Minutes

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<th>Members (voting)</th>
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<tr>
<td>IT Dr Ian Tait (Chair)</td>
<td>Chair &amp; Clinical Lead</td>
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<td>SH Simon hairsnape</td>
<td>Accountable Officer</td>
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<td>DH Dr Dominic Horne</td>
<td>Clinical Vice Chair</td>
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<td>DJ Diane Jones MBE</td>
<td>Lay Member for Patient &amp; Public Involvement</td>
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<td>LR Lynne Renton</td>
<td>Acting Chief Nursing Officer</td>
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<td>JS Jill Sinclair</td>
<td>Chief Finance Officer</td>
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<td>FN Fiona Nikitik</td>
<td>Practice Manager Lead</td>
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<td>HB Hazel Braund</td>
<td>Director of Operations</td>
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<td>LW Lesley Woakes</td>
<td>Director of Primary Care</td>
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<td>ME Mike Emery</td>
<td>Director of Corporate Development</td>
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<td>ATS Dr Alison Talbot-Smith</td>
<td>Director of Transformation One Herefordshire</td>
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<td>AVO Anne Owen</td>
<td>Specialist Nursing Officer</td>
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<td>RL Rachael Linsley (minutes)</td>
<td>Business Support Officer</td>
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<td>KT Kerry Thompson</td>
<td>Communications &amp; Involvement</td>
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<td>SM Sophia McGrath</td>
<td>Communications Officer</td>
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Meeting Quoracy

Meetings of the Governing Body will be quorate when there are six voting members present, of whom there will be:

a) The chair or deputy chair, and
b) Two GPs from the membership, and
c) One of either the chief officer or the chief financial officer, and
d) Two of the following
   i) lay members
   ii) secondary care specialist doctor
   iii) registered lead nurse
   iv) practice manager representative

Agenda Item

1. Welcome and Introductions
The Chair welcomed the Public and Governing Body members to the meeting.
- The pre-election period was highlighted and explained in detail to the public.
- IT apologised in relation to the change of venue with short notice. He explained this was due to timings associated with being in the pre-election period. He informed the public that the CCG had clarified the legalities of holding this meeting today with NHS England, and it had been confirmed that the meeting was able to proceed. As a result of the change of date, the decision was taken to shorten the duration of the meeting and as such a smaller agenda was being worked to.
- All future meeting dates and times are confirmed as still proceeding with no foreseen changes.
- IT explained the CCG’s role within Herefordshire and how we have a responsibility to commission services across the whole County. Information explaining our role could be found on our website and access to this can be obtained from our Communications Team who were located within the room.
- IT took introductions from every member of the Governing Body and explained that even though this is a slightly smaller Governing Body than usual, all Governing Body members have been continually committed and engaged.

2. **Apologies**
   - Prof Tamar Thompson OBE
   - Graham Hotchen
   - Dr Sarah Newey
   - Dr Ian Roper
   - Dr Jyothi Nippani
   - Prof Rod Thomson

3. **Declaration of Interests**
   All GPs present on the Board declared a standing interest in relation to Primary Care and Taurus.

   - IT – has an interest in WVT due to his role within Bromyard Community Hospital and GP Practice contract with the RAAC scheme.
   - HB - has an interest in 2Gether NHS Foundation Trust due to her role as commissioner representative on the Council of Governors for 2Gether NHS Foundation Trust.
   - ATS - has a standing interest in Wye Valley NHS Trust. She is a practising Consultant and her husband is also a Consultant at the trust.
   - SH - is a Parish Councillor in Burghill.
   - DJ - is a trustee who has an interest in the building which the Walk in Centre is located in.
   - FN – she is a Practice Manager lead and a Practice Manager at Colwall.
   - DH - he is a GP and Senior Lecturer within Worcestershire.

4. **Minutes and actions of the last meeting**
   *(minutes and actions of the last meeting to be received at the next full Governing Body Session on the 27th June 2017)*

   This is being deferred to the July meeting.

5. **Annual Governance Review**
   *(to seek approval on constitutional changes and update the policy framework)*
Purpose of the Report:
This report outlines recommended changes to the CCG’s constitution, and its scheme of delegation. Associated with this is the CCG’s updated policy framework that has been updated to align with the CCG’s scheme of delegation and to clarify approval and review routes for key policies. Approval is being sought for the recommended changes and updates to these documents.

