

Providing general practice services in Norwich

Norwich Walk-in Centre, Vulnerable Adults Service –
Inclusion Health Hub, and GP Practice on Rouen Road

Consultation Findings Report Published May 2023



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1. Executive Summary

1.1 The purpose of the consultation

The purpose of this consultation was to gain the feedback of public, patients, partner organisations and wider stakeholders in the community on proposed options for how general practice services could be delivered in the greater Norwich area when the contract for the Walk-in Centre, GP Practice at Rouen Road, and Vulnerable Adults Service – Inclusion Health Hub expires in March 2024.

1.2 The services under consideration

The consultation is focused on three services – the Walk-in Centre, the GP Practice on Rouen Road, and the Vulnerable Adults Service – Inclusion Health Hub.

NHS Norfolk and Waveney has identified three possible options which form the basis for the consultation.

- Option 1: No Change. Reprocure (buy again) all three services
- Option 2: Reprocure (buy again) the Vulnerable Adult Service – Inclusion Health Hub and GP Practice at Rouen Road only (and allow the Walk in Centre service to expire).
- Option 3: Reprocure (buy again) the GP practice and the Vulnerable Adults Service – Inclusion Health Hub under one contract. Redesign and commission (buy) the health service capacity that is provided at the Walk-in Centre in a different way to improve health outcomes in underserved communities across the Norwich area.

Details of these options can be found in section 2 of this report.

1.3 Our approach

Early engagement

Early engagement was delivered via an online survey which was conducted from 8 June – 26 June 2022 to gain patient and public views into the role and use of the Walk-in Centre. A total of 114 respondents took part in the online survey.

There was also a concerted focus on inclusive engagement as part of the early engagement work.

Additionally, NHS Norfolk and Waveney's locality and strategic primary care teams engaged with Norwich practices and the Primary Care Network (PCN) to understand their usage of the Walk-in Centre and any concerns they may have about service developments.

Consultation

A process of formal consultation was conducted through a 9-week period between

Tuesday 24 January – Sunday 26 March.

The public, patients and wider health stakeholders were invited to provide feedback through an online survey and in writing.

A programme of qualitative 1:1 feedback opportunities with organisations and charities supporting vulnerable adults, at-risk adults, adults with additional needs, and children and young people was also coordinated to ensure that as many voices were represented within the consultation as possible.

Communications and engagement

An integrated and accessible programme of face-to-face, digital, and print communications and engagement activity was developed to raise awareness of the consultation and support local people and organisations to take part in the consultation process.

More detail about our approach and methods of engagement can be found in Section 3, Our Approach, starting on page 23.

How responses were received

A total of 3,043 survey responses were received online and in writing.

Feedback was also sought and gained from 14 qualitative 1:1 feedback opportunities with organisations and charities supporting vulnerable adults, at-risk adults, adults with additional needs, and children and young people.

Independent communications were also received from 9 organisations during the consultation period, including local councils and healthcare providers.

An online petition to “Save Norwich Walk-In Centre” was created early in the consultation period through Change.org to support keeping the Walk-in Centre open:
<https://www.change.org/p/save-norwich-walk-in-centre>.

A petition to ‘Protect Our Walk-in Centre’ was also submitted to the ICB by the Norwich Labour Party on behalf of Clive Lewis, MP for Norwich South and Alice McDonald, Parliamentary Candidate for Norwich North.

1.4 The findings

These findings are based on 3,043 responses received to the survey forming the basis for the consultation, ‘Providing general practice services in Norwich’.

Respondents’ words from the qualitative 1:1 feedback opportunities with organisations and charities have been recorded and presented verbatim. Transcripts are included in Appendix 2 of this report.

Independent feedback was also received from 9 organisations during the consultation period, including local councils and healthcare providers. These communications can be found at Appendix 5 together with information on the petitions.

A summary of the key findings follows on the next pages.

1.5 Key Themes

There are a number of key themes emerging throughout the consultation feedback.

- **Essential service** – the Walk-in Centre is, clearly, a much-valued service for the local community. There is significant and strong opposition to the idea of closing the service. Feedback indicates that many visitors struggle to book an appointment at their local GP surgery – for example, because of GP capacity or because of the ability of at-risk adults and vulnerable adults to access healthcare services and make appointments. People are turning to the Walk-in Centre to plug the gap.
- **Wide reach** – the consultation has a central Norwich focus. However, the Walk-in Centre has a wide geographical reach – indeed, county-wide. Any changes made to the Walk-in Centre provision would, therefore, be felt across Norfolk. There is some sense of feeling ‘overlooked’ by this consultation if you live outside of Central Norwich.
- **More Walk-in Centres** – there is a call for more Walk-in Centres to be established, county-wide, and in addition to a city centre site.
- **GP practices unable to cope** – there is a general feeling that local GP practices are unable to cope with current demand, with widely cited difficulties in getting appointments. There was concern that enhancing GP services wouldn’t work because of the limitations of the existing system. Questions are, therefore, raised about how, should the Walk-in Centre close, they will be expected and able to cope with an even higher demand on their services.
- **A&E is ‘next port of call’** – should the Walk-in Centre provision not be available, feedback shows that A&E is likely the next option. Concerns are strongly voiced about additional pressure being placed on an already over-stretched service.
- **Loss of ‘walk-in’ provision and need to make appointments** – the Walk-in Centre fulfils a need for immediate / urgent appointments. It also meets the needs of some at-risk and vulnerable adults who would find it difficult to access mainstream GP services and make appointments. Worries are expressed about this provision being lost and not recovered by any alternative service.
- **Keep what we have** – given that the alternative is not fully known, there is a heavy lean towards Option 1 and to ‘keep what we have’.
- **Vulnerable individuals further disadvantaged** – should the Walk-in Centre close, there is widespread concern that vulnerable groups, such as those experiencing homelessness, asylum seekers, migrant workers, will find it even more difficult to access the healthcare they need, due to not being registered at a local GP surgery.

- **Additional barriers** – there are additional barriers to accessing GP services for vulnerable adults, at-risk adults, adults with additional needs, and children and young people. This includes challenges around contact and communications, language, the physical layout of the healthcare setting, cognitive capacity, and lifestyle.
- **Delivering an inclusive service** - the importance of offering accessible and inclusive services and being responsive to the different needs that people have was highlighted as essential through the 1:1 engagement.

1.6 Survey key findings

A. FEEDBACK ON THE OPTIONS FOR THE POSSIBLE FUTURE OF THESE SERVICES

Respondent classification

1. 98% of respondents have responded to the survey as 'an individual'; 1% are staff members working at the Walk-in Centre / the GP Practice / Vulnerable Adults Service); and 1% are representing someone else.

Thoughts about Option 1 (unprompted)

2. The overriding sentiment is that Option 1 is the 'best' of the three proposed options, and that the Walk-in Centre, the GP Practice and the Vulnerable Adults Service should continue as they are.
3. The feedback given is predominantly concerned with the Walk-in Centre.
4. Many are responding as past users of the Walk-in Centre, or know someone who has used its services, and experiences are typically positive.
5. Geographically, the Walk-in Centre is serving more than just Norwich residents. Indeed, it has a county-wide reach.
6. A city-centre location is deemed important for the Walk-in Centre.
7. Feedback indicates that patient needs are not currently being met by their GP practices, with widely cited difficulties in getting appointments.
8. The Walk-in Centre is perceived to be supporting local GP services by helping to plug 'gaps' in service provision.
9. There is concern that, should the Walk-in Centre close, people will turn to an already stretched A&E.
10. Vulnerable groups, such as people experiencing homelessness, will likely be disadvantaged further by the loss of the Walk-in Centre.

Thoughts about Option 2 (unprompted)

11. Option 2 is widely and strongly negatively received by respondents and is considered to be 'the worst' of the three options by many, due to the proposed closure of the Walk-in Centre.
12. Questions are raised about where users of the Walk-in Centre would go, and how its appointments would be recovered elsewhere, in light of a lack of available appointments at local GP practices.
13. There is concern that implementation of Option 2 would put increased pressure on A&E.

Views on Option 3 (unprompted)

14. The consultation document states that, '*We believe this is the most appropriate option*' which has resulted in some perceived survey bias and a degree of derision amongst respondents.
15. The consultation document also states, '*We have not finalised details of how this would operate in practice because feedback from patients, the public, and healthcare professionals is essential at this early stage to shape how services could be delivered to best meet local needs.*' Respondents feel that they are expected to make an uninformed decision on Option 3.
16. Concerns are raised about whether local GP practices will be sufficiently equipped to meet increased demand on their services as they are currently considered to be ill-

equipped to do so.

17. It is clear that the Walk-in Centre is fulfilling a need for immediate / urgent appointments. There is, therefore, some trepidation about this provision being lost, should Option 3 be taken forwards.

18. There is sentiment that vulnerable groups (e.g., people experiencing homelessness / asylum seekers / migrant workers) are likely to be detrimentally affected, due to the loss of a 'walk-in' facility, which they can use without the need to be GP-registered.

19. Feedback indicates that the loss of the Walk-in Centre would be felt county-wide.

Advantages of Option 3 (unprompted)

20. Many respondents are unable to think of any advantages of Option 3.

21. There is notable mention that information provided in the consultation document is insufficient for them to make a fully informed decision (details have not been finalised).

22. Cost-savings are mentioned by some, sometimes scathingly, in that that they will benefit the NHS and not patients.

23. There is some low-level, underlying scepticism as to whether proposals will be (able to be) competently delivered.

Disadvantages of Option 3 (unprompted)

24. There is some doubt expressed that any alternative plans would actually be implemented, and concerns that any changes might not result in a more efficient service.

25. There is significant mention that GP services are unable to meet current patient demand, due to lack of appointments and / or 'out-of-hours' provision.

26. And there is an expectation that people would turn to A&E as the next option.

27. There is some low-level mention that the healthcare needs of people living outside Norwich have been 'overlooked' by this consultation.

Whether understand how we intend to look after patients currently using the Walk-in Centre

28. 42% of respondents say they understand how the NHS intends to look after patients who are currently using the Walk-in Centre; meaning that 58% do not.

Questions about intentions to look after patients currently using the Walk-in Centre (unprompted)

29. Many respondents say they are unable to make an informed response here, due to Option 3 details not having been finalised.

30. However, many questions are posed as to how the NHS is intending to look after patients, and most likely, simply, 'How **do** you intend to look after patients?' - turning the question back onto the NHS.

31. Key questions emerging include:

- What alternative service is being proposed?
- Where will the patients who use the Walk-in Centre go?
- Where will people with minor injuries / illnesses go?
- Will out-of-hours services be available?
- Will walk-in services still be provided?
- How will local GP services / A&E cope with an increased demand on their services?

- How will people living outside Norwich (who use the Walk-in Centre) be supported?
- How will people not registered with a GP access treatment / care?

Whether think some individuals / groups are more likely to be positively / negatively affected than others if Option 3 is taken forwards

32. 87.5% of respondents think that some individuals or groups are more likely to be positively or negatively affected than others if Option 3 is taken forwards.

How might some individuals / groups be more likely to be positively / negatively affected than others if Option 3 is taken forwards (unprompted)

33. Respondents are significantly more likely to cite individuals / groups that will be *negatively* affected if Option 3 is taken forwards.

34. Many respondents think that 'everyone' will be negatively affected.

35. Those experiencing difficulties in accessing GP appointments at their local surgeries are a notable mention as being negatively affected.

36. Many different Individuals / groups are highlighted by respondents as likely to be negatively affected. Key mentions include:

- vulnerable people and, specifically, children, the elderly and people experiencing homelessness
- those needing access to urgent / immediate healthcare (removal of ability to 'walk-in' without an appointment)
- those not registered with a GP
- working people
- those needing treatment for minor illnesses / injuries
- those with mental health conditions
- Norwich residents
- those living outside of Norwich (county-wide)

37. Frequent mentions that A&E is likely to be negatively impacted, picking up the slack created by closure of the Walk-in Centre, and coping with an increase in patients presenting with minor illnesses / injuries.

Additional ideas / suggestions as to how the healthcare capacity associated with the Norwich WiC could be managed, so that it offers more equal access for all Norwich residents, helps meet growing local demand for general practice services and supports resilience of general practices in Norwich (unprompted)

38. Unprompted, key ideas and suggestions emerging include:

- More funding to be made available
- Expand the Walk-in Centre provision (e.g., more centres / increased capacity at current site / move to larger site in Norwich)
- More staff / GPs / nurses generally
- Increased capacity at local GP practices (e.g., more staff, appointments, out-of-hours provision)
- Extended opening hours (Walk-in Centre and local GP practices)
- Better parking facilities at the Walk-in Centre (e.g., parking concessions / free parking)
- Better triage services.

Other options would like to be considered (unprompted)

39. This opportunity is likely used by respondents to restate that they do not want the current Walk-in Centre to close, and for things to stay as they are.
40. Should the Walk-in Centre remain at Rouen Road, there is some call to increase its current capacity, such as through the extension of the building itself and / or the range of services provided.
41. Staff numbers would also need to be increased (although applicable across urgent care).
42. If the Walk-in Centre is relocated, the sentiment is that it should be to another city centre location for ease of access.
43. There are many requests for more walk-in centres to be established (although in addition to a city centre-based site).
44. The Walk-in Centre's geographical reach should be recognised – county-wide, not just Norwich.
45. Feedback indicates that access to GP services needs to be improved, such as making it easier to book appointments, offering extended opening hours (and recruitment of more staff).
46. There is a call for increased funding / investment.

B. HELPING TO SHAPE HOW HEALTH SERVICES ARE DELIVERED LOCALLY

Services used within the last 12 months

47. 86% of respondents have used at least one of the prompted services within the last 12 months
48. 75% have used the Walk-in Centre within the past 12 months; 48% the GP practice; and a very small number (0.4% or 12 respondents) have used the Vulnerable Adults Service – Inclusion Health Hub.

Distance willing to travel for a pre-booked general practice appointment

49. 59% of respondents would be willing to travel *less than 5 miles* for a pre-booked general practice appointment; and 25% 5 - 9 miles; meaning that 16% are willing to travel *10 miles or more*.

Important factors which influence preferences for accessing general practice services

50. When prompted, the most important factor influencing preferences for accessing GP services is 'being able to book a same day appointment', and for the large majority - 86%.
51. Other important factors to most are 'having a face-to-face appointment' (79%), 'being able to walk in without an appointment' (72%) and 'being able to book an appointment in advance' (72%).

Most important considerations when needing to access general practice services (unprompted)

52. By far the key *theme* emerging, when asked about the most important consideration when needing to access GP services, is being able to book an appointment with a healthcare professional (and most likely a GP).
53. Specifically, there are many mentions of same day appointments and face-to-face appointments (albeit the latter receives slightly fewer mentions).

54. Also of notable importance is speed of service. Many say they want to be seen promptly, and urgently if needed.

55. Still important, but slightly less so, are conveniently located services (close to home / within walking distance / easily accessible by public transport).

Things that make it difficult to get the general practice services needed (unprompted)

56. Unprompted, the most likely mention of things that make it difficult to get the GP services needed is a lack of availability of appointments generally; and, specifically, notably, face-to-face appointments, same day appointments and appointments outside of working hours (including weekends).

57. Many raise difficulties in getting past the receptionist.

58. There are deemed to be insufficient numbers of staff / GPs (generally and / or at local practice).

59. The overriding sentiment is that GP services are overwhelmed and struggling to cope with current demand.

Things that worked well about general practice services used before (unprompted)

60. Unprompted, 'the Walk-in Centre' is a key mention as something that has worked well about GP services used before.

61. Being able to book appointments is widely cited. And, more specifically:

- face-to-face appointments
- same day appointments
- being seen quickly / urgently

62. And, still appointment-focused, albeit slightly fewer mentions:

- out of hours appointments / service (including outside of working hours and weekends)
- being able to 'walk in' (no appointment necessary) – typically referring to the Walk-in Centre
- online appointment booking / services
- telephone consultations / advice

63. Other notable observations include:

- kindness / friendliness of staff
- high quality care provided by staff
- continuity / consistency of care (being seen by the same GP)

64. And proximity to home / convenient location

65. The pandemic is mentioned by some as having had a negative impact on the quality of GP services.

1.7 1:1 qualitative feedback key findings

66. The 1:1 feedback provides an important insight into the perspectives and experiences of different representatives and advocates supporting individuals with varying needs.

How clients' general practice needs are currently being met in Norwich

67. The feedback in the conversations indicate that people are accessing general practice services in Norwich in different ways but the GP as well as the Walk-in Centre were most frequently referenced in the conversations.

68. There are different factors that impact on what GP services people access. This includes the availability of appointments, the ease of getting an appointment, whether someone is registered with a GP, access to a phone/internet to make appointments, and the nature of the individual's lifestyle. There was also feedback that the driver for accessing walk-in comes from GPs themselves.

69. Whilst some people can access GP services independently, there was also feedback about individuals needing support to access general practice services, for different reasons and in different ways.

70. Other feedback included:

- Comments about the difficulty of accessing healthcare and getting appointments.
- Comments around time and the length of time it takes people to get an appointment and be seen by a medical professional.
- Transport links were also highlighted as impacting on accessing GP services.
- Some comments on the importance of the continuity of healthcare provision.

Barriers to individuals meeting their medical needs / accessing GP services in Norwich

71. Some of the barriers highlighted by the advocates within this feedback mirror the more general issues highlighted in the public consultation.

72. There are however challenges referenced that reflect the specific needs of different members of the community.

73. Access to appointments and the ability to make appointments is a challenge for people.

74. Contact with GP services and how appointments are made pose barriers for some people.

75. There are language barriers that impact people being able to access and use GP services. These language barriers are impacted by the availability of and access to interpretation services:

76. There was feedback about the cognitive capacity of some individuals to understand and recognise if they have a health issue and need help.

77. There was also mention of the limited or lack of ability of some individuals to communicate their needs.

78. There was some feedback around the lack of accessible communications materials in different, alternative formats, including easy read.

79. The inability of some individuals to make appointments and access GP services independently was highlighted as a barrier. This means that third party support is required to arrange the appointment, or advocate on behalf of the individual, or support the individual to attend the appointment.

80. Other comments made by advocates included:

- The physical layout of the healthcare setting can be a challenge.
- Barriers within the appointment in the experience of patients were highlighted. This included the use of technology and support from staff.
- The lifestyle of some individuals will impact on their ability to access healthcare services.
- The complexity of health issues and different healthcare needs are not being taken into account.
- Waiting times can be a challenge.

What currently works well for individuals meeting their medical needs / accessing GP services in Norwich

81. Whilst online access can be a barrier for some people who are digitally excluded, there was some feedback in response to this question that online access and technology can work well around making appointments, ordering repeating prescriptions, and accessing phone/video interpreting.

82. Whilst not an overall picture there was positive feedback about the support offered by some members of NHS staff.

83. There was positive feedback valuing the Walk-in Centre.

Feedback about the Walk-in Centre location and opening times

84. There was generally a positive response, appreciating the location and times of the Walk-in centre, and its offer overall.

85. A few comments were made about the difficulties of parking near the Walk-in Centre, and getting to the centre if your ability to travel on foot is impeded.

86. Some comments related to the waiting times at the Walk-in Centre being a challenge.

87. Other feedback included:

- A comment about closing times and *'huge swathes of time when there is no access to healthcare'*.
- An organisation not encouraging their members to access the walk-in centre out of hours.
- A comment was made about the size of the Walk-in Centre being insufficient.

Feedback on the options

88. There was significant and strong sentiment against closing the Walk-in Centre.

89. One of the concerns raised around closing the Walk-in Centre focused on the ability of at-risk adults and adults with additional needs and vulnerable adults to access healthcare services and make appointments.

90. There was concern that enhancing GP services wouldn't work because of the limitations of the existing system.

91. There was also some concern that the closure of the Walk-in Centre would result in more pressure on other services, particularly A & E.

92. Within the feedback, there were comments about how the Walk-in Centre and GP services are being used and how they could be used in future. This included how the Walk-in Centre is used as a *'caveat'* and to *'mop up'* appointments.

93. There was some feedback that alongside retaining the Walk-in Centre, people also want to see enhanced GP services across Norwich and more equity within the provision.

94. Other feedback included:

- A couple of comments focused on the importance of local provision.
- Another point was around the question of visitors and what happens to people who are visiting the area and in need of healthcare.
- There were also comments about the challenges of the consultation process itself.

Ideas and suggestions for how GP services in Norwich can meet the needs of respondents' clients

95. There were some general comments about the importance of offering accessible and inclusive services, and being responsive to the different needs that people have.

96. Some ideas concerned the development of the Walk-in Centre, and the creation of smaller walk-in centres.

97. Some ideas shared focused on improving the provision in GP services.

98. There were also ideas about improving access and appointments, including booking appointments, flexible appointments, and more routine appointments.

99. A theme of some of the comments concerned staff training and capacity building to create awareness and deliver a better service.

100. There were a number of suggestions around improving accessible communications to meet the needs of different users.

101. There was some suggestion that outreach healthcare - when the healthcare provider comes to them - would be beneficial. This was particularly around health checks.

102. Ideas were shared around improving health promotion for different sections of the community.

Continued engagement

103. The majority of the respondents indicated that they would like to continue to work with NHS Norfolk and Waveney post consultation.

104. This represents an opportunity for NHS Norfolk and Waveney to continue to engage and involve advocates working with adults with additional needs, vulnerable adults, and children and young people to shape healthcare services.

1.8 Independent feedback

Independent feedback communications were received from 9 organisations during the consultation period, including local councils and healthcare providers. The themes of the independent communications received reflect the findings coming out of the consultation survey and 1:1 feedback.

Letters from MPs including Clive Lewis and Chloe Smith were received in support of the Walk-in Centre and providing scrutiny on the consultation process. NHS Norfolk and Waveney responded formally to both letters.

Bridge Plus, a charity that provides support for ethnic minority individuals and migrant communities, conducted their own survey based on the NHS Norfolk and Waveney consultation around GP services in Norwich. This included face to face and phone interviews with 60 service users of different age, gender, and ethnicity. A summary of their survey results can be viewed [here](#).

Healthwatch Norfolk also conducted their own independent survey of Walk-in Centre

services which was published during the consultation period. A copy of their survey findings can be viewed [here](#).

1.9 Conclusion and next steps

The findings from the consultation will now go forward for internal review and consideration within NHS Norfolk and Waveney.

Feedback to the public will be given on next steps and future opportunities for people to be involved and have their say will be communicated as appropriate.

2. The services under consideration

The objective of this consultation is to continue to find ways to provide good quality general practice services for people living in Norwich and the surrounding area after the contract for the Walk-in Centre, the GP Practice on Rouen Road, and the Vulnerable Adult Service – Inclusion Health Hub expires on 31 March 2024.

2.1 Option 1: No Change. Reprocure (buy again) all three services

This option would mean that the current Walk-in Centre service, Vulnerable Adult Service – Inclusion Health Hub, and GP practice would be reprocured (bought again) as they currently are, under one contract. This would mean the current location and services provided would not change.

Overview of option

- This option doesn't support GP practices to improve resilience.
- It does not support improvements to patient access to healthcare services or address health inequalities.
- It does not deliver value for money as it duplicates other funded services such as Enhanced Access and GP Out of Hours.
- The NHS is encouraging practices to work together to share provision of healthcare activity including appointments, screening, and vaccinations. Providing a walk-in facility is no longer a key feature of NHS policy. Based on a review of national policies and local healthcare needs, NHS Norfolk and Waveney does not think this is the most appropriate option.

Advantages

- There would be no disruption to the services at the GP practice, Vulnerable Adult Service, or Walk-in Centre, and no uncertainty for staff currently working in these services.
- It would continue to provide a level of support for GP practices experiencing capacity issues.
- There would be an opportunity to review the services and their opening hours following feedback from the consultation.

Disadvantages

- It is not in line with NHS policy. National policy is to increase the number of appointments in general practice, including appointments that are earlier and later in the day, through the Enhanced Access policy.
- The model of care no longer provides the best value for money.
- Feedback from the engagement undertaken showed us that the current role and use of the Walk-in Centre isn't clear and delivering best value for patients and the wider community of Norwich.
- It wouldn't be in line with the strategic direction of national policies outlined by NHS England or the ICS's Integrated Care Strategy and Clinical Strategy.

2.2 Option 2: Reprocure (buy again) the Vulnerable Adult Service – Inclusion Health Hub and GP Practice at Rouen Road only (and allow the Walk-in Centre service to expire).

Overview of option

- This option would mean that the location and services provided at the GP Practice at Rouen Road and the Vulnerable Adult Service – Inclusion Health Hub would not change. The Walk-in Centre would close.
- The Walk-in Centre is delivering general practice services by providing approximately 5,666 appointments monthly. This option would reduce available capacity across the healthcare system and reduce patient access to general practice services.
- Based on local healthcare needs, and a review of local and national policies, NHS Norfolk and Waveney does not think this is the most appropriate option.

Advantages

- No change to the patients registered at the GP Practice at Rouen Road or those who are receiving support via the Vulnerable Adult Service.
- There is an opportunity to review the service and opening hours following feedback from the consultation.
- It would remove the duplication of services provided by the Enhanced Access policy and GP Out of Hours service.

Disadvantages

- There would be no additional local services provided in place of the Walk-in Centre. This would reduce capacity and service within the Norwich area unless alternative provision was commissioned (bought).
- It would not help to improve the resilience of general practice in the greater Norwich area.
- It wouldn't help to reduce health inequalities in the Norwich Primary Care Network area where there are people living with unmet health needs.
- It wouldn't be in line with the strategic direction of national policies outlined by NHS England or the ICS's Integrated Care Strategy and Clinical Strategy.

2.3 Option 3: Reprocure (buy again) the GP practice and the Vulnerable Adults Service – Inclusion Health Hub under one contract. Redesign and commission (buy) the health service capacity that is provided at the Walk-in Centre in a different way to improve health outcomes in underserved communities across the Norwich area.

Overview of option

- This option would mean that the location and services provided at the GP Practice at Rouen Road and the Vulnerable Adult Service would not change. The resources that are currently invested into the Walk-in Centre would be redistributed across Norwich Primary Care Network.
- This option would improve access to healthcare services for those with unmet health needs, seldom heard communities, the most vulnerable, and those that are socially excluded to help reduce health inequalities.
- It would join-up services to better support increased demand for general practice services and provide care closer to home for people living in underserved communities.
- It would provide the foundations to support the local health and care system to have increased resilience to address growing demand from new service developments, planned housing growth, and growing complexity of patient needs.

