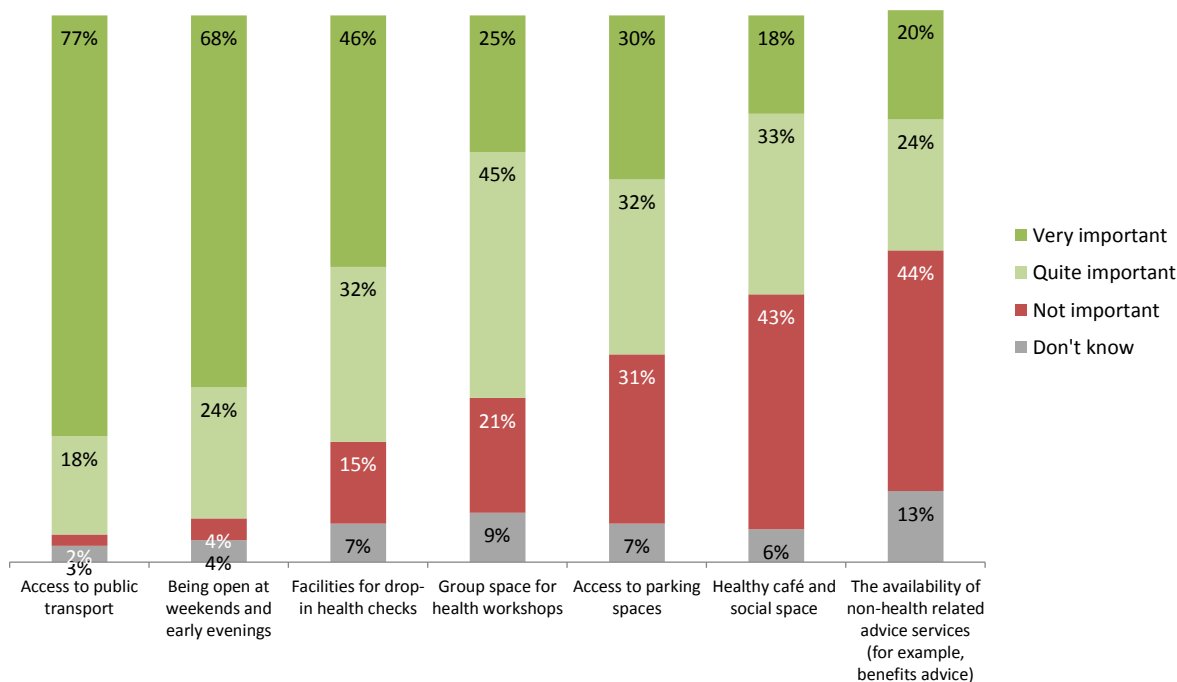


One suggestion made through deliberative events and stakeholder meetings was that greater use could be made of pharmacists, dentists and opticians as part of this model. A general point of discussion at the deliberative and stakeholder meetings was the delivery of healthcare across a number of channels by a range of healthcare professionals. With regard to Option B, respondents seem to have mentioned this idea as a means of helping GP practices to cope.

In addition to aspects of service under each of the proposals, respondents to the questionnaire were also asked for their priorities in relation to the proposed health centre itself as part of either Option A or Option B.

Question 10. Thinking about the building for the proposed health centre set out in options A and B, which of the following is important to you?

Base: 215 (public survey; panel survey; community group respondents; NHS staff)



Accessibility (both in terms of transport links and opening hours) are the most important aspects for a proposed health centre



Perhaps unsurprisingly, accessibility featured highly in respondents’ priorities as it has throughout other questions in the survey and at deliberative and stakeholder meetings. The most important aspect of a new health centre was that it was accessible by public transport, which was considered important by 95% of respondents. This was most important to respondents with disabilities (87% of respondents with a disability felt access to public transport was ‘very important’) and also those who were either opposed to Option A or in support of Option B (all respondents in these groups considered public transport to be important). Interestingly the 18-24 age group were the group that considered public transport to be most important (88% rated this as ‘very important’), closely followed by those aged over 65 (82%). Parking was less of a concern to respondents, however, with 62% rating this as important.

Accessibility in terms of opening hours was also something of great importance to respondents, and was another theme raised in deliberative and stakeholder meetings as well as in the questionnaire itself. Here, 92% rated being open at weekends and early evenings as important. This was consistent irrespective of whether respondents had a preference for Option A or Option B (94% in both cases). Again, it was the younger age groups (84% of 18-34 year olds) that considered this to be ‘very important’ in comparison with older age groups (just over half – 53% - of respondents aged over 65 felt this was ‘very important’). Comments provided by attendees at a travellers’ stakeholder group further highlighted the inflexibility of the existing system and a desire for high-quality out-of-hours care to be more readily available.

Parking, however, was not considered to be as important as drop-in health checks and group space for health workshops. Respondents that felt parking was 'very important' tended to be in the 45-54 age bracket, with two-in-five (42%) of this age group providing this rating. Additionally, respondents that had a disability were amongst those most likely to rate parking as 'very important', with 40% of this group saying so. Health workshops received much support from those who were in favour of Option A, which supports testimony provided at stakeholder meetings that this feature would be an attractive one for people to have multiple health problems addressed and advice obtained at one time.



Furthermore, stakeholder meetings highlighted support for the idea of 'drop-in' health services in a health centre, which might entice more residents to volunteer for screening programmes and take a more proactive approach to managing their health. Improving preventive care was spontaneously cited by attendees at stakeholder meetings as a major benefit of NHS Southwark CCG's overall approach, and indeed there was wider support from members of the public and stakeholder organisations alike for a health centre to support individuals' *"well-being"*.



Aspects of the health centre that were not directly health-related, such as a healthy café and social space, and the availability of non-health related advice services, were prioritised to a lesser extent by respondents, with 51% and 44% respectively rating these as 'important' and a far greater proportion of respondents actively rating these things a 'not important' than for other features of a health centre.



Having said that, a suggestion made at a stakeholder meeting was that these more *"social"* sorts of features might encourage people to attend the health centre and would be useful from a preventive care perspective at improving the health of the local population.

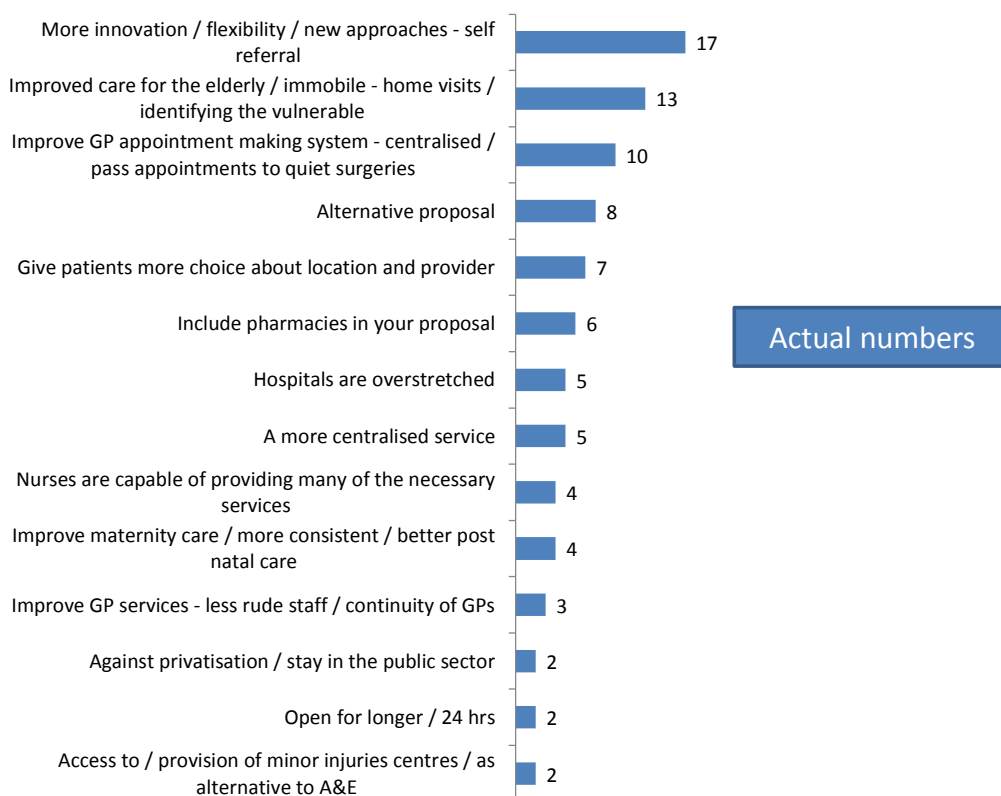
3.4 Additional suggestions made by respondents

As part of the consultation process, respondents to the questionnaire and those attending deliberative or stakeholder meetings were asked for their suggestions for other ways in which health services might be delivered in Dulwich and the surrounding area, other than the two proposals put forward by NHS Southwark CCG.