The following key points were highlighted:
- ME - The report is the overall output of the annual report. Any changes made must be submitted to NSHE by 30 June 2017. Whilst undertaking the review process there were five key views taken into consideration (these are listed within Item 1 of the report):
  1. Formal recognition within the constitution for the guardian of conflicts of interest
  2. Updates and revisions to the job-titles, roles and committees names to ensure consistency within the constitution
  3. Inclusion of the latest terms of reference for the statutory required committees i.e. Audit Committee, Remuneration Committee and Primary Care Committee
  4. Clearer reference to the Primary Care Committee within the constitution
  5. Update to the scheme of delegation to ensure roles and responsibilities, and delegated powers are clear across the CCG Committee and governance structures
- Alongside these is the CCG policy framework which outlines how we should review key policies, clinical policies and have clear community governance and sign off processes.
- SH – emphasised to the public the real importance of these policies and explained that through having such stringent processes we can ensure we work correctly, take ownership, are accountable and transparent.
- ME - this isn’t intended to be an exhausted list and instead the Terms of Reference give full details of all the annual report. The report was completed in a template format provided by NHSE.
- DH – asked if the question on Page 9 relating to Information Governance Committee was really that formal and do they all revert up to the Governing Body Committee?
- ME - the Information Governance is an extremely important aspect of our business. It is associated with how we store, handle and share confidential and sensitive information. Within the Terms of Reference, we seek assurances from Committees/Boards that we have good and adequate frameworks that are both tried and tested and regularly reviewed. This is therefore a key role within all Committee/Board meetings. One of the roles of the Governing Body Committee is therefore to ensure that assurance has been sought and given in relation to all Terms of Reference within all Committee/Board meetings.
- DJ – the policy framework is ultimately the harmonisation of all of our policies.
- ME – the idea of the policy framework is to provide consistency and clarity in relation to how policies are developed and how both quality impact assessments and best practice is incorporated into shaping this document. To support us in this process we work closely with the centralised CCG organisation.
- JS – suggested that that Information Governance should also be considered by the FPR Committee. This would be yet another way to bring key items into their own agenda.
- ME – agreed that this could be included moving forward.
- IT – explained that the reason we are revisiting these papers is actually a reflection of our success
to date. We were financially challenged and working to support a larger geographical footprint than neighbouring counties such as Worcestershire. The process we have within Herefordshire is robust and it is always the cogs behind the scenes. Without this level of continual reflection and scrutiny we would not operate in a coherent and consistent manner.

- From 1 April 2017 the CCG has taken full responsibility of the Primary Care finance and as such this is now incorporated into our overall budget. The arrangements for the CCG to have this budget is to ensure that there are no conflicts of interests between the services commissioned within GP’s surgeries and how these services are paid for. This separation is there to give the public assurance that decisions taken are honest and transparent.
- SH – emphasised the importance of the work we do and us being transparent to ensure that everyone in attendance understands what is being discussed and why.

**Recommendations to the Governing Body:**

*For Information ☒ Decision ☒*

- The Governing Body is asked to approve the proposed revisions to the CCG constitution and scheme of delegation [attachment 1]
- The Governing Body is asked to approve the revised policy framework [attachment 2]

**The Governing Body agreed the following:**

- The Governing Body considered all of the recommendations within the report and all confirmed that they were happy to proceed. The Governing Body approved the Constitution, Scheme of Delegation and the Policy Framework.

### 6. Public Questions

*(to receive and respond to any public questions submitted to the Governing Body)*

- IT - A formal and full public consultation in relation to the Walk in Centre had already concluded; as such this is a business meeting which is simply being conducted in public. It was proposed that the public be given a short time to consider the paperwork and be able to put forward any requests for clarification.
- Any questions following on from today’s meeting could be captured in writing using the forms that were available. The Communications Team highlighted where they were in the room and showed the forms to the public. Answers to any questions posed would be given in writing from the Communications Team in due course.
- IT asked the public if there were any immediate questions or clarification required in relation to both the paperwork and CCG business matters.

**Question from a member of the public**

*Councillor Chris Chapel*

- He thanked the Board for the apology in relation to the change of meeting details and stated that he was in broad agreement with the Governing Body over today’s discussion and decision to close the Walk in Centre. He wanted to outline that he was still extremely worried that there are many vulnerable people within Herefordshire, specifically within the immediate area south of the river close to the Walk in Centre, that a decision to close the Walk in Centre will negatively affect the public. He was here to represent their voices. The concern is that this group of vulnerable
residents will be ignored resulting in them either not bothering to address their medical need or will resort to turning up at A&E. He highlighted that A&E is already not coping with the current demand on the service and he felt that these additional patients will inevitably cost the NHS A&E department a lot more money than if the Walk in Centre was to remain open and in service.

- He clarified that many of these vulnerable residents do not have high incomes and have limited budgets. He believes that mothers with young children will end up having to wait hours for assessments and medicine. He stated that the residents that use the Walk in Centre are already known to be registered at a GP Practice, yet still prefer to utilise the Walk in Centre’s facilities. They are less likely to ring to make an appointment, and when phone calls are made to request an appointment, many Practices cannot offer an appointment on the same day, even the same week!