Advantages

- The patients registered at the GP Practice at Rouen Road would continue to receive general practice services, and vulnerable adults would still be able to receive healthcare support via the Vulnerable Adult Service.
- There is an opportunity to review the services and opening hours following feedback from the consultation.
- It would enable Norwich GP practices to develop services in their Primary Care Network that address health inequalities and provide equal access for vulnerable and at-risk population groups.
- It would remove the duplication of services outlined yet maintain the overall capacity of services available in the greater Norwich area
- It would enable capacity to be integrated with other existing funded services such as Enhanced Access, GP Out of Hours, care home visiting, and home visiting.
- The resources (money and workforce) associated with the Walk-in Centre would be reshaped to address local needs across Norwich, build and strengthen services that improve outcomes for local people and provide resilience to practices in Norwich.
- This approach is in line with the strategic direction of national policies outlined by NHS England and the ICS's Integrated Care Strategy and Clinical Strategy.
- It builds on what people have said previously about how they want their health needs supported in Norwich. Previous feedback has indicated that people want more services delivered closer to home, as well as for more integrated services, and better communication between services and the public.

Disadvantages

- While people would continue to be able to access general practice services from a local GP practice, the ability to walk-in without an appointment would be removed.

This may be unpopular with people who prefer not to book or wait for an appointment.

- This option doesn't provide immediate resilience support for local practices experiencing capacity issues, although overall capacity in the healthcare system would be maintained.

3. Our approach

3.1 Aims of the consultation

The purpose of this consultation was to gain the feedback of public, patients, partner organisations and wider stakeholders in the community on proposed options for how general practice services could be delivered in the greater Norwich area when the contract for the Walk-in Centre, GP Practice at Rouen Road, and Vulnerable Adults Service- Inclusion Health Hub expires in March 2024.

In addition, the survey also asked questions to gain people's opinions and insights into what is important for them when accessing primary medical services. This will provide an incredibly useful bank of information on patient preferences to help inform and shape how future services may be delivered in the greater Norwich area and beyond.

3.2 Early engagement

An online survey was conducted from 8 June – 26 June 2022 to gain patient and public views into the role and use of the Walk-in Centre. Engagement with the survey was facilitated via a variety of channels and means. A total of 114 respondents took part in the online survey.

There was also a concerted focus on inclusive engagement as part of the early engagement work to ensure that voices from Norwich's diverse community could be heard. This was conducted in June – September 2022 through a programme of additional targeted 1:1 qualitative interviews with a range of 'advocates' – representatives of VCSE organisations and groups working with and supporting vulnerable adults and adults with additional needs.

Additionally, NHS Norfolk and Waveney's locality and strategic primary care teams engaged with Norwich practices and the Primary Care Network (PCN) to understand their usage of the Walk-in Centre and any concerns they may have about service developments.

The findings from this early engagement work were used to inform the three options that were included in the consultation document.

3.3 Consultation format

A process of formal consultation was conducted through a 9-week period between Tuesday 24 January – Sunday 26 March. The public, patients and wider health stakeholders were invited to provide feedback through an online survey and in writing. Qualitative 1:1 feedback was sought and gained from organisations supporting at-risk adults and those with additional needs to ensure that as many voices were represented within the consultation as possible.

Paper copies of the consultation document were provided at the GP Practice on Rouen Road and at the Walk-In Centre. The Service Manager and Head of Service were provided with contact details for the communications team at NHS Norfolk and Waveney so they were able to order more copies of the consultation documents if needed. Electronic copies of the consultation document, Summary, and an Easy Read version of the survey were available to download from the ICS website and could be returned by

email or printed and posted. Additional printed copies of the consultation documents, translations and alternative formats such as Braille or large format documents were available upon request by telephone or email. In addition, feedback and comments could be provided by email to NHS Norfolk and Waveney.

The Norfolk and Waveney ICS website has a translation function which translates webpage copy and PDF documents hosted on the site. Information on how to use this functionality was added to the consultation webpage to support its use to encourage participation in the consultation process by as many people as possible.

3.4 Summary of engagement activity

A programme of integrated communications activity including digital, print and broadcast was developed to raise awareness of the consultation and support local people and organisations to engage in the consultation process.

A range of methods and formats were employed to seek feedback during the consultation, using a mix of face-to-face, digital, and postal engagement opportunities. This multifaceted approach ensured the process was as accessible as possible for people to participate in the consultation.

Type	Description
Face-to-face	Promotional staff were in place at the Walk-in Centre for 3-hour shifts over 6 days during the consultation period. These took place over a range of days/times including evening and weekends to talk to patients about the consultation and signpost them to complete the survey. Interest and awareness was high amongst the public and there was significant uptake of the postcards containing the survey link within the sessions. There was less appetite to complete the survey on the iPad station.
Face-to-face (virtual)	Qualitative feedback from advocates of groups and organisations that support or represent vulnerable or at-risk adults, families, young people, and those with additional needs (more information about this feedback is provided in section 5 of this report)
Digital	A stationary iPad was installed at the Walk-in Centre for the duration of the consultation period for patients to complete the survey while visiting the centre
Print	A4 posters and A6 postcards were printed and mailed out to all practices in Norwich PCN (including the Walk-in Centre), plus Humbleyard, Drayton and Wymondham practices
Print	Printed copies of the consultation document were provided to GP Practice on Rouen Road and the Walk-in Centre
Digital/Print	Electronic versions of posters/postcards, plus a communications

	toolkit including reception screen and social media graphics were shared with all GP practices in Norfolk and Waveney to print/display in surgeries
Digital/Print	Promotional copy and a communications toolkit was shared with all Patient Participation Groups
Digital/Print	Promotional copy was shared with Norfolk Association of Local Councils for dissemination to all parish councils
Digital/Print	Promotional copy and a communications toolkit was shared with Community Action Norfolk and Norfolk County Council's Adult Social Services, Children's Services, and Family Information Services for inclusion in internal communications and through their channels
Print	Half page adverts were placed in the Norwich Evening News and Eastern Daily Press. These adverts provided the phone number and email address for people to request copies of the consultation documents
Digital	Social media – paid for Facebook ads and organic activity on all our channels
Broadcast	BBC Radio Norfolk interview

3.5 How responses were received

A total of **3,043 survey responses** were received. The below breakdown highlights the method of response and requests for materials:

- Completed via online survey: 2,986
- Emailed a completed copy – 16
- Posted a completed copy – 41

- Requests for printed copies – 19
- Requests for alternative formats and translations – 2
 - 1 x Braille
 - 1 x large format version of the document
- Emails received with comments/feedback - 52
- Easy Read survey returns – 0

In addition to the completed responses there were also 6,331 partial responses. A partial response is recorded when the survey is progressed past the first page but not finished. A partial response is recorded irrespective if the individual provides any responses at all or is just reviewing the survey without filling in any of the fields.

The partial response rate for the consultation is higher than the average rate for consultations NHS Norfolk and Waveney has run previously. This is likely to be due to the fact that the survey link was provided on the Change.org petition page (see more about this below). The petition page received thousands of signatures and many signatories may have chosen to look at the survey but not complete it as they had already signed the petition.

Several partner organisations from health and local government also provided written feedback on the consultation options. The letters can be found in Appendix 5.

- Humbleyard Practice – email and meeting organised
- South Norfolk Healthcare CIC – feedback and meeting organised
- Attleborough Surgeries
- South Norfolk District Council
- Broadland District Council
- St Stephens Gate Medical Partnership – Patient Participation Group
- Heathgate Medical Practice
- Norfolk and Norwich University Hospital Trust - email and meeting organised
- East Harling and Kenninghall Medical Practice

An online petition to ‘Save Norwich Walk-In Centre’ was created early in the consultation period through Change.org to support keeping the Walk-in Centre open: <https://www.change.org/p/save-norwich-walk-in-centre>. As of 27 March at 12.45pm, the petition had received 7,830 signatures. 361 comments have been posted on the website in support of the Walk-in Centre and why it should remain open.

A petition to ‘Protect Our Walk-in Centre’ was submitted to the ICB by the Norwich Labour Party on behalf of Clive Lewis, MP for Norwich South and Alice McDonald, Parliamentary Candidate for Norwich North. The petition contained 94 signatures collected on petition sheets, and a hard drive with another 2,000 signatures. A copy of the covering letter is provided in Appendix 5.

3.6 Communications and Scrutiny

The ICB received a statutory letter from Healthwatch Norfolk outlining concerns about the consultation options and the process in early February, which was posted on its website [here](#). The ICB formally replied to the letter to address Healthwatch Norfolk’s queries, which was posted on the Healthwatch Norfolk website [here](#). A series of meetings and communications between NHS Norfolk and Waveney and Healthwatch Norfolk took place throughout the duration of the consultation to discuss the comments and concerns from Healthwatch Norfolk.

Letters from MPs including Clive Lewis and Chloe Smith were received in support of the Walk-in Centre and providing scrutiny on the consultation process. NHS Norfolk and Waveney responded formally to both letters.

Copies of the letters received from Healthwatch Norfolk and local MPs are provided in

Appendix 5.

3.7 Press and Media coverage

The launch of the consultation was publicised through a press release issued by NHS Norfolk and Waveney, as well as a follow up media release and a further interview on BBC Radio Norfolk in February.

Media reporting on the consultation was widespread from the beginning and throughout the duration of the consultation period which contributed to public awareness of the survey.

The Norwich Evening News launched a 'Save the Walk-in Centre' campaign in early March, inviting patients with experience of using the Walk-in Centre to share their stories.

The below table captures media mentions on the Walk-in Centre while the consultation was live:

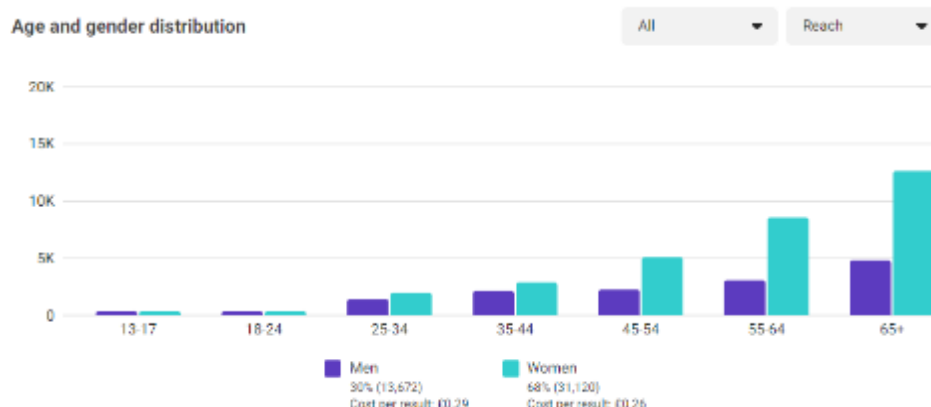
Radio interview requests	2
Press/Online	23
TV news segment	1

Note: The above table captures media reports that NHS Norfolk and Waveney is aware of. Further media coverage may have taken place on TV, print and radio platforms that have not been accounted for.

3.8 Digital activity delivery

As a primary form of survey completion was online, digital platforms were a key feature of the communications activity.

- A paid for Facebook ad carousel ran from 14 Feb - 5 March (19 days)
 - 1,135 clicks
 - 45,400 reach
 - 138,221 impressions
 - Norfolk-wide reach, 25-65+



- Organic posts each week throughout the 9-week consultation period, on LinkedIn, Facebook, Twitter, and Instagram, at different days of the week and times of day to reach different audiences



4. Survey Findings

Part A: Feedback on the options for the possible future of these services

4.1 . Respondent classification (individual and / or staff member and / or representing someone else)

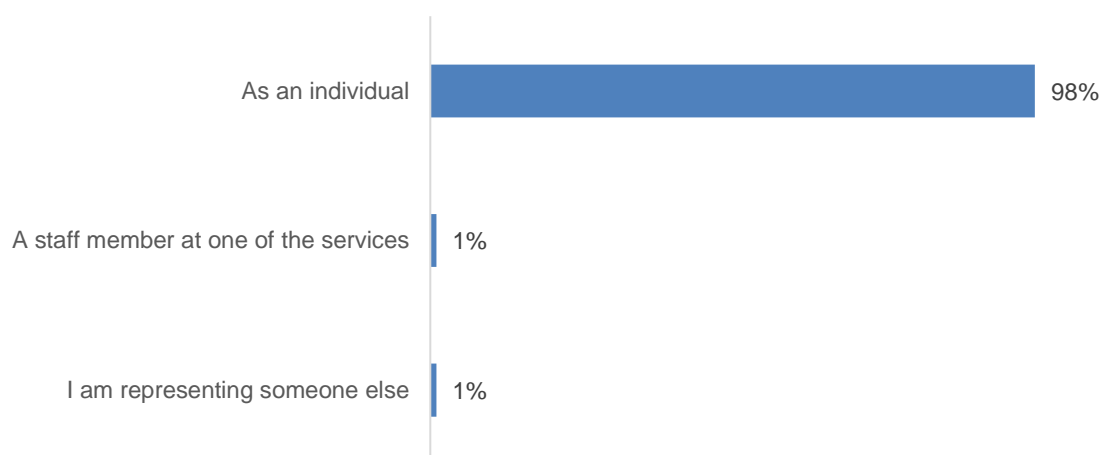
Q1: Are you giving feedback as an individual, as a staff member at one of the services, or are you representing someone else (e.g. someone you care for, a friend, group or organisation)?

The large majority of respondents **(98%) have responded to the survey as ‘an individual’**.

1% (or 29 respondents) are staff members at one of the three highlighted services (Walk-in Centre / the GP practice / Vulnerable Adults Service – Inclusion Health Hub).

And **1% say they are representing someone else**.

(N.B. this is a multiple response question)



RESPONSE	%
An individual	98 (2,995 respondents)
A staff member at one of the services	1 (29 respondents)
I am representing someone else	1 (41 respondents)

Response rate to this question: 3,043 people (100% of all survey respondents)

Multiple response question

4.2 Thoughts about Option 1 (unprompted)

Q: Please tell us your thoughts about Option 1

Response rate to this question: 2,962 people (97% of eligible survey respondents)

Option 1 – No change. Reprocure (buy again) all three services.

This option would mean that the current Walk-in Centre, Vulnerable Adults Service - Inclusion Health Hub, and GP practice would be reprocured as they currently are and the current location and services would not change.

This would not support GP practices to improve resilience, it would not support improvements to patient access to healthcare services or address health inequalities, and it would not deliver value for money as it duplicates other funded services such as Enhanced Access and GP Out of Hours. Therefore we do not think this is the most appropriate option.

The overriding sentiment is that Option 1 is the 'best' of the three proposed options, and that the three services should continue as they are.

Best option to help support the maximum amount of people. There is currently not the support elsewhere to make a change to these services. Keep them as they are

Best option, the walk in centre is 100% vital as most GP practices around Norwich are impossible to get appointments for. This service must be kept!

Although all three services included in proposals (Walk-in Centre, Vulnerable Adults Service and GP practice) are considered to be essential, it is **the Walk-in Centre, that is the focus of most responses.**

Strongly agree with option 1. To continue all 3 services is essential for GP capacity and to prevent a catastrophic impact on a&e at the Norfolk and Norwich hospital

Option 1 should be the chosen option. The Walk In Centre provides an absolutely essential service. I have used it many times over the years, both for myself and for my children. It has prevented unnecessary waits at A&E and wasting hospital time/resources. I have been able to receive much needed treatment for myself and my children at times when my doctors surgeries were closed. It is clearly used by a wide demographic of people from all over the region and is an essential medical resource for Norfolk.

Concerns about plans to close the Walk-in Centre, as an 'essential service', are strongly voiced.

I think the provision of a walk in service is essential. My GP surgery rarely has appointments available by the time you get through the phone lines and often cites the walk in centre as the best option. Blood tests are only available at the walk in centre. I see the staff at the walk in centre more often than my own GP surgery. Closing the service would be disastrous

This consultation takes place against a backdrop of a sense of a crisis in the NHS, so it's difficult to contemplate the closure of services without worrying that it means these services are being removed entirely, in spite of what is laid out in the consultation

Many respondents are responding to the consultation as past users of the Walk-in Centre, or know someone who has used it, and **typically recount experiences in a positive tone**.

Best solution, having used the walk-in service and finding it very difficult to see a local doctor, the service is excellent and needed by everyone. Why close something that works?

I strongly feel that the Walk-in centre should remain in Rouen Road. It is so reassuring that there is somewhere to go outside GP practices which are overstretched and are not able to offer services when required. It's no good waiting several days for an appointment for something as simple as re-dressing a wound when it needs doing sooner. I used the Walk-in Centre for this reason recently as my surgery could not offer me an appointment. Without the Walk-in Centre I would have had to go back to A&E - adding to the pressures experienced there

The Walk-in Centre is 'open for all', and it is clear that it has a wide reach, serving Norwich residents, as well as people living outside of the city (county-wide).

For Christ sake obviously do this. The fact this needs to go to consultation shows how much local gov love wasting money. It's always busy, always used. If anything it needs to be extended. But do that whilst keeping it open. All classes, genders, ages and races use it. And 111 and your GP receptionists often send people there

A city centre location is important for **ease of accessibility**.

WIC is an essential service and must be in a centralised location easily accessible to everyone IT MUST STAY OPEN

This is the only credible option, as the GP surgery uses the walk in centre when it can't cope. Plus the walk in centre is vital to the community, it's in a good location and offers needed support to NHS Doctors

It is evident, from feedback, that **patient needs are not being met by their local GP practices**, most likely due to a lack of availability of GP appointments (same day / face-to-face), as well as restrictions in opening times (not available outside of working hours, including weekends). The Walk-in Centre, where there is no need to make an appointment (you can just 'walk in'), and with its extended opening hours ('out of hours'), is, therefore, perceived to be supporting local GP services by helping to plug these 'gaps'.

The walk in centre is a vital resource for people who can't get an appointment with their own doctors (a frequent issue now). It fills a gap which otherwise would result in people not getting the treatment they need, which would result in more pressure on A&E

The Walk-in Centre provides around 5,666 appointments monthly, so where will those people go, at best the wait time for my surgery appointments are now 2 to 3 weeks, a and e waits are never ending. The walk in bridges the gap for those unable to get an appointment but need to be seen. I myself and my family have had to use it several times, at the request of 111. It would be ridiculous to shut down this service

The Walk-in Centre is widely considered to be for health concerns which are not (knowingly) serious enough for A&E. However, with appointment availability issues at local GP practices, there is strong concern that, should there be no Walk-in Centre, **people will turn to A&E** as the next resort, creating pressure on these services.

Think you should retain this Option because despite all you say even with enhanced access it is still too difficult for many to see a GP when required. It will only cause more people to go to an

Part of me thinks this option is most appropriate as the walk in centre has provided such a vital service as it is very difficult to get on the day GP appointments and sometimes it is urgent but not A&E urgent

There is concern that **vulnerable people will be left with fewer choices and less help or support than before.**

The existing walk-in service provides essential and virtually immediate medical care for all at a time when GP appointments are not as easily available as the consultation document suggests. Providing a service for the most vulnerable adults and families is crucial. Norwich and Norfolk are welcoming more forced migrant families and individuals every week, and easily accessible services without appointment and registration/identity restrictions are crucial. At my (excellent) GP service within Norwich it is typical to wait a week or more for an appointment, which is not appropriate for conditions which cause pain or which will deteriorate in that time

There is some low-level mention that ...

- ... NHS 111 often directs users to the Walk-in Centre (assuming that callers get through / receive timely call-backs, which is not always the case).

Nothing wrong with this option. Duplicating out of hours?? I don't think so. Have you tried to access out of hours medical assistance? That's why the walk in is so busy!

The walk in service is brilliant. You cannot always get through to 111 the wait is horrendous. The fact that they see over 5000 appointments per month speaks volumes

- ... the Walk-in Centre would benefit from increased funding.

This is the best option. It would be absolutely insane to close anything right now when almost impossible to get even simple services from the NHS. It clearly needs to be kept open and given more funding

- ... there is scepticism that any 'alternative' provision will be fit-for-purpose.

Unless a truly viable alternative to the walk-in centre is developed, option one is sensible to ensure access to primary care outside of regular GP provision, which is getting increasingly hard to access ... The walk-in centre has proved invaluable to my family when we couldn't get a GP appointment but needed antibiotics and head injury gluing that didn't require A&E

4.3 Thoughts about Option 2 (unprompted)

Q: Please tell us your thoughts about Option 2.

Response rate to this question: 2,788 people (92% of eligible survey respondents)

Option 2 – Reprocare (buy again) the GP Practice on Rouen Road and Vulnerable Adults Service – Inclusion Health Hub and allow the Walk-in Centre service to expire.

This option would mean that the location and services provided at the GP Practice at Rouen Road would not change, and the VAS would continue to be provided from Under One Roof on Westwick Street. The WiC would close.

The Walk-in Centre is delivering general practice services by providing approximately 5,666 appointments monthly. This option would reduce available capacity across the healthcare system and reduce patient access to general practice services. Based on a review of national policies and local healthcare needs, we do not think this is the most appropriate option.

Option 2 elicits a widespread, **strongly negative response from respondents**. It is labelled by many as ‘the worst’ of the three options, due to the proposed closure of the Walk-in Centre.

Key questions are raised about **where Walk-in Centre users would go**, and **how the ‘lost’ 5,666 appointments provided monthly would be ‘recovered’**, in light of widely expressed insufficiencies in local GP services (e.g. lack of available appointments).

This is the worst option as it represents a decrease in service provision when more is required not less

Worst option of the three, nothing good would come of closing down the walk in centre and having no replacement

Again, there is concern that moving forwards with this option would **put increased pressure on A&E**.

Not acceptable - the only other alternative I can think of is A&E

With the huge pressure on the NHS reducing this service would mean more people going to A&E as they have difficulty seeing a GP

You cannot get an appointment to see a GP at present. The local hospital is struggling, especially A&E. Where are the people who are using the walk in centre expected to go. GP's are saying they cannot cope

Key 'language' emerging from feedback is typically negative and includes:

- Worst
- Bad / terrible / disastrous
- Ridiculous
- Absolutely not / definitely not
- Disagree / do not agree / do not support
- Not viable
- Unacceptable / not appropriate

A disaster for the homeless and all of us who use it for out of hours treatment

Closing the WIC would be catastrophic for those who can currently find no alternative to its life-saving support

Insane. Closing of more vital services at a time of struggle for the NHS unthinkable

No, ridiculous. Where will all the people go who use the walk in? Do you want to make a&e worse? Ambulance service worse? Gp surgeries that you can't get through to worse?

Terrible idea. Where do you think the 5666 appointments are going to go. Lives will be put in danger

4.4 Thoughts about Option 3 (unprompted)

Q: Please tell us your thoughts about Option 3, which we think is most appropriate. What are your views on Option 3?

Response rate to this question: 3,043 people (100% of eligible survey respondents)

Option 3 - Reprocure (buy again) the GP practice and the Vulnerable Adults Service – Inclusion Health Hub under one contract. Redesign and commission (buy) the health service capacity that is provided at the Walk-in Centre in a different way to improve health outcomes in underserved communities across the Norwich area.

This option would mean that the location and services provided at the GP Practice at Rouen Road and the Vulnerable Adults Service would not change. We would redesign the services provided at the Norwich Walk-in Centre and these would be offered in a different way across Norwich, meaning that we can meet people's needs and support the health and wellbeing of all our communities.

We have not finalised the details of this option because feedback from patients, the public, and healthcare professionals is essential at this early stage to shape how services could best meet local needs. Public feedback from this consultation will help to shape what this looks like.

This option would mean services could be flexible and it would allow GP practices working together across Norwich to manage current and future demand for healthcare. It would help us to provide health support for vulnerable and at-risk population groups, support resilience in GP practices, and follow guidelines set out in national and local strategies and policies.

We believe this is the most appropriate option

There is some mention that the statement, 'We believe this is the most appropriate option', indicates that Option 3 is already the preferred decision or outcome, causing **some derision amongst respondents**.

The consultation document also states, 'We have not finalised details of how this would operate in practice because feedback from patients, the public, and healthcare professionals is essential at this early stage to shape how services could be delivered to best meet local needs.' There is a feeling that **Option 3 carries an element of 'the unknown'** which the feedback demonstrates is clearly unnerving for some.

Concerns are expressed as to **whether local GP practices will be sufficiently equipped** to cope with any increased demand on their services. They are considered to be insufficiently equipped currently.

The Walk-in Centre is acknowledged as **fulfilling a need for immediate / urgent appointments**, and there is some apprehension about this provision being lost, should Option 3 be taken forwards.

Those not registered with a GP (such as those experiencing homelessness / asylum seekers / migrants for example) are mentioned as likely to be detrimentally affected by this proposal, due to the loss of a 'walk-in' facility, which they can use without the need to be GP-registered.

The closure of the Walk-in Centre would not only be **a loss to Norwich residents, but those living elsewhere in Norfolk too.**

As Option 3 is currently very vague with little detail as to what alternative services would be provided to replace the WiC's capacity, it is very difficult to form a balanced and informed opinion at this stage

I don't think spreading the walk in centre service across different gp practices is a good idea. I think this will result in a weakened service provision with a "postcode lottery" type effect. More patients will end up at A & E

Without details of how services will be redistributed, i don't understand how anyone can make the statement that this will be most appropriate

I don't really understand what is meant by "reallocating" resources. There are only a finite number of doctors. If you take them out of the WiC and put elsewhere you improve provision in one area. But what would I do if my daughter was sick with tonsillitis and really needed antibiotics but I couldn't get a gp appointment (as is usual). I would have to go to A&E without the WiC

As for option 2, with no alternative proposed it is illogical for me as an individual to support this option in favour of maintaining the status quo for which there is demonstrable need

I totally disagree and feel that the already busy GP surgeries will not be able to offer the flexible service of the walk-in centre. There are not enough services to pick up the slack and many are already overworked with an aging demographic. I cannot see any advantages to support this option

I do not believe that GP practices will be sufficiently improved and increased to meet the demand that the walk in service currently meets. Even greater numbers will attend A&E, or patients will go untreated, leading to preventable illness becoming more severe and then needing hospital treatment

There seems to be **some understanding of the general intent** behind Option 3, but only from a small minority of respondents.