Question 9. Are there any other ways in which health services in Dulwich and the surrounding area should be delivered?

Base: 221 (122 public survey; 89 panel survey; 2 community group respondents; 1 NHS staff)

Includes white mail responses to the survey



As some respondents mentioned at other points in the survey, there were calls for more innovative thinking from 17 respondents rather than working within the confines of the existing system.

“In the modern era, we need to get away from the old favoured solutions and institutions. GPs are a failed model.”

Male, 55-64, SE22

The next most common point raised at this question by 13 respondents was for work to be done to improve the care provided to the elderly in particular.



Again, a point raised by participants at deliberative and stakeholder meetings was that the elderly required a more targeted and personalised standard of care, and the existing system did not cater effectively for vulnerable groups who required care at home. Maternity care was also identified as an area where more consistent care was required, mentioned by four respondents at this question and attendees at deliberative and stakeholder meetings also raising this as an issue that needed

addressing. Some attendees had personal experience where the care they had received prior to having a baby had been fragmented (both from their midwives and their GP), which had severe emotional implications.



There was also a split between respondents who advocated providing patients with more choice about where to obtain healthcare and including other parties like pharmacists in any proposals carried forward, and respondents who felt centralisation was the key to future healthcare delivery: seven respondents were in favour of greater patient choice of where they receive their healthcare and who they obtain it from; six said that pharmacists should be incorporated into a model of healthcare delivery; but five felt healthcare needed to be centralised.



This tension bore out in deliberative and stakeholder meetings as well: there were calls for pharmaceutical and charity medical professionals and social care providers, alongside demands that these individuals would need to receive adequate training, and concerns about the fragmentation of care. The nature of the audience receiving specialist community healthcare (new mothers, those with mental health considerations, and the elderly), and communications between healthcare professionals were key to those contributing to this discussion across the meetings.



There were a further eight different proposals for the delivery of healthcare in Dulwich and the surrounding area. These included the following:

- One suggestion was to invest in existing hospital services and safeguard the care provided in a hospital setting. One other suggestion echoed this sentiment by requesting that the existing system should be built on rather than replaced.
- One respondent felt there was also scope to develop a community health centre on the King's College Hospital site for residents who might find it difficult to travel to Dulwich.
- One respondent felt the role of health visitors was "*redundant*" and that the work they do (especially with mothers and children) could be carried out via GP practices.
- One respondent felt that better provision could be made under the proposals for the delivery of facilities for women in labour for non-complicated deliveries and for a midwife-led unit to be based there.
- There was one suggestion that emergency care to be provided at a community health centre as currently this is only available at a small number of sites in the area.
- One respondent asked whether the Fred Francis Centre in East Dulwich and Holmhurst in Herne Hill could be re-opened to deliver health and social care services.

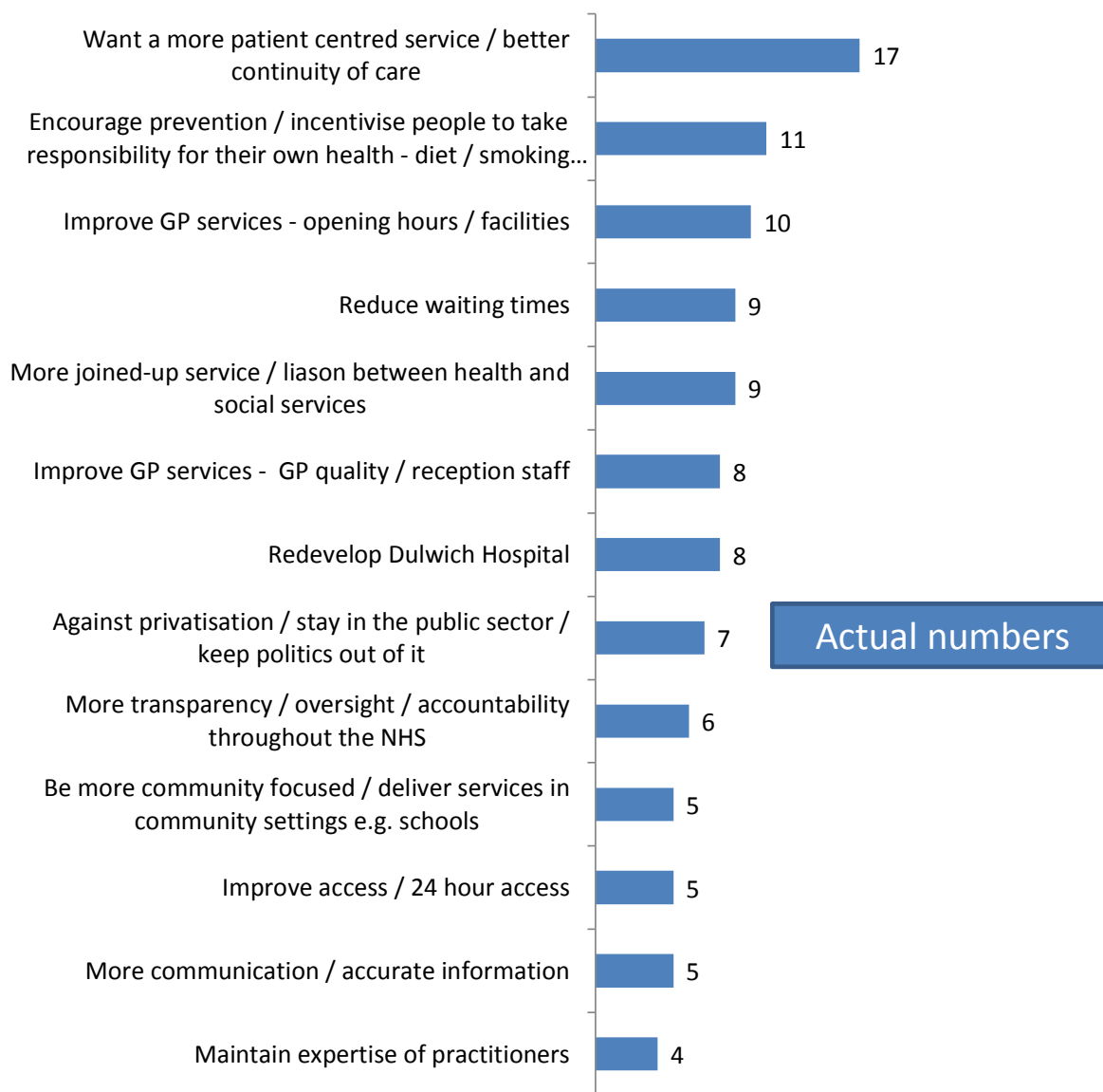
3.5 Overall views and comments

Finally, respondents were able to provide any other comments about the way health services might be delivered in Dulwich and the surrounding area.

Question 12. Is there anything else that you think NHS Southwark Clinical Commissioning Group should take into account when developing their proposals for how services should be delivered locally?

221 (122 public survey; 89 panel survey; 2 community group respondents; 1 NHS staff)

Includes white mail responses to the survey



Respondents took this opportunity to reiterate the importance of continuity of care and improving accessibility of GP services

Other additional views and comments

Response	Number of mentions
Location is a lesser concern than quality of service	3
Want alternative / complementary medicine to be a part of the NHS - e.g homeopathy / acupuncture, etc.	3
Alternative proposal	3
Agenda to direct patients away from hospitals / to fragment the service	2
Prefer option A	2
No real difference between Option A and Option B / a false choice	1



Unsurprisingly, 17 respondents to this question raised the issue of continuity of care, as had been mentioned at other questions and was a concern at deliberative and stakeholder meetings. Similarly, 10 respondents said that GP services needed attention, particularly out-of-hours care and the facilities available, and nine respondents said that work should be done to reduce waiting times. For those attending the meetings, these were amongst the priority areas that needed to be addressed irrespective of the Option pursued.

“Maintaining the quality of services and expertise of practitioners when spreading services more thinly across the area. No point providing services locally if of poorer quality.”