1. **What is the Board proposing to do about all of this displacement and lack of service to these vulnerable patients?**

2. **What procedures and strategies are going to be put in place from 1 July 2017 to ensure patients are safe and that they understand what services are available and when?**

**Question from a member of the public**

Dr Paul Harris – Belmont GP Practice

- If the Walk in Centre is closed then this will result in an overall reduction in our health services to our residents, as such shouldn’t the debate be in relation to the relocation of this service rather than the end of it?

**Answer**

- He thanked Councillor Chris Chapel and Dr Paul Harris for their questions. It was reiterated that questions should only be in respect of requiring any further clarification in relation to the documents being discussed today. He explained that this was not a public meeting and instead a Governing Body Member meeting which was being held in public to demonstrate transparency in our decision making process.

**No questions or clarification were asked.**

### 7. Seven Day Services in Primary Care

*(to consider the recommendations and way forward for seven days services in Hereford)*

**Purpose of the Report:**
To present to the Governing Body recommendations for approval, taking account of public feedback received during the formal consultation period, of the proposed services changes to the GP Access Centre (walk-in centre which includes re-location of the Ross Road branch of Moorfield House Surgery and the Hereford primary care access centre provided by Taurus Healthcare Ltd.

**The following key points were highlighted:**

- IT commenced the discussion by explaining to the public the real importance the CCG give to ensuring that all employees declare any conflicts of interest. He confirmed that the Audit Committee, Chaired by Graeme Hotchen, frequently revisits all declarations of interest to ensure we are working in an honest, transparent and correct manner. Also within every committee/board meeting, members are asked to clarify any changes or additions.

- The Governing Body reiterated any declarations of interest and ME confirmed that all declarations were scrutinised prior to the meeting to ensure we were conducting the meeting
legally and appropriately.

**Information Gathering and Consultation Process**

- LW lead the discussion as the Director of Primary Care
- The process of leading up to today’s discussion and decision commenced in 2013. Within this period of time there has been a huge amount of engagement with all Stakeholders associated with the Urgent Care Pathway. Desired based outcomes were discussed and formulated and then used to form the engagement process with all Stakeholders and most importantly, residents and patients within Herefordshire.
- Feedback from patients was in respect of improving their knowledge and understanding of what health services are available, where and when they’re available. Patients want to achieve a good and positive work/life balance whereby they can incorporate regular health checks that are accessible and supportive to their needs.
- The consultation period commenced 3 March 2017 and ended 23 April 2017. The proposals were highlighted from the literature provided. They outlined the following:
  1. To recommend to relocate Moorfield House Practice (locally referred to as the Walk in Centre) to the GP Access Centre with the intention of providing additional space.
  2. To relocate the Primary Care Taurus Hub into the centre of Hereford City.
  3. To give additional support to residents to register with a GP Practice within the county.
- The proposals have been subject to stringent scrutiny by various internal bodies and a variety of internal Committees and Boards. They were also presented to all of our GP Practices and were also taken to the GP Parliament by IT. The proposals have also been put through the Quality Impact Assessment process.
- The engagement process over the eight week period including the following ways of reaching out to capture information from all Stakeholders, especially patients:
  1. Social Media and Posters
  2. 2000 Consultation documents were circulated via all the GP Practices.
  3. A hard copy and online copy of a survey was published.
  4. Stakeholder engagement meetings.
  5. Pop up event at the Walk in Centre, with all the staff employed at the centre supporting and promoting feedback.
  6. A Stand was operating within ASDA whereby members of the public were approached and asked to provide their thoughts.
- Four weeks into the engagement process we captured the data and identified key themes. These were then put within a report and presented within the Governing Body for discussion and consideration. It was established that the engagement process was progressing successfully, capturing valuable feedback and they confirmed that the remaining four weeks of engagement should continue.
- Comments and feedback were grouped into common themes to demonstrate that the process had been successful and had captured general feelings across the eight weeks.
- An additional 5000 signed petition was delivered by Glenda Powell prior to the consultation process. IT thanked Glenda Powell, who was present at the meeting, for her contribution into the process.
Concerns over the closure of the Walk in Centre included:
1. A fear that GP Practices wouldn’t be able to accommodate the addition surplus in patients once it’s closed.
2. That A&E would be the only real known option left and no triage process within this setting it there to cope with the increase in demand.
3. Suggestions were received in relation to placing Walk in Centres within GP Practices.

LW highlighted that whilst considering the recommendations to close the Walk in Centre, to remember why and how the Walk in Centre came about in the first place. It was originally commissioned in 2008 by the Primary Care Trust as a result of recommendations following on from Lord Darcy report whereby the idea was to give the public more access to Primary Care services. As a result of this the Walk in Centre was created and located within ASDA Supermarket within the city centre.