Could be a good way to change the way the walk in centres work and offer different services as well as what they offer now like minor injuries treatment which might help the hospitals

Given how vague option 3 is, it is hard to give a fair response. If you are planning to ensure there are walk in facilities at every GP across Norwich until 9pm instead, then I would support it. If not, no

As long as there is still access to walk in services then this will be ok, however the fear is that without the walk in A&E will be even more stretched and appointments are hard enough to get at GP that people will be missing vital prescriptions and health advice

This sounds like a potentially good option provided that the access to services remains open to all and allows those who cannot go to hospital to attend the clinic for emergencies with a walk in set up

4.5 Perceived advantages of Option 3 (unprompted)

Q: Please tell us your thoughts about Option 3, which we think is most appropriate. What do you think are the advantages?

Response rate to this question: 3,043 people (100% of eligible survey respondents)

Many respondents are **unable to think of any advantages of Option 3**.

A notable number are **unable to give a view** (they 'don't know'), and there is significant mention that information provided in the consultation document is insufficient / too vague for them to make a fully informed decision.

None that I can see. There is no realistic or planned alternative provision once the walk in centre closes, any expansion of GP services will be costly and applied in an unequal way

There are none. You've not told us the whole idea - it's embarrassing someone/ some people think it's acceptable and good practice to ask the public their thoughts on a half baked idea. Shameful

Impossible to say with the limited information available in the consultation

There are no advantages to a proposal which hasn't been finalised

Perceived cost-savings are spontaneously cited by some, and sometimes scathingly, in that they will benefit the NHS and not patients.

There aren't any apart from presumably saving money which will be used to line the pockets of high up staff I imagine

I guess it saves money, but at patients' expense

For the general public, NONE. Oh, I guess you'll save money ...

Money is freed up for elsewhere, but at the cost of putting pressure on other services already at breaking point like A&E

Advantages most likely mentioned, albeit relatively small in number, include:

- Increased capacity locally at GP practices (e.g. more appointments available)
- And thereby improving access to healthcare services (e.g. reducing travel distance)
- The continuation of general practice services at the GP practice (Rouen Road) and healthcare support via the Vulnerable Adults Service.

Many comments include the words 'might', 'maybe', 'possibly'.

The GP and VAS-inclusion hub would remain in service and there would be an equivalent service to replace WiC (which would hopefully be an even better service than it is now)

The VAS and GP surgery will remain open. Thought is going into how to improve existing GP services in Norwich making them more resilient

Services could maybe localised better and avoid the need to travel for those that have difficulty in accessing Rouen Rd

If local provision was increased to the same levels across Norfolk then it would reduce travel distance

The services provided by the Walk in Centre MIGHT become more community based and easier to access

Might open up more capacity within GP surgeries?

There does seem to be some low-level, **underlying scepticism** as to whether proposals will be (able to be) proficiently delivered.

If there are more appointments at your local GP then great, but I don't believe there will be

It could mean more local access but public transport is simply not good enough to support this

I don't see any as I don't believe or trust that better alternative use of that money will improve access to a service at point of need

With the under funding I don't believe you can do what you say you will and therefore there are no advantages

4.6 Perceived disadvantages of Option 3 (unprompted)

Q: Please tell us your thoughts about Option 3, which we think is most appropriate. What do you think are the disadvantages?

Response rate to this question: 3,043 people (100% of eligible survey respondents)

There is some **doubt that any alternative plans would actually be implemented**. Or, indeed, concerns that any changes might not result in a more efficient service.

The end user suffers because promises aren't kept

A fragmented service and worse offer for patients

Too much change too soon, any proposed changes should be

As might be expected, **opposition to closure of the Walk-in Centre is voiced strongly here.**

There is significant mention of **GP services being over-stretched** and unable to meet current patient demand (e.g. lack of appointments and / or 'out-of-hours' provision).

And notable concern that, consequently, **people would turn to A&E.**

Impact on A&E - this smacks as cost saving and reducing access to vital health services

Increase demand on Ambulance and A&E services. Dangerous to push demand onto those life saving services

GP services across the region are unsafe. i recently had an injury which was similar to a previous one and it took TWENTY SIX days to get a response from my GP. I recently also suffered a dog bite, tried to call my GP, after 20 mins on hold i drove there as it was quicker, to be refused to be seen and told to go to the walk in centre. i was seen within 30 mins, if the walk in centre is closed, i would have had to go to A&E and waited, probably until my shift at the same hospital the following day. The pressures on A&Es are horrific for want of a better word. The GP services are unsafe in my opinion. This would cause an increase in A&E admissions, delays in treatment and ultimately patient harm

There is some low-level worry that the Norwich-focus of the proposals means that **people who live outside of Norwich** (but who use the Walk-in Centre) are being **'overlooked'**.

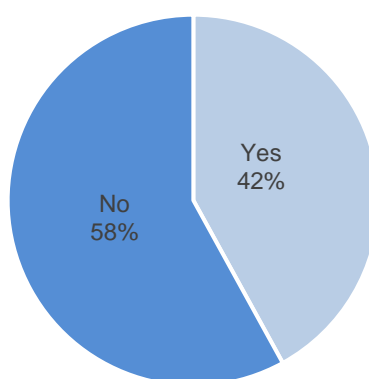
You seem to be forgetting those of us that are being let down by GP practices out of the Norwich area. I'm registered at Attleborough Surgeries and I have had to attend the WiC multiple times in the last

Walk in centres benefit the much wider community than just Norwich because of the limited access to similar healthcare to the rest of Norfolk

4.7 Understanding of how NHS Norfolk and Waveney intends to look after patients currently using the Walk-in Centre

Q: Do you understand how we intend to look after patients who are currently using the Walk-in Centre?

Around **two in five respondents (42%)** say they **understand** how the NHS intends to look after patients who are currently using the Walk-in Centre; meaning that around **three in five (58%)** do not.



RESPONSE	%
Yes	42
No	58

Response rate to this question: 3,021 people (99% of eligible survey respondents)

4.8 (If 'no' at 5a) Questions about intentions to look after patients currently using the Walk-in Centre (unprompted)

Q: Do you understand how we intend to look after patients who are currently using the Walk-in Centre? If no, please let us know what questions you have.

Response rate to this question: 1,611 people (92% of 1,753 eligible survey respondents saying 'no' at 5a)

Many say they are **unable to make an informed response** here, due to Option 3 details not having been finalised, and making direct reference to the following statement in the consultation document:

We have not finalised the details of this option because feedback from patients, the public, and healthcare professionals is essential at this early stage to shape how services could best meet local needs. Public feedback from this consultation will help to shape what this looks like.

As you have not finalised the details of option 3 how can anyone comment on how you intend to look after patients

*You say yourselves the plans are incomplete! I quote "help manage patient demand for general practice services by integrating capacity with other existing funded services. Examples could include..." You don't know how you would do it.
So no, I don't understand how it would work!
Moreover you seem to think people use the walk in centre because they don't like making appointments. Blaming the patient. More likely they either have an urgent need, or just can't get an appointment for 3 weeks plus and are feeling unwell, or can't work, have deteriorating mental health etc.
This may not seem like questions...but it is a question of "how is your new (as yet only hypothetical) system going to work for these patients?"*

You haven't set out how you will do this, you have fudged it by saying you need to find out what people think first and then come up with a plan

However, many questions are posed as to how the NHS is intending to look after patients, and most likely, simply, '**How do you intend to look after patients?**' – turning the question back onto the NHS.

How do you intend to look after patients using the walk in centre if you get rid of the walk in centre as there is nowhere else to go. As doctors surgeries around norwich refuse to see patients and have no appointments that are bookable what are people to do

How do you intend to serve these patients? Have you scoped the impact on A&E, ambulance services and 111?

Key questions emerging include:

- What alternative service is being proposed?
- Where will the patients who use the Walk-in Centre go?
- Where will people with minor injuries / illnesses go?
- Will out-of-hours services be available?
- Will walk-in services still be provided?
- How will local GP services / A&E cope with an increased demand on their services?
- How will people living outside Norwich (who use the Walk-in Centre) be supported?
- How will people not registered with a GP access treatment / care?

How would the WiC be replaced? I've heard a lot of complaints about not being able to get a face to face appointment with a GP so it may be all well and good having the telephone out of hours GP service but to some people this isn't a perfect solution and doesn't replace having a medical professional be able to examine their issue in person.

I also don't see that the resources gained to the system by decommissioning the WiC is a significant enough amount to make a difference spread out across all of the GP practices - and certainly not enough of a difference to replace the WiC

What alternatives will there be for evenings and weekends other than A&E?

How can services that are currently struggling to meet demand be expected to provide for all the walk in centre?

How are GP practices going to be supported to manage current at future demand for healthcare? The demand for healthcare at my surgery (Thorpewood, Woodside Rd) exceeds supply to such a great extent that it is impossible to see how the gap could be bridged

A walk in type service is essential - do not pretend GPs are providing or would be capable of providing an equivalent service

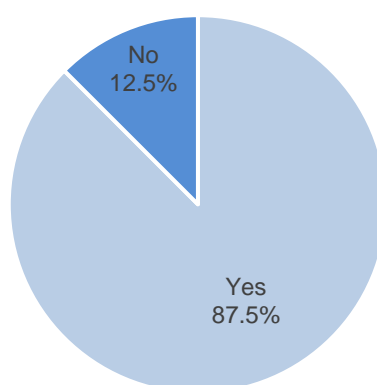
How will you look after all the people who live outside Norwich who have to use this centre for urgent needs when there are no GP appointments at their own surgery? Nothing in this document explains this, in fact you even state that it's undecided, so how can people say yes to that?

How will you ensure those who are not registered with a gp or the nhs will have access to a similar facility as they do now

4.9. Whether think some individuals / groups are more likely to be positively / negatively affected than others if Option 3 is taken forwards

Q: Do you think that some individuals or groups are more likely to be positively or negatively affected than others if Option 3 is taken forwards?

The **large majority of respondents (87.5%)** think that some individuals or groups are **more likely to be positively or negatively affected** than others if Option 3 is taken forwards.



RESPONSE	%
Yes	87.5
No	12.5

Response rate to this question: 2,819 people (93% of eligible survey respondents)

4.10. (If 'yes' at 6a) How might some individuals / groups be more likely to be positively / negatively affected than others if Option 3 is taken forwards (unprompted)

Q: Do you think that some individuals or groups are more likely to be positively or negatively affected than others if Option 3 is taken forwards? If yes, please say how.

Response rate to this question: 2,276 people (92% of 2,467 eligible survey respondents saying 'yes' at 6a)

It is clear that respondents are significantly more likely to cite **individuals / groups that will be *negatively* affected** if Option 3 is taken forwards.

Indeed, many respondents think that **'everyone' will be negatively affected**.

Everyone will be negatively affected if the WIC closes because there will be nowhere for people to go, because the service provided now will not be replaced

Everyone if you are 'uncertain' of what the new walk in care would look like. For example, are we saying call 111 and end up travelling an hour a way to a care provider for walk ins? What does this new service proposed entail? At this point, option 3 can only be vaguely guessed at as I have done above. Seems pointless to get opinions on an option that hasn't been planned

Everyone will be negatively affected because the WiC will be closed!

I think losing the WiC would negatively affect everyone who has /might need to access this service. Having it open is reassurance that, should a GP refuse a one to one consultation, there is somewhere to go when you are really worried. I think it works well as it is, I live outside of Norwich and several family members and friends have used it successfully in its current form. As the saying goes "If it ain't broke, don't fix it!"

Those who are experiencing difficulties in accessing GP appointments at their local GP surgeries are a notable mention as being **negatively affected**.

Myself and my family will be negatively impacted. My GP surgery will not see us and do not prioritise children, which the walk in centre do. I haven't had an appointment at my GP surgery for about 18 months, and not for lack of trying. The receptionist act like gatekeepers and do their best to keep people away. You're made to feel like you're bothering them for trying to make an appointment. The surgery favour telephone consultations over face to face, even for illnesses that would clearly benefit from physical review. They diagnosed a skin rash and prescribed medication for my daughter over the phone without even seeing it, how ridiculous is that? At least in the walk in centre you know you will actually see someone and there is less chance of misdiagnosis. I have found the walk in centre to be responsive and well run

Many different Individuals / groups are highlighted by respondents as likely to be negatively affected, and key mentions include:

- vulnerable people and, specifically:
 - children
 - the elderly
 - people experiencing homelessness
- those needing access to urgent / immediate healthcare (removal of ability to 'walk-in' without an appointment)
- those not registered with a GP
- working people
- those needing treatment for minor illnesses / injuries
- those with mental health conditions
- Norwich residents
- those living outside of Norwich (county-wide)

Anyone not registered to a GP. Children who get minor illnesses regularly but it is not an emergency. Having to wait an entire weekend or more with a child in discomfort or need for a prescription is not acceptable

Homeless, elderly, young families who may need short notice appointments. Anyone with a minor emergency is likely to visit A and E rather than wait two or three weeks for GP appointment. Surely that isn't the result the Health Authority hopes for

I believe the following groups would be more likely to be negatively impacted:

- People with chronic health problems or mental health conditions that may experience a sudden flare in symptoms and need urgent care
- People that find it difficult to attend appointments during normal surgery hours (although I understand that this has been improved somewhat by the Enhanced Access scheme)
- Families with young children that benefit from being able to go to the walk-in centre for minor injuries rather than having to take their children to A&E

I think the general population of Norwich will be negatively affected due to the struggle in accessing general GP appointments at their registered practices

With no plan to allow patients urgent, immediate treatment outside of the walk-in centre, this is a cynical plan to push many patients over to private care when most can't afford it

Again, **A&E is frequently mentioned as likely to be negatively impacted**, due to having to pick up the slack created by closure of the Walk-in Centre, and dealing with an increase in patients presenting with minor illnesses / injuries.

Negatively affected would be a and e as people would then take their illnesses etc there when no need to because it maybe unclear where they can get the help they need from

I think that A&E would be negatively affected by this move because a lot more people who are unable to get same day appointments will turn to A&E for things that can be treated by the WiC if they're unable to see their GP

4.11 Additional ideas / suggestions as to how the healthcare capacity associated with the Norwich WiC could be managed, so that it offers more equal access for all Norwich residents, helps meet growing local demand for general practice services and supports resilience of general practices in Norwich (unprompted)

Q: Do you have any additional ideas or suggestions on how the healthcare capacity associated with the Norwich Walk-in Centre could be reshaped so that it offers more equal access for all Norwich residents, helps meet growing local demand for general practice services, and supports resilience of general practice services in Norwich?

Response rate to this question: 3,043 people (100% of eligible survey respondents)

Key ideas and suggestions emerging include:

- More funding to be made available
- Expand the Walk-in Centre provision (e.g. more centres / increased capacity at current site / move to larger site in Norwich)
- More staff / GPs / nurses generally
- Increased capacity at local GP practices (e.g. more staff, appointments, out-of-hours provision)
- Extended opening hours (Walk-in Centre and local GP practices)
- Better parking facilities at the Walk-in Centre (e.g. parking concessions / free parking)
- Better triage services

Pay rises, staff retention as a priority, increased staffing, 7 day availability to services. All of which requires the valuing and appropriate funding of services. You cannot stretch or reshape what is already at breaking point. The walk in centre works, why change it at all?

GP practices need vastly increased funding and practical support to enable their patients to be able access in-person urgent healthcare with their own GP. A walk in service is also still needed to support unregistered patients

Expanding it, unless GP's are drastically going to improve physically seeing patients without having to wait an unacceptable time. There's nothing even on the distant horizon that looks like this is being addressed

Expand site or number of GPs or hours. If Norwich is growing in population you need to invest to grow with the population. You could expand hours or offer walk in at more than 1 location in Norwich to provide resilience and take pressure off 1 walk in centre

Better gp access across the city on weekends and making sure their facilities are managed properly. My concern is that some gp practices are poorly run with insufficient (for example) reception resources. Giving these practices more support / management is key. I am a patient of east Norwich medical practice; the Thorpe at Andrew practice isn't always open to patients and does not have sufficient staff. It needs "help"

Car parking charges are hard for people having to wait a long time. Not sure how you address that unless the council would allow a reduction through a system similar to the one John Lewis uses

It could be helpful to have an assistant practitioner/ clinical assistant run a triage of attendees; to provide education around whether someone needs to wait for a GP appointment, can attend the pharmacy with advice or needs to book and wait for GP appointment (longer term needs) or remain to be seen. I do feel there is a gap in patient education where people are unable to access advice and teaching around self care of their condition. The 111 service does not necessarily provide this as the format of assessment is too linear

4.12 Other options would like to be considered (unprompted)

Q: Are there any other options you would like us to consider?

Response rate to this question: 1,797 people (59% of eligible survey respondents)

Just over **half of respondents responded to this question (59%)**, hence 41% did not.

Many of those who responded use this opportunity to **reiterate that they do not want the current Walk-in Centre to close**, and for things to stay as they are (Option 1).

Do not close something so important, listen to the people

Don't try fix what ain't broken this is a good service easy to get to use and fast

I am a nurse of 20 years and Mother of 2 children. The thought of not having this service to fall back on terrifies me

I had an urgent problem and the walk-in centre was the only way I could be seen by a GP without a three WEEK wait. It's not acceptable that the removal of this service is being considered. It should be kept as it is

Should the Walk-in Centre stay at Rouen Road, there is some call to **increase its current capacity**, such as through the extension of the building itself and / or the range of services provided.

Improvements to the Rouen Road surgery could include a larger waiting area, quicker response to telephone calls by more manned lines (waiting time sometimes up to an hour). Shorter waiting times for GP appointments (sometimes over three weeks)

Community diagnostic centre, urgent care centre and walk in centre combined

Expansion of current walk in centre or open multiple sites as it used to be.

*Bigger building. A LOT More staff. Access to emergency medication.
Minor injuries treatment e.g. stitches*

*Expand the size of the walk in, more doctors / nurses at peak times to
meet demand*

Should the Walk-in Centre be relocated, it should be to **another city centre location**, for easy access. A good-sized space, and somewhere with parking facilities would be useful.

*If the walk in centre closes in Rouen road, you could relocate it to
another accessible city location, just don't remove this critical service*

A bigger better centre but for it to remain in the centre of Norwich

Having a central walk in centre with easier parking

However, there are many requests for **more walk-in centres to be set up**, although noting this would be in addition to a city centre-based site. Some low-level mention of it moving back to Castle Mall. Other suggestions include at local hospitals (NNUH), and county-wide. The reach of the current Walk-in Centre is wider than just Norwich – it's serving the whole of Norfolk.

*Additional walk-in centres (not managed by GPs) to be located north
and south or east and west of city to address growing population of
Norwich and the surrounding villages*

*Increase the walk in service, have hub clinics in different areas of the
county, add dentistry, mental health provision and better minor injuries
facilities*

*It's not just about Norwich residents. It's about access for Norfolk
residents*

*Why not spend the money on a bespoke second Walk in Centre, either
on the other side of the city centre, or near the hospital?*

There is notable acknowledgement that **access to GP services needs to improve**, such as making it easier to book appointments, offering extended opening hours (and more staff recruited too).

Fix the failing gp services in the wider Norwich area. Being unable to get through on the phone for upwards of an hour isn't acceptable. Being unable to secure an appointment if you don't get through at 8.30am isn't acceptable. Spending all morning triaging not seeing patients isn't acceptable. The current walk in facility is exceptional. If they can manage to process so many patients so too should standard gp facilities. Hold practices accountable, failing services really should have special measures put in place to improve. And over stretched services where thousands of new homes are built but the number gps and nurses don't increase, disgraceful

Get GP practices back to where they were 10 years ago when patients could get an appointment to see their GP within 24 hours

Getting GP surgeries more responsive, like they used to be. It used to be possible to phone "out of hours" and get a response. That no longer seems to be available, hence the load on A&E departments etc.

I think continued pressure on GP practices to up their game in terms of use of technology (online, email consultations) and identifying where there are particular gaps or poorer services is key. No-one wants to go to a walk-in centre. They are forced into this due to poor access to healthcare where they live. And there are issues with the way some GP practices are run. Since I moved to Norwich I have been registered at several different surgeries. The nurses and doctors have always been excellent. But one surgery stood out as having long opening hours, weekend appointments and when you phoned for an appointment you could go when you wanted. This strikes me as rare - but it is how it should be

From the feedback it is clear that people think urgent care services would, of course, benefit from, and be enhanced by, **increased funding / investment** (indeed, the NHS in general).

As long as all services aren't reduced and only invested into and improved then I think the community will be happy

More funding for the walk-in centre and a request to central government to increase its funding of the NHS

Ask the government to resource the NHS to adequate levels

Part B: Helping to shape how health services are delivered locally

4.13. Services used within the last 12 months

Q: Have you used any of the services described above within the last 12 months?

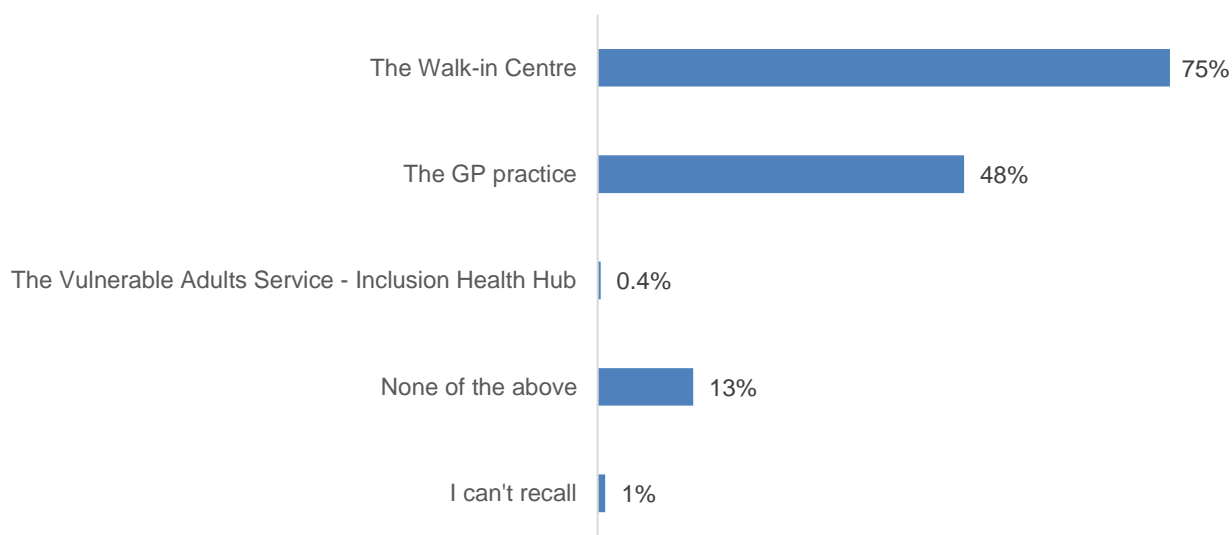
Please tick all that apply.

86% of respondents have used at least one of the prompted services within the last 12 months (N.B. 13% have used 'none of them', and a further 1% say they 'can't recall').

Three quarters of respondents (75%) have used the Walk-in Centre within the past 12 months.

And **just under half (48%) the GP practice.**

A very small number (**0.4% or 12 respondents**) have used the **Vulnerable Adults Service – Inclusion Health Hub.**



RESPONSE	%
The Walk-in Centre	75
The GP practice	48
The Vulnerable Adults Service – Inclusion Health Hub	0.4
None of the above	13
I can't recall	1

Response rate to this question: 3,042 people (99.9% of eligible survey respondents)

Multiple response question

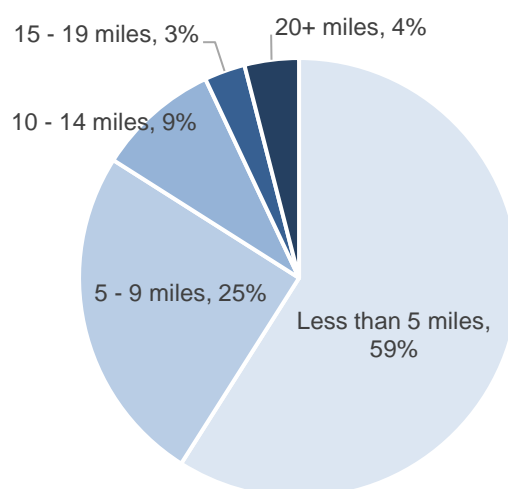
4.14 Distance willing to travel for a pre-booked general practice appointment

Q: How far would you be willing to travel for a pre-booked general practice appointment?

Around three in five respondents (**59%**) would be willing to travel *less than 5 miles* for a pre-booked general practice appointment.

And a quarter (**25%**) **5 - 9 miles**.

Meaning that **16%** are willing to travel **10 miles or more** as follows; 9% 10 – 14 miles, 3% 15 - 19 miles and 4% 20 miles or more.