Female, 45-54, SE15

Additionally, rather than advocating either of the Options, 11 respondents (plus some of those at stakeholder meetings) said that a priority ought to be to encourage prevention and enable people to take responsibility for their own health – which supports NHS Southwark CCG’s overall approach to the delivery of healthcare in the future. This was mentioned with regard to screening as well as healthy eating and exercise, smoking cessation, and sexual health. Individuals felt this could be offered either at a health centre or by a mobile local unit in the community.

“It is better to prevent ill health and offer more preventive and early intervention services in the community and primary care as well as the care people need to manage a long term condition.”

Female, 55-64, SW2

You need to screen people for health conditions that may be prevalent in the particular area e.g. in Nunhead call for people (campaign) to have health checks for cardiovascular disease and cancer as we know there are problems with this[...] More focus needed on working with children and young people on preventing ill health. Health services need to work more with social care services. More people should be taught/supported on how to self-care.”

Female, 35-44, SE15

It should be noted that responses to this question more generally came from respondents irrespective of their levels of support for either Option A or Option B.

A further three proposals were raised by respondents: one that end of life care and hospice services should be provided as this would relieve pressure on healthcare resources; another respondent felt that there was scope for emergency healthcare to be provided outside of Accident and Emergency facilities (which should be reserved for the most severe emergencies); the final suggestion was that money need not be spent on developing a new health centre and simply “relabeling facilities”.

3.6 Summary of themes from meetings arranged by NHS Southwark CCG

Throughout the consultation, the project team at NHS Southwark CCG arranged meetings for those who were interested in asking questions or gaining more information on the consultation, and to provide their views face-to-face.

1,295 members of the public were actively engaged in the consultation.

- 568 people participated in an in-depth discussion at a meeting or event;
- An estimated 667 people attended public meetings (including council meetings) in which the consultation was promoted, documents were distributed and there was an opportunity for questions;
- 60 people attended deliberative events, the purpose of which was to discuss and explore the proposals in depth.

The following describes the key themes drawn out from the deliberative events and meetings with stakeholder groups.

3.7 Deliberative events

Across the two events, a number of themes emerged in participants' views and comments. Some of these themes were also mirrored by responses to the questionnaire. There were additional queries made and some points were explored in greater depth. These will be outlined here.

Cost-efficiency

In both deliberative events, those present seemed unsure about which of the two Options would be most cost-effective based on the information provided in the consultation document. It was felt that in order to understand and make a decision between Option A and Option B, more information on finances was needed, as they were unable to make a strong judgement on which Option would be more beneficial for the NHS and their area without this knowledge.

Health services delivered by GP practices

A number of people across the two deliberative events questioned the feasibility of Option B, wondering how GP surgeries of different sizes and capacities could expand to provide a variety of healthcare services and meet the demand this would generate. Some participants were disparaging of the service they received from their GP at present and others acknowledged the variability in GP services across the area. They had misgivings, therefore, that this Option would be possible in practice. As has already been described, this point was raised by respondents to the questionnaire when thinking about Option B. More information on this – and the specific configuration of health services under the proposals – was requested by those who attended the events in order for them to be able to arrive at a decision about this Option.

In general, it was felt that Option B allowed for great accessibility of healthcare services and allowed for deeper relationships to be built up between patient and clinician.

No preference for Option A or Option B

There was no strong consistent preference for Option A or Option B. Individuals at both meetings asked the CCG to focus on the ideal version of healthcare, and to work toward an optimum solution, rather than entertaining only Option A or B. A suggestion made was to allow GPs or other healthcare professionals to specialise in a specific area and travel from GP surgery to GP surgery on different days, delivering that

healthcare service. Other suggestions included developing separate centres of excellence for elderly people and a centre of excellence for younger people.

Delivery of specialist community services

A significant area of consideration for those who attended was how specialist community services would be provided under Option A and Option B. Those present questioned whether specialists would be based within specified GP practices or would travel between them; whether new specialists would be trained up to meet demand in the community; and whether specialists and equipment would be sourced from King's College Hospital. Concerns around ensuring excellence of specialist training were raised: those present were eager to ensure that the quality of care would not decline were specialist community services to be provided locally as opposed to in a hospital. Frequently participants referred to the importance of having 'centres of excellence' for specialist health problems to be addressed effectively.

Joined-up care and communication amongst practitioners

Irrespective of the Option that would be implemented in the future, participants felt that it was essential for all practitioners delivering healthcare to communicate with each other to understand fully the situation and needs of each patient whether they were receiving care in a GP practice, a health centre, or elsewhere. This was a criticism levelled at the existing system (particularly where medical practitioners and social services were concerned) and participants felt it was essential to address this problem for either of the proposals to be effective. Some participants suggested that a new IT system to facilitate safe communication between healthcare services and store medical information about patients centrally was necessary. The need for this service was echoed by the medical specialists present at both deliberative events, and the issue of joined-up healthcare was present in the minds of some respondents to the questionnaire.

Accessibility of services

In both deliberative events, participants stressed the importance of designing a healthcare service accessible to all residents in the area. Some felt that for older people, and mothers or families with young children, having services located in local GP centres was preferable, to ensure ease of access (i.e. that the location was closer to home or was accessible by public transport). Others felt that providing services for older people and expectant mothers in a central location would be more efficient, and that this would reduce travelling time for older people with multiple conditions that require a number of appointments. A number of people applauded the intended use of the Dulwich Community Hospital site but mentioned that this was inaccessible by public transport and asked that this issue needed to be addressed in future plans.

3.8 Stakeholder meetings

NHS Southwark CCG invited over 350 groups and organisations to meetings to discuss the proposals and put questions to members of the project team. In total, 74 were arranged, at which there were 568 attendees.

Overall, the views expressed at targeted stakeholder events were broadly similar to those expressed at all other events and so have been incorporated within the body of the report. However, these events did offer some helpful insights into the specific experiences of some groups that may inform implementation and delivery. Some of these have been outlined below.

- Some members of stakeholder groups with **learning disabilities** reported concern about the ability of primary care staff to communicate with them and understand their needs. One suggestion was that learning disability groups might be involved in delivering training events to help staff gain new skills and knowledge. Familiarity of environments, continuity of care – specifically with reference to seeing the same clinicians on an on-going basis – was also of particular concern.
- Some members of **traveller** stakeholder groups reported difficulties in accessing GP services at convenient times when juggling the conflicting demands of family life. This led some to use out-of-hours GP services as their default primary care service, rather than waiting for an appointment with their GP practice.
- Some members of stakeholder groups with severe **hearing impairment** raised concerns about their ability to quickly access interpreting services at their practice. This meant that it was difficult to access unplanned care services independently.
- LGBT respondents highlighted the need for those providing **mental health services** to have access to LGBT specific groups where appropriate. They also advocated for more comprehensive recording of data about patient's sexuality to help better identify the specific needs of LGBT service users in the future
- Whilst some respondents with **physical disabilities** which resulted in mobility issues highlighted the need for buildings to be fully accessible, in terms of location, most groups did not express strong opinions regarding location as they would access patient transport or use private transport to travel to services regardless of their location.
- There were no significant differences in the responses given by **BME groups** who engaged with the consultation. However, some BME participants were particularly interested in seeing an increase in the prevention services available in community settings.
- Some older participants (those over 60) highlighted a desire to access sexual health services in community settings and noted the reported increase in STIs amongst older people.
- The need to develop dementia friendly environments was also highlighted by some older people's groups.
- People using **mental health** services highlighted concerns regarding the knowledge and experience of GPs and other primary care staff to recognise, diagnose and manage mental health. They also highlighted the need to understand the inter-relationship between physical and mental health.
- Stakeholder groups representing carers highlighted concerns that carers still find it difficult to access carers' services available from the diverse voluntary sector organisations in Southwark and that there was a need to develop improved signposting mechanisms to support them.

The section that follows is a summary of the key questions that were asked, concerns that were voiced and comments that were made about the proposals. No clear preference for Option A or Option B emerged; preferences differed according to the area of healthcare that was being discussed and both options were felt to have positive and negative aspects.

Accessibility of services

Across the various groups, concerns about ensuring easy access to healthcare services under Option A were raised. Particular issues and suggestions included:

- For people living in parts of Peckham, the site at Dulwich hospital may be too far away – transport links would have to be available.
- Queen’s Road Peckham station (which links directly to East Dulwich station, behind the site) is not very accessible so may cause issues for people with mobility issues.
- The route for the number 42 bus would need to be extended in order for people to travel to the Dulwich hospital site with ease.
- Parking facilities would need to be available close to the new centre on the Dulwich Community Hospital site (particularly for disabled people).
- The service on both the 37 bus from Rye Lane to East Dulwich Grove or the P13 service from Bellenden Road to Grove Vale was said to be poor. This would need to be addressed to open up ease of access to the healthcare centre.