Categories of Patients Using the Walk in Centre
- 33,000 contacts use the Walk in Centre annually. We measure the usage of the Walk in Centre by the amount of contacts, rather than number of patients. This basically means that it’s supported a total number of 33,000 visits of the year.
- 87% of people who use the Walk in Centre are known to be registered with a GP Practice. Only 9% of people who use the Walk in Centre are known to not be registered with any GP Practice.
- 75% of people who use the Walk in Centre confirmed that if the service were to close they would immediately start to use their GP Practice again. 8% explained they would manage their condition themselves, so therefore self-care, and 4% did not give any indication of what they would do.

Recommendations
- After gathering all of the information obtained and the statistics generated from the eight week consultation period, next steps where identified and recommended to the Governing Body.
- Further investment into Primary Care should be made to support the process of sign posting residents to the appropriate and available services. Giving people clear information in relation to what is available and how and when it is available for use empowers people to make informed and correct choices about how to treat their needs.
- Additional support must be provided to local GP Practices to give them the tools and confidence to deal with the increase in demand on their services. Training for first line staff in relation to supporting additional registrations and appropriate sign posting should be considered and offered.
- To consider that moving away from the Walk in Centre should provide a more sensitive and customised service with patients. It would record a history of their health and wellbeing and build up a richer picture of their future needs. Evidence has been compiled which outlines patients who are registered with a GP Practice experience improved support with their health and wellbeing.
- To continue to provide a minor ailments service for mothers and young children.
- Additional investment into A&E should be considered. This investment would be in relation to including a Primary Care provision based within A&E which would demonstrate a front door approach to filter patients going further into the A&E pathway.
• Promotion of the 111 NHS Service to encourage patients to ‘talk before they walk’ to clarify how best to deal with their health and wellbeing needs. Providing a triage process at the beginning of the call will create a filter system and will improve the sign posting of patients to use the correct and appropriate service.

• To investigate the benefits of wrapping additional health services around GP Practices.

• Forward planning in relation to the ‘Stay Well Winter’ campaign needs to be considered now in preparation for the winter. An effective and powerful communication campaign needs to focus on sign posting patients clearly and concisely.

Summary

• SH reminded all Governing Body members of the reasons why we’re here today and to ensure we must make decisions which we feel are in the best interests of the residents and patients of Herefordshire. We have undertaken a seven year process of collating information, feedback, data and engaging with all forms of Stakeholders. We have demonstrated that we have conducted a robust and thorough process, which incorporates a huge variety of engagement mechanisms; as such this provides a larger range of viewpoints which have lead us up to today.

• After hearing and digesting all of the information to date, he feels there are four clear considerations we as Governing Body must have moving forward:

• Either side of GP Practices opening hours, patients currently have quite a complex system to navigate and choose from. There are seven different pathways to choose from to support their health and wellbeing. The current process needs to be simplified and streamlined.

• GP Practices are the integral rock of the whole care system. They are the ones who hold patients records and historic data, as such they are the gate keepers to accessing all the necessary and available health services; as such we need to promote residents to register with GP Practices.

• Closely related to the above consideration, we must also provide support and guidance to ensure that appointments are more readily available and are offered promptly.

• It is recognised and understood that the south Wye area of Herefordshire has the greatest needs to be addressed. It is known that the area also experiences the poorest service with trying to access GP services. A learning exercise needs to quickly establish why patients who are registered within GP Practices are not accessing those services and instead turning to alternative service providers to support their health and wellbeing.

• IT confirmed there is the equivalent of 7.5 GP Practices immediately north of the river and 1.5 GP Practices immediately south of the river. Clearly there is a requirement for very important further discussions to be held to ensure the community feels supported and has access to the correct and best range of services.

Clarification and Questions

Question

• DJ - thanked everyone who was involved and contributed to the process during the consultation period. She felt that the richness of the data provided was invaluable. She wanted assurances in relation to the two following questions:

1. If the decision is made to close the Walk in Centre is there a robust plan immediately ready to be put in place from 00:01 1 July 2017?

2. If the Walk in Centre is closed permanently what will happen with the vacated space? What will
the public expect to see when it reopens?

Answer

- LW - confirmed that a communication campaign had already been created. If the Walk in Centre is to close then information would be communicated in the following formats:
  1. Radio media.
  2. Leaflets which would be placed in GP Practices.
  3. Posters located across the county.
  4. A dedicated phone line would be in place ensuring patients would be sign posted correctly.
  5. NHS 111 would also be involved.

- In addition to the communication campaign, additional funding would be allocated to provide training to the front line staff within GP Practices to support the increase in patient demand. GP Practices will have guidance to confirm that they must not turn patients away and instead additional support would be given to residents to ensure they’re registered and seen. From 1 April 2017 there were changes in how a resident is allocated a GP Practice and if we as the CCG receive any phone calls, it would be our duty to ensure we allocate a GP Practice to that person.