RESPONSE	%
Less than 5 miles	59
5 – 9 miles	25
10 – 14 miles	9
15 – 19 miles	3
20+ miles	4

Response rate to this question: 3,023 people (99% of eligible survey respondents)
Single response question

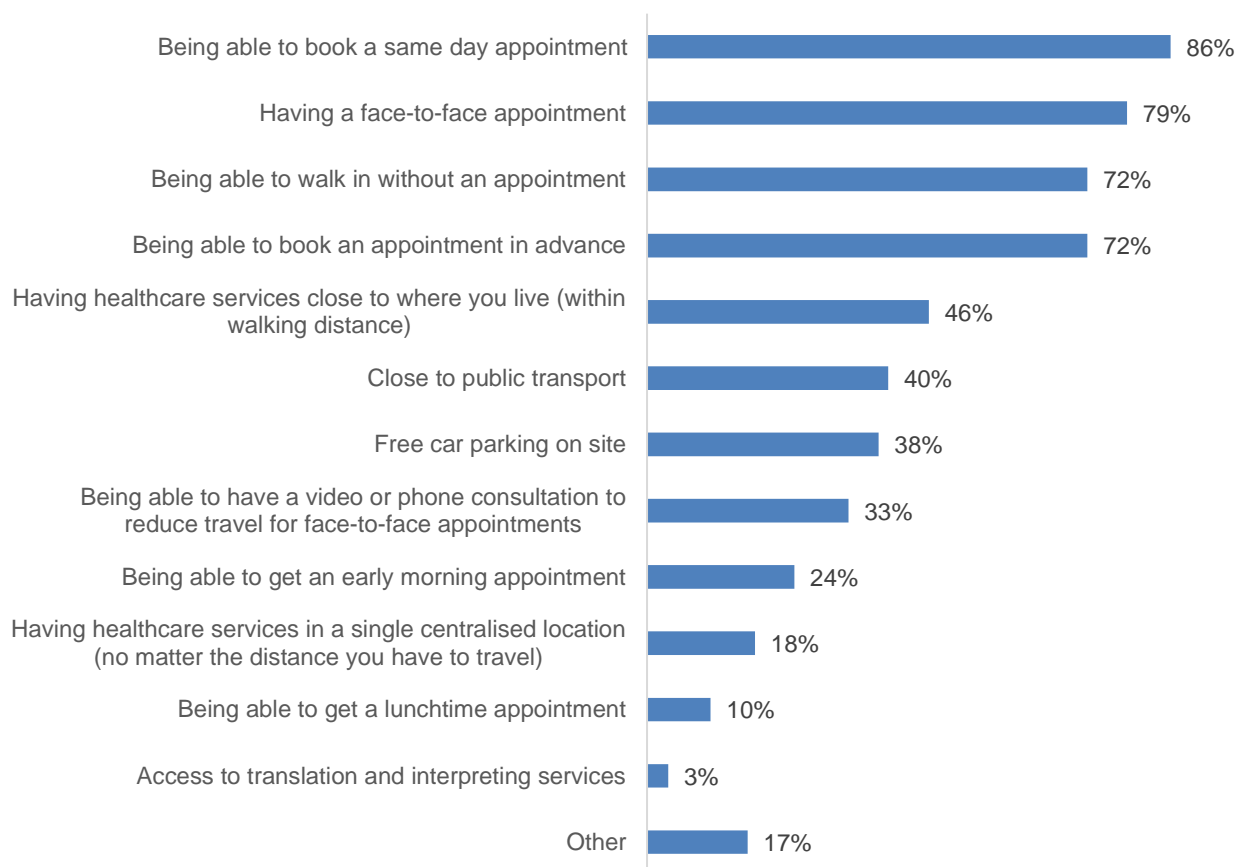
4.15 Important factors which influence preferences for accessing general practice services

Q: There are lots of important factors that influence your preference for accessing general practice services. Please choose the top 6 most important factors to you from the list below.

When asked to choose their 'top six' important factors, **the most important factor is 'being able to book a same day appointment', and for the large majority (86%).**

Other important factors to most are **'having a face-to-face appointment' (79%), 'being able to walk in without an appointment' (72%) and 'being able to book an appointment in advance' (72%).**

Having healthcare services within walking distance ('close to where I live') is important to just under half of respondents **(46%);** and being **'close to public transport' to 40%.**



RESPONSE	%
Being able to book a same day appointment	86
Having a face-to-face appointment	79
Being able to walk in without an appointment	72
Being able to book an appointment in advance	72
Having healthcare services close to where you live (within walking	46

distance)	
Close to public transport	40
Free car parking on site	38
Being able to have a video or phone consultation to reduce travel for face-to-face appointments	33
Being able to get an early morning appointment	24
Having healthcare services in a single centralised location (no matter the distance you have to travel)	18
Being able to get a lunchtime appointment	10
Access to translation and interpreting services	3
Other (please specify) *	17

* Key 'other' comments include:

- Being able to make an appointment
- Out of hours appointments - evenings / after work and / or at weekends

Being able to actually make an appointment. Telephone calls being answered/returned

Early appointment, evening appointment, weekend as I don't always get ill Monday to Friday or 9-5

Being able to get an appointment or to be seen after work. E.g after 4 pm. Before work doesn't work for me as I am a teacher so cannot easily take time off in hope of getting an appointment. (We have to phone in absent by 7 am)

And, to a lesser extent:

- Continuity of care / seeing the same GP
- Being able to see a GP

Continuity of medical support ie having a designated GP who is aware of personal health issues and follows up on treatment etc

Being able to see a GP or nurse at all - having to wait a month plus to see a doctor is an embarrassment and something we should all be ashamed of

Response rate to this question: 3,027 people (99% of eligible survey respondents)
Multiple response question

4.16 Most important considerations when needing to access general practice services (unprompted)

Q: What is the most important consideration for you when you need to access general practice services, and why?

Response rate to this question: 2,840 people (93% of eligible survey respondents)

When asked about the most important consideration when needing to access general practice services, key words coming through are **'accessibility'** and **'availability'**.

The key *theme* emerging, and overwhelmingly, is **being able to book an appointment with a healthcare professional (most likely a GP)**.

Specifically, **same day appointments are important to many**, as are **face-to-face appointments** (albeit the latter to a slightly lesser extent).

Being able to see a doctor face to face when needed. Being able to book an appointment without waiting on the phone for 30 minutes

Can I actually access them? Because this is the bloody hard part. Literally unable to get GP appointments at present

Being able to make an appointment....my surgery only gives appointments at 8am and if these are all taken before I manage to talk to the receptionist then I can't make an appointment!

The ability to get a same day appointment. It is near impossible now and most of the time though something does not require a&e it is still more urgent than a pre booked appointment 2 weeks away

Actually being able to access the service. As I've said, our GPs locked itself down many years ago and getting an appointment there is harder than stealing the Mona Lisa

Speed of service is also of notable importance, with many saying they want to be seen promptly, and urgently if needed.

Able to access in a timely manner when required, not waiting excessive amounts of time or being forced into inappropriate hospital attendances when practices refuse to see you

Able to access GP services urgently, when needed, and to be able to book in advance when not urgent. Ringing at 8am on the day, regardless of urgency is impractical if not ridiculous

Being able to access it in a timely manner. If my child is ill I want to be able to get an appointment the same day as the chances are I have waited until I am concerned to book an appointment. Having to ring at 8am or not get an appointment is not good enough

How quickly can I be seen with the least amount of emotional strain. Being turned away from the GP for a same day appointment by 8:35am is soul destroying and means that the walk in centre is necessary

Also important, albeit to a slightly lesser extent, are **services being conveniently located** (close to home / within walking distance / easily accessible by public transport).

Location - I need it to be accessible and available to me either by walking or by public transport

Proximity to home. I am very busy juggling work, children, life etc.

Walking distance as I do not drive and public transport and taxis are very unreliable. If you have a child who is unwell and you can not carry that child, there are no buses and taxis available, what do you do?

4.17 Things that make it difficult to get the general practice services needed (unprompted)

Q: What are the things that make it difficult for you to get the general practice services you need?

Response rate to this question: 2,813 people (92% of eligible survey respondents)

Most respondents are able to spontaneously cite things that make it difficult for them to get the general practice services they need.

Key themes emerging include:

- Most significantly, **a lack of availability of appointments generally**
 - And, specifically, notable mentions of difficulties in getting face-to-face appointments
 - And same day appointments
 - With some frustration vented at having to call at a 'set time', first thing in the morning
 - And appointments outside of working hours (including weekends)

Appointment not available for weeks. Pointless as by the time it comes round the problem has either resolved itself or has gotten much worse

You have to fight to get a same day appointment, generally a phone appointment, which inevitably requires an in-person appointment anyway if prescribed medication is required. If wanting a booked appointment to discuss an issue, it's usually weeks before one is available

Being required to phone (only) at 08:00 am to gain a same-day appointment. People become unwell during the day, there should be AM & PM same-day appointments (triaged as relevant), and appointments should be available over longer hours than is often

Being able to get an appointment and the receptionist insisting on me having a telephone appointment when I know I need a face to face one, which is borne out when the doctor subsequently says he needs

Appointments not available, hours not compatible with people that work, closed at weekends

Appointments not available, hours not compatible with people that work, closed at weekends

- There are issues with **getting through on the phone and / or long waits to get through**

Actually getting through to them on the phone. Some mornings you can spend nearly an hour on the phone waiting to get through just to be told there are no appointments left

Appointment waiting times and visit times - long telephone waits and abrupt and sometimes entirely dismissive receptionists

Being number 49 in the phone queue

Hahahhahahhahaha can't get through on the phone, then when you do, they tell you the gp will call you instead on actually seeing you

- **Problems getting past the receptionist are cited by many ('gate-keepers')**
 - Some do not like discussing health conditions with / being triaged by receptionists (they are not medically trained)

Opening hours. Waits for the phone to be picked up. Poor online services - can't email or book online. Shirty reception staff

The 'gatekeepers' (receptionists) who refuse to make appointments

Appointments, funding, knowledge, Reception requesting my medical problem and triage as to whether I need to be seen. GP not listening to symptoms

It is extremely difficult to get any kind of a GP appointment and having receptionists triage appointments at some GP surgeries is life threatening

- **Not enough staff / GPs** (generally and / or at local practice)

Poor GP service that is under-staffed, in a poor location, insufficient size to meet the population it serves and badly run

Not sure; I'm guessing that GPs work relatively few hours, don't like to see patients, or there aren't enough of them. It was fine before the pandemic

Lack of staffing, lack of GP's, lack of local facilities as area gets built up without any new services because the local government take a bit on the side to allow developers to give next to zero of what they should when building new estates

Not enough Doctors or appointments. Not taking into consideration the amount of housing being built

Practice is under staffed and so they need to reduce people accessing the service so I use it as little as possible and this may affect my health. I try to avoid using the health care system as it feels like such a pressure pot. I'm rarely ill but should use the preventative healthcare but I don't have time to sit on the phone for the bun fight

- The overriding sentiment emerging is that **GP services are overwhelmed** and struggling to cope with current demand

My local practice isn't big enough to support the size of the village I live in

Too many people, too few doctors and surgeries

The practice is over-stretched and struggles to accommodate all patients. It is great to have the safety net of a WiC

4.18 Things that worked well about general practice services used before (unprompted)

Q: Of the general practice services you have used before, what was it about them that worked well for you?

Response rate to this question: 2,578 people (85% of eligible survey respondents)

Of general practice services used before, **the Walk-in Centre is a key mention as something that has worked well.**

The walk-in centre because I could see someone right away for small things who could not wait (small deep cut on the head, swollen eyelid after allergic reaction). If it was not there I would I had to go to A&E

WIC - brilliant. Yes, you wait at times, but a fabulous service and great staff with this option. Registered practice - poor (inc test results not being shared, prescriptions not being actioned and surgeries not keeping to the appointment time they have given you, even though you are there on time!)

Key words emerging from feedback are **'availability'** and **'accessibility'**.

Being able to book appointments is widely cited.

And, more specifically:

- face-to-face appointments
- same day appointments
- being seen quickly / urgently

Accessing an appointment thus being able to get antibiotics / treatment in a timely way

Face to face appointment with GP. (Now never allowed unless triaged first)

Ability to book appointments around other commitments (non emergency) and on the day appointments when required (emergency). Ability to book routine appointments/tests easily and in

Availability, followed by same day appointments, diagnosis & treatment = no need to be referred to A&E

Getting my problem sorted quickly and efficiently

And, still referring to **appointments**, albeit to a slightly lesser extent:

- out of hours appointments / service (including outside of working hours and weekends)
- being able to 'walk in' (no appointment necessary) – typically referring to the Walk-in Centre
- online appointment booking / services
- telephone consultations / advice

We used to be able to get appointments in a short time, without long telephone queues. There was also the ability to contact help out of hours. That has all but disappeared

Out of hours GP on Christmas day when I was so sos poorly, saved my life. They were there and they listened

Being able to walk in to the WIC and get immediate treatment for issues that do not require a visit to the GP

Being able to get seen on the day with no appointment at the walk in centre , normal doctors it's a battle of fastest finger first at 8am to phone or fill in a form and if they don't think it's urgent you get a call back about 6 or 7pm at night

The online submission form during covid it was open 12 hours a day and you could say if your query was urgent or not urgent. This was a great service, could send photos in if the problem was getting worse at home

Contacting the surgery online has worked well for getting appointments or advice on the phone for minor issues

Having a telephone consultation to discuss the problem which allowed the GP to triage me to the appropriate services without the need to attend the surgery

There is some mention of the **delivery of care by the staff**:

- kindness / friendliness of staff
- high quality care provided by staff
- continuity / consistency of care (being seen by the same GP)

Friendly, caring staff who could either diagnose the problem or could refer me on to those who could help me best

The quality of the staff seen; their ability to provide the treatment needed without increasing stress; and sensitivity with hearing difficulties

Continuity of care but that happens rarely now - I have constant conversations with doctors that go ' & you're not diabetic?' 'Yes I am' 'type 2?' 'No type 1' as they don't have time to check first

And:

- **Proximity to home / convenient location**

Locality. I choose my house to be near a practice. Ability to book appointments online or over the phone. Call backs from doctors

Close by to me, generally easy to access. However walk in centre much better overall solution as can't always get a GP appointment and walk in centre tends to provide a better more convenient and

The pandemic is remarked on, by some, as having had a negative impact on the quality of GP services provided.

Before covid general practice services worked well for me on all levels, appointments, lovely staff, prescriptions etc. Currently, honestly my surgery can't help unless a 3 maybe 2 week wait is ok leaving the other 2 options, the walk in centre which I've been so grateful for or A&E which I would never use unless I'd it was an

Pre covid - you can call and the phone is answered, not 100 in a queue or not answered, you could walk in to talk to reception, you could make appointments in advance

5. 1:1 qualitative feedback

5.1 Approach

A priority for NHS Norfolk and Waveney through this consultation has been to gain insight into the experiences of different user groups. This includes vulnerable adults, at-risk adults, adults with additional needs, and children and young people.

Mirroring the approach which was taken during the pre-engagement period, opportunities for 1:1 feedback were offered to representatives and advocates of a varied range of groups and organisations. Proactive efforts were taken to engage participants in these conversations with invitations offered throughout the consultation period via email, telephone, and through a communication on Community Action Norfolk channels. You can find the list of organisations and groups invited to participate at Appendix 4.

The organisations and groups which provided feedback into this consultation process were:

Action for Children	Protecting and supporting children and young people
Age UK Norwich	Supporting older people
Assist Trust	Supporting people with learning disabilities
Bridge Plus	Supporting Black, Asian and ethnic minority organisation
Build Charity	Supporting people with disabilities
Deaf Connexions	Supporting deaf people and their families
English Plus	Providing free English classes in Norwich
Family Voice	Parents and carers of children and young people with special educational needs and/or disabilities (SEND) in Norfolk.
Health Inclusion Group	Group that brings together representatives from organisations across Norfolk including organisations working in health, charities, and local authorities
MAP	Providing support and information for young people
Nansa	Supporting people with Special Educational Needs and Disabilities
Norfolk and Waveney Children & Young People's Health Services	Manages 'just one number'
St Martin's Housing	To maximise independent living and prevent homelessness
Vision Norfolk	Supporting people with sight loss

The feedback was invited predominantly via 1:1 conversations on Teams and the telephone. Some feedback was provided on email. The 1:1 conversations were supported by a list of questions to support the interviews; you can find this at Appendix 3.

5.2 Overview of feedback

The 1:1 feedback provides an important insight into the perspectives and experiences of different representatives and advocates supporting vulnerable adults, at-risk adults, adults with additional needs, and children and young people.

The feedback gained through this approach was qualitative. The following is a summary of the comments and themes that emerged in the responses that were provided to the questions posed.

The verbatim from the interviews can be found at Appendix 2.

5.3 How are your clients' general practice needs currently being met in Norwich?

a) What services are being accessed

The feedback in the conversations indicate that people are accessing general practice services in Norwich through *'the fairly traditional route'* of the **GP as well as the Walk-in Centre**. These are the two services that were most frequently referenced in the conversations.

"Access is incredibly important,"
Age UK Norwich

There was also reference to accessing the Vulnerable Adults Service in response to this question; this related to people who are experiencing homelessness. 111 was also mentioned as a means to access emergency care, and A&E was described as *'a last resort'*. Finally, pharmacy was highlighted as a service that some people use to meet healthcare needs.

First port of call is the GPs.

If there's a health issue the first port of call is the Walk-in Centre.

Using the Vulnerable Adults Service then when they are more settled they will go to a local GP – depending on their needs.

Pharmacy is incredibly important.

If someone is more independent they will go to the Walk-in Centre.

Out of using the Walk-in Centre and A & E, the Walk-in Centre is better – refer many more people to the Walk-in Centre than anywhere else.

b) Reasons for accessing services

There are different factors that impact on what GP services people access. This includes the **availability of appointments, the ease of getting an appointment,**

whether someone is registered with a GP, access to a phone/internet to make appointments, and the nature of the individual's lifestyle – for example, if their life is chaotic. There was also feedback that the driver for accessing walk-in comes from GPs themselves - **people are told to go to the Walk-in Centre by their own GP.**

It's a challenge to get through. If life is chaotic / or if you don't even have a phone, the Walk-in Centre in its current form is a service you can access.

It's not that easy to get a GP – that's why they use the Vulnerable Adults Service. When they go into the mainstream they get pushed back to the Vulnerable Adults Service – that's why they use the Walk-in Centre.

If the appointments on the day are gone the only other option is the Walk-in Centre.

Lot are young and vulnerable so don't know how to register so lots are using the Walk-in Centre as an option.

Also young people get told to go to the Walk-in Centre

c) Support to access GP services

Whilst some people can access GP services independently, there was also feedback about **individuals needing support to access general practice services**, for different reasons and in different ways. This could be support from family, friends, carers, or advocates and **in the form of making appointments - both in terms of practical help and 'advocating' for someone to be seen.** That support can also extend into help into the surgery and the appointment.

Most of (our) clients are elderly – need for neighbours, family members to support them.

Parents and carers provide support to make appointments.

We were making appointments for people.

Sometimes our teams need to advocate for families.

I don't know what would happen if I didn't have someone with me to support me in following the GP to the room.

d) Difficulty of access

There was feedback about the **difficulty of accessing healthcare and getting appointments**. This correlates with feedback within the wider consultation.

It's a challenge getting appointments from GPs. It's not responsive.

Biggest issue is I can't speak to my GP / I find it difficult to get an appointment.

Since Covid, been hearing that people have been finding it hard to access GP surgeries.

A lot of clients can't get any GP access at all.

A lot of children haven't been seen for a long while.

Aligned with the theme of difficulty of access were comments around **time and the length of time** it takes people to get an appointment and be seen by a medical professional.

Can take a week or fortnight to get an appointment

They will access the Walk-in Centre but they're there for hours and hours.

And **transport links** were also highlighted as impacting on accessing GP services:

It is a bit more tricky to access than healthcare in their local community e.g. there are no direct bus routes.

Lack of transport is a problem.

There is more comprehensive feedback on barriers to access in the next section.

e) How people access GP services

How people access GP services was referenced, with differences and difficulties highlighted between **online, phone, and face to face access**:

The clients struggle with online access; also lack confidence.

f) Continuity of healthcare provision

A couple of comments focused on the importance of continuity of healthcare provision:

A lot of older people feel more comfortable going to their GP – there is continuity of service.

People were saying I wish I didn't have to see a different GP every time.

"The emphasis on doing things digitally can make it more difficult for some people to access healthcare."
Vision Norfolk

5.4 What are the current barriers to your clients meeting their medical needs / accessing GP services in Norwich?

Some of the barriers highlighted by the advocates within this feedback mirror the more general issues highlighted in the public consultation. There are however challenges referenced that reflect the specific needs of different members of the community.

a) Appointments

In line with feedback elsewhere in the consultation, **access to appointments and the ability to make appointments is a challenge for people**. There was also comment about the length of time the appointments take:

Same barriers as nationally – getting appointments, getting face to face appointments.

GPs still hesitate to offer face to face appointments.

The lack of same day appointments.

GPs are not prioritising time to do assessment / time for young people. Especially around mental health. Poor quality referrals are coming.

b) Engagement

Contact with GP services and how appointments are made pose barriers for some people. This includes online access, predominantly but also includes telephone and when appointments can be made.

They are digitally excluded – no access. Can't use the internet.

GP surgeries adopted an online system which isn't user friendly. Not easy to use.

People struggle to make appointments. Many are illiterate / digitally illiterate.

Access is difficult if people cannot use the internet and phone waits are very long. Even if the surgery are good and give same day appointments.

Making appointments – digital and language barriers. phone waits are very long.

There are horrendous barriers - some people can't use telephone. Phone waits are very long.

Having to call at 8am and stay on the line. By the time families are able to make that call the appointments are gone. The processes within the GP services are more of a barrier than a support.

We encourage people to call 111 but people don't use it. And there are all the questions you have to get through.

If of no fixed abode, they really struggle to get a GP. They have no contact details. GPs not engaging with them properly so contact breaks down.

c) Language barriers

There are **language barriers** that impact people being able to access and use GP services. These **language barriers are impacted by the availability of and access to interpretation services**:

Getting help with interpreting is a very patchy picture. Some get on fine, others are not offered an interpreter.

If someone has British Sign Language as their first language they need an interpreter.

d) Capacity of individuals

There was feedback about the **cognitive capacity** of some individuals to understand and recognise if they have a health issue and need help. There was also mention of the limited or lack of ability of some individuals to **communicate their needs**:

If they have ongoing (health) issues they don't see it as an issue.

The lack of ability of individuals to recognise that they're ill. Reliant on third party. If not telling people there's an issue, they're not getting seen.

Communication difficulties – difficulties of members in articulating the issue.

e) Communications

There was some feedback around the **lack of accessible communications materials** in different, alternative formats, including easy read:

Nothing is provided in an accessible format in regards to letters etc.

I have asked for alternative formats, but this isn't happening at the moment.

Not anything in easy read – easy read access would be a prompt.

f) Third party support

Mirroring the feedback about how people are accessing GP services, the inability of some individuals to make appointments and access GP services independently was highlighted as a barrier. This means that **third party support is required** to arrange the appointment, or advocate on behalf of the individual, or support the individual to attend the appointment.

Hard to make an appointment – the advocate has to do this. If I sit with them, it's easier.

Families feel GP doesn't necessarily trust the parents – the health visitor will advocate for the parents.

g) Physical layout

The physical layout of the healthcare setting can be a barrier, and this was particularly highlighted in reference to people who may have impaired vision.

No pathway so have to cross a car park. No pavement edge to follow through outside of GP surgery – designed for people coming in by car.

h) Experience within appointment

There were also comments about **barriers within the appointment** in the experience of patients. This included the use of technology and support from staff:

One thing I particularly dislike is the touch screen you have to access when entering the surgery, to say you've arrived. There never seems to be assistance with this, and I've got no idea what I'm doing as it doesn't speak, and as it's all flat, it feels the same all the way across.

i) Lifestyle

There were comments that the **lifestyle of some individuals** will impact on their ability to access healthcare services – including registering for a GP, planning appointments, and prioritising healthcare:

These are often transient people who migrate to the city centre – people in chaos. Not worried about having a GP.

They are still going to the Walk-in Centre / Vulnerable Adults Service – these are the first port of call for someone in chaos

j) Healthcare needs

There were some comments that the **complexity of health issues and different healthcare needs** are not being taken into account:

Because of the complex health needs – GPs are uncomfortable around that. When they have extreme / drug issues they don't recognise that – get pushed out.

Some GPs have a discernible lack of interest in assessing the needs of children. If they spent a little more time with them they could make a robust referral.

k) Waiting times

There was some feedback about waiting times being a challenge.

The wait for appointments is long.

Other comments

l) Other comments from the feedback to this question included:

Too big a void between acute secondary care and primary care. Then in hospital queue – out of primary care. Then discharged out of secondary to GP - who won't contact you proactively unless there is an issue.

The appreciation of carers to look after their loved ones. We're not giving them any preferential treatment – we've got to keep carers in optimal health.

5.5 What currently works well for your clients meeting their medical needs / accessing GP services in Norwich?

The responses to this question were less numerous but gave insight into some of the aspects of the service that are working well.

“Certain GPs know the members well – the GP that they see on a regular basis,”
Nansa

a) Engagement

Whilst online access can be a barrier for some people who are digitally excluded, there was some feedback in response to this question that **online access and technology** can work well around making appointments, ordering repeating prescriptions, and accessing an phone/video interpreting:

It works well when there’s an online request option – can explain the issue and it’s triaged. Have the ability to get the information to where it needs to be.

Good accessible websites which are screen reader and keyboard-friendly make a huge difference, and especially when ordering repeat prescriptions online.

For slightly younger deaf people who are more text savvy apps on the phone / video interpreting for the Walk-in Centre worked well for those who can use technology.

The website can be hit and miss, though I should say these have improved overtime as technology has evolved.

In addition a comment was made about the **removal of options when making telephone contact** being a positive.

b) Staff

Whilst not an overall picture – **‘it’s so different across Norfolk’** - there was positive feedback about the support offered by some members of NHS staff:

Receptionist can be helpful though have to be proactive in asking for help.

Wensum Valley Practice – try and help with community health needs. Dr Emily Clark worked there and wrote a report about access.

I have had staff members come up and ask if I need assistance but then I have also seen a GP who clearly hadn't even read my notes and didn't realise I was blind so I am never quite sure what to expect when I go.

c) Walk-in centre

There was feedback to this question valuing the **Walk-in Centre**. More comprehensive feedback around the Walk-in Centre can be found in later feedback.

Walk in centre – with an ageing population the ability for people to access healthcare services is going to become more and more needed. The walk in centre is visible, known, well-advertised.

The Walk-in Centre is good.

d) Other comments

Other comments in response to this question were:

Packaging on medication is better.

At present, all works well.

5.6 Is there anything it would be helpful for us to hear about the current location of the Walk-in Centre? Are there any hours of operation you'd like to see?

*"Great location. Fairly central but so much better than the hospital."
English Plus*

a) Positive location / opening hours

There was generally a positive response to this question with a number of the responses **appreciating the location and times of the Walk-in Centre, and its offer overall:**

No issue with location or opening hours. Give or take from our community's point of view – happy to walk in.

Have had positive experiences at the Walk-in Centre; thankful for the NHS and Walk-in Centre.

Location is really positive – accessibility for families. We have good relationship with the Walk-in Centre. Families are aware of the offer. The Walk-in Centre is very widely used – some people even come from as far as King's Lynn and Great Yarmouth.