Some older residents also had queries about waiting times if Option A were pursued and more services concentrated in one location. Consequently, some individuals felt that only particularly focused areas of community healthcare be delivered in a health centre, perhaps just catering for the elderly, for example, or for mothers and babies.

There was some positive feeling, however, towards the accessibility of health services in a health centre, particularly if they were drop-in services. In some groups it was mentioned that “opportunistic” healthcare, particularly screening and healthcare for males, would be taken up to a greater extent if provided in a drop-in manner. It was mentioned at one meeting with a Father and Toddler group that men were not likely to seek out preventive health services proactively and so having them in one location would increase take-up of these health services among this group. Additionally, if a health centre provided workshops or classes for people about various health problems, for example, exercise, they could obtain other health-related advice in the same visit, about mental health or counselling, for instance. This would support the delivery of preventive healthcare as part of NHS Southwark CCG’s overall approach. Another suggestion made in one group was that the health centre could act as a ‘hub’ for care home residents to receive a range of healthcare services in one visit.

Another area of healthcare where it was felt more could be done in a preventive sense was sexual health, although there was some disagreement amongst the groups as to where this service ought to be delivered. At one group, providing treatment for individuals with sexually transmitted diseases across all age groups was most effectively delivered locally rather than at Camberwell Clinic as at present. For others, there were more negative views about sexual health treatment being delivered in a health centre alongside other family health services.

Availability of services

It was commonly remarked that waiting times for GP appointments and then referrals to hospital were long and that improvement was required. Opinion was split about whether Option A or Option B would most likely be able to deliver this improvement. Some felt that offering more services at a health centre and taking pressure away from GP practices would improve the availability of primary healthcare at GP practices; others felt that if specialist community healthcare services were offered in multiple locations (as under Option B), this would improve waiting times for specialist treatment.

It should be acknowledged, however, that the need for change was not accepted by everybody, and some did not feel that either of the Options would have a beneficial effect on the availability of services. In one

group, the health centre was described as an “unnecessary” additional layer of healthcare that carried a significant amount of expense and attempted to change a system that did not require it. Another view expressed by some individuals was that they were satisfied with their current GP practice’s performance, and did not want to see health services distributed across the area as this would jeopardise not only the location of these health services but also the quality.

Quality of care

Another recurring theme that arose across these meetings was the importance of the quality of care – in some cases, more so than the location of health services.

Thinking about Option B, some individuals questioned whether GPs would have the necessary specialist training to deal with certain conditions. Mental health was cited as an area where this was especially important and within mental health, there was felt to be specialisms required for children’s psychological health as well as the elderly.

Additionally some individuals felt that this joined-up delivery of healthcare should come from a range of healthcare professionals including pharmacists, and that in this instance it would be necessary to provide sufficient training so that the quality of care on offer was high.

Joined-up healthcare

A strong argument was made across these meetings for ensuring that future healthcare services would be designed with a holistic concept of healthcare in mind, regardless of the Option chosen. Greater links between social care, mental healthcare, and medical healthcare – be it primary, acute, specialist or preventive – were called for. A health centre was potentially a location from which community health care and health visits could be based and organised.

Suggestions for joined-up healthcare were also made at some of these meetings, including the recommendation that a centre be established solely for the purpose of delivering healthcare services for the elderly. Some also mentioned the possibility of partnering with voluntary and community groups to deliver healthcare services in the community for elderly residents, particularly after undergoing surgery. This follow-up care was felt to be an important part of a holistic model of healthcare delivery.

The point was also made that, currently, healthcare was not particularly joined up where pregnant women and young children were concerned. Some spoke of personal experiences where they had not been looked after by the same midwife over the course of the pregnancy, and their GP practice had not the capacity to provide midwife clinics. At a Father and Toddler group meeting, even where fathers said that the service provided by their GP was variable and not consistent with the performance of others in the area, they were reassured that their child received continuity of care from one professional who could become familiar with their case.

Some were concerned that, under Option B, continuity of care was under greater threat than currently or if Option A were pursued. Some people were uncomfortable with the idea of seeing potentially multiple GPs for different health problems. Not only did they worry that this would be detrimental to their healthcare in that the GP would be unfamiliar with their case, but some raised the importance of the GP-patient relationship and putting patients at ease about coming forward to speak to their GP about a health problem. Mental health was mentioned as an area where this was of particular concern. If Option B were pursued, healthcare services would be, in some individuals’ view, fragmented across the area, meaning that patients might have to receive treatment in numerous locations, and there might also be greater strain on GP practices to cope with demand. This in turn would create more administrative work and, assuming information about patients was successfully communicated across GPs, put greater strain on GPs to deliver joined up and effective healthcare on a case by case basis.

Other concerns mentioned by groups

- Concern about the progressive dismantling of health services was raised and the NHS dentistry was given as an example of this.
- Some called for the Dulwich hospital site to be retained in its entirety.
- Some people wanted drug and substance misuse resources situated away from main healthcare facilities.
- Incorporating aftercare into the new models of healthcare.
- Providing interpreter services and other resources to facilitate communication of healthcare needs for people with disabilities.

3.9 Feedback from stakeholder organisations

A total of 14 stakeholder groups or organisations provided a formal written response to the consultation. These groups represented particular patient groups or associations of medical experts. A list of the stakeholder organisations who responded to the consultation is below:

Community Action Southwark (CAS) and Healthwatch Southwark (HWS)
Southwark Council
NHS Lambeth Clinical Commissioning Group
NHS Lewisham Clinical Commissioning Group
Guy's and St Thomas' NHS Foundation Trust
King's College Hospital NHS Foundation Trust
King's Health Partners
Southwark and Lambeth Integrated Care (SLIC)
South London and Maudsley NHS Foundation Trust
NHS England
Rt Hon Dame Tessa Jowell MP
Southwark Local Medical Committee
Lambeth, Southwark and Lewisham Local Pharmaceutical Committees (LPCs)
The Chartered Society of Physiotherapy

The following is a summary of the feedback provided across these groups, and also the comments they wished to make on behalf of their members/associates.

Preference for Option A

Stakeholders felt that Option A would deliver a centralised point within Dulwich where a range of different services could be provided. It was also felt that a centralised service would be a sustainable healthcare model, capable of delivering high quality healthcare services to Dulwich residents and facilitating an integrated healthcare service across different channels (for example, social care). South London and Maudsley NHS Foundation Trust felt Option A would be an effective way of delivering the care required by mental health service users and the elderly.

In addition, some stakeholder organisations felt Option A offered the most effective way of delivering preventive healthcare to residents across the area. The Chartered Society of Physiotherapy (CSP), for example, suggested that offering physiotherapy to patients in a health centre would offer a number of

benefits from a preventive healthcare point of view: firstly it would have capacity for classes to be held for the benefit of a number of patients at one time; it would allow the concentration of staff with subspecialist skills; and, if people could self-refer, this would reduce the amount of time individuals would have to wait to see the physiotherapy specialist.

Option A was also felt to be stronger in terms of efficiency of resources and cost. Guy's and St Thomas' NHS Foundation Trust said that Option A was a proven model of delivering sustainable healthcare whilst maintaining high quality standards and successfully integrating care with other providers. With this in mind, Guy's and St Thomas' NHS Foundation Trust suggested that there was scope for any new venture pursued by NHS Southwark CCG to be coordinated with similar community healthcare projects, for example, the recently created medical, dental and leisure centre at West Norwood.

Joined-up care

It was felt that in order to deliver high quality healthcare to the residents of Dulwich and the surrounding area, provision for an integrated healthcare service needed to be made. Stakeholder comments included:

- Inclusion of physiotherapy services in both Options by opening up access to physiotherapy in the healthcare centre and organising exercise classes.
- A comprehensive network of community services working across the boroughs of South London and included in the new healthcare system.
- Co-locating children's centres and adult social care services.
- Developing stronger working relationships with the Southwark and Lambeth Integrated Care programme, and with local beacons, such as the centre of excellence for people with dementia.
- Incorporating wider earlier intervention services such as the early help locality teams.'
- Incorporating overall 'well-being' into the new model of healthcare.
- Including voluntary services in the new model of healthcare.

