

MEETING

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

DATE AND TIME

MONDAY 24TH FEBRUARY, 2020

AT 7.00 PM

VENUE

HENDON TOWN HALL, THE BURROUGHS, LONDON NW4 4BQ

Dear Councillors,

Please find enclosed additional papers relating to the following items for the above mentioned meeting which were not available at the time of collation of the agenda.

Item No	Title of Report	Pages
1.	BARNET CCG - DECISION ON CRICKLEWOOD WALK IN SERVICE	3 - 8

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Cricklewood Walk in Service update**13 February 2020**

	<p style="text-align: right;">AGENDA ITEM 11</p> <p style="text-align: center;">Cricklewood Walk in Service update</p> <p style="text-align: center;">13 February 2020</p>
Title	Cricklewood Walk in Service Update
Report of	Barnet CCG
Wards	Wards most likely to be impacted Childs Hill, Golders Green, West Hendon and Hendon but the walk in service is available to all patients in the borough and beyond.
Status	Public
Urgent	No
Key	No
Enclosures	<i>Report proposing closure of Cricklewood walk-in service to Barnet Primary Care Procurement Committee</i>
Officer Contact Details	Sarah D'Souza, Director of Commissioning
Summary	

Barnet CCG is the lead commissioner for the Cricklewood walk-in service and Brent CCG is an associate to the contract. Both Barnet and Brent CCGs proposal to close the Cricklewood walk-in service at the end of its contract on 30 June 2020 was approved by the primary care committees of Barnet and Brent CCGs at their meetings held in public on 12 and 13 February 2020.

The CCGs approved this along with a number of recommendations to support the implementation of the decision. These are listed below.

1. The walk-in service located at Cricklewood GP Health Centre should close at the end of the current contract (30 June 2020).
2. The CCGs should continue with a programme of awareness-raising with the local population as to the alternatives to the walk-in service and the national direction of travel to develop Urgent Treatment Centres and GP Access Hubs delivered through Primary Care Networks. The programme to be informed by the outcome of the engagement process and by ongoing engagement with local patient groups as set out in point 5.
3. As part of its procurement of the Cricklewood GP practice, Barnet CCG to specify a higher level of access to appointments in core hours to improve access in an area of population growth. The Practice's Patient Participation Group (PPG) representatives are to be invited to take a role in the procurement process to ensure that access arrangements reflect local need.
4. Barnet and Brent CCGs to work together to develop approaches for reducing unnecessary A&E attendances at the Royal Free Hampstead site, in particular by engaging with their respective GP Federations and local primary care networks (PCNs) to ensure GP extended access hubs meet the needs of the local population.
5. Barnet and Brent CCGs to set up a time-limited Primary and Urgent Care Development Group to meet during the mobilisation of the end of the walk-in service and beyond to:
 - Consider primary care access, raising any specific issues related to access in the area with respective commissioners and providers.
 - Develop and oversee the implementation of an effective communications plan to ensure local people are aware of changes to services and alternatives.

This group would invite representatives from Camden CCG, representatives from PPGs from local practices, PCNs and Healthwatch. This group to report through relevant Barnet and Brent governance arrangements.

The full decision-making report is available on the [Barnet CCG website](#). The report sets out in detail the CCG reasons for proposing the closure, the various analyses conducted, the results of the engagement process, the CCGs' responses and the recommendations made to its respective committees.

Officers Recommendations

1. To note both Barnet and Brent CCG's decision to close the Cricklewood walk-in service at the end of its contract on 30 June 2020 and the full report which is available on the [Barnet CCG website](#) which provide the various analyses conducted, the results of the engagement process, the CCGs' responses and recommendations made.

1. WHY THIS REPORT IS NEEDED

- 1.1 The HOSC is a key stakeholder in respect of local health services. The CCG has provided regular updates to the HOSC on the development of the proposal for Cricklewood walk in service and the engagement process. The CCG agreed to provide a further update to the HOSC on the outcome of the engagement process, which ran between 12 August and 18 November 2020.

2. THE ENGAGEMENT - SUMMARY

- 2.1 Barnet and Brent CCGs undertook a joint engagement process for both public and stakeholders on a proposal to close Cricklewood walk-in service. The proposal was based on the fact that the service:
 1. Duplicates services that are already available within both boroughs.
 2. Offers a limited service to local people.
 3. Does not help the CCGs to achieve local urgent care priorities.
- 2.2 The CCGs received over 600 completed questionnaires during the 14-week engagement process. These, together with feedback from other stakeholders and content from pre-engagement work have been analysed independently.
- 2.3 A large majority of respondents would like to see the walk-in-service retained. Many people said they used the service because it provided care out of normal GP hours or because they were unable to get an appointment with their GP.