Question

- IT – If the decision to close the Walk in Centre is made, explain what a resident would experience, see or learn from walking to the location to then find it’s closed?

Answer

- LW - If this scenario occurred then that resident would visually see posters at the location which would clearly indicate a dedicated phone number to call. In addition to this number we would signpost them to use NHS 111 service too. We would hope that the communication campaign would mitigate this.

Question

- IT – If the Walk in Centre is closed, what would happen to a resident who makes a trip believing its service has now re-opened as refurbishment has finished and the building has reopened. What help will be put in place to make sure that resident is supported and signposted to the correct service quickly?

Answer

- LW – Posters with dedicated appropriate numbers would still be present even when the building reopens. The staff within the building would have received training and guidance to ensure they have the right knowledge and tools to sign post residents correctly and appropriately.

Question from member of the public

- Many of the residents who currently use the Walk in Centre are mothers with young children with low incomes. My concern is around how this very disadvantaged and vulnerable group of people will be supported when they turn up after the 1 July 2017. If a mum with a very sick child walks down the pathway on a Sunday at 19:00, describe how that mum is going to cope and what she’s then meant to do?

Answer

- LW – if this was a Sunday evening then the process needed to be taken would be through Taurus. Taurus would take the details and then signpost the patient.

- SH – he wanted to give some further clarification to the Governing Body members and the public
present at the meeting. He explained that as the decision to close the Walk in Centre has yet to be taken, then as such, time has not been given prior to today to consider all the detail in relation to a variety of questions about what a new model of care would look and feel like. If the Governing Body make the decision to close the Walk in Centre, then work would have to commence immediately to iron out all of the scenarios such as the one just given. Today’s meeting is about us challenging all the recommendations to close the Walk in Centre; it is not for us to ask for specific detail as to what would happen in certain situations. Detail can only be explored and clarified after a decision has been made.

**Question from member of the public**

- Surely discussing and considering scenarios and clarifying detail is helpful in the process of being able to make a decision?

**Question from member of the public**

- There is a big sign as you drive into Hereford located south of the river. This is signposting people to the Walk in Centre. What is going to happen to the sign, will it be replaced or just taken down?

**Answer**

- IT – Until a decision is made we cannot give an answer in relation to what may or may not happen. Considering detail is important but you cannot discuss the detail until the importance of the decision is discussed and then taken.
- DH – highlighted that there are several myths in relation to Walk in Centres across the country.
- That if you close a centre you save money. With all GP Practices there is a very complex formula in relation to money and funding. If the Walk in Centre closes, it will not mean that additional funding will be proportioned across a variety of GP Practices in the area. Ultimately the GP Practices will not see any top up in their funding if the Walk in Centre closes. We cannot force GP Practices into how they direct patients to either their Practice or any other Practice across the county.
- DH was the lead GP at the Walk in Centre based within Worcestershire. The model of care was not the same as in Herefordshire; it was introduced to support vulnerable patients within that area. The difference with the Walk in Centre in Worcestershire was they were able to register patients, whereas within Herefordshire Walk in Centre you cannot. As such patient’s records in relation to groups of patients who perhaps suffer with drug and alcohol related problems, patients from the Traveller Community and none British residents could be catered for easier as there were held records in Worcestershire in relation to their ongoing health and wellbeing. Patients with acute health issues do not receive the correct support and care using the Walk in Centre; this is directly linked to a lack of patient history and medical notes. Trying to treat someone with a long term condition or illness can be dangerous if medical notes and historic data are not available to health professionals.
- DH feels that we should be engaging with the residents of Herefordshire to ensure that everyone is registered at a GP Practice. It’s about the availability of appointment and access to health services via the GP Practice. The reason we have gone through this robust engagement process is due to the Walk in Centre service contract ending 30 June 2017. Many options have been explored, including:
  - The Seven Day Primary Care Service.
• There are numerous trajectory interventions being explored, including within the reception of A&E. It is hoped that this would streamline patients before they move through the normal A&E pathway, which would have a positive impact on the delivery of the service.
• To enhance Taurus across the county.
• Seven GP Practices are starting to work collaboratively whereby they’re sharing best practice and medical specialism within each Practice. This increases the skill mix across the GPs and Nurses and is hoped to increase the availability of patients being able to be seen in an appropriate time scale.