Being able to refer people to the Walk-in Centre on a Saturday prevents people from going to A & E.

The central location is good.

Location is fine for young people and opening hours – not heard any issues.

The location is not an issue once people know where it is.

The opening hours make a difference because it's open in evenings and weekend.

b) Parking and transport links

A few comments were made about the **difficulties of parking near the Walk-in Centre, and getting to the centre** if your ability to travel on foot is impeded:

It's a good location but if you do have a vehicle everything is a nightmare – can only pay for parking with cash, can only stay for 90 minutes to 2 hours but the wait in the Walk-in Centre is too long. You then lose your place at the Walk-in Centre to someone else. Bus routes are good if you're able to access it via public transport.

No direct bus - have to walk / have to get a taxi to get there.– 10 minute walk (from Castle Meadow) but got to cross Cattle Street. Coming from the south side of the city there aren't many buses. If you have mobility issues location can be difficult – have to drive. Parking / street parking here is tricky.

It is let down by parking issues. Being on a hill it is a pain pushing a wheelchair up from the bottom of the road.

c) Waiting times

A couple of comments related to the **waiting times** at the Walk-in Centre:

Still really long wait times. People put up with the wait times.

Wait times at the walk in centre are something else!

d) Closing times

A comment was made about the closing times and '*huge swathes of time when there is no access to healthcare*':

Closing times – there are huge swathes of time when there is no access to healthcare, after 8pm. Then parents are sitting there with anxiety for a whole evening. Opening longer in the evening would alleviate the A & E issues.

e) Out of hours access

There was also a comment about an organisation not encouraging their members to access the Walk-in Centre out of hours:

We wouldn't encourage any of our members to use the Walk-in Centre on Rouen Road out of hours.

f) Size of Walk-in Centre

Finally, a comment was made about the size of the walk Walk-in Centre being insufficient:

It's not big enough. Not enough space

5.7 Feedback on the options

The options were outlined – using the information from the consultation document – and feedback sought on these options including what impact they might have on the people that the groups and organisations are supporting and working with. This is a summary of the feedback that was given.

*“Walk in centre is miles ahead of trying to get a GP appointment.”
Build Charity*

a) Not in favour of Walk-in Centre closing

There was **significant and strong sentiment against closing the Walk-in Centre:**

Walk-in Centre – would be sad to see that go. Problems are immediately solved. Responsive.

*Taking away / remodelling the Walk-in Centre will be detrimental.
Having a city centre based walk in centre – for most people it's accessible because of transport links.*

Really important not to lose the Walk-in Centre.

I do like having the Walk-in Centre – it's reassuring knowing that it's there.

Knowing that there's a Walk-in Centre is reassuring.

We don't want the Walk-in Centre to shut – think it would be a really bad thing.

Closing the Walk-in Centre and moving outside the city wouldn't work.

*In favour of keeping the Walk-in Centre because at least you can walk in.
There's a need for it. Cuts down on people who go to A & E.*

We use Vulnerable Adults Service / Walk-in Centre all the time. We can't plan; our clients are not going to worry about their health.

Worried about access for families – lots of families use the service on a Saturday. By not having an out of hours Walk-in Centre would disadvantage families in Norwich.

Access to services is difficult if your life is chaotic. Without the Walk-in Centre and the Vulnerable Adults Services health needs would sky rocket.

b) Ability to access GP services

One of the concerns raised around closing the Walk-in Centre focused on **the ability of people with additional needs and vulnerable adults to access healthcare services and make appointments**. This could be because they are not registered, or don't have the capacity or ability to make and attend appointments, or because of inability to access transport. A concern raised in the feedback was that if an individual cannot access healthcare then they will not get issues dealt with:

Not sure clients have the patience to call and wait on hold. Preference is option 1 – reprocare. It's more comfortable for clients to see face to face.

People we support wouldn't understand a system so complicated.

Concerned as well about what we mean by appointment. Phone appointment? Video appointment? For people who are marginalised and find it hard to speak English, over the phone is so much harder – need face to face interactions.

Option 3: they won't get a GP appointment. They won't get one. The access to appointments – they can't navigate that. They're all on foot. They will never get there (to GP). They don't have the money or emotional stability to use public transport.

Their health needs are far greater – complexities of their health. If you make it harder we will see a higher death rate at younger ages.

Actually in local communities people aren't linked by public transport – closer to home but less accessible.

Ability to be seen face to face – difficult communication. We need that person in front of someone.

Lots of vulnerable people not registered with a GP are directed to the Walk-in Centre.

Health literacy is needed to navigate the out of hours service – some people would much rather turn up and have conversations with people.

If homeless, a lot of people don't have phones – won't be able to book an appointment.

If you don't have the intellectual capacity, you don't bother.

c) Capacity of GP services

There was concern that enhancing GP services wouldn't work because of the perceived **limitations of the existing system:**

Not seen anyone who thinks their GP has been able to enhance access – quite the opposite.

The structure / system just isn't coping at the moment – needs a proper rethink of the structure. Needs to rethink how GP practices are coping with demand.

Enhancing GP practice opening times – doesn't make a difference if you can't get an appointment. Most people come to the point of 'it's not worth the hassle.'

The GP model is broken: only possible if the resources are in the GP practice.

Whilst the idea of care closer to home is a good one, you are limited in expansion of services/more appointments by the size of the practice. If there is no additional space, then no extra staff can work there.

This doesn't solve the problem unless they completely redesign it.

How are you going to do that? How are you going to meet increased demand?

Key issue is option 3 – it feels as though the premise doesn't match the reality that we see. The starting point is much lower in terms of capacity / accessibility.

This (option 3) would backfill GP services – won't improve capacity.

And additionally:

We are encouraged to speak to a pharmacist, but the pharmacy service is incredibly stretched. Capacity issues at pharmacies.

d) Impact on other services

There was also some concern that the closure of the Walk-in Centre would result in more **pressure on other services, particularly A & E.**

If the Walk-in Centre isn't there that traffic will be diverted to A & E. Taking away that facility will push the problem to A & E or people will just live with what they've got.

The impact is that some people will just go to A & E – there will be more demand on A & E as a place where people just turn up.

Greater access to emergency services are required due to neglect – or A&E becomes the first port of call.

Makes more work for everyone.

e) GP services provision

Within the feedback, there were comments about **how the Walk-in Centre and GP services are being used and how they could be used in future.** This included how the Walk-in Centre is used as a 'caveat' and to 'mop up' appointments.

The Walk-in Centre is a mop up centre for people who can't access their own GP which is all of them. GP has a way to mop up appointments through the walk in centre.

Using the Walk-in Centre for a quick fix; more likely to use the walk in centre for a quick fix.

Everyone's response on 111 and GP surgeries is 'take them to the Walk-in Centre.' The thought of sitting there and managing the behaviour of children (at the Walk-in Centre). Take them to the Walk-in Centre is a caveat.

Go to the GP for a longer term issue.

Face to face at the Walk-in Centre means someone with expert knowledge can make a diagnosis or referral.

It's difficult getting mental health support – this shouldn't be picked up by the Walk-in Centre.

It would be nice to take the pressure off GPs to use GP services in the way they're meant to be used – for example, health checks.

Having people come into the centre or going into a set place for annual health checks – hire somewhere – take the pressure off the health service.

f) Improvements to all services

There was some feedback that alongside retaining the Walk-in Centre, people also wanted to see **enhanced GP services across Norwich and more equity within the provision:**

Build capacity not just move it. How is capacity going to be met?

There needs to be some parity across GP practice e.g. around access. There is no equity to how people are able to access GP services. Families will either put their foot down or not – which leads to unmet needs.

Strategically it needs to be a Norwich city centre walk in centre – with flexibility of access. PLUS more local services too.

At the very least, should the closure of the walk in centre be inevitable, there is a need for a transition period when we still have a walk in centre while more investment is put into GP practices so catching up with all those issues we've mentioned.

There were comments focused on the importance of **addressing local provision**:

If capacity could be increased at a patient's local surgery, that would be far better than going to a walk in centre. Capacity for more practice nurses than at the Walk-in Centre would be good. appointments would be better.

More robust offer in the local GP as long as there's access to medical support til 8pm/9pm at night somewhere in Norwich.

Whilst the Walk-in Centre is still there we're not addressing the issue of local provision.

g) Visitors

Another point that was made in the feedback was around the question of visitors and **what happens to people who are visiting the area and in need of healthcare**:

What happens to visitors? This sounds like a step backwards – we need a Walk-in Centre.

What about visitors to the area? When people are new to the area, where do they go? What about visitors from other parts of the UK?

h) Consultation process

There were also some comments about the **consultation process** itself – the preferred option and the difficulty of commenting on option 3 without more detail:

Too complicated. Not clear. Very biased as the consultation paper clearly indicates which option is the preferred option.

The consultation is too long. It's beyond the reach of our clients – and it's too long to go through with our clients.

*Slight frustrations – not accessible to help with the consultation process.
Always better to come to the deaf community and explain.*

i) Other comments

There was a range of **other comments** around the options. These are captured below:

It's a real issue where GPs will say only appointments on the day when it's not urgent but children need to be seen. Why has that – the next day offer – been taken away?

There's no middle ground in the service. Like with mental health – there's wellbeing and crisis support but no middle ground. It's exactly the same with GP services.

5.8 What ideas/suggestions do you have for how GP services in Norwich can meet the needs of your clients?

*Realise that GPs need to make an exception. Some GP practices do – bend over backward to be helpful,”
Deaf Connexions*

a) Accessible and inclusive services

There were some general comments about the importance of offering **accessible and inclusive services, and being responsive to the different needs that people have:**

GP services need to be fully accessible to all in the local community.

Just remember you need something a bit different for different people – particularly those who are digitally excluded.

b) Walk-in Centre

Some ideas concerned the development of the **Walk-in Centre and smaller walk in centres:**

Could merge the Vulnerable Adults Service into the Walk-in Centre. Working in more of a partnership, having a connected service – the main practice learns if specialist service is embedded within the Walk-in Centre.

Having the Vulnerable Adults Service bedded into the Walk-in Centre allows for specialisms within the GP practices.

If there are smaller walk-in centres where people can just turn up – have the option of non-appointment.

Need to keep the Walk-in Centre and do the stuff in option 3 as well. Any of these options are going to leave holes. Still need the Walk-in Centre, still need investment in the GPs. People are underserved, need better services that work

Social prescribing could help with appointments.

c) GP services

Some ideas shared focused on **improving the provision in GP services**:

I think there is a need to extend GP opening hours and open on Saturday/Sundays. The typical Monday-Friday 9-5 work week has changed for a lot of people, especially post-COVID.

During Covid, there were welfare checks to keep people out of hospital. This worked really well but now we've gone back to a passive approach.

GP has knowledge of access to benefits / adaptations, lots of things are funded. We could do a lot more.

Earlier opening hour would give a bit more capacity.

d) Access and appointments

There were also ideas about **improving access and appointments**, including booking appointments, flexible appointments, and more routine appointments:

Enhanced local appointment / faster access for those with complex needs.

Access! Improve access – being able to access and get health advice without a significant wait. Being able to plan, being able to book an appointment – often get one when it's school run time. This is a challenge for larger families.

The surgeries maintained over the weekends. It would be great if more GPs could offer longer appointments, flexible appointments (some vulnerable adults don't always turn up).

More routine appointments should be within the GP practice. Face to face access.

Same day access.

More flexible, same day appointment approach.

e) Staff training and capacity

A theme of some of the comments concerned **staff training and capacity building to create awareness** and deliver a better service:

Staff who understand the basics of how to sighted guide a patient to a chair or into a consulting room can also help and also simple things like, it's Angela the practice Nurse.

Information on newly diagnosed health conditions can also help rather than just a printed leaflet and the expectation that someone will read it to you at home.

More learning disability / autism awareness training would be useful, There is a lack of understanding amongst GP staff and medical staff.

Would like to see GP practices have more awareness of the needs of this client group and take a trauma informed approach. They focus on the drugs rather than the problem.

Better attitude and better behaviour towards all of our people (training).

f) Healthcare setting

Ideas were shared about making the **healthcare setting accessible** for all:

Good lighting and clear signage is also very helpful and good colour contrast around door edges and with flooring and the seating.

These need to be designed around all forms of access, and not just by car. My present GP surgery has a patient car park in front of the main front doors, which means as a blind pedestrian there is no safe pavement area with a raised kerb edge for me to follow with my cane without having to cross the surface of the car park and mixing with cars.

A tactile map or diagram to show the layout of the surgery can help for new patients.

Being near a bus stop or located in an easy to reach public place is really important, and also where there are good public pedestrian crossings for safe road crossing.

g) Accessible communications

There were a number of suggestions around improving **accessible communications to meet the needs of different users**. This included translation services:

Translating is patchy. I see very different levels of accessibility. Why can't there be something on the patient record - 'I need a translator.'

Information needs to be made available in different formats such as audio, large print braille etc.

Good accessible websites which are screen reader and keyboard friendly make a huge difference, and especially when ordering repeat prescriptions on line. The current website with Magdalen Medical centre works really well with my JAWS screen reader.

Whatever the decision is made about the walk in clinic after March 2024 it is important that everything is well communicated to the general public and especially on local radio and via the Chatterbox weekly talking newspaper

h) Outreach

There was some suggestion that it can be beneficial **outreach healthcare** - when the healthcare provider comes to them – would be beneficial. This was particularly around health checks.

Have people come to us. Engage with doctor / healthcare services. Health checks for L & D.

Regular routine health checks are important because they don't have the capacity to recognise when they're ill. We ran a couple of sessions around self-examination around bowel, breast, testicular. People who don't have the capacity can't identify the signs

Regular health checks.

*Annual health checks –
guys go to them.*

i) Targeted health promotion

Ideas were shared around **improving health promotion for different sections of the community**:

Public health promotion – lot of campaigns are not always accessible for people with learning disabilities. Health is not working with the charity on campaigns. Need to do something about health responsibility / promotion.

What are GPs doing to support older people? Promote physical activities / preventable conditions to reduce the impact

j) Other ideas

There were **other ideas** put forward for NHS Norfolk and Waveney:

*Repeat prescriptions could be easier – could it be fairly simplified?
Members need some support with that. Any way that it could be further
simplified online?*

*Acute setting – dispatched back to primary care. Doesn't seem like there's
much support. Gap too big – and that's where all the risk is. Transactional
but not appreciating the complexity. People want hands held a bit more.*

5.9 Would you be interested in working with NHS Norfolk and Waveney to help shape whatever option comes out of the consultation process?

The majority of the respondents indicated that they would like to continue to work with NHS Norfolk and Waveney post consultation. This represents an opportunity for NHS Norfolk and Waveney to continue to engage and involve advocates working with adults with additional needs, vulnerable adults, and children and young people to shape healthcare services.

6. Independent feedback

Independent feedback communications were received from 9 organisations during the consultation period, including local councils and healthcare providers. Copies of their feedback are provided in Appendix 5.

These organisations were (in alphabetical order):

- Attleborough Surgeries
- Broadland District Council
- East Harling & Kenninghall Medical Practice
- Heathgate Medical Practice
- Norfolk & Norwich University Hospital
- St. Stephen's Gate Medical Partnership Patient Participation Group
- South Norfolk Council
- South Norfolk Healthcare
- The Humbleyard Practice (Cringleford, Hethersett & Mulbarton Surgeries)

In addition, Bridge Plus conducted their own survey amongst the people that they are supporting, and the findings were used to inform their 1:1 interview which is provided in Appendix 5. A summary of their survey results can be viewed [here](#).

Healthwatch Norfolk also conducted their own independent survey of Walk-in Centre services which was published during the consultation period. A copy of their survey findings can be viewed [here](#).

Key themes

The themes of the independent communications received reflect the findings coming out of the consultation survey and 1:1 feedback.

Key themes include:

- **The Walk-in Centre has a wider reach geographically than Central Norwich.** The consultation document refers to Central Norwich practices, and makes no reference to practices outside of Central Norwich or the potential impact on the delivery of same day care for their patients.
- **Option 3 is clearly stated as the preferred option, creating survey bias.**
- **No details have been provided as to how the preferred Option 3 would work as they have not been finalised.** The public is, therefore, expected to make an uninformed decision.
- **There is increasing demand on GP practices** (e.g., growing populations), and struggles faced in making GP appointments.

- **The Walk-in Centre provides additional capacity to help GP practices meet demand**, and Out of Hours and A&E services would potentially be swamped if the Walk-in Centre was to close. NHS 111 callers are often directed to the Walk-in Centre.
- **Vulnerable groups, such as asylum seekers, refugees and the homeless will face even more difficulties in getting the medical help they need should the Walk-in Centre close.**
- **The Walk-in Centre is considered to be an essential service.** The overarching sentiment is that there should be no change to the three services highlighted in the consultation (Walk-in Centre, VAS, GP Practice).

7. Conclusion and next steps

The findings from the consultation will now go forward for internal review and consideration within NHS Norfolk and Waveney.

Feedback to the public will be given on next steps and future opportunities for people to be involved and have their say will be communicated as appropriate.

Appendix 1: survey questions

1. Providing general practice services in Norwich - a consultation

The NHS in Norfolk and Waveney is committed to listening to, and engaging with, local people and communities, so that we can look at ways to improve and develop health and care services for the future.

We need your views

We are holding a public consultation to get people's views on our plans to transform how general practice services are delivered in the wider Norwich area.

This consultation is happening because the current contract that covers the Norwich Walk-in Centre, GP Practice on Rouen Road, and the Vulnerable Adults Service – Inclusion Health Hub will be coming to an end in Spring 2024 and we want to consult with the public on how services are provided after that time.

We want to hear your views on the options we are proposing, and to understand the things that are important to you when using general practice services. This will help us to shape our future services.

Find out more

Please download and read a copy of the full consultation document. This includes:

- information on the services,
- why the changes are needed
- the options we are proposing.

Have your say

A link to this survey can be found within the consultation document – please do read it in full and then complete the following survey.

Or, you can fill in the questions within the consultation document and email it back to NHS Norfolk and Waveney at nwicb.haveyoursay@nhs.net

However you choose to have your say, please do tell us what you think because your views are incredibly important in helping us to develop and improve services for the future.

The consultation ends on 26th March 2023 – please have your say.

Please note: Feedback will be gathered anonymously. The information will be collected by NHS Norfolk and Waveney and for analysis purposes the data will be sent to a third party after the engagement period for an analysis report to be written.

2. The services under review are:

The Walk-in Centre on Rouen Road, Norwich provides general practice services including

treatment of minor illness and injury to those who need it in Norwich and the surrounding area, whether registered with the health centre, another practice, or not registered with the NHS at all. Patients don't need to make an appointment at the Walk-in Centre, they don't need to be registered with a GP practice, and the opening hours are longer than those in other practices (7am – 9pm). It also gives support to vulnerable adults when the Vulnerable Adults Service - Inclusion Health Hub is closed. The Walk-in Centre provides around 5,666 appointments monthly.

The GP Practice on Rouen Road is open from 8am to 8pm every day, including public holidays. It provides general practice services to around 10,300 registered patients and serves the whole of Norwich.

The Vulnerable Adults Service – Inclusion Health Hub is based at Under One Roof on Westwick Street in Norwich. It provides enhanced primary medical support to people with a complex range of needs between 9am – 5pm, Monday to Friday. The Vulnerable Adults Service consists of three elements: Inclusion Health Hub, Inclusion Health practices, and Mainstream Primary Medical Services. Only the Inclusion Health Hub is considered within this survey.

3. What are the options for the possible future of these services?

Please refer to the [full consultation document](#) to read the full information on each option.

Option 1 – No change. Reprocure (buy again) all three services.

This option would mean that the current WiC service, VAS - Inclusion Health Hub, and GP practice would be reprocured as they currently are and the current location and services would not change.

This would not support GP practices to improve resilience, it would not support improvements to patient access to healthcare services or address health inequalities, and it would not deliver value for money as it duplicates other funded services such as Enhanced Access and GP Out of Hours. Therefore we do not think this is the most appropriate option.

Option 2 – Reprocure (buy again) the GP Practice on Rouen Road and Vulnerable Adults Service – Inclusion Health Hub and allow the Walk-in Centre service to expire.

This option would mean that the location and services provided at the GP Practice at Rouen Road would not change, and the VAS would continue to be provided from Under One Roof on Westwick Street. The WiC would close.

The Walk-in Centre is delivering general practice services by providing approximately 5,666 appointments monthly. This option would reduce available capacity across the healthcare system and reduce patient access to general practice services. Based on a review of national policies and local healthcare needs, we do not think this is the most appropriate option.

Option 3 - Reprocore (buy again) the GP practice and the Vulnerable Adults Service – Inclusion Health Hub under one contract. Redesign and commission (buy) the health service capacity that is provided at the Walk-in Centre in a different way to improve health outcomes in underserved communities across the Norwich area.

This option would mean that the location and services provided at the GP Practice at Rouen Road and the Vulnerable Adults Service would not change. We would redesign the services provided at the Norwich Walk-in Centre and these would be offered in a different way across Norwich, meaning that we can meet people's needs and support the health and wellbeing of all our communities.

We have not finalised the details of this option because feedback from patients, the public, and healthcare professionals is essential at this early stage to shape how services could best meet local needs. Public feedback from this consultation will help to shape what this looks like.

This option would mean services could be flexible and it would allow GP practices working together across Norwich to manage current and future demand for healthcare. It would help us to provide health support for vulnerable and at-risk population groups, support resilience in GP practices, and follow guidelines set out in national and local strategies and policies.

We believe this is the most appropriate option.

Now have your say

Using the information provided in the consultation document and with your own knowledge and views, we would like your feedback on the following questions:

1. Are you giving feedback as an individual, as a staff member at one of the services, or are you representing someone else (e.g., someone you care for, a friend, group or organisation)?

- *an individual*
- *a staff member at one of the services*
- *I am representing someone else (please say who)*

Please say who [Text box]

2. Please tell us your thoughts about Option 1 [Text box]

3. Please tell us your thoughts about Option 2 [Text box]

4. Please tell us your thoughts about Option 3, which we think is most appropriate? (e.g., advantages and disadvantages)

What are your views on Option 3? [Text box]

What do you think are the advantages? [Text box]

What do you think are the disadvantages? [Text box]

5. Do you understand how we intend to look after patients who are currently using the Walk-in Centre? If not, what questions do you have?

- Yes
- No

If no, please let us know what questions you have [Text box]

6. Do you think that some individuals or groups are more likely to be positively or negatively affected than others if Option 3 is taken forward?

- Yes
- No

If yes, please say how [Text box]

7. Do you have additional ideas or suggestions on how the healthcare capacity associated with the Norwich Walk-in Centre could be reshaped so that it offers more equal access for all Norwich residents, helps meet growing local demand for general practice services, and supports resilience of general practices in Norwich? [Text box]

8. Are there any other options you would like us to consider? [Text box]

4. Help us to shape how health services are delivered locally

We need your help in shaping where and how NHS Norfolk and Waveney and practices in the Norwich PCN area work to deliver healthcare to patients in the greater Norwich area now and in the future.

9. Have you used any of the services described above within the last 12 months? Please tick all that apply

- The Walk-in Centre
- The GP practice
- The Vulnerable Adults Service – Inclusion Health Hub
- None of the above
- I can't recall

10. How far would you be willing to travel for a pre-booked general practice appointment?

- Less than 5 miles
- 5 - 9 miles
- 10 - 14 miles
- 15 - 19 miles
- 20+ miles

11. There are lots of important factors that influence your preferences for accessing general practice services. Please choose the top 6 most important factors to you from the list below.

- Being able to book a same day appointment
- Being able to book an appointment in advance
- Being able to walk-in without an appointment
- Being able to get an early morning appointment
- Being able to get a lunchtime appointment
- Free car parking on site
- Close to public transport
- Being able to have a video or phone consultation to reduce travel for face-to-face appointments
- Having a face-to-face appointment
- Access to translation and interpreting services
- Having healthcare services close to where you live (within walking distance)
- Having healthcare services in a single centralised location (no matter the distance you have to travel)
- Other (please specify) [Text box]

12. What is the most important consideration for you when you need to access general practice services, and why? [Text box]

13. What are the things that make it difficult for you to get the general practice services you need? [Text box]

14. Of the general practice services you have used before, what was it about them that worked well for you? [Text box]

Finish Survey.

Appendix 2: 1:1 verbatim qualitative feedback

The following pages include the verbatim which interviewees consented to share in full within this report.

1. Vision Norfolk

Feedback was shared by three individuals from Vision Norfolk. This was given via a 1:1 Teams conversation and via email.

Feedback #1

(given via 1:1 interview and email feedback)

How are your clients' general practice needs currently being met in Norwich?

Through the fairly traditional route – the surgery. Can take a week or fortnight to get an appointment. If someone is more independent they will go to the Walk-in Centre. It is a bit more tricky to access than healthcare in their local community e.g. there are no direct bus routes.

Most of (our) clients are elderly – need for neighbours, family members to support them. A lot of older people feel more comfortable going to their GP – there is continuity of service.

If the appointments on the day are gone the only other option is the Walk-in Centre.

What are the current barriers to your clients meeting their medical needs / accessing GP services in Norwich?

Repeat prescriptions ordering online is encouraged – for some older people this can be tricky. The emphasis on doing things digitally can make it more difficult for some people to access healthcare. The text messaging is very good.

Earlier opening hour would give a bit more capacity.

The physical layout can be a barrier. No pathway so have to cross a car park. No pavement edge to follow through outside of GP surgery – designed for people coming in by car.

Layout of surgery – where do people sit?

Didn't get offered a talking blood pressure machine (when needed it); the machine was visual.

And what currently works well?

Receptionist can be helpful though have to be proactive in asking for help. This is ok as long as someone is confident to ask for help.

Packaging on medication is better.

Removal of choose options when calling and GP message.

Is there anything it would be helpful for us to hear about the current location of the WIC?

Do you think the current location is a benefit for the clients you work with, or are there any barriers?

No direct bus - have to walk / have to get a taxi to get there. Not in the best location. 5 – 10 minute walk (from Castle Meadow) but got to cross Cattle Market Street. Coming from the south side of the city there aren't many buses.