3. THE RATIONALE AND RECOMMENDATIONS APPROVED BY THE CCGS

- 3.1 In making a decision on whether to close Cricklewood walk-in service once the current contract comes to an end, the CCGs need to ensure:
 1. Decisions are a good strategic fit, with consideration given to the direction of travel of healthcare and the long-term future of the health benefits and the NHS in general
 2. They listen to and understand the views of the public and stakeholders.

3. The quality of healthcare is maintained or improved.
4. Particular groups (with protected characteristics) are not treated less-favourably or put at a disadvantage compared with others without a protected characteristic; ways are found to remove or reduce existing inequalities; and plans are made to reduce any disadvantages more generally.
5. Any decision is financially wise.

3.2 Following a detailed assessment against the factors set out above the CCGs find that:

- Demand for the service has reduced year-on-year since 2016/17. At the same time, there have been annual increases in people attending local A&E services with primary care needs. The service is not helping to address the pressures on emergency services.
- Although the walk-in service provides an extra place where people can access urgent care in an area of population growth, both Barnet and Brent CCGs think that the primary care needs of the population can be better met by alternative local services – in particular:
 - GP extended access hubs in Barnet and Brent.
 - Improved access available through an enhanced digital offer in practices.
 - The GP practice located in the Cricklewood GP Health Centre, which will be re-procured and will have capacity to grow in line with the local population.
- Although convenient for people who live near it, the service does not address the longer-term health needs of patients and is not aligned with the local and national aspirations for integrated urgent care and Primary Care Networks.
- There is no strategic or financial case for developing a Urgent Treatment Centre on the Cricklewood site.

3.3 The following factors have been considered by the CCGs in developing the following recommendations to their respective committees which were approved at both CCGs respective committee's last week:

1. The walk-in service located at Cricklewood GP Health Centre should close at the end of the current contract (30 June 2020).
2. The CCGs should continue with a programme of awareness-raising with the local population as to the alternatives to the walk-in service and the national direction of travel to develop Urgent Treatment Centres and GP Access Hubs delivered through Primary Care Networks. The programme to be informed by the outcome of the engagement process and by ongoing engagement with local patient groups as set out in point 5.
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5. Barnet and Brent CCGs to set up a time-limited Primary and Urgent Care Development Group to meet during the mobilisation of the end of the walk-in service and beyond to:
 - Consider primary care access, raising any specific issues related to access in the area with respective commissioners and providers.
 - Develop and oversee the implementation of an effective communications plan to ensure local people are aware of changes to services and alternatives.

This group would invite representatives from Camden CCG, representatives from PPGs from local practices, PCNs and Healthwatch. This group to report through relevant Barnet and Brent governance arrangements.

- 3.4 These recommendations were considered and approved by the Primary Care Procurement Committee of Barnet CCG (13 February 2020) and the Primary Care Commissioning Committee of Brent CCG (12 February 2020).

4. POST DECISION IMPLEMENTATION

- 4.1 This paper informs the HOSC on the Barnet and Brent CCGs' decision to close the Cricklewood walk-in service on 30 June 2020. An outline of the mobilisation plan and the risks identified with risk management actions can be seen at section 10 and 11 of the decision-making report available on the [Barnet CCG website](#).

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

- 5.1.1 The closure of Cricklewood walk-in service are in line with the corporate priorities set out in the Health and Wellbeing Delivery Plan which includes care closer to home as a key vehicle for the delivery of better outcomes for local people.

5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

- 5.2.1 The rationale for the proposed closure described in the paper are to improve the health and wellbeing of local people by improving primary care and integrating urgent care provision so that wider needs can be met which is not the case in the current walk-in service model.
- 5.2.2 The majority of savings released following closure of the Cricklewood walk-in service, would be reinvested in local primary care or held as a contingency to address changes in the flow of patients from primary to secondary.

5.3 Social Value

- 5.3.1 Primary care and associated network provision including social prescribers are the key

vehicle for population health management as part of an integrated care system.

5.4 **Legal and Constitutional References**

NHS Act 2006 as amended by S14 of the Health and Social Care Act 2012

5.5 **Risk Management**

5.5.1 Risks associated with the decision to close the walk-in service is detailed in section 11 of the decision-making report, available on the [Barnet CCG website](#).

5.6 **Equalities and Diversity**

5.6.1 A full Health and Equalities Impact Assessment is developed and is available on the [Barnet CCG website](#).

5.7 **Corporate Parenting**

5.7.1 The availability of good local primary care is important in the context of looked after children.

5.8 **Cricklewood walk-in service decision making papers**

5.8.1 The decision making report with appendices are available on the [Barnet CCG website](#).