Question

• *DH – his only concern is in relation to the period of time immediately following on from the Walk in Centre closing and how long it would take the other services to cope with the increase in demand and streamline their own service to improve the quality of care currently experienced by the residents of Herefordshire.*

Answer

• *SH – If the Board make the decision to close the Walk in Centre today then the service would cease to operate 30 June 2017. The refurbishment of Taurus would be a priority as we would want to ensure the Primary Care centre has adequate accessibility. This service would be required to be open exactly the same hours but instead of offering the current service provided by the Walk in Centre, it would be offering Primary Care services.*
• *Details of any action plan would only start to take shape if the decision to close the Walk in Centre is taken. If it was taken then we would have a period of two weeks to finalise the detail. There would be an expectation that Taurus would be highly involved with us through that period to ensure decisions taken were able to be implemented swiftly.*

Question

• *FN – she supports the closure of the Walk in Centre in principle. Having patient continuity of care is proven to be far more effective for a patient; however there are some concerns surrounding the one GP Practice’s capacity to register and support additional patients. GP Practices are under increasing pressure, recruitment and retention issues are known and have a negative knock on effect on the delivery of the service. Staff must to be in a position to provide the service that they’re employed to do, and if they’re stretched so thinly then this impacts on their level of performance and efficiency.*

Answer

• *LW – If the Walk in Centre was to close, we already know that 75% of the contacts at the Walk in Centre are registered at a GP Practice; so we know that the vast majority of residents would return to booking an appointment with their own Practice. What is unclear at present, is what these groups of residents will be making appointments for and what support they would require as we don’t have medical records. Sign posting to residents will be provided and it’s anticipated that some training to all front line staff would be arranged, co-ordinated and provided to ensure they’re all able to support residents correctly. Taurus are currently working through data to establish the percentage increase in demand.*
• *SH - nationally most GP Practices are under increasing pressure with delivering their service. Some parts of the country are better than others. If the decision is made to close the Walk in*
Centre we would seek to give clear assurance that we will engage with all GP Practices to ensure that no one Practice feels they’re being put under further pressure to prop up the system. We recognise that GP Practices within different parts of the county require different levels and types of support, but we would categorically ensure this support is customised and provided to them.

**Question**
- **AVO** – *some of the people who currently use the Walk in Centre do not reside in the county. Many come into Herefordshire as they work here. How will this group of people be supported should the Walk in Centre close?*

**Answer**
- **LW** – there is already a system in place that should anyone who visits our county, whether that be through work or pleasure, require medical assistance, they can go to any GP Practice and register as a temporary resident and arrange appointments as normal through that Practice. Many people who go on holiday access this type of service when they’re away and this is no different.

**Question**
- **DH** – *strategies are already being looked into in relation to how any short term gap in service, should the Walk in Centre close, would likely to be bridged. No service is likely to replace what is potentially lost immediately, but assurances do need to be sought to ensure that provisions across the county will be there to support residents following on from any change in service.*

**Answer**
- **LW** – bridging any initial gap would fall part of all the longer term strategies required for positive change management across all the health services across the county. There is currently a project to provide a Primary Care hub and it has been established through this project that the current buildings are not fit for purpose to accommodate this service. Work will be ongoing in relation to developing resilience around ensuring these Primary Care hubs are still available. There are future opportunities for protecting growth and providing a wider set of services.
- **SH** – at present there is only one facility proposed to close. There is work going on behind the scenes with two GP Practices whereby it is envisaged they will be impacted mostly by the closure of the Walk in Centre. There is no intention to shifting existing arrangements over to Taurus. If there is a need to have a new facility then we would engage with Taurus and expect them to provide the required service to residents across the county. It would be positive to see Primary Care services being offered to more residents south of the river.

**Question**
- **DJ** – *the NSH 111 service was commissioned November 2016. Are there assurances that this service is functioning correctly and fulfilling their contractual obligations?*

**Answer**
- **HB** – the clinical hub part of the service came into force April 2017. The experience of this service is currently under review. We always knew there would be a period of reflection over this service and as such we are now starting to receive some data and statistics in relation to how the service is performing and what impact it is having across the county. Operationally there is no evidence of any negative impact. At present this service isn’t shifting more people across to its service over and above any other service. It’s understood that the introduction of any new service does
require a period of time to bed in and as such the A&E Delivery Board is regularly monitoring its performance, seeking assurances and making any recommendations as appropriate.

- This process is about ensuring that the Governing Body seeks assurance that a full range of services are being considered which includes a front door streamlining service based within A&E. This service could offer a triage assessment process within this setting. During April 2017 a ‘Perfect Week’ model was trialled within A&E whereby Primary Care services were added into the service, as well as changing the way in which current staff and departments, including ambulance crews work within the system. GPs were also including in the week, not to perform any duties, but instead to observe, review processes and give valuable feedback and recommendations. At the end of the week Herefordshire A&E achieved a 100% success rate with hitting national targets. On-going reports and recommendations will continue to be fed back to Governing Body in relation to this.

- HB – thanked Primary Care for all their support and involvement with the trial of the ‘Perfect Week’. Many people felt they had positively benefited from their engagement.