Quite a few clients come from Mile Cross, Heartsease, north city, Heartsease, Bowthorpe, clients in sheltered accommodation. Sight loss is often an age related thing alongside other health conditions. 38,000 with sight difficulties in Norfolk and Vision Norfolk is supporting 4,000 – people slip through the net. Charity's services are limited.

Feedback on options

Longer hours at my doctor's surgery – increased hours by half an hour. Local pharmacies are cutting back. We are encouraged to speak to a pharmacist, but the pharmacy service is incredibly stretched. Capacity issues at pharmacies.

If capacity could be increased at a patient's local surgery, that would be far better than going to a walk-in centre. Capacity for more practice nurses than at the walk-in centre would be good. More on the day appointments would be better. At the walk-in centre you get seen pretty quickly – not like going to A & E. Would be nice if there were more GP appointments on the day.

**The remainder of the feedback was given via email as shared verbatim below.*

Do you have any concerns about option 3?

Not sure

What types of medical services do you think your clients would need if option were to go ahead?

Clients need to have mobility/orientation to learn new routes and familiarise themselves with any changes. Information needs to be made available in different formats such as audio, large print braille etc.

What ideas/suggestions do you have for how GP services in Norwich can meet the needs of your clients?

GP services need to be fully accessible to all in the local community and for a blind or vision impaired patient the following would really help.

Location – being near a bus stop or located in an easy to reach public place is really important, and also where there are good public pedestrian crossings for safe road crossing.

Premises - These need to be designed around all forms of access, and not just by car. My present GP surgery has a patient car park in front of the main front doors, which means as a blind Pedestrian there is no safe pavement area with a raised kerb edge for me to follow with my cane without having to cross the surface of the car park and mixing with cars.

A tactile map or diagram to show the layout of the surgery can help for new patients.

Staff who understand the basics of how to sighted guide a patient to a chair or into a consulting room can also help and also simple things like, it's Angela the practice Nurse. Information on newly diagnosed health conditions can also help rather than just a printed

leaflet and the expectation that someone will read it to you at home.

Good lighting and clear signage is also very helpful and good colour contrast around door edges and with flooring and the seating.

Good accessible websites which are screen reader and keyboard- friendly make a huge difference, and especially when ordering repeat prescriptions online. The current website with Magdalen Medical centre works really well with my JAWS screen reader.

Would you be interested in working with NHS Norfolk and Waveney to help shape whatever option comes out of the consultation process?

Yes please.

1. Do you have any other comments you would like to give?

Whatever the decision is made about the walk-in clinic after March 2024 it is important that everything is well communicated to the general public and especially on local radio and via the Chatterbox weekly talking newspaper. People can obviously become very apprehensive about any health care provision changes and the current system seems to work reasonably well. It is also really important to know exactly what services can be provided by a "Walk in" service as opposed to those services provided by your GP/medical surgery. (I.e., the Walk-In Centre cannot currently provide an onwards referral process to the N and N for follow ups).

Feedback #2 (shared on email)

Fortunately I don't have much to do with the GP but ordering Repeat Prescriptions online goes well and I had a quick response when I emailed via the Website but that is all I have used it for so far.

In terms of when I go in person I usually take someone with me. I roughly know where the reception desk is but since they have put up the screens it is not always clear when someone is speaking especially if I have not quite got to the reception in the right place. I roughly then know where the seats are unless I am having to see the nurse upstairs.

The GP/Nurse normally comes to the door and calls my name but then waits so I don't know what would happen if I didn't have someone with me to support me in following the GP to the room.

Nothing is provided in an accessible format in regards to letters etc .

I have had staff members come up and ask if I need assistance but then I have also seen a GP who clearly hadn't even read my notes and didn't realise I was blind so I am never quite sure what to expect when I go, it is very hit and miss especially nowadays as you never seem to see the same person twice no matter who your allocated GP is.

Feedback #3 (shared on email)

I don't have a huge amount of experience, I'm glad to say with going to the doctors.

However, I will say now from the start I would always go with someone.

The main issues I've experienced are ones we've covered in the past. Getting the appointment can be difficult. Sometimes the website can be hit and miss, though I should say these have improved overtime as technology has evolved.

One thing I particularly dislike is the touch screen you have to access when entering the surgery, to say you've arrived. There never seems to be assistance with this, and I've got no idea what I'm doing as it doesn't speak, and as it's all flat, it feels the same all the way across.

Then of course, there's the initial finding a seat whilst waiting for your appointment, before getting into the consultation room. Again, I'm usually with someone, but I would feel slightly unsure whether they wouldn't just call my name and walk off, expecting me to follow. A lot of this is down to training and making sure this is adequately done. We all know this is hit and miss.

I can't really speak about collecting medication. The only thing I would say is I had a heart scan a few years ago, and once again, this came through in a standard printed letter. I have asked for alternative formats, but this isn't happening at the moment.

2. Nansa – 1:1 Teams interview

How are your clients' general practice needs currently being met in Norwich?

They are adults with physical and learning disabilities with varied living arrangements. Broad band of needs. They access local GP services. Don't get any information from the doctors about their health, we don't always get the information we need.

Have to use own initiative if any health worries – speak to homes, or speak to social services. First port of call is the GPs. The GPs don't always do an easy read – don't always provide easy read notes, don't cross over; disjointed.

What are the current barriers to your clients meeting their medical needs / accessing GP services in Norwich?

Accessible documentation and the feedback that they get back. Suggested to someone they go to the Walk-in Centre to 'get it sorted – had to break it down where it was. They don't know the people / system at Walk-in Centre. If they have ongoing issues they don't see it as an issue.

No follow-up service for GP service – you have to chase.

Accessibility – contact. Not early risers so don't get through to GPs.

(Clients) don't follow healthy eating plans – not encouraged to, for example, around diabetes. Making bad decisions by lack of commitment.

Referrals are often from staff – they notice things.

Not supported by care system.

Not anything in easy read – easy read access would be a prompt.

And what currently works well?

Certain GPs know the member – the GP that they see on a regular basis. Doctors know the members but there is no follow-up.

LD nurses came in for Norwich system healthcare in place – chase up for annual health check. But don't look into any further.

Feedback on the options:

Having people come into the centre or going into a set place for annual health checks – hire somewhere – take the pressure off the health service.

Walk-in Centre – would be sad to see that go. Problems are immediately solved. Responsive.

With a person with a learning disability, more likely to call 111 and get a GP outside service.

We wouldn't encourage any of our members to use the Walk-in Centre on Rouen Road

out of hours.

It would be nice to take the pressure off GPs to use GP services in the way they're meant to be used – for example, health checks.

Health checks – complete the form. Took 30 mins to 1 hour. 15 pages.

I don't think our members are using the Walk-in Centre. Not taking full advantage of it – the location, not a known building, people like familiarity.

We encourage people to call 111 but people don't use it. And there are all the questions you have to get through.

What ideas/suggestions do you have for how GP services in Norwich can meet the needs of your clients?

Have people come to us. Engage with doctor / healthcare services.

The staff team have enough knowledge / common sense to chase things. Results are sent to members – not always best.

A lot of our members don't pick up on what's wrong. Worry that a lot of our members don't pick up on problems – a lot of people have high pain thresholds.

Members wouldn't necessarily have a sense of urgency. Some have a phobia about going to a clinical environment.

Health checks for L & D.

Would you like to be involved in future?

Yes

3. Deaf Connexions – phone call

What are the current barriers to your clients meeting their medical needs / accessing GP services in Norwich?

There are horrendous barriers – some people can't use telephone. Their first language is sign language and their second language is English. They are digitally excluded – no access. Can't use the internet.

Deaf Connexions have to help with that – some GP practices have stopped portals and the only way is to use the phone.

Access is difficult – hit and miss with all GP practices.

Used to be easy but now Deaf Connexions has to carry on.

Walk-in Centre – quite good because they could go in – face to face.

Access is a barrier. If someone has British Sign Language as their first language they need an interpreter. Until 2019 there was a contract under Intran to provide translators and staff interpreters. There were four interpreters that covered Norfolk. 99% of time could support someone with getting an appointment same day. Could then liaise with the Walk-in Centre. Then, the NHS decided they wanted a regional service – freelance interpreters – so no same day service. No point going to the Walk-in Centre.

The GP has to request an interpreter and there are practicalities to this.

There are lots of barriers.

There has been a meeting with Sadie and an ongoing dialogue about access.

And what currently works well?

The Walk-in Centre is good. For slightly younger deaf people who are more text savvy apps on the phone / video interpreting for the Walk-in Centre worked well for those who can use technology.

For older group of people who are hard of hearing – ok as they have English. Walk in centre is good for them.

At triage – Deaf Connexions are involved and have to ask people for the answers to their questions – which isn't fair on the deaf person.

Feedback on the options:

In favour of keeping the Walk-in Centre because at least you can walk in. There's a need for it. Cuts down on people who go to A & E.

How will you know which GP practice you can walk into? Are you going to be able to do it?

Access is crucial. Can't get help needed. Deaf community not going as much as they did.

Don't bother as it's too hard.

Can't access the pharmacy services.

*Is there anything it would be helpful for us to hear about the current location of the WIC?
Do you think the current location is a benefit for the clients you work with, or are there any barriers?*

No issue with location or opening hours. Give or take from our community's point of view – happy to walk in.

What ideas/suggestions do you have for how GP services in Norwich can meet the needs of your clients?

Realise that GPs need to make an exception. Some GP practices do – bend over backward to be helpful.

Just remember you need something a bit different for different people – partially those who are digitally excluded.

Would you like to be involved in future?

Yes

Additional comments

Slight frustrations – not accessible to help with the consultation process. Always better to come to the deaf community and explain.

4. Build Charity

How are your clients' general practice needs currently being met in Norwich?

We support people with any disability. Most will have additional needs. Most have some underlying health condition such as obesity, respiratory, epilepsy, asthma and their access to healthcare is varied.

The policy locally is everyone should have an annual health check – not convinced that's happening. Health diaries used to have all the details for individuals. These aren't around now so not convinced that regularity of health checks is happening.

What are the current barriers to your clients meeting their medical needs / accessing GP services in Norwich?

The same difficulty of getting a GP appointment. It's dependent on a third party to get that appointment. Unless it's serious they don't go.

Availability of appointments – variants in booking system – availability of support.

The lack of ability of individuals to recognise that they're ill. Reliant on third party. If not telling people there's an issue, they're not getting seen.

Regular routine health checks are important because they don't have the capacity to recognise when they're ill. We ran a couple of sessions around self-examination around bowel, breast, testicular. People who don't have the capacity can't identify the signs.

The walk in centre is used by a wide cross section of the public because they have lost confidence in the GP surgery. The demand is there for all people. That instant access is vital. If there's a health issue the first port of call is the walk in centre.

Feedback on the options:

Taking away / remodelling the walk in centre will be detrimental. Having a city centre based walk in centre – for most people it's accessible because of transport links. 95% of clients rely on transport. Actually in local communities people aren't linked by public transport – closer to home but less accessible.

Using the walk in centre for a quick fix; more likely to use the walk in centre for a quick fix. If the walk in centre isn't there that traffic will be diverted to A & E. Taking away that facility will push the problem to A & E or people will just live with what they've got.

Go to the GP for a longer term issue.

Enhancing GP practice opening times – doesn't make a difference if you can't get an appointment. Most people come to the point of 'it's not worth the hassle.' If you don't have the intellectual capacity, you don't bother.

Face to face at the walk in centre means someone with expert knowledge can make a diagnosis or referral.

The GP model is broken: only possible if the resources are in the GP practice.

People we support wouldn't understand a system so complicated.

Walk in centre is miles ahead of trying to get a GP appointment.

Ability to be seen face to face – difficult communication. We need that person in front of someone.

What ideas/suggestions do you have for how GP services in Norwich can meet the needs of your clients?

Regular health checks.

Public health promotion – lot of campaigns are not always accessible for people with learning disabilities. Health is not working with the charity on campaigns. Need to do something about health responsibility / promotion.

Would you like to be involved in future?

Yes

5. Assist Trust

How are your clients' general practice needs currently being met in Norwich?

Day support to 130 people with varying levels of cognitive ability. People are supported to access GP services through home – parents and carers provide support to make appointments. The clients struggle with online access; also lack confidence. Have some experience of walk in centre with members.

What are the current barriers to your clients meeting their medical needs / accessing GP services in Norwich?

Communication difficulties – difficulties of members in articulating the issue.

Is there anything it would be helpful for us to hear about the current location of the WIC?

Do you think the current location is a benefit for the clients you work with, or are there any barriers?

If you have mobility issues location can be difficult – have to drive. Parking / street parking here is tricky.

Have had positive experiences at the walk in centre; thankful for the NHS and walk in centre.

Feedback on the options:

I do like having the walk in centre – it's reassuring knowing that it's there.

Option 3 – more scope and resources. Think there is a need for the walk in centre for some members. Parents are an older demographic; knowing that there's a walk in centre is reassuring.

Not sure clients have the patience to call and wait on hold. Preference is option 1 – reprocare. It's more comfortable for clients to see face to face.

What ideas/suggestions do you have for how GP services in Norwich can meet the needs of your clients?

More learning disability / autism awareness training would be useful, There is a lack of understanding amongst GP staff and medical staff.

Repeat prescriptions could be easier – could it be fairly simplified? Members need some support with that. Any way that it could be further simplified online?

Annual health checks – guys go to them.

Having a walk in centre is important for this group of vulnerable adults.

Would you like to be involved in future?

Yes

6. St Martin's Housing

How are your clients' general practice needs currently being met in Norwich?

Using the Vulnerable Adults Service then when they are more settled they will go to a local GP – depending on their needs.

It's not that easy to get a GP – that's why they use the Vulnerable Adults Service. When they go into the mainstream they get pushed back to the Vulnerable Adults Service – that's why they use the walk in centre.

What are the current barriers to your clients meeting their medical needs / accessing GP services in Norwich?

Because of the complex health needs – GPs are uncomfortable around that. When they have extreme / drug issues they don't recognise that – get pushed out.

If of no fixed abode, they really struggle to get a GP. They have no contact details. GPs not engaging with them properly so contact breaks down.

These are often transient people who migrate to the city centre – people in chaos. Not worried about having a GP.

For emergency care they go to the walk in centre / Vulnerable Adults Service – otherwise they call an ambulance.

Supporting them to make their registrations – they need a helping hand. St Martin's has a comprehensive system for those that have fallen through the gaps. But they are still going to the walk in centre / Vulnerable Adults Service – these are the first port of call for someone in chaos.

Is there anything it would be helpful for us to hear about the current location of the WIC? Do you think the current location is a benefit for the clients you work with, or are there any barriers?

No problem the walk in centre – even our staff are using it. Responsive.

Feedback on options:

I don't disagree that there needs to be more equality in the system – and would advocate for GPs to provide a more equitable service.

This (option 3) would backfill GP services – won't improve capacity.

There is duplication of services because of problems in the system – fix the problems in the system.

Option 3: they won't get a GP appointment. They won't get one. The access to appointments – they can't navigate that.

They're all on foot. They will never get there (to GP). They don't have the money or emotional stability to use public transport.

Their health needs are far greater – complexities of their health. If you make it harder we will see a higher death rate at younger ages.

The Health Navigator works with people just to get to their appointments. Lot of their health needs are masked by misuse.

They are already a marginalised group – this is preposterous for this group.

Greater access to emergency services are required due to neglect – or A & E becomes the first port of call.

We use Vulnerable Adults Service / walk in centre all the time. We can't plan; our clients are not going to worry about their health. All they are thinking about is drugs.

This is ideology of policy that doesn't reflect reality.

What ideas/suggestions do you have for how GP services in Norwich can meet the needs of your clients?

Could merge the Vulnerable Adults Service into the walk in centre. Working in more of a partnership, having a connected service – the main practice learns if specialist service is embedded within the walk in centre.

Having the Vulnerable Adults Service bedded into the walk in centre allows for specialisms within the GP practices.

Would like to see GP practices have more awareness of the needs of this client group and take a trauma informed approach. They focus on the drugs rather than the problem.

Enhanced local appointment / faster access for those with complex needs.

7. Health Inclusion Group

What are the current barriers to your clients meeting their medical needs / accessing GP services in Norwich?

It's a challenge getting appointments from GPs. It's not responsive. It's a challenge to get through. If life is chaotic / or if you don't even have a phone, the walk in centre in its current form is a service you can access.

Access to services is difficult if your life is chaotic. Without the walk in centre and the Vulnerable Adults Services health needs would sky rocket.

The challenge for people is horrendous. In Great Yarmouth there isn't a walk in centre. Don't have access to healthcare until at the point of in-house healthcare if life is chaotic.

Prisoners on release – issue if they can't access in a timely way; would like same day appointment. Also traveller community.

Access is difficult if people cannot use the internet and phone waits are very long. Even if the surgery are good and give same day appointments.

In Lowestoft if you call 111 as you can't get a GP appointment you will be told to go the Norwich walk in or A&E

Feedback on options:

Option 3: until people know what this is they find it difficult to comment.

Same day access.

What ideas/suggestions do you have for how GP services in Norwich can meet the needs of your clients?

The surgeries maintained over the weekends. It would be great if more GPs could offer longer appointments, flexible appointments (some vulnerable adults don't always turn up), better attitude and better behaviour towards all of our people (training).

Level 2 inclusion friendly – safe surgery.

More flexible, same day appointment approach.

Norwich Prison – open category issues. Asked to pay for their own prescriptions which is a real challenge.

8. Norfolk and Waveney Children & Young People's Health Services

How are your clients' general practice needs currently being met in Norwich?

In 2017 just one number Health Advice & Support for Children - Just One Norfolk was launched. 300 calls a day, 6000 contacts a month.

GPs direct to call just one number but it's not always clinically appropriate, at times being used by GPs before families get a GP appointment. This can create a delay for families.

Families call GPs, wait for GP call back, call one number as well – this can cause anxiety and delay.

GP service is very variable across the GP practices.

Sometimes our teams need to advocate for families.

What are the current barriers to your clients meeting their medical needs / accessing GP services in Norwich?

With just one number they can get through quite quickly – often get an instant response

Families feel GP doesn't necessarily trust the parents – the health visitor will advocate for the parents.

GPs are not prioritising time to do assessment / time for young people. Especially around mental health. Poor quality referrals are coming through.

Same barriers as nationally – getting appointments, getting face to face appointments, GPs still hesitate to offer face to face appointments.

Some GPs have a discernible lack of interest in assessing the needs of children. If they spent a little more time with them they could make a robust referral.

Is there anything it would be helpful for us to hear about the current location of the WIC? Do you think the current location is a benefit for the clients you work with, or are there any barriers?

Location is really positive – accessibility for families. We have good relationship with the walk in centre. Families are aware of the offer. The walk in centre is very widely used – some people even come from as far as King's Lynn and Great Yarmouth.

Being able to refer people to the walk in centre on a Saturday prevents people from going to A & E.

GP knowledge of children – how confident are they with young people's mental health?

Feedback on options:

What would that service look like under option 3?

People outside Norwich are accessing the walk in centre – clear need

Enhanced access policy – is this being implemented across the county? Families cannot

get an appointment. Will this be extended?

Worry that option 3 will mean a reduction in access – people will end up at A & E.

Families would rather keep what they've already got. Families who aren't good at advocating for themselves will not get an appointment.

What about the population not registered with a GP – what happens to them?

Is there any learning from the Great Yarmouth walk in centre closing?

Worried about access for families – lots of families use the service on a Saturday. By not having an out of hours walk in centre would disadvantage families in Norwich.

Health literacy is needed to navigate the out of hours service – some people would much rather turn up and have conversations with people.

9. English Plus

Dismayed by the proposals. The way the system has been set up revolves around the walk in centre. Its closure would have a huge impact on our clients.

How are your clients' general practice needs currently being met in Norwich?

Our prime focus is on teaching and the people we work with have different needs. However dental issues are driving our work more than usual. Dental is a huge need. We've organised two trips by a dental service. We are reluctantly getting involved – it's really outside of our remit.

Some people have physical health needs, trauma related needs. Some places are set up to deal with them.

We were making appointments for people - people were saying 'I wish I didn't have to see a different GP every time'.

Few people report their health concerns are not listened to. One individual died from cancer after his concerns were dismissed and ignored until it was too late.

If people had a GP who was consistent, felt listened to – the model of the family doctor – would be the dream for people.

Between using the walk in centre and A & E, the walk in centre is better – we refer many more people to the walk in centre than anywhere else.

City Reach – that was an exceptional service for our service users. Good treatment by people who understood their needs. Run by the NHS and closed about six years ago. For asylum seekers, it was the best service they had ever had. They would take details, carry out a health check, refer to other services, use agencies. People knew they would get support. We knew clients would get support so we could refer there. I realise it is harder now there are far more asylum seekers.

People aren't always aware of the high levels of trauma that asylum seekers and refugees often have – they don't function easily. They can't sleep at night.

Wensum Valley Practice – try and help with community health needs. Dr Emily Clark worked there and wrote a report about access.

What are the current barriers to your clients meeting their medical needs / accessing GP services in Norwich?

People struggle to make appointments. Many are illiterate / digitally illiterate and have low confidence levels so struggle to make appointments.

Making appointments – digital and language barriers. In hotels, some struggle with the food they are served, and for those with medical needs they need a doctors letter stating their needs – getting this takes time and is not easy.

Is there anything it would be helpful for us to hear about the current location of the

WIC? Do you think the current location is a benefit for the clients you work with, or are there any barriers?

Great location. Fairly central but so much better than the hospital. People can drop-in – somewhere doesn't require to make an appointment.

Very mixed translation service at surgeries. The walk in centre knows how to do it and has access to it. It is essential.

'I wish I saw the same doctor every time,' is something that we hear, bearing in mind that some of these stories are very traumatic. Our clients don't always feel listened to.

Feedback on the options:

The walk in centre is a mop up centre for people who can't access their own GP. The GP has a way to mop up appointments through the walk in centre.

This doesn't solve the problem unless they completely redesign it.

Through the hotel system – cluster of clients in a very small area. How are you going to do that? How are you going to meet increased demand?

The impact is that some people will just go to A & E – there will be more demand on A & E as a place where people just turn up.

Makes more work for everyone.

What about visitors to the area? When people are new to the area, where do they go? What about visitors from other parts of the UK?

What ideas/suggestions do you have for how GP services in Norwich can meet the needs of your clients?

If there are smaller walk in centres where people can just turn up – have the option of non-appointment.

Additional feedback:

The consultation is too long. It's beyond the reach of our clients – and it's too long to go through with our clients.

10. Bridge Plus

Bridge Plus carried out their own survey based on the NHS Norfolk and Waveney consultation around GP services in Norwich. This included face to face and phone interviews with 64 service users of different age, gender, and ethnicity. The feedback Bridge Plus collected helped to inform the insight shared in the 1:1 conversation.

How are your clients' general practice needs currently being met in Norwich?

Since Covid, been hearing that people have been finding it hard to access GP surgeries.

Registration is usually not a problem for service users with immigrations status here.

We work with economic migrants, refugees, some British citizens.

What are the current barriers to your clients meeting their medical needs / accessing GP services in Norwich?

Accessibility – booking an appointment. Making contact with a GP – Covid has had a major impact. GP surgeries adopted an online system which isn't user friendly. Not easy to use. Service users have limited digital and English language skills. Some people have very limited English.

Getting help with interpreting is a very patchy picture. Some get on fine, others are not offered an interpreter. One of our service users (whom we know well, in regular contact with) told us as part of the survey that GP surgery staff told him to 'speak English to get an appointment.' He had not mentioned this to us before. The majority don't get an interpreter.

The wait for appointments is long.

Patchy service – not a common thread through the services. Not a great picture of GP surgeries.

All feel strongly about the walk in centre– it is being used by people who are vulnerable. The walk in aspect is essential – we've lost that aspect of walk in.

The location is not an issue once people know where it is.

The opening hours make a difference because it's open in evenings and weekend.

GP says 'go to the walk in centre' and with children they don't feel they can wait that long for an appointment.

Feedback on options:

Too complicated. Not clear. Very biased as the consultation paper clearly indicates which option is the preferred option.

If national policy is about enhanced access, what we see and hear at the frontline, very clearly, is that people aren't seeing more appointments available during extended opening hours.

Key issue is option 3 – it feels as though the premise doesn't match the reality that we see. The starting point is much lower in terms of capacity / accessibility.

At the very least, should the closure of the walk in centre be inevitable, there is a need for a transition period when we still have a walk in centre while more investment is put into GP practices so catching up with all those issues we've mentioned.

The structure / system just isn't coping at the moment – needs a proper rethink of the structure. Needs to rethink how GP practices are coping with demand.

Not seen anyone who thinks their GP has been able to enhance access – quite the opposite.

Concerned as well about what we mean by appointment. Phone appointment? Video appointment? For people who are marginalised and find it hard to speak English, over the phone is so much harder – need face to face interactions.

Sometimes you get the nurse rather than the GP when you're expecting the GP.

What ideas/suggestions do you have for how GP services in Norwich can meet the needs of your clients?

Translating is patchy. I see very different levels of accessibility. Why can't there be something on the patient record - 'I need a translator.' It's incredible that people who are older, who can't communicate are not by default given an interpreter. What's the issue? Cost? Training?

Additional feedback

In 2022, we received a small grant from the CCG to carry out interviews with service users about mental health. We interviewed 24 people. The report is out now – published by Norfolk Community Foundation. We found that most people would contact their GP first if they struggled with their mental health. This is another reason why need face to face appointments – most people would find it very difficult to talk about mental health over the phone

11. Age UK Norwich

How are your clients' general practice needs currently being met in Norwich?

The majority of all health users are over 50. It's day to day life for older people, managing the conditions that they have. When they get that support it helps them with how they manage their lives it and how they feel about it.

Access is incredibly important. Biggest issue is I can't speak to my GP / I find it difficult to get an appointment. Flexibility is a challenge – with carers – makes them feel they aren't supported.

Pharmacy is incredibly important.

Emergency experience – discharged and then start the journey again. They have to push hard to get an appointment if questions after a hospital episode.

Sometimes the problem is not enough to get an appointment but they're worried about it.

Access concerns starts to change's people's behaviour – people stop going out 'I won't be able to get an ambulance if I fall.' This affects mental health. People don't go anywhere. They give up which affects their health.

What are the current barriers to your clients meeting their medical needs / accessing GP services in Norwich?