The response from the Rt Hon Dame Tessa Jowell MP emphasised the need for personalised and tailored healthcare to be provided to pregnant women, and that this was lacking in the area at the moment. As well as considering the location of where these services ought to be delivered, she also stressed that staffing and resource needed to be scrutinised. Community Action Southwark and Healthwatch Southwark also supported this point.

Similarly, some stakeholder organisations felt Option A offered the most effective model of joined-up healthcare of the two Options. The Rt Hon Dame Tessa Jowell MP was amongst those of this opinion, commenting that this Option would reduce the fragmentation of health services across GP practices, allowing GPs to focus on delivering core services to a high standard.

Preference for locally-based care for vulnerable groups

Some stakeholders mentioned the importance of ensuring that maternity care and young family healthcare services were as accessible as possible for mothers and families. Option B, having healthcare services based in local GP practices, was felt to be preferable here.

Others mentioned the importance of ensuring equality of access to care for the elderly, the frail and other vulnerable groups, including those who might face difficulty with transport if Option A were to be pursued. Local Pharmaceutical Committees in particular mentioned the risk that, if the health centre were too far away for people to get to, they might simply dial 999 to ensure they receive medical attention quickly.

Other considerations

- Lambeth Clinical Commissioning Group commented that some further consideration ought to be given to urgent and out-of-hours care, whichever of the proposals were pursued. In addition, Local

Pharmaceutical Committees felt that some space at the health centre ought to be used for minor surgery.

- Community Action Southwark and Healthwatch Southwark asked that the impact on district nursing be taken into account.

4. Conclusions

Through responses to the survey, white mail, petitions and the various meetings arranged by NHS Southwark CCG, a number of themes have emerged where individuals would like reassurance, or for their concerns to be addressed if any of the proposals were to come into being. The following diagram summarises the key themes that may deserve particular attention and consideration by the NHS Southwark CCG consultation project team.

Strong support for the CCG's overall direction, with important caveats about cost and accessibility.

- The vast majority of respondents **support the overall model of delivering healthcare** in the community posited by the consultation document. Most buy into the CCG's 'case for change' too and subscribe to the view that **healthcare needs to be delivered in a more accessible setting in their community, rather than in hospital**. However, the CCG must also work to **allay concerns about the cost of delivering these changes and clarify their specific location** - these were key concerns among respondents and doubt or disagreement over these could quickly turn support into opposition.

Option A is preferred to Option B overall, the variable standard of GP services being the driving factor.

- **Option A** in the CCG's proposals is, on balance, the **preferred option among respondents**. Enhanced **quality** of healthcare, improved **availability** of health services and **reduced waiting times** are its key selling points. The main reason for preference over option B is a **worry that certain GP practices would not be able to deliver on the proposals in option B**, either clinically or logistically. However, if option A is to be selected, the motivations of those who chose option B need to be considered - namely that services would be more **accessible** if located closer to home, especially for the **most vulnerable patients**. **GP services are well regarded overall, however, the standard is variable.**

GP services are well regarded overall, however, the standard is variable

- Therefore, for some, there is a **sensitivity about expanding their GP practice's remit** further for fear that GPs would not be able to deliver that service. **GP practices** are the hub of local healthcare provision - they are the **most commonly used** services and they also often came out as the **preferred location** for services to be delivered. However, there is a **good degree of variation in the experience of GP services across the area**, some are satisfied others less so. A consensus emerged that this variability ought to be addressed irrespective of the Option taken forward.

Concerns about potential fragmentation of care and decrease in quality and accessibility due to the new approach to healthcare delivery need to be allayed.

- Irrespective of the option chosen, there are concerns about the **potential implications of fragmenting services across different points of access** - services need to be joined up across the different channels that a patient might go through during their journey as a result of the changes, and key to this is **different providers communicating with each other**. The key messages that people will respond to are **quality and accessibility** - if they are assured that these will not be compromised, they will support change.

5. Appendices

i) Questionnaire

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...

PLEASE TICK ONE BOX ONLY

As an individual	1
On behalf of an organisation (PLEASE SPECIFY _____)	2
On behalf of a group of organisations (PLEASE SPECIFY _____)	3

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

Services at your GP practice	
Standard GP initial consultation	1
Dressings/post-surgical care	2
Antenatal and maternity care	3
Child immunisations	4
Child health clinics	5
Reproductive health	6
Smoking cessation	7
NHS Health Checks	8
Bowel screening	9
Counselling	10
Physiotherapy	11
Heart failure clinic	12
Outpatient services	13
Services at Dulwich Community Hospital	
Blood taking	14
Physiotherapy	15
Renal dialysis	16
Out-of-hours GP services	17
GP services	18
Bladder and Bowel service	19
Dietetics	20
Parentcraft classes	21
Services at Townley Road and Consort Road Clinics	
District nursing clinics	22
Health visiting clinics	23
Speech and language therapy	24
Foot health	25
School nursing clinics	26
Home-based services	
Health visiting	27
District nursing	28
Intermediate care	29
Adult neuro-rehabilitation (stroke) team	30
Adult community rehabilitation team	31
Other (please specify)	98

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 (99)
1. Standard GP initial consultation	1	2	3	98	99
2. Dressings/post-surgical care	1	2	3	98	99
3. Ante-natal, post-natal and 4. maternity care	1	2	3	98	99
5. Child immunisations	1	2	3	98	99
6. Child health clinics	1	2	3	98	99
7. Reproductive health	1	2	3	98	99
8. Smoking cessation	1	2	3	98	99
9. NHS Health Checks	1	2	3	98	99
10. Bowel screening	1	2	3	98	99
11. Counselling, psychological support, memory clinic	1	2	3	98	99
12. Dietetics	1	2	3	98	99
13. Outpatient services	1	2	3	98	99
14. Blood taking	1	2	3	98	99
15. Physiotherapy	1	2	3	98	99
16. Diabetes care	1	2	3	98	99
17. Parentcraft classes	1	2	3	98	99
18. Speech and language therapy	1	2	3	98	99
19. Foot health	1	2	3	98	99
20. Adult neuro-rehabilitation (stroke) team	1	2	3	98	99
21. Heart failure services	1	2	3	98	99
22. Chest disease services	1	2	3	98	99
23. Diabetic eye screening	1	2	3	98	99
24. Breast screening	1	2	3	98	99
25. Audiology and hearing aid support	1	2	3	98	99
26. Minor surgery	1	2	3	98	99
27. Complex contraception	1	2	3	98	99
28. Leg ulcer clinics	1	2	3	98	99
29. Alcohol substance and misuse services	1	2	3	98	99

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)

SECTION 2: HOW WE WANT TO DELIVER HEALTH SERVICES ACROSS DULWICH AND THE SURROUNDING AREA IN THE FUTURE

The population of Dulwich and its surrounding areas has a variety of health needs. These include a high proportion of individuals with long term illnesses, cardiovascular disease and cancer in some wards; and a growing number of older people, expectant mothers and young children. We aim to improve the health of our population by providing the right kinds of care in the right places:

- Ensuring that individuals have access to healthcare advice and diagnostic services at a number of local sites including GP surgeries, pharmacies or at a health centre. This would reduce the length of time people have to wait for treatment and mean that, in many cases they do not need to go to hospital for treatment or advice. (See page 17 for examples)
- Detecting health problems early by improving the availability of screening, immunisation and prevention services in pharmacies, GP surgeries or a health centre, making it more convenient for people to use these services. (See page 18 for examples)
- Providing health services that are closer to home for expectant mothers and young children by providing more services in local community facilities so that care is personalised and tailored to people’s needs. (See page 19 for examples)
- Helping older people and people with on-going health conditions to manage them and remain independent by ensuring care is provided in the community and is more joined up. (See pages 20-21 for examples)

Question 4. Overall, to what extent do you agree with this approach, as laid out in our proposals?

PLEASE TICK ONE BOX ONLY

Strongly agree	1
Agree	2
No feelings either way	3
Disagree	4
Strongly disagree	5
Don’t know	6

Question 4b. Why do you say that?

PLEASE WRITE IN YOUR RESPONSE (OPTIONAL)

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 central health centre providing a wide range of health services (which is likely to be located on the existing Dulwich 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 check-ups 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	1
Agree	2
No feelings either way	3
Disagree	4
Strongly disagree	5
Don't know	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	1
Stay the same	2
Get worse	3
Don't know	99

i) Why do you say that?