**Question**

- SH – we have a duty under the Public Duty Act to ensure everything decision we make is being complied with. Is there anything specific that we must take note of which falls under our obligations within this act?

**Answer**

- LR confirmed that a Quality Impact Assessment has been conducted. It has highlighted that there are some identified risks associated with disadvantaged and vulnerable groups of people. These risks have been captured and as such they will be monitored and come under review.

**Question**

- ATS confirmed that her career background is in respiratory medicine and public health. There is a need to reduce both inequality and vulnerability within our county’s population. We must ensure that Primary Care provides a full range of services to all residents. This process should be about supporting this category of people to ensure they have good access into the health system. Consideration must be given to patients who are vulnerable. For example, elderly patients are not always immunised and they are less likely to have the right tools to adequately look after themselves.

**Question from a member of the public**

- As a Carer of an elderly mother I know that she has recently required support and care four times. Three of these times she has chosen to use the Walk in Centre. The reason for this choice was due to a lack of available appointments within her GP Practice. In the absence of the Walk in Centre, her only other option would have been to use A&E. This option wouldn’t have been appropriate as one occasion was in relation to her running out of necessary medication over a weekend period. As a grandmother, I know that children don’t fall ill at convenient times. I am concerned that Taurus will not be in a position to cope with the demand in service from 1 July 2017. The Walk in Centre seems to be about predominantly supporting residents who are either very young or very old and as such, there is a feeling that the data captured within the consultation period did not represent these groups of people well.

- Today’s meeting is about making a decision to close a service in two weeks’ time. This is such a
short period of time and all the ‘what if’s’ and detail are yet to be outlined which is extremely concerning.

**Answer**

- **SH** – research has been conducted into areas whereby a Walk in Centre is still being offered to the public and also into areas whereby Walk in Centres have been closed. Lessons learnt have been captured and we have compared and contrast against all the captured data. The history behind Walk in Centres came about approximately ten years ago whilst the PCT was in operation. They were created purely as a short term ‘sticking plaster’ to prop up a failing health service at that time. They were never viewed as a long term solution. The solution is about ensuring sustainability around Primary Care rather than continuing to push what was only supposed to be a short term solution. The Taurus service is currently open over weekends. The real and most important debate is in relation to why residents cannot be offered an appointment in a reasonable and safe period.

- **FN** – Being a Carer for an elderly relative can be extremely exhausting at times. We must all bear in mind that Herefordshire is a very large, rural county; as such, the Walk in Centre has therefore predominantly been used by people within the city centre. As a Practice Manager who represents all Practice Managers within the county I can confirm that if a patient presented themselves with an urgent care need, within any Practice, they would be seen and receive support. The money that is currently being ploughed into the Walk in Centre should be going to GP Practices instead.

**Question from a member of the public**

- The issue isn’t around the longevity of the Walk in Centre, it’s about the time scales involved and them being too short to finalise a correct and proper course of action in relation to bridging the gap with residents. It’s about A&E coping while things are put in place and staff are trained. You’ve already stated that additional money cannot simply be allocated to GP Practices. The residents who live within the city have been lucky to have the Walk in Centre. It is a service which is used frequently over weekend periods. What is the risk to the public immediately following on from the closure of the Walk in Centre?

**Answer**

- **SH** – there would be difficulties with us be able to continue this service for a short period time beyond 30 June 2017. The contract ends on this date and as such this is the date that we must work to. Contingency planning has been discussed in relation to the ‘what if’s’. If following on from today any additional risks in relation to capacity, patient safety or quality of service are highlighted we would immediately work with GP Practices and Taurus to mitigate those risks.

**Question from a member of the public**

- The contract ends 30 June 2017. You’ve stated that the care navigation and training of front line staff commences in September 2017. So would you agree that between 1 July 2017 and 31 August 2017 sign posting of staff and the ability to cope with an increase in demand won’t be in place, thus having a huge detrimental impact on the residents affected? I’m concerned that the initial consultation period ended towards the end of March 2017, so why wouldn’t this mitigating action be ready to take place between the decision taken today and 30 June 2017?

**Answer**

- **LW** – the training was originally commissioned by Taurus. The detail of this training now needs to
be revisited. We do have strong links with access to training and arranging necessary training is all pending our decision today.

- SH - reviewing the current service and what needs to be put in place cannot be undertaken over a 1-2 day period. This therefore means that things will have to operate differently. Between now and 1 July 2017 we have to ensure that everyone involved understand where to sign post residents in the interim period.