The appreciation of carers who look after their loved ones. We're not giving them any preferential treatment – we've got to keep carers in optimal health.

Too big a void between acute, secondary care and primary care. In hospital queue – out of primary care. Then discharged out of secondary to GP - who won't contact you proactively unless there is an issue. There's not much rehab and support.

And what works well?

Walk in centre – with an ageing population the ability for people to access healthcare services is going to become more and more needed. The walk in centre is visible, known, well-advertised. We need more of it in the areas of inequality – having the drop-in model is really helpful to older people.

Working age people – having the operation in Norwich is sensible. Promote 111 for out of hours queries. Not expecting the walk in centre to be there 24/7 but flexibility has to be thought about. As people get older and older they tend to go out in the day time. Also need to consider working age adults, where using their GP is not practicable if they are ill while working in the city.

Feedback on options:

Quite hard to say without understanding the data a bit more. Of those 5,666 appointments a month, doesn't make clear who is attending those appointments. Don't have the ability to understand where people are coming from in view of areas and the types of conditions or appointments.

Strategically it needs to be a Norwich city centre walk in centre – with flexibility of access. PLUS more local services too.

What happens to visitors? This sounds like a step backwards – we need a walk in centre.

Build capacity not just move it. How is capacity going to be met?

What ideas/suggestions do you have for how GP services in Norwich can meet the needs of your clients?

Acute setting – dispatched back to primary care. Doesn't seem like there's much support. Gap too big – and that's where all the risk is. Transactional but not appreciating the complexity. People want hands held a bit more.

During Covid, there were welfare checks to keep people out of hospital. This worked really well but now we've gone back to a passive approach.

Older people are huge traffic for GPs – but what are GPs doing to support older people? Promote physical activities / preventable conditions to reduce the impact. i.e. sarcopenia, osteoporosis etc

GP has knowledge of access to benefits / adaptations, lots of things are funded. We could do a lot more.

Apply for disability payment but don't get their blue badge at the same time. Little things could go a long way.

Would be interested to know of those 5,666 appointments how many are social prescribing. These appointments could be handled in a different way. The top three referrals are money and debt, social isolation, and community. Social prescribing could help with appointments. We don't have enough investment in services that help non-clinical issues, that impact health.

Would you be interested in working with NHS Norfolk and Waveney to help shape whatever option comes out of the consultation process?

Yes

12. MAP

How are your clients' general practice needs currently being met in Norwich?

Through the walk in centre through to the local GP surgeries where they live. Lot are young and vulnerable so don't how to register so lots are using the walk in centre as an option.

What are the current barriers to your clients meeting their medical needs / accessing GP services in Norwich?

Hard to make an appointment – the advocate has to do this. This is throughout Norfolk but worse in Norwich. If they ring themselves, they can't get an appointment. If I sit with them, it's easier. It's the system. If another professional calls up they can get an appointment – so what happens to the young people who don't come in for support. Usually responsive when an advocate rings up. Responsive to me – but worry about young people.

Also young people get told to go to the walk in centre.

Is there anything it would be helpful for us to hear about the current location of the WIC? Do you think the current location is a benefit for the clients you work with, or are there any barriers?

Location is fine for young people and opening hours – not heard any issues.

It's not big enough. Not enough space – still really long wait times. People put up with the wait times.

Feedback on options:

Closing the walk in centre and moving outside the city wouldn't work. Lots of vulnerable people not registered with a GP are directed to the walk in centre.

If homeless, a lot of people don't have phones – won't be able to book an appointment.

Really important not to lose the walk in centre.

We don't want the walk in centre to shut – think it would be a really bad thing.

What ideas/suggestions do you have for how GP services in Norwich can meet the needs of your clients?

Need to keep the walk in centre and do the stuff in option 3 as well. Any of these options are going to leave holes. Still need the walk in centre, still need investment in the GPs. People are underserved, need better services that work.

Would you be interested in working with NHS Norfolk and Waveney to help shape whatever option comes out of the consultation process?

Yes

13. Family Voice (by email)

Please can you tell me how your family's general practice needs are currently being met in Norwich?

Most of our GP visits are same day emergency visits, mainly for my two daughters (both SEND). At the weekends/holidays its 111 and/or the Walk-In service.

A&E is a last resort.

What are the current barriers to your family meeting their medical needs / accessing GP services in Norwich?

Fingers crossed we have not experienced many obstacles. If there is one, it would be the lack of same day appointments. Closure of the Walk-In service could add an additional burden on GP's. Our GP does not have the space to increase capacity of doctors/Practice Nurses etc.

And what currently works well?

At present, all works well.

Is there anything it would be helpful for us to hear about the current location of the WIC? Do you think the current location is a benefit or are there any barriers?

The central location is good. It is let down by parking issues. Being on a hill it is a pain pushing a wheelchair up from the bottom of the road.

Thinking about hours of operation. Are there any hours of operation you'd like to see? And why is that an important consideration?

To us, knowing there is a Walk-In service available if we cannot get an appointment for our daughters is reassuring.

What are your thoughts on the three options? Do you have any concerns about option 3? Whilst the idea of care closer to home is a good one, you a limited in expansion of services/more appointments by the size of the practice. If there is no additional space, then no extra staff can work there.

What do you think would be the impact of option 3 on your family?

Negligible.

What types of medical services do you think your family would need if option 3 were to go ahead?

If we were unable to get an on the day appointment, then we would have to consider A&E. An on the day appointment is something urgent but not A&E urgent. We would want there to be somewhere central that we can get medical assistance on the same day.

What ideas/suggestions do you have for how GP services in Norwich can meet the needs of your family?

I think there is a need to extend GP opening hours and open on Saturday/Sundays. The typical Monday-Friday 9-5 work week has changed for a lot of people, especially post-COVID.

Do you have any other comments you would like to give?

Slide 7 states the Walk-In centre provides approx. 5,666 appointments a month, that's 1,308 a week. Before anything is closed there must be a means to absorb these appointments in place first. Failure to do so could lead to an increase in A&E numbers

Would you be interested in working with NHS Norfolk and Waveney to help shape whatever option comes out of the consultation process?

Yes

Appendix 3: questions for 1:1 qualitative feedback

A: Experience and use

1. Please can you talk to me about how your clients' general practice needs are currently being met in Norwich?
 - 1a. Please can you tell me about how your clients are currently engaging with GP services?
2. What are the current barriers to your clients meeting their medical needs / accessing GP services in Norwich?
3. And what currently works well?
4. Thinking about the location of services.
 - a. Is there anything it would be helpful for us to hear about the current location of the Walk in Centre? Do you think the current location is a benefit for the clients you work with, or are there any barriers?
 - b. Thinking about other areas around Norwich, do you recognise any needs from those areas, or work with any clients in those areas?
5. Thinking about hours of operation. Are there any hours of operation you'd like to see? And why is that an important consideration?

B: Options

Outline the options (PowerPoint slides)

6. What are your thoughts on the three options? (give them an opportunity to feedback on all of them)
 - 6a. Do you have any concerns about option 3?
 - 6b. What do you think would be the impact of option 3 on your clients?
 - 6c. What types of medical services do you think your clients would need if option were to go ahead?

C: Ideas and suggestions

7. What ideas/suggestions do you have for how GP services in Norwich can meet the needs of your clients?
8. Do you have any other comments you would like to give?

D: Working together

9. Would you be interested in working with NHS Norfolk and Waveney to help shape whatever option comes out of the consultation process?

Appendix 4: inclusive groups and organisations engagement

The following groups and organisations were contacted via email/telephone. We also sought to engage groups and organisations via Community Action Norfolk. The highlighted groups and organisations provided 1:1 feedback.

Action for Children	Protecting and supporting children and young people
Age UK Norwich	Supporting older people
Assist Trust	Supporting people with learning disabilities
Bridge Plus	Supporting Black, Asian and ethnic minority organisation
Build Charity	Supporting people with disabilities
Community Action Norfolk	Working with over 500 organisations directly a year with links to over 5,000 organisations, volunteers and community champions. We engaged Community Action Norfolk to help to promote the consultation via their channels.
Deaf Connexions	Supporting deaf people and their families
English Plus	Providing free English classes in Norwich
Equal Lives	A disability rights organisation
Family Voice	Parents and carers of children and young people with special educational needs and/or disabilities (SEND) in Norfolk.
Health Inclusion Group	Group that brings together representatives from organisations across Norfolk including organisations working in health, charities, and local authorities
Julian Support	Supporting people with mental health difficulties
Leeway	Providing support to adults, young people and children who are experiencing domestic abuse in Norfolk and Suffolk.
MAP	Providing support and information for young people
Nansa	Supporting people with Special Educational Needs and Disabilities
New Rights Integration	Working with a wide range of client groups – currently from 80 countries, speaking 60+ different languages – from ethnic minority residents to local teenagers.
Norfolk and Waveney Children & Young People's Health Services	Manages 'just one number'
Norfolk and Waveney Mind	Supporting people around mental health
Norwich Door to Door Bookings	Transport for people with limited mobility
Norfolk LGBT+ Group	Providing LGBT+ support
Norfolk Polonia CIC	Supporting the Polish community in Norfolk
People from Abroad Team	Supporting people who are newly arrived in the country
St Martin's Housing	To maximise independent living and prevent homelessness

The Benjamin Foundation	Supporting young people and families across Norfolk and Suffolk.
The Feed	Preventing homelessness and hunger in Norwich
The Magdalene Group	Working in the field of sexual violence, exploitation, and coercion.
University of East Anglia	Supporting students
Vision Norfolk	Supporting people with sight loss
Voluntary Norfolk	Supporting voluntary groups in Norfolk
YMCA	Supporting young people

Appendix 5: independent feedback

1. Broadland District Council



Dear Tracey,

I am appreciative of the opportunity to share my Council's viewpoint, and on behalf of our residents on the consultation concerning the Rouse Road Walk-in Centre (WIC), the GP Practice and the Vulnerable Adults Service. The WIC itself offers the invaluable option of minor illness and injury support to anyone who needs it.

Whilst we support the evaluation work being done to ensure our residents' money is spent in the most efficient way possible providing the best quality and accessible health care, we find the information for the recommended option insufficient. We are told the WIC is operating at a financial loss and led to believe option 3, which is aligned with national NHS aims, is the best route for our local population. However, we are not informed as to how this would actually produce an equivalent or better service or outcome. On this note, we'd like to have the opportunity to add our concerns to those already vocalised from other local authorities, GPs, patients, hospital staff, and paramedics.

The formation of the Norfolk and Waveney Integrated Care System has been a really exciting progression in the way health and wellbeing is approached, giving more significance to those impacting the wider determinants of health. We have been enthused by the way a variety of organisations have come together to drive this shift. Having said this, the option to close the Walk-in Centre seems to go against every aim laid out by the Integrated Care System:

- **Improve outcomes in population health and healthcare.**
It is difficult to understand how patient outcomes will be improved through the closure of the Walk-in Centre or Rouse Road GP practice. With over 78,000 residents being treated at the WIC in the last 12 months it is clear that the accessibility and inclusivity that it offers is vital for the needs of our communities. Furthermore, feedback from Norwich and wider GP practices is that the WIC helps to improve patient access to healthcare by providing a safety net to help them meet on-the-day demand and improve resilience by providing additional capacity to practices experiencing absence or other workforce pressures. The struggle our residents face in getting a GP appointment is ever increasing, and option 3 does not give details of where this resource would be distributed. Residents tell us their 111 calls often result in being sent to the WIC, and therefore with the absence of details in option 3, we do not see how this will help the current situation, and cannot support this as the recommended option.

Broadland District Council
Thorp Lodge, 1 Yarmouth Road, Norwich, NR7 9DZ
Tel: 01603 401155



- **Tackle inequalities in outcomes, experience, and access.**
The open access that the WIC offers enables communities who may feel more marginalised such as refugees and asylum seekers to get the medical attention they require. This is an increasingly rare opportunity in an ever-worsening world for already vulnerable people. Furthermore, having the option of the WIC for people who live chaotic lives and would struggle to make or attend pre-booked appointments, or do not have access to booking systems, this option is crucial for enabling them an equal chance to live happy/healthy lives. We feel very strongly about reducing inequalities as our front-line staff see and hear the health inequalities experienced by our populations daily.
- **Enhance productivity and value for money.**
As a crucial part of the Integrated Care System, we are encouraged to see the growing consideration to being increasingly efficient and creative with diminishing resources. However, in a time where GP appointments are increasingly hard to come by, and the pressure on emergency care services is evident, the consultation does not help us understand how the removal of these community services will prevent putting even more pressure on a system that has already hit crisis point.
- **Supporting broader social and economic development.**
Peak usage time of the WIC is between 12-1pm, with a high usage at 7-9pm. This demonstrates the access to primary and community care it offers our residents who are working or in full time education without impacting on their productivity. Taking this away reduces their chance to equal opportunities to quality health care.

For our residents, the Walk-in Centre provides critical support when they or their loved ones are in need. With planned housing growth, this need will only increase. Therefore, for the health and wellbeing of our residents, and the lack of alternative options detailed, we can support no other option but keeping all current services open.

Kind Regards,

Councillor Fran Whymark
Portfolio Holder for Communities, Housing and Planning

Broadland District Council
Thorp Lodge, 1 Yarmouth Road, Norwich, NR7 9DZ
Tel: 01603 401155 Fax: 01603 401155



2. South Norfolk Healthcare CIC

<div data-bbox="598 367 748 441" data-label="Image"> </div> <div data-bbox="595 450 750 537" data-label="Text"> <p>West Site C Norwich Research Park Norwich Norfolk NR4 7UT</p> </div> <div data-bbox="220 535 421 658" data-label="Text"> <p>FAO: Tracey Bleakley Chief Executive Officer NHS Norfolk and Waveney ICB County Hall Martineau Lane Norwich NR1 2DH</p> </div> <div data-bbox="595 654 699 674" data-label="Text"> <p>2nd March 2023</p> </div> <div data-bbox="220 689 306 707" data-label="Text"> <p>Dear Tracey</p> </div> <div data-bbox="220 721 697 743" data-label="Section-Header"> <h3>Collaborative Response to WIC Consultation – South Norfolk Practices</h3> </div> <div data-bbox="220 754 743 848" data-label="Text"> <p>As the GP Provider Organisation (GPPO) for South Norfolk we are writing on behalf of our 23 member practices in response to the WIC Consultation that was published on the 24th of January 2023. We are disappointed and concerned that the consultation document makes no reference to practices outside of Central Norwich or the potential impact on the delivery of same day care for our patients.</p> </div> <div data-bbox="220 860 751 1155" data-label="Text"> <p>The document states that the WIC provides 34% of its appointments to patients that are not registered with one of the 22 practices in Norwich. It is documented that an average of 5666 appointments are provided each month, which means that 1926 of these appointments are for patients not registered with a Norwich practice. This is not an insignificant number. We have obtained our data for WIC attendances for the years 2019/2020, 2020/2021 and 2021/2022 which are 15.2%, 12.8% and 13.7% consecutively. Our patients are the second highest users behind those registered with Norwich practices and we have concerns about the impact the outcome of this consultation could have on their care, practice staff and other service providers. Our extended hours appointments are already fully utilised and some of our practices have seen an exponential increase in their patient populations due to housing growth and do not have the infrastructure to meet all their acute same day demand daily. This is likely to have an impact on other services/points of access such as an increase in patients arriving at A&E placing further demand on already overwhelmed secondary care services. This will also inevitably have an impact on practice staff when they are dealing with frustrated patients who are unable to access the care that they need, compromising staff wellbeing and patient safety.</p> </div> <div data-bbox="220 1167 724 1207" data-label="Text"> <p>When the WIC was first commissioned it was to serve the patients of Norfolk and those visiting from out of area. The document states that the preferred option is</p> </div> <td data-bbox="798 333 1442 1211"> <div data-bbox="1233 336 1388 409" data-label="Image"> </div> <div data-bbox="842 434 1390 575" data-label="Text"> <p>number 3, though there appears to be little clarification around what option 3 might look like and again makes no reference to practices outside of Norwich 'This option would not mean a reduction in spending. It would use the same amount of resource currently invested in the WIC and redesign services to widen coverage across the Norwich PCN area to be able to respond to people's needs. This option would provide continued support and resilience to Norwich-based GP practices to help manage patient demand for general practice services by integrating capacity with other existing funded services.'</p> </div> <div data-bbox="842 589 1398 777" data-label="Text"> <p>It appears that the survey has not been designed with a neutral tone and suggests that decommissioning the current WIC model is the best option. This being the case we feel the survey has very limited value in terms of next steps. If there is to be no reduction in spending and the WIC was commissioned to support the wider area across Norfolk and Waveney it would seem fair to include a 4th option. The 4th option should be to provide support and resilience for practices across the wider area served by the WIC with the funding currently attributed to the WIC being realigned to support that wider area to provide primary care resilience and help manage on the day patient demand. This would also help with the current inequalities in access to same day care for patients across the wider area, where patients who are not registered with a Norwich practice are disadvantaged.</p> </div> <div data-bbox="842 784 1321 822" data-label="Text"> <p>We look forward to your response and would welcome the opportunity for representatives from South Norfolk to discuss this further.</p> </div> <div data-bbox="842 842 956 862" data-label="Text"> <p>Yours Sincerely</p> </div> <div data-bbox="842 869 1233 889" data-label="Text"> <p>For and on behalf of our member practices in South Norfolk</p> </div> <div data-bbox="850 927 997 990" data-label="Text"> </div> <div data-bbox="849 1003 1035 1057" data-label="Caption"> <p>Jack Townsend Clinical Director South Norfolk Healthcare CIC</p> </div> <div data-bbox="1040 927 1181 990" data-label="Text"> </div> <div data-bbox="1035 1003 1224 1057" data-label="Caption"> <p>Gemma Britton Operations Director South Norfolk Healthcare CIC</p> </div> <div data-bbox="1227 927 1388 990" data-label="Text"> </div> <div data-bbox="1224 1003 1430 1057" data-label="Caption"> <p>Judith Wood Director of Practice Engagement South Norfolk Healthcare CIC</p> </div> </td>	<div data-bbox="1233 336 1388 409" data-label="Image"> </div> <div data-bbox="842 434 1390 575" data-label="Text"> <p>number 3, though there appears to be little clarification around what option 3 might look like and again makes no reference to practices outside of Norwich 'This option would not mean a reduction in spending. 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The 4th option should be to provide support and resilience for practices across the wider area served by the WIC with the funding currently attributed to the WIC being realigned to support that wider area to provide primary care resilience and help manage on the day patient demand. 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3. East Harling and Kenninghall Medical Practice

From: ROUND, Simon [E HARLING KENNINGHALL MEDICAL PRACTICE] <s.ROUND@nhs.net>
Sent: 25 March 2023 10:40
To: PARKER, Sadie (NHS NORFOLK AND WAVENEY ICB - 264) <sadie.parker@nhs.net>
Cc: ROUND, Simon [E HARLING KENNINGHALL MEDICAL PRACTICE] <s.ROUND@nhs.net>
Subject: Norwich Walk-In Centre

Good morning Sadie

I believe that Dr Sri Ganesan, one of the partners at our Practice has already written to provide feedback in respect of the consultation on the Walk-In Centre at Norwich.

To add to this:

- We continue to see increasing demand on Primary Care in our rural South Norfolk location
- East Harling and Kenninghall Medical Practice has a catchment area of approximately 140 square miles, caring for almost 9,000 patients
- With a significant amount of housebuilding under way, including 85 new homes in the village of East Harling itself, demand on primary care services in the area are clearly going to continue to increase
- Reviewing the South Norfolk population data reveals that between 2011 and 2021:
 - The total population increased by 14.5% (compared with 6.6% for England and 8.3% for the East of England)
 - There was a 26.5% increase in the population aged between 65 and 74 years old
- Whilst we constantly review the service we provide, including the provision of Enhanced Access for our patients, we believe that the Walk-In Centre in Norwich provides an essential service for our patients, especially outside the hours that the Practice is open, and we strongly support the continuation of this service beyond 2024

I hope that this is helpful.

Kind regards

Simon

4. Humbleyard Practice

From: DEGGS, Rose [HUMBLEYARD PRACTICE] <rose.deggs@nhs.net>
Sent: 21 February 2020 07:48
To: hawes@nhs.uk (NHS NORFOLK AND WAVENEY ICB - 264) <hawes@nhs.uk>
Subject: Providing General Practice Services in Norwich

The Practice would like to voice our concerns regarding NHS WICs proposal for how general practice services could be provided in Norwich when the current contract expires in March 2021.

The points we would like to raise are as follows:

- If there are no third/valid points from this consultation and the current contract is not being renewed, then it is not clear why a consultation of this nature is necessary.
 - No credible argument has been put forward as to why this service needs to be restructured, you have already stated in Option 1 that this is your preferred option, but equally cannot provide any details of how this would operate because you have not finalised the details. The expectation being that the public should make an informed decision.
- A lot of focus is being given to Norwich Practices, however, we are the largest practice in South Norfolk with a rapidly growing patient list and rely on the WIC for the inevitable overflow of same day appointments. Your proposal in no way explains what will happen to those patients who are of Norwich City centre who cannot access same day appointments due to capacity issues.
 - The Humbleyard Practice is currently 5000 patients over capacity, this is likely to double in the next 4-5 years according to NHSW estimates from. We do not have the practice or resources to cope with the demand currently and this seems unlikely to change in the near future. We are the largest user of the WIC in South Norfolk and the reason for this is clear. Closure of the WIC, with no viable alternative for us to support patients to, will result in Humbleyard being completely overwhelmed immediately following the closure. We are generally full by 12:11pm every day and I am sure this is true of many practices in the suburbs who equally use the WIC. The ICB needs to clearly lay out its plans as to how this demand will be met if they do not want to see both primary care and the same day service provided by NHSWIC completely fail.
- How will patients access same day care outside core hours.
 - The consultation appears to be that this is a duplication of the PCN GPs for extended hours. This is untrue and misleading. Extended hours offer patients the opportunity to be seen outside normal core hours, but does not offer same appointments. There are generally no emergency appointments but pre-bookable routine appointments. Removal of the extended hours provided by the WIC will again result in the Humbleyard being completely overwhelmed with patients who will have more waits on the day hours. At a time when ambulances cannot offload patients to the ED due to the numbers waiting, no one, why does the ICB see removing an Out of Hours option for patients as a step forward in improving patient care. The ICB will waste valuable time bringing patients who should not be using their service in the first place.
- The information contained in this consultation leads me to believe that the ICB are out of touch with the pressures faced by their care. Closure of the WIC will only further jeopardise our ability to recruit and retain staff.
 - The pressure the closure of the WIC will have on the service we can provide will be huge. When patients are unable to get an appointment in a timely manner they often become frustrated and abusive. We see this every day and this is when we have the option to step up to the WIC. This is a tremendously difficult period for recruitment of administrative staff. This support services will only anger and frustrate patients further and this will inevitably be taken out on the front desk. In all likelihood this will have a detrimental effect on our ability to recruit and retain staff. We cannot run a service without the support of administrative staff.

Rose Deggs
Practice Manager
The Humbleyard Practice
Completed, Redwood & Milborne Gardens
Gorsey Lane
Norwich
NR4 6LS

5. St Stephens Gate Medical Partnership PPG

Provide your feedback on the options outlined in this consultation

Using the information provided above and in combination with your own knowledge and views, we would like your feedback on the following questions:

1. Are you giving feedback as an individual or are you representing someone else (e.g., someone you care for, a friend, group, or organisation)?

- ☒ We are representing someone else (please say who)
- St Stephen's Gate Medical Partnership Patient Participation Group (SSG PPG)
- We note from a letter from Norfolk and Waveney ICB (14 February 2023) to Alex Stewart, Cllr of Hethersett Norfolk: "We have also worked with local media outlets, patient participation groups and stakeholders to proactively spread the word about the consultation, with a clear view that people can take part both on and off-line. As a highly active Norwich PPG, we are disappointed and surprised not to have been consulted."

2. Please tell us your thoughts about Option 1

- Option 1: Keeping the arrangements as they are, i.e. SSG PPG's preferred outcome

What do you think are the advantages?

- The WIC is good value for money.
- It is open extended hours, into the evening and at weekends, beyond GP practices already extended current working hours and complementing them.
- It has the support of the CQC who rated it good (The category 'Responsive' was 'Outstanding').
- About 33% of people who use the service are not registered with a Norwich GP - where will they be seen? The danger is that many will go to A&E instead. GP practices are already working to capacity and it is difficult to see how they could absorb this work. Thus, it is difficult to know how these appointments would be accommodated.
- The WIC is in itself a valuable complement to GP and A&E services, even if not recognised explicitly as an NHS policy 'key' feature as the survey suggests. It provides a different form of service. It serves a different need. This is part of its success to be measured including in the stories patients tell about their positive experience.
- It appears to be government thinking: In response to a PMQ from Chloe Smith (MP for North Norwich), Neil O'Brien (Parliamentary Under-Secretary of State for Primary Care and Public Health) said "My right hon. Friend is absolutely right: walk-in centres are a key part of primary care. We are looking at how they can do more, and I pay tribute to all the work they are already doing." Hansard, 7 March 2023.

What do you think are the disadvantages?

- Limited hours, not open 24 hours a day
- Location is central but not as accessible to periphery of Norwich
- Parking is not easy
- We do not see benefit in closing the WIC.

3. Please tell us your thoughts about Option 2.

- We do not have enough information to comment on Option 2. There is only a general indication of what reallocated funding from closure of the WIC would be used for.

4. Please tell us your thoughts about Option 3, which we think is most appropriate?

- We do not wish to see the closure of the WIC and believe Option 1 is the most appropriate.

What do you think are the advantages?

- Any advantages to be identified are dependent on how WIC funding is reallocated, and this has not been revealed yet.

What do you think are the disadvantages?

- If you take the WIC away, what do we get in instead, considering it offers a distinctive service?
- We think the disadvantages of Option 3 (closing the WIC altogether) are the loss of all of the benefits that the WIC's distinctive provision brings that do not and will likely not happen elsewhere. Furthermore, plans for reallocation as explained in the survey seem misguided and not feasible in our view.
- I see it as a recognised good service (by the CQC), valued by so many of its users, the open extended hours, into the evening and at weekends, beyond GP practices already extended current working hours and complementing them; and with it, it's good value for money: it's service to some 33% of people who are not registered with a Norwich GP.
- The cover paper ('Providing general practice services in Norwich.pdf') for this survey identified six areas of greatest deprivation to which funding saved by closure of the WIC may be reallocated. While we welcome plans to address health inequalities, at the same time we do not want to see the WIC close.
- Vulnerable people who currently use the Walk-in Centre such as homeless persons, asylum seekers and refugees, will be disadvantaged further with the closure of the WIC.