PLEASE WRITE IN YOUR RESPONSE (OPTIONAL)

b) PEOPLE'S ABILITY TO GET TO PLACES WHERE 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	1
Stay the same	2
Get worse	3
Don't know	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?

--

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 check-ups 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 narrower range of services as described in Option B?

PLEASE TICK ONE BOX ONLY

Strongly agree	1
Agree	2
No feelings either way	3
Disagree	4
Strongly disagree	5
Don't know	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	1
Stay the same	2
Get worse	3
Don't know	99

i)

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b) **PEOPLE'S ABILITY TO GET TO PLACES WHERE** 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	1
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Stay the same	2
Get worse	3
Don't know	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?**

Question 9. Are there any other ways in which health services in Dulwich and the surrounding area should be delivered?

PLEASE WRITE IN YOUR RESPONSE (OPTIONAL)

Question 10. Thinking about the building for the proposed health centre set out in options A and B, which of the following is important to you?

	Very important	Quite important	Not important	Don't know
1. Being open at weekends and early evenings	1	2	3	
2. Access to parking spaces	1	2	3	
3. Access to public transport	1	2	3	
4. Facilities for drop-in health checks (blood pressure machines)	1	2	3	
5. Group space for health workshops	1	2	3	
6. The availability of non-health related advice services (for example, benefits advice)	1	2	3	
7. Healthy café and social space	1	2	3	

SECTION 4: THE CASE FOR CHANGE

Question 11. Below are some statements which summarise the reasons why the proposals for delivering health services in Dulwich and the surrounding area above have been put forward now. For each, please state the extent to which you agree or disagree with them, if at all.

- a) **Local health services need updating in order to meet local needs.**

PLEASE TICK ONE BOX ONLY

Strongly agree	1
Tend to agree	2
Neither agree nor disagree	3
Tend to disagree	4
Strongly disagree	5
Don't know	99

- b) **Community services need to be close to where people live and have up-to-date facilities, so that hospitals can allocate their resources to treating the seriously ill and specialist resource is more effectively distributed.**

PLEASE TICK ONE BOX ONLY

Strongly agree	1
Tend to agree	2
Neither agree nor disagree	3
Tend to disagree	4
Strongly disagree	5
Don't know	99

- c) **Some local GP practice buildings need improving.**

PLEASE TICK ONE BOX ONLY

Strongly agree	1
Tend to agree	2
Neither agree nor disagree	3
Tend to disagree	4
Strongly disagree	5
Don't know	99

SECTION 4: OVERALL VIEWS

Question 12. Is there anything else that you think NHS Southwark Clinical Commissioning Group should take into account when developing their proposals for how services should be delivered locally?

PLEASE WRITE IN YOUR RESPONSE (OPTIONAL)

ii) Summaries of the two deliberative events

Improving Health Services in Dulwich and the Surrounding Areas

30th April 2013, at St. Barnabas Church

The meeting at St Barnabas Church had around 30 attendees from Dulwich and the surrounding area. Attendees from NHS Southwark CCG included Rebecca Scott, Rosemary Watts, Colin Beesting and Malcolm Hines, Chief Financial Officer of Southwark CCG. Dr. Femi Osonuga and Dr. Roger Durston were also present as well as two senior nurses, Barbara Hills, Directorate General Manager, Children's Community Services, and Gwen Kennedy, Director of Client Group Commissioning.

The following is an account based on observations made by Opinion Leader, who attended and recorded the proceedings in their entirety. For the event, a recorder captured the beginning of the meeting, the presentation, the questions asked at the beginning of the event and the Q&A section at the end. An individual from Opinion Leader was present at each of the two tables for the discussions.

The meeting began with an introduction on how the public meeting at St. Barnabas Church fitted into the consultation process and what the overall objective of the consultation was; that being to glean insight from the people in the area on the subject 'Improving Healthcare Services in Dulwich and the Surrounding Area'.

After the presentation, a series of round-table discussions ensued. For the discussion, the room was split out into four tables of groups with a moderator from Verve Communications and a healthcare specialist on each table, who provided points of information and clarification where necessary as the discussions progressed. The discussion was split out into four main themes: primary care, preventive care, young family healthcare; and healthcare for long-term conditions. Each table of participants had fifteen minutes to discuss each topic with their table and the relevant healthcare specialist before rotating and moving onto the remaining three topics. The discussions focused on participants' views on the services proposed; their feelings towards the proposals (Option A and Option B in particular) in the provision of these health services; and additional comments and considerations that ought to be borne in mind when planning healthcare across Dulwich and the surrounding areas in the future.

Key themes from the discussions

1. System for logging Medical Records

- a. It was strongly felt that for Option A and Option B, a system to log each patient's medical records across all healthcare services was essential to their success. Individuals stressed the importance of their records being joined up across the potential healthcare centre, hospital, pharmacies and GP surgeries. This would both free GPs up from time-consuming paperwork and allow for safe, quality healthcare services for each patient in the area.

2. Information on Cost-Saving element of Proposals

- a. Those at the public meeting felt it was important to understand which option would save more money, as without that information, it was difficult for them to understand why the changes were being made and which one would be more beneficial for the NHS and their area.

3. How can GP surgeries be expanded to realise Option B?

- a. A number of tables asked this question, wondering how GP surgeries of different sizes and capacities could possibly accommodate a variety of healthcare services.

4. Accessibility

- a. Both Option A and Option B raised concerns around accessibility. Details on this are given below.

Group 1: Primary Care – Dr Roger Durston, GP

Two of the core services most commonly used were blood tests and ultrasound services. Some individuals felt that there was no mention of district nurses and their role in delivering primary care across the area.

Group 2: Prevention – Gwen Kennedy, Nurse and Director of Client Group Commissioning (Southwark CCG)

Some individuals noted that physiotherapy was not included on the list of prevention services. Another point raised was the question of whether or not GPs would be specialised enough in different areas of healthcare if they are to be responsible for all specialised services in each GP surgery.

This was informed by the ‘centre for excellence’ model, something that cropped up in a number of tables. The optimum scenario agreed upon by participants was to have a number of GPs with specialised knowledge in specific areas of healthcare, which would cover all healthcare needs in the area.

A suggestion made was to allow GPs or other healthcare professionals to specialise in a particular area of healthcare, and mobilise around the area, from GP surgery to GP surgery. This would allow for them to deliver good quality healthcare and it would also improve accessibility as residents could plan their appointments around times that GPs were visiting their local surgery.

Group 3: Young Family Healthcare – Barbara Hills, Nurse and Directorate General Manager, Children’s Community Services (Southwark CCG)

Allergies and audiology services were mentioned by some as missing on the list of services for young family healthcare.

Some felt that family healthcare services, particularly maternity services, should be located in the health centre, as they were very specific services requiring specialist materials/staff.

That said, a number of women felt it was important to have these services locally, so that while pregnant/trying for a baby/using contraception they could develop a rapport with their Doctor and their children would also develop familiarity with their GP.

A number of people mentioned the importance of having fixed, accurate appointment times for children, to ensure that they were not waiting too long.

People also mentioned that, to date, they felt their maternity care/the care received by people they knew was fragmented. This was something they wanted to see changed, as they felt it was important that all healthcare specialists seeing them throughout their pregnancy be aware of their condition and their needs as an individual.

A number of people mentioned the fact that sexual health/contraception services were currently located in a building separate to GP clinics. They felt that this set-up made service users feel uncomfortable, and asked that these services become more integrated, either through GP surgeries or the Health Centre. At least one person strongly felt these services should be kept separate from other health care services.

Group 4: Long Term Conditions – Dr Femi Osonuga, GP

Opinion was split on whether or not Option A or Option B was more preferable. Option A was appealing as people felt it would free up GP appointments.

It was also felt that Option A might be a more efficient system for keeping joined up records on each patient in the area.

The Centre of Excellence point was raised again here, and whether Option B would allow GPs to become specialised enough to deal with specific areas.

It was felt that it might be appropriate for one healthcare Centre of Excellence to exist for the very old, and one for the very young.

It was mentioned that some services could be facilitated by pharmacies and pharmacists, if proper training was provided. An example given was phlebotomy.

Accessibility was a key concern within this group (and a key theme overall). For the Health Centre, people mentioned that there is currently only one bus that goes there and, despite there being a train station nearby, it was relatively difficult to access the building directly from the train station.

Questions and Answers Section

Attendees then reconvened for a questions and answers session (with each table submitting two questions each). A panel consisting of Southwark CCG representatives and two healthcare specialists, Dr. Femi Osonuga and Dr. Roger Durston answered two questions put forward from each table.

