

Lewisham PCT consultation on Health Services in North Lewisham (Waldron Health Centre) 12th January – 6th April 2009

Background

The Healthcare for London consultation introduced the rather ill-defined concept of “polyclinics”, which did not receive a good press. Before the process had even ended, they had begun to morph, and by March 2008 we had “GP-led health centres” and “integrated health centres”, at that time also ill-defined. In April 2008 the Department of Health told the PCT that they *must* develop a “GP Led Health Centre”, which was now defined as an entity which would:

- Provide core GP services
- Open 8am-8pm, 7 days a week
- Offer bookable GP appointments and walk in services
- Offer all services to both registered and non-registered patients
- Easily accessible location
- Maximise opportunities for integration and co-location with other services.

They were further instructed that it must be tendered for under an Access to Primary Medical Services (APMS), which allows private providers to tender.

The Waldron Health Centre in New Cross is really the only place where the PCT may have sufficient space in its own premises for developing such a service. Initially, they were planning a fairly brief consultation, but both the Council’s Healthier Communities Select Committee and the GPs’ Local Medical Committee (LMC) reminded them that section 242 of the NHS Act 2007 placed a duty on NHS organisations to involve and consult with the public and with patients to shape services. So the PCT proposed a 3 month consultation on

- A GP Led Health Centre at the Waldron
- An integrated health care centre, also at the Waldron
- Urgent care provision, including proposed closure of the New Cross walk-in centre

The documents are available at:

<http://www.lewishampct.nhs.uk/?assetId=1732&assetGroupId=10>

They are also supposed to be available at GP surgeries, pharmacies, libraries etc.

Why does the Department of Health (Government) say we need “GP Led Health Centres”?

They say that locating such centres in areas of high health needs will improve access to services and reduce health inequalities. They will improve the patient experience, by allowing both walk-in and bookable services, and longer hours. They will bring care closer to home. These are all indeed worthy aims.

There is no evidence that such a service will achieve any of these aims.
The DoH and Lord Darzi simply assert that they will.

“Access” is a complicated issue, and is much more than longer opening hours. The reasons people do not visit a doctor are very many and varied, including cultural and personal health beliefs, recognition (or otherwise) of the need for services, physical proximity of the service, costs of attending (both financial and in time), language barriers, availability of transport, space within the building for wheelchairs/pushchairs, places for young children to play, availability of a friend or family member to accompany an older person.... There is consistent anecdotal evidence that the extended opening hours offered by many GPs in Lewisham (under the recent enhanced services contract) are being utilised by exactly the same people who use the in-hours services. This was the reason Saturday morning surgeries were abandoned a few years ago.

If longer hours and walk-in services were so popular, and made such a difference to local health care, why is the PCT proposing to close the New Cross walk-in centre? The number of people attending the centre has been in steady decline, such that opening hours have already been cut. The appendices in the Darzi report include surveys which consistently show satisfaction rates with local doctors/GPs of about 80% (range 77-82%), whereas satisfaction with walk-in centres was only about 36% (range 30-43%). There is no evidence that walk-in centres have had *any* effect on health inequalities.

What patients most value about their experience of GPs is being able to see somebody they know and who knows them. There is good evidence that continuity of care provides a high standard of care, and is good value for money. The so-called “GP Led Health Centre” is likely to be management led, employing salaried GPs (who are more likely to be recently qualified, and hence inexperienced) and more likely to have trained overseas. They will have to work a shift system in order to cover the hours, and the turnover of staff is likely to be high as they will be inherently transient, and the job satisfaction will be low. Factor in the necessity of seeing anyone who walks in, and the chances of seeing a doctor known to you is much decreased, and continuity of care will not exist.

Care will not be closer to home, as there will only be one such health centre per PCT, so for most people it will be further away than any present services. In Lewisham, more people can access Lewisham Hospital than the Waldron Health Centre. The Waldron already houses 4 GP practices, so for those patients there will be no difference.

How might a “GP Led Health Centre” at the Waldron be harmful?

There are already 4 GP practices at the Waldron, providing the traditional range of services. A significant proportion of the local population is young and transient. One of the practices has about 5300 patients, and they have to register 700 patients a year to replace those lost due to turnover. The number of registered patients is important, as over half the practice income is the “global sum” which is calculated using the number of registered patients. There is a core of patients who are not transient, and these tend to be the elderly, chronically ill, non-English speaking – those who really need good GP care: continuity, understanding of their problems, home visits, and liaison with social and other services. If the transient patients are “creamed off” by the superficially more attractive opening hours of the “GP Led Health Centre”, then the income and viability of

the existing practices is threatened. Hence there is good chance that health inequalities will be made *worse*. **This is why the Lewisham Pensioners Forum is campaigning against the proposal.**

A needs assessment has not actually yet been done, so producing the proposed solution first would seem a bit backwards. Nevertheless, it is undoubtedly true that New Cross and Evelyn are deprived wards. However, so are Bellingham, Whitefoot and Downham. This proposal does absolutely nothing for them!

The PCT does not have unlimited funds, and this proposal will divert time, energy and resources from other initiatives which can truly make a difference to health outcomes. Our major problems are heart disease, smoking, obesity. We could use the money to expand the “healthy lifestyles” (exercise on referral) programme, or the smoking cessation clinics. Popular perception of the severity of heroin addiction means that drug services are reasonably funded, but alcohol abuse is far more costly to both health and the economy, yet services are poorly funded. Sexual health and family planning clinics have recently been cut back in Lewisham, yet we have some of the highest rates of teenage pregnancies and highest rates of chlamydia in the country! Other initiatives which could fundamentally improve the lives of the most disadvantaged would be services for asylum seekers and the homeless.

Those who work at the Waldron say there is not space for both a new “GP Led Health Centre” and the Integrated Health Care (IHC) centre which forms the second part of the PCT consultation. There would certainly not be room for all the possible services listed in the document! Whilst there are many potential problems about moving services out of the hospital, some have made the transition successfully (e.g. phlebotomy, warfarin monitoring), and further moves would be threatened by lack of space.

Are there any alternatives?

All of the GPs in Lewisham are opposed to the proposed “GP Led Health Centre”. Some think the PCT has no choice, and must provide something to please the DoH as it is government policy. This is the guidance we have received from the Londonwide LMC secretariat. The PCT did try exercise some imagination, expressing interest in a “wrap-around” IHC, but the DoH would not allow this, and the PCT seem to have stopped trying to be imaginative. Other PCTs are demanding that those tendering for the APMS contract should provide their own premises, rather than rely on the PCT. As far as we know, they have not explored other Council or NHS sites, e.g. Lewisham Hospital. Expansion of Primary Care services on this site would have the potential to divert demand from A&E, and perhaps draw previously unregistered patients into primary care.

Online Consultation can be completed at:

http://www.surveymonkey.com/s.aspx?sm=9G8WPkM9LLwHKwtZqcLXlq_3d_3d

Please complete the consultation questionnaire with care!!