**Summarising**

- IT – we are being presented with two different models of care. The first is a piece meal attempt, which is constantly firefighting the core problems within the system, but keeping things just about ticking over. The second is about creating a new vision within general practice and a belief that the fundamental essence of general practice works alongside the public by helping them to rehabilitate and support themselves right the way through to end of life care. No vision is without risk, and as such points of risk and concern have been raised and debated. Implementing change does carry risk, so we must discuss how we manage risk as we move to achieve the vision. This isn’t just about doctors. This is about all health professionals who combine to create a huge team of care and support. Let’s not forget that doctors could not do their jobs without the incredible work of the team around them. There is uncertainty, but we are trying to put in the necessary tools around patients and their families to help them whenever the need arises. We must promote faith and a change in culture to promote faith within the system. We must now consider all the recommendations put to us today.

- **Every member of the Governing Body took time to go through each recommendation and they all agreed with all four points within the proposal.**

- We will now move into a transitional period. With risks being established and fully assessed we will ensure that all Stakeholders have clear representation and involvement in the process moving forward. We must therefore:

1. Have a clear and concise understanding in relation to change management.
2. Reflect on all engagement, including this evening's meeting.
3. Ensure we have correct mechanisms in place to deal with any resident who presents themselves at the Walk in Centre after 30 June 2017.
4. Consider the communication we generate between now and 30 June 2017 and strategies for when the premise re-opens and residents are to be signposted back.

- Fundamentally the residents of Herefordshire simply want their GP Practices to work effectively and efficiently. They need assurances that their GP’s and health professionals can provide the right service to them when they need it. Additional support will be required predominantly across the city of Hereford, but also across all parts of the county. We must ensure we are capturing the needs of the very vulnerable and residents of inequality.

- **Question from a member of the public**
  - **Councillor Chris Chapel**

  He thanked the CCG for their contribution this evening and all their work in relation to the Walk in Centre to date. He reiterated that everything that is being discussed is must always be with every resident’s best interest in mind. Further work must be carried out to investigate exactly why patients who are already registered with a GP Practice have been opting to use the Walk in
Centre instead. What are the problems in the current system which prevent people from being seen when they need to be seen?

- We absolutely have a duty to involve the voluntary sector and organisations like Women’s Aid. Patients need to be triaged and directed to various organisations immediately should they present a need for certain types of additional support.
- The Walk in Centre is currently open 24 hours a day. The loss of accessible service will have an immediate negative impact and as such we must ensure that residents are not left without the necessary support and advice. There are also questions in relation to pharmacy opening hours and how they’re not open over the weekend periods. Pharmacies must be placed within open public spaces. Many residents who use the Walk in Centre are at risk of domestic abuse and having this facility has given additional protection to those at most risk.

Answer

- IT – stated that his wife works for a voluntary agency and as such the Governing Body are very aware of the vital and valuable work they do. The CCG have every intention to engage with voluntary agencies and they will have input into how we shape our service moving forward.
- DJ – discussions have already taken place in relation to seconding someone from the voluntary sector to work with the CCG for two days per week. This intention is to ensure they have a voice and a full contribution throughout the process.
- IT - As a Board we have all agreed that robust transitional arrangements will be in place.

Closure to Meeting

- IT thanks ME for all the work conducted behind the scenes to ensure all committee and board meetings, including this evenings, are run correctly and smoothly. Thank you to everyone who has contributed into the whole engagement process of the Walk in Centre’s future.
- The journey is now underway and as such we will continue to engage with all Stakeholders to ensure our vision is undertook safely.
- IT, SH or LW are all very happy to answer any questions anyone has personally following on from this evening.

Meeting ended 19:15

Recommendations to the Governing Body:

Discussion ☒ Decision ☒

Governing Body is asked to:
i) Agree the recommendations:
- to work with Moorfield House Surgery to relocate the branch surgery from Ross Road to the GP Access Centre (walk-in centre) location to improve access and provide additional space for the practice;
- to relocate the primary care access service provided by Taurus Healthcare Ltd at Wargrave House Surgery on St. Owen Street to the GP Access Centre (walk-in centre) location;
- to encourage and support people to register with a GP practice as there is good evidence that this gives patients better health outcomes (Promoting Continuity of Care in General Practice, Royal College of General Practitioners, 2011);
- to not recommission the current GP Access Centre walk-in function when the current contract
with Nestor Primecare Services Ltd expires at the end of June.

ii) Take account of the feedback from the public consultation and the subsequent recommendations to provide additional resources and support to primary care to facilitate care navigation, support to GP practices that may be affected by the changes, ensuring patients are seen by the right person at the right time.

_The Governing Body agreed the following:_
The Governing Body agreed the recommendations above.

_The following actions were agreed_
- It was agreed that the document must be amended to ensure it refers to affecting all postcodes within Herefordshire, rather than just the areas immediately located near the Walk in Centre.
- Engagement with the voluntary sector must be added as a fifth point of consideration and

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8. Any Other Business
The Chair closed the meeting.