Q1. The fewer people that use hospitals, the more resources will be provided for the local healthcare CCG. Does this mean that healthcare services are more expensive to provide in hospitals than in the community?

A1. In many cases, yes, that is because of the infrastructure, the land and the equipment that hospitals need. Some services need to be in hospitals because of the equipment etc. and they are not the sort of services the CCG looking to move. (Rebecca Scott) Every visit to hospital costs £250; costs for community care visits are substantially less than that. (Malcolm Hines)

Q2. Once the consultation is completed and the CCG has decided what they're going to do, what is the timeline to move on from the decision to the new range of services?

A2. Roughly about three years, although there may be changes in the interim. (Rebecca Scott)

Q3. Is Option B being seriously considered? It seems to be more difficult to manage and implement, it's probably more expensive, and it's possibly less effective.

A3. Option B is being seriously considered. Option B is closer to what is happening at the moment, although not as efficiently. (Dr Roger Durston)

Q4. Is there a GPs collective view on which option could be better? If so, what is it?

A4. No there is not a collective view. (Dr Femi Osonuga)

Q5. Not all GP surgeries are the same size and do not all offer the same range of services. Are things going to get fragmented?

A5. If a GP is providing a service, it is going to be as comprehensive as it can be. With the health centre option, The CCG might be able to have more specialist services coming from the hospital to the health centre. (Dr Femi Osonuga)

Q6. Can we have clarification over what will happen to the land on the Dulwich site?

A6. The CCG talked about maybe needing 30%, perhaps more, of the Dulwich site for a health centre. In relation to the rest of the site, the CCG will be guided by needs of other public sector services first. Government regulations say that use of the site must be offered to public sector bidders first. The council has a consultation on its own planning guidance, which finishes today (the 30th April 2013). This makes mention of the Dulwich site and talks about the potential for health, residential and other mixed use development in the future. There may be scope for the site to be developed into a primary school. This could be part of an overall business case in a few years' time. (Malcolm Hines)

Q7. Are there any other barriers to overcome before the new healthcare services could be realised?

A7. The CCG will have to get planning permissions. The council would have to look at the proposition. (Malcolm Hines)

Q8. Do you agree that the need for absolute clarity between what is done at the GP level, and what is done at the central level and secondly, do you agree that it is adding to the complexity of an already complex system if GPs refer to other GPs for other services?

A8. The CCG is very much listening over the next few weeks to get to a final set of recommendations. This is a time of financial constraints; going forward, the CCG does not expect that to get any easier. The best combination the CCG can get in terms of primary care and a centralised healthcare centre will provide the best long term solution for the Dulwich area. (Malcolm Hines)

The area has had a GP to GP referral system for the best part of 20 years. That seems to have worked well, however as time passed it has become more inefficient. The CCG agrees that clarity and simplification are the goals of the proposals. (Dr Roger Durston)

Improving Health Services in Dulwich and the Surrounding Areas

22 May 2013, at St. Barnabas Church

The meeting at St Barnabas Church had around 20 attendees from Dulwich and the surrounding area. Attendees from NHS Southwark CCG included Rebecca Scott, Rosemary Watts, Colin Beesting and Malcolm Hines, Chief Financial Officer of Southwark CCG. Dr. Femi Osonuga and Dr. Roger Durston were also present.

The following is an account based on observations made by Opinion Leader, who attended and recorded the proceedings in their entirety. For the event, a recorder captured the beginning of the meeting, the presentation, the questions asked at the beginning of the event and the Q&A section at the end. An individual from Opinion Leader was present at each of the two tables for the discussions.

The meeting began with an introduction on how the public meeting at St. Barnabas Church fitted into the consultation process and what the overall objective of the consultation was; that being to glean insight

from the people in the area on the subject 'Improving Healthcare Services in Dulwich and the Surrounding Area'.

Presentation

During the presentation, a number of questions arose. They are listed below along with the answers provided:

1. **Q.** Is this the only public meeting for the consultation? The age demographic is not representative of the Southwark community.
A. This is the second public meeting. Over the course of the consultation, drop in sessions, patient participation groups, discussions with specific patient groups and other forums for people to give their views have been held.
2. **Q.** What was the age profile at the previous public meeting?
A. At the other public meeting there was a great spread of ages including young mothers.
3. **Q.** Have the press been invited to public meetings?
A. The press have not been formally invited, but they are welcome to attend.
4. **Q.** Where will the services be located? Will the Dulwich hospital site be used?
A. This will be covered in the presentation.
5. **Q.** If services were to be moved from GP centres to a central hub, would that cost more?
A. No.
6. **Q.** What is the difference in costs between current services and proposed services?
A. There is a very clear difference in cost between hospital prices for a consultation and the price of a consultation in a local healthcare centre or GP practice. This is why the proposals aim to move primary healthcare to a more community-based location.
7. A number of other questions were asked over the course of the presentation, and participants were asked if they might 'hold their thoughts' and raise them in the group discussions as GPs would be present and better able to answer the question.

These questions included:

- Q.** What is the rationale for not sending someone to a specialist in a hospital?
- Q.** If specialists were to operate out of GP practices, would there be space for that? How would the specialist services be organised? GPs would be trained as specialists?
- Q.** Would it be cheaper to move more GP services to a healthcare centre?

It was pointed out that as the group was composed of older people, it was difficult for them to remember the questions and so it was easier to ask them as the presentation proceeded.

The facilitator explained that there were post-it notepads in the centre of the table for people to write down questions to make sure they remember them. Participants were also informed that there would be an overall Q&A session at the end of the discussion to address any outstanding questions.

For the discussions, the group was split into two tables and discussions took place along four themes; primary healthcare, preventative healthcare, maternity and family healthcare and healthcare for the elderly and those with long term conditions.

Key themes from the discussions

1. A number of people present felt they did not have adequate information to make a judgement on how best to decide between option A and option B for healthcare needs. They felt they needed more information on costs, on how GP surgeries could be expanded to house extra healthcare needs, on how specialists would operate in Option A and Option B to deliver healthcare needs, and so on.
2. A key concern for the group was the inclusion of out-of-hours services as a consideration for primary care services, regardless of whether or not Option A or Option B were chosen.

Primary Care

The rationale behind the proposals

- Some of those in the group questioned why the new proposals to house primary care in the community were being put forward. They were informed by Dr. Osonuga, the GP present at the table that many low risk treatments can be managed in primary care in the local community which would free up time for high risk treatments to be treated at a hospital.

Retaining the Dulwich Hospital Site in its entirety

- Some strongly argued for the entire Dulwich hospital site to be retained for the new healthcare centre, as the bigger the health centre, the better able it would be to meet the needs of the community. It was also strongly felt that if the site or part of the site was lost, it would be extremely difficult to get it back for healthcare services in the community.

Out-of-Hours' Services

- Some felt that in order to ensure sufficient access to primary care via out of hours' services GP's commitment to working out of hours and full hours was necessary. A suggestion made was that more minor primary care procedures could be carried out by nurses or pharmacists, to free up GP time.

Specialist Services

- Some participants mentioned the importance of including diagnostic services and also, ensuring that GPs were sufficiently specialised to deal with more complicated on-going health needs like diabetes.

GP services

- A number of those present felt that they would prefer for primary care to be provided in a GP surgery as they would be more confident that a regular GP would understand their specific health needs and history.

Working towards the ideal healthcare option, rather than option A or B

- Finally, the group asked the CCG to focus on an ideal version of healthcare and to work towards that, rather than trying to orientate a fresh healthcare service around the existing reality/set-up of GP surgeries and the Dulwich Hospital site.

Prevention

Additional services/issues

- On the list of preventive healthcare issues, those present asked for falls clinics, chiropody, sexual health and reproductive health to be included.

Centralised health services

- A strong argument was made by some of the group for housing all healthcare services in a central location, as it was felt that currently, treatment for some services was laborious, as patients had to travel between GPs, Dulwich Hospital and other healthcare locations.

Improving access to and knowledge of preventative healthcare

- The subject of screening for breast cancer was brought up and those present felt that mobile units were not an effective preventive measure. They felt that mobile units spread resources too thinly and that patient choice was being prioritised over the efficiencies of care.

GP working hours

- Again, the subject of consistent, full-time GP working hours was felt to be a key area for ensuring efficient preventive care.

Young Family Healthcare

Accessibility of healthcare

- Some of those present felt that there was a severe lack of resources for expectant mothers. A key issue raised was accessibility of these services, to ensure that mothers did not have to travel too far for their healthcare needs.

Integration of health services

- A criticism that emerged was the feeling that at present, there is a lack of joined up care between GPs and midwives, with little opportunity for the two groups to interact and with the result that there is a lack of clarity over who is responsible for healthcare needs.
 - Some felt that a centralised healthcare centre would be better for this as it would facilitate joined up healthcare, communication between groups and would ensure consistency of care for mother and baby.
 - Others in the group, however, felt that locating young family healthcare in GP surgeries was preferable as this would allow for a relationship to be established between mother and GP, with greater scope for understanding the patient's healthcare history and needs.
 - Continuity of care for mother and baby was mentioned, to prevent healthcare problems emerging. Visits to mother and baby and clear lines of communication between healthcare specialists were felt to be important elements to consider for this group.

Out-of-Hours care

- Out-of-hours access for family planning, contraceptive and sexual health needs was mentioned here and it was felt that STI screening etc. needed to be more accessible.

Long Term Conditions

Integration of health services

- People were positive about communication between social services, pharmacists, and GPs. They felt, however, that care and health needed to be integrated further to ensure joined up care for those with on-going conditions.
- The concept of integrated care was stressed here. People wanted to see a healthcare service that joined up re-enablement, social care, acute hospital care, primary care, preventive care and so on.
 - They questioned how out-of-hours care would be factored in to these conditions and how it could be organised within option A or B to ensure continuity of care.
 - A suggestion made by the group was to include charities' expertise in the delivery of health and social care services to older people or people with long-term conditions. It was felt that the NHS alone would not be able to provide adequate social care and comfort to vulnerable people in the community. Therapy for older people like art and other social/mobility activities were considered key services for ensuring rounded, excellent healthcare for this group.

Option A

- The Betty Alexander Clinic was mentioned a number of times as an example of a facility delivering excellent healthcare services for older people with multiple illnesses, providing a range of treatments in one location.

Option B

- Others, however, felt that having a familiar GP as a first point of contact was an important aspect of healthcare and they did not want to lose that contact.

Additional services/issues

- Of the list of long-term conditions, people mentioned that dementia and respite care should be included. Lung function tests, warfarin services, and having district nurses to come and visit people were also services people wanted to include for elderly residents.
- On the subject of mental health, people felt that it was vital that expert care be provided for young people and other age groups with mental health needs.

Questions and Answers Section

[Not word-for-word responses]

Attendees then reconvened for a questions and answers session. A panel consisting of NHS Southwark CCG representatives and the two clinical leads on this project, Dr. Femi Osonuga and Dr. Roger Durston answered the questions put forward from each table.

Q1. Where will the funding come from to train specialists to work in community care or will it be people from Kings Hospital coming out to clinics? How does this relate to Kings and to the departments that are there already? For example, the physio department, who's going to be using that? Why would you have a duplicate on the Dulwich site?

A1. (Malcolm Hines, CFO of Southwark CCG) In terms of training, NHS Southwark has training for clinical staff. NHS Southwark as clinical commissioning group does not directly employ clinicians; we arrange contracts and services and monitor the quality of services. Our biggest contacts are with Kings, Guys and Slam Mental Health Trust. NHS Southwark is part funding, as are the department of health, various education activities for the hospital-based employees. Also through funding routes comes the training funding for GPs and registrars who move up and become GPs and other specialists. That funding is provided through our contracts and through money from central government for training and research. That provides an on-going stream of people. In terms of the sort of things we are talking about here, there are specialists within the hospital setting, the community setting and the GP family. There are many GPs already who have additional training and specialist interests. NHS Southwark goes out to procure or purchase services from both hospital and GP specialists.

Q1. You imply extra specialism, are you saying you already have that from the GPs? Who's going to do it in future? Who is going to make up these hours?

A1. (Malcolm Hines, CFO of Southwark CCG) I'm saying we have a mixture of skills both within the GP family and within the hospital. It's about us looking and negotiating what we need to provide the pattern of services that you're helping us shape through this consultation. There will not be a one fits all. There will be different patterns.

A1. (Dr. Osonuga) The questions I have - how do we prevent duplication? How do we prevent distortion of services and disjointed services? If anybody needs to have step up care from the clinic, we can easily transfer that to the hospital and from there, if needed, we can transfer to a specialist. In terms of the capacity within primary care, the question should be- where are you going to do that? Most GPs will be part time now, because of the nature of the workforce. We want to provide a joined up care service, a step up service, so if a person visits their GP and needs great specialism, we can easily transfer that person to hospital, to a specialist.

A1. (Dr. Durston) A lot of people coming into General Practice have particular interests. It's different in every place, but what we want to do is make Southwark a place where good clinicians want to work. It's how can we structure ourselves so that good clinicians want to come and work in Southwark rather than Bromley? GPs with an interest in dermatology for example, club together for basic dermatological needs so that consultants, who are expensive, can deal with more complex needs.

Q2. Are there going to be changes to the out-of-hours' services?

A2. (Dr. Osonuga) At the moment, there are a variety of out of hours' services. In Lambeth and Southwark there is a collective of GPs who provide out of hours care with SELDOC. Also the rapid response team for elderly care work over the weekends so that is a 24/7 service and that is new.

Q3. Will there be access to patients' history in out of hours' services?

A3. (Dr. Osonuga) We are trying to develop an IT and computer system to help us share information. One of the drivers for this will be a strong IT system.

Q4. When drafting the proposal and looking at options A and B, how is the Betty Alexander Clinic tied into that?

A4. (Dr. Durston) The Betty Alexander Clinic is a specialist service for the elderly. What they try to do is approach it in a holistic manner. It is a very good example of a clinic that is a very valued service by my patients and by me. I know if I send a patient to The Betty Alexander Clinic I will get the whole person looked at in a sensible joined up manner. As the population gets older in Southwark, quite clearly, we are going to need more of that. We will look closely at Betty Alexander to see how we can deliver that sort of service to the patients of Southwark.

Q5. Is this process actually going to happen?

A5. (Malcolm Hines, CFO of Southwark CCG) Yes absolutely. We are going through a very thorough process of consultation. We are required to by the department of health and we value it. We want to hear people's views. In terms of Dulwich Hospital, we will come back with a write up a full report. We will take that to our Governing Body and from there, we continue with work on our business case. Late 2013, then we will at the earliest opportunity be seeking to get that approval. We're talking to councillors to keep them briefed. From our point of view, everybody's views are vital. In terms of decisions, we hope to get to decision points over the next few months and then work on the business plan during the following months.

Q6. Are you going to be able to go through the business case in a reasonable timeframe?

A6. I think the answer is yes. The council has run a consultation on their Supplementary Planning Document in which the Dulwich hospital is mentioned. The council talks about their future vision for this part of the borough. It talks about the Dulwich hospital site being used for healthcare, and some residential and potentially primary school development. We have had discussions with these people. When we put in a planning application, clearly our interest is to deliver improved healthcare services. As part of that, the council is going to say, 'what are the plans for the rest of the site?' The answer is that we have to offer the rest of the site before it goes to any other purpose, to the rest of the public sector. I'm choosing my words carefully because I have to present a business case that shows we are getting the best value.

Q7. Have GPs been instructed about the message they should have on their telephone?

A7. (Dr. Durston) As it happens, one of the residents in Dulwich checked about half the answering machines in Southwark. General Practice isn't just about GPs; it's about the other staff. An accurate answer phone message does not cost any money. It will save money.

A7. (Malcolm Hines, CFO of Southwark CCG) We have gone back to all practices in the last week and reminded them to check and asked them to have appropriate messages for daytime and for the weekends.

Q8. GP surgeries should have proper services. Some practices are larger than others, how can they all have the same services?

A8. (Dr. Osonuga) I don't think we can settle for this in this day and age. The building should improve access to primary care. How do we improve that access? That is what we are discussing here. How do we address the inequality? Do we have small practices and big practices sending their patients to a health centre or do we find a way to do it within their surgery? Your opinion on that is meant to shape how we make this decision.

Q9. Is anyone taking any notice of that standard of GP premises? Are they monitored? What happens when you see a surgery with consistently poor ratings?

A9. (Malcolm Hines, CFO of Southwark CCG) There are surveys done every couple of years of all premises. Once those are done, there are discussions with the practices. We carry out checks and we are due another check shortly. We do take note of them and take note of issues with premises. NHS quality services take action of premises being improved over the next couple of years. We now have Care Quality Commission that can visit practices unannounced.