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5. Do you understand how we intend to look after patients who are currently using the WIC? If No, what questions do you have?

☒ No

If No, please let us know what questions you have:

- We do not know how to answer this usefully because the extent of funding that would be released and what the funding would be reallocated to has not been revealed.

6. Do you think that some individuals or groups are more likely to be more positively or negatively affected than others if Option 3 is taken forward? If yes, please say how?

☒ Yes

If Yes, please say how:

- We hope disadvantaged people in the identified underserved areas would be positively impacted although we feel that accomplishing this will take a much bigger initiative than one limited to reallocated funding from WIC closure (and at the expense of greater pressures on other practices and A&E).

7. Do you have additional ideas or suggestions on how the healthcare capacity associated with the Norwich Walk-in Centre could be reshaped so that it offers more equal access for all Norwich residents, help meet growing local demand for general practice services, and support resilience of general practices in Norwich?

- This is difficult to say without considering more funding for services. We would have been pleased to know the ICB's plans/ideas in more detail.

8. Are there any other options you would like us to consider?

Not answered.

Help us to shape how health services are delivered locally

We need your help in shaping where and how NHS Norfolk and Waveney and practices in Norwich PCN work to deliver healthcare to patients in the greater Norwich area now and in the future. Please tell us about your experiences and preferences around general practice services through the questions below.

- As a PPG, we cannot respond to any but Q5 and Qs12-14 in this section, which mostly depend on individual circumstances. What we can say is that as patients, if we have a medical query, we want to be seen appropriately. That being fulfilled will largely set the conditions of our preferences and feelings about our experiences.

9. Have you used any of the services described above within the last 12 months? Please tick all that apply:

- ☒ The Walk-in Centre - several of our members have used though not all in the last 12 months

10. How far would you be willing to travel for a pre-booked general practice service appointment? Not answered.

11. There are lots of important factors that influence your preferences for accessing general practice services. Please select the top 6 most important factors to you from the list below. Not answered.

12. What is the most important consideration for you when you need to access general practice services, and why?

- That if we have a medical query, we are seen appropriately.

13. Are there any barriers that make it difficult for you to get general practice services when you need them?

- Availability of staff.

14. Of the general practice services you have used before, what was it about them that worked well for you?

- Consensus of the PPG is a practice responsive to urgent needs, and thus responsive appropriately, including, we said during lockdown, remaining open and available.
- High quality of motivated staff.

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6. Norfolk and Norwich University Hospital Trust

<div data-bbox="215 398 319 436"> </div> <div data-bbox="387 394 762 439"> <p>Norfolk and Norwich University Hospitals NHS NHS Foundation Trust</p> </div> <div data-bbox="233 470 330 488"> <p>24th March 2023</p> </div> <div data-bbox="233 497 411 560"> <p>Ms Sadie Parker Director of Primary Care NHS Norfolk and Waveney ICB (By email)</p> </div> <div data-bbox="550 472 734 582"> <p>Chief Executive's Office Norfolk and Norwich University Hospital Colney Lane Norwich NR4 7UY Website: www.nnuh.nhs.uk Telephone: 01603 267 420 E-mail: sam.higginson@nnuhs.uk</p> </div> <p>Dear Sadie,</p> <p>Re: Initial response to NHS Norfolk and Waveney consultation: Providing general practice services in Norwich.</p> <p>Please accept this letter as the Trust's initial response to the ICB consultation on the provision of general practice in Norwich. We request the right to submit a full and formal response following publication of the public response to the consultation.</p> <p>We focus this response on the Walk-in Centre element of the consultation on the understanding that the GP Practice and the Inclusion Health Hub of the Vulnerable Adults Service are not in scope for change and will continue as currently commissioned.</p> <p>The Trust's preferred option would be for the Walk-in Centre to remain in place per all existing arrangements.</p> <p>It is the Trust's considered opinion that the ICB's preferred option of closure of the Walk-in Centre represents a significant and material risk to the function of the Emergency Department and associated front door services. We do not believe that this issue can be seen singularly from a primary care perspective and should be considered alongside likely UEC implications.</p> <p>From the information that the Trust receives from the Walk-in Centre, we understand that the service saw over 74,000 patients in 2022/23. This is significantly more than pre-pandemic numbers. While the majority of presentations are no doubt suited to primary care commissioned alternatives such as enhanced or extended GP and pharmacy services, there is a real risk that patients will not select these alternatives should the Walk-in Centre close.</p> <p>We are aware of anomalies in reporting and case mix data that make quantifying real term impacts of the closure of the Walk-in Centre difficult. However, given the enduring pressure front door services are experiencing, even a small percentage of patients choosing the Trust over commissioned alternatives will have a disproportionately detrimental impact on patient care and the positive experiences of staff and patients.</p> <p>Finally, acknowledging the changing landscape around the commissioning of walk-in centres and their purpose, we feel that one important option that is not considered in the consultation is the development of the existing service.</p> <div data-bbox="248 1196 724 1218"> <p>Our Values People focused Respect Integrity Dedication Excellence</p> </div>	<div data-bbox="833 398 936 436"> </div> <div data-bbox="1005 394 1380 439"> <p>Norfolk and Norwich University Hospitals NHS NHS Foundation Trust</p> </div> <p>Thank you for considering our initial response to this public consultation. We look forward to understanding the outcome of the consultation and continuing to work with you and partner colleagues in the coming months to achieve the right outcome for patients.</p> <p>Yours sincerely</p> <div data-bbox="877 604 917 660"> </div> <p>Sam Higginson Chief Executive</p> <div data-bbox="868 1189 1340 1211"> <p>Our Values People focused Respect Integrity Dedication Excellence</p> </div>
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7. South Norfolk Council

<div data-bbox="571 344 780 412" data-label="Image"> </div> <div data-bbox="571 423 705 512" data-label="Text"> <p>South Norfolk Council Thorp Lodge 1 Yarmouth Road Thorp St Andrew Norwich NR7 9DU</p> </div> <div data-bbox="239 546 328 562" data-label="Text"> <p>Date: 13/03/23</p> </div> <div data-bbox="239 591 312 607" data-label="Text"> <p>Dear Tracey,</p> </div> <div data-bbox="239 624 718 687" data-label="Text"> <p>I am appreciative of the opportunity to share my Council's viewpoint, and on behalf of our residents on the consultation concerning the Rouse Road Walk-in Centre (WIC), the GP Practice and the Vulnerable Adults Service. The WIC itself offers the invaluable option of minor illness and injury support to anyone who needs it.</p> </div> <div data-bbox="239 698 724 826" data-label="Text"> <p>Whilst we support the evaluation work being done to ensure our residents' money is spent in the most efficient way possible providing the best quality and accessible health care, we find the information for the recommended option insufficient. We are told the WIC is operating at a financial loss and led to believe option 3, which is aligned with national NHS aims, is the best route for our local population. However, we are not informed as to how this would actually produce an equivalent or better service or outcome. On this note, we'd like to take the opportunity to add our concerns to those already vocalised from other local authorities, GPs, patients, hospital staff, and paramedics.</p> </div> <div data-bbox="239 837 729 934" data-label="Text"> <p>The formation of the Norfolk and Waveney Integrated Care System has been a really exciting progression in the way health and wellbeing is approached, giving more significance to those impacting the wider determinants of health. We have been enthused by the way a variety of organisations have come together to drive this shift. Having said this, the option to close the Walk-in Centre seems to go against every aim laid out by the Integrated Care System:</p> </div> <div data-bbox="258 945 729 1061" data-label="List-Group"> <ul style="list-style-type: none"> - Improve outcomes in population health and healthcare. It is difficult to understand how patient outcomes will be improved through the closure of the Walk-in Centre or Rouse Road GP practice. With over 70,000 residents being treated at the WIC in the last 12 months it is clear that the accessibility and inclusivity that it offers is vital for the needs of our communities. Furthermore, feedback from Norwich and wider GP practices is that the WIC helps to improve patient access to healthcare by providing a safety net to help them meet on-the-day </div> <div data-bbox="239 1077 493 1133" data-label="Text"> <p>Hours of opening: Monday to Friday 8.15am to 5pm Text phone: 01508 533622 Out of hours service: 01508 533623 Freephone: 0800 155 2000</p> </div> <div data-bbox="239 1140 489 1160" data-label="Text"> <p>www.southnorfolkandbroadland.gov.uk</p> </div> <div data-bbox="472 1162 517 1184" data-label="Image"> </div> <div data-bbox="651 1081 729 1126" data-label="Image"> </div> <div data-bbox="624 1137 729 1160" data-label="Image"> </div>	<div data-bbox="876 396 1366 512" data-label="Text"> <p>demand and improve resilience by providing additional capacity to practices experiencing absence or other workforce pressures. The struggle our residents face in getting a GP appointment is ever increasing, and option 3 does not give details of where this resource would be distributed. Residents tell us their 111 calls often result in being sent to the WIC, and therefore with the absence of details in option 3, we do not see how this will help the current situation, and cannot support this as the recommended option.</p> </div> <div data-bbox="852 526 1366 927" data-label="List-Group"> <ul style="list-style-type: none"> - Tackle inequalities in outcomes, experience, and access. The open access that the WIC offers enables communities who may feel more marginalised such as refugees and asylum seekers to get the medical attention they require. This is an increasingly rare opportunity in an ever-worsening world for already vulnerable people. Furthermore, having the option of the WIC for people who live chaotic lives and would struggle to make or attend pre-booked appointments, or do not have access to booking systems this option is crucial for enabling them an equal chance to live happy healthy lives. We feel very strongly about reducing inequalities as our frontline staff see and hear the health inequalities experienced by our populations daily. - Enhance productivity and value for money. As a crucial part of the Integrated Care System, we are encouraged to see the growing consideration to being increasingly efficient and creative with diminishing resources. However, in a time where GP appointments are increasingly hard to come by, and the pressure on emergency care services is evident, the consultation does not help us understand how the removal of these community services will prevent putting even more pressure on a system that has already hit crisis point. - Supporting broader social and economic development. Peak usage time of the WIC is between 12-1pm, with a high usage at 7-9am. This demonstrates the access to primary and community care it offers our residents who are working or in full time education without impacting on their productivity. Taking this away reduces their chance to equal opportunities to quality health care. </div> <div data-bbox="831 940 1366 1010" data-label="Text"> <p>For our residents, the Walk-in Centre provides critical support when they or their loved ones are in need. With planned housing growth, this need will only increase. Therefore, for the health and wellbeing of our residents, and the lack of alternative options detailed, we can support no other option but keeping all current services open.</p> </div> <div data-bbox="831 1023 984 1059" data-label="Text"> <p>Yours Sincerely, Councillor Alison Thomas</p> </div>
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8. Heathgate Medical Practice

Heathgate Medical Practice

The Street Poringland Norwich NR14 7JT
Telephone 01508 494543
Email: mail.heathgate@nhs.uk
www.heathgatemedicalpractice.nhs.uk

Partners: Dr Tony Ames, Dr Daniel Wallase, Dr Amy Prosser,
Dr Eleanor Barton, Dr Jonathan Millard and Dr Garry Whiting
Salaries: GPs: Dr Kathryn Rivers and Dr Mervyn Llewellyn

Communications and Engagement Team
NHS Norfolk and Waveney ICB
County Hall
Martineau Lane
Norwich
NR1 2DH

21st March 2023

Providing General Practice Services in Norwich Public Consultation and Engagement Norwich Walk in Centre, Vulnerable Adults Service, Inclusion Hub, and GP Practice on Rouse Road

This response is made to the public consultation and engagement referred to above, specifically the future of the Norwich Walk in Centre.

We are aware that South Norfolk Healthcare CIC, the GP Provider Organisation in South Norfolk has responded to the consultation with a generic view but our response here is more specific and carries the views of all six Partners at the Practice.

The ICB consultation document has inference around the Walk in Centre providing General Practice Services to the people of Norwich and surrounding areas. It is important to remember in your final decisions on the consultation that the Walk in Centre is a service offered without boundary. Locally, Countywide, and even Countrywide.

Your paper refers to 27% of patients using the Walk in Centre in the year cited, as being registered with GP Practices outside the 23 Norwich Practices (including the Rouse Road Practice). This equates to circa 1,530 patients a month, 18,360 a year, from other Practices outside Norwich.

The supporting ICB paper that our colleagues at the ICB has circulated to Practices brings more granularity to that figure, suggesting an increase in

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use from patients registered with South Norfolk Practices from 13.7% to 17.2% in the last year.

The data pack shows there is clearly a geographical link between the proximity of the Walk in Centre to where the greater number of service users reside and the Practice at which they are likely to be registered. It is not surprising to note that the highest number of patients using the service in the South are from the Humbleyard Practice, the closest Practice and the furthest from the Practices furthest away in Thetford. Our own Practice is less than 5 miles (20 minutes door to door) to the service, and we are showing as the fourth greatest user in terms of weighted population.

There are other noticeable trends that suggest the highest percentage of attendees from South Norfolk Practices are at weekends, with over 40% of total attendances across a week on Saturdays and Sundays. The proportion by hour, is a misleading slide as whilst it shows the greater attendance between 10am and 12noon, this is not broken down by day so could be largely weekends rather than in hours attendances when Practices are open.

There appears to be an interesting (some may say logical and expected) correlation between the use of the Walk in Centre, the use of the out of hours service, 111 and attendance at Accident and Emergency Departments. For example, our patients use of the Walk in Centre may be in the upper quartile of the data set, but our use of 111, OOH and Accident and Emergency are at the other end of the scale.

With this, one of the most obvious questions to ask is the effect on the other services if the Walk in Centre were to close. This of course applies to the patients in Norwich as well as South Norfolk. The Walk in Centre currently provides an appropriate alternative for General Practice Services rather than the inappropriate use of OOH and A&E services, which would be potentially swamped if the service were to end.

In fairness to this response, we have challenged ourselves on the provision and capacity we offer patients. This we feel is relative to our patient population, prevalence of disease and the split between routine and same day need care, provided on the telephone, in person and via digital solutions. We do not feel our service levels are influencing or directly shaping our patients use of the Walk in Centre but that they are using the service as an alternative, particularly at weekends to GCH, 111 and A&E. We also have a large working population, that may find using a service within their working day in Norwich, a more appropriate and convenient option to meet their healthcare need.

We do though recognise that when Practices experience capacity issues, such as during the recent Step A challenge, patients are made aware of the other health care options open to them, which at the present time fits with the remit of the commissioned service.

It would be interesting to see data on the reasons for presentation at the Walk in Centre. Is this held? Are the reasons for presentation appropriate

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for General Practice Services rather than OOH and A&E. If so, then there is the risk that these services will be approached inappropriately for such if the Walk in Centre closes and patients are looking for alternative solutions for their perceived need.

The consultation document refers to national Enhanced Access changes and Community Pharmacies offering more services than they used to. There is a misnomer here as the Enhanced Access service offered by most Primary Care Networks is in the majority of cases, offered in accordance with the service specification as pre-booked appointments, with little additional capacity left to manage same day need. They offer specific clinics such as cervical screening and phlebotomy to patients that benefit from appointments at the weekend and earlier and later in the day.

Community Pharmacies are struggling and opening hours in some areas have reduced. The local WELL Pharmacy here in Poringland is only open over a weekend for 4 hours (Saturday's 9am to 1pm).

Digital solutions to healthcare have their place but this is not the preference of those patients attending the Walk in Centre at present, which from your own data in the consultation paper is just under 70,000 a year.

Patients' expectations for healthcare services we recognise is a growing challenge. There is an 'Amazon' ethos amongst many, of click now and get it straight away! That is a wider challenge for all of us, whether we are at the front line in General Practice, PCN members, ICB colleagues, Regional Teams or National Healthcare Leaders. The messaging to patients about their expectation needs to be via a core national message about self-care and personal responsibility, working jointly with healthcare professionals and until that core message is delivered, understood and change is seen, patients will still expect the current level of response/access, including that from the Walk in Centre.

This proposal without a real alternative to manage the current demand for services is of real concern to us. It may not be in line with NHS Policy or a key feature of NHS policy, but the demand is there and is real. The alternatives that are sighted in the paper are not realistic for the reasons mentioned above.

In terms of value for money. The paper suggests this model of care no longer provides such. Without seeing the financial considerations here, it is difficult to comment but the cost and resource to manage the existing 70,000 patients (presentations) a year through other routes, including 111, OOH and A&E, would be a much greater sum and a wholly inappropriate spend.

The paper suggests that patients are unclear about the role of the Walk in Centre. This could be managed by a re-commissioned service which includes a contract requirement to educate/signpost patients as to the appropriate/alternative service for their need. Time taken at the point of contact is vital, or nothing will change.

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In terms of the Walk in Centre service specifically, we feel that option one is the only current option but with the inclusion of some clearer built-in agreements with the provider around education and signposting of patients on expectation and appropriateness of attendance.

We strongly feel that the closure of the service in the current climate when Primary Care is experiencing unprecedented demand on services is irresponsible and will place at risk several other services that will not be able to absorb the demand from patients.

In terms of the other component parts of the consultation, the ICB should commission a Vulnerable Adults Service to support those with more complex needs. Healthcare should be available to all and if there is a bespoke service, crafted appropriately to engage these patients, then that should remain.

In terms of the GP Practice at Rouse Road, we are unsure of the logic of not re-commissioning this. Where is the capacity in the Norwich area for 10,300 registered patients (larger than your average GP Surgery in England). The Practice is now one of the regular features in the landscape of Primary Care providers in Norwich.


Please take our comments in a constructive way and we look forward to hearing the overall view from the public on your consultation.

Garry Whiting

Garry Whiting
Managing Partner
On behalf of the Partners
Heathgate Medical Practice

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9. Attleborough Surgeries

<p>PARTNERS Dr Tom Fry Dr Helen Byrne Dr Peter Reed Dr Paul Roebuck Dr Simon Vassour Dr Maria Chirba Dr Laura Chambers</p> <p>PRACTICE MANAGER: Mrs Lucy McLean</p> <p>7th March, 2023</p> <p>FAO: Tracey Bleakley Chief Executive Officer NHS Norfolk and Waveney ICB County Hall Martineau Lane Norwich NR1 2DH</p> <p>Dear Tracey</p> <p>Attleborough Surgeries – Walk In Centre Consultation Response</p> <p>I am writing on behalf of the practice regarding the consultation about the future of the Walk In Centre, Raven Road Practice and the Vulnerable Adult Service.</p> <p>The main area of concern for us is the walk in centre and the future provision of services to manage on the day demand should it close.</p> <p>As you will be aware, the WIC was commissioned as part of the Darzi review to provide a same day service to anyone who attended, not just those registered with a Norwich Practice. Although we have, as a Practice, invested heavily in providing a same day service, the WIC is still used by our patients who work in or visit the city and also those who attend it out of hours or are advised to attend by 111. However, in its current location it is not a viable option for many patients as a result of the times the WIC is actually available, the queuing arrangements and the lack of transport options many of our patients experience. Therefore the Practice provides most of the same day capacity for our patients.</p> <p>It would disadvantage our patients should the WIC close and a service developed as a result only cater for the needs of Norwich registered patients. The proposed outcome would also continue the inequality of funding and provision for patients and Practices like ours who have provided a same day service for their patients and not had the benefit of a WIC on their doorstep.</p> <p>The consultation document and questions are in our view not fit for purpose – the focus is on a predetermined solution which is vague and excludes key stakeholders such as our Practice.</p> <p>Our request would be that the ICB works with practices, and PCNs, to develop an urgent care strategy which looks at provision of same day general Practice capacity across the system and enables patients to access care in a timely way, closer to home. Investment is needed in Practice premises and staff to enable better provision – and not just in Norwich.</p> <p>/.....contd.</p>	<p>Please accept this as our response to the consultation.</p> <p>With best wishes,</p> <p>Your sincerely,</p> <p></p> <p>Dr Tom Fry Senior GP Partner</p> <p>On behalf of:</p> <p>Dr Helen Byrne Dr Peter Reed Dr Paul Roebuck Dr Simon Vassour Dr Maria Chirba Dr Laura Chambers</p> <p style="text-align: right;">(This document is the property of NHS Norfolk and Waveney ICB)</p>
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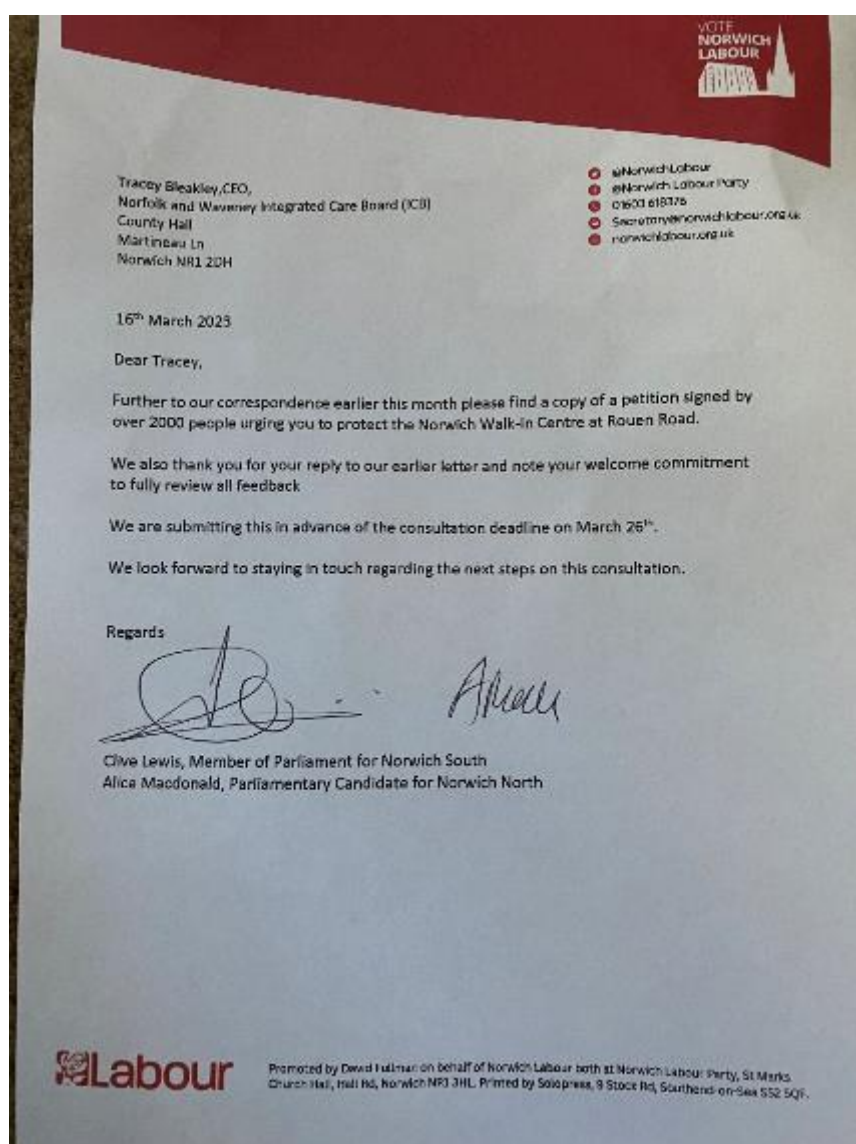
10. Petitions

An online petition to “Save Norwich Walk-In Centre” was created early in the consultation period through Change.org to support keeping the Walk-in Centre open:
<https://www.change.org/p/save-norwich-walk-in-centre>.

As of 27th March at 12.45pm, the petition had received 7,830 signatures. 361 comments have been posted on the website in support of the Walk-in Centre and why it should remain open.

A petition to ‘Protect Our Walk-in Centre’ was submitted to the ICB by the Norwich Labour Party on behalf of Clive Lewis, MP for Norwich South and Alice McDonald, Parliamentary Candidate for Norwich North. The petition contained 94 signatures collected on petition sheets, and a hard drive with another 2,000 signatures.

A copy of the covering letter is provided below.



11. Letters from MPs and Healthwatch Norfolk



@NorwichLabour
 @Norwich Labour Party
 01603 618376
 Secretary@norwichlabour.org.uk
 norwichlabour.org.uk

FAO Tracey Blake ICB CEO: CONSULTATION ON THE FUTURE OF THE NORWICH WALK-IN CENTRE

Dear Tracey,

We are writing to you regarding the current consultation on the future of the Norwich Walk-in centre, the Vulnerable Adult Service and the GP practice on Rouen Road. We wish to express our objection to the two proposals which would result in the closure of the Walk-in centre. Since the consultation has been announced, we have been contacted by residents across Norwich and beyond who are deeply concerned about the negative impact this would have.

We believe a false choice is being set out - people in Norwich should not have to choose between the promise of improved GP services or continuing to have a Walk-in centre. We need both.

The reasons we are objecting include:

1. **NEED:** The Walk-centre is a vital service used by thousands of people all across Norwich, providing on average 5,666 appointments a month.
2. **IMPACT ON THE NHS** As independent reports have set out, the Walk-in centre helps relieve pressure on other parts of the NHS including Accident and Emergency and GP practices. At a time when NHS waiting lists are at record level and many people are struggling to access GP appointments, closing the Walk-In centre would have a significant detrimental impact
3. **EQUALITY:** We have yet to see the equality impact assessment on the proposals set out – we note an EQIA has been done on the consultation itself but this is not enough. Voluntary organisations are telling us that this would have a terrible impact on some of the poorest and most vulnerable people in the city. Many people who are not registered with a GP rely on the centre.

We also have concerns about the consultation itself. As Healthwatch has pointed out the consultation is shorter than normally required and accessing the consultation will pose difficulties for many including those who have little or no limited access.

We also do not believe the consultation provides adequate evidence for the basis on which these proposals have been made and would ask you to respond to the following questions:

1. Has an evaluation been done of the impact on other parts of the NHS – notably A&E and GP practices if the Walk-In centre is closed? If so, please provide this.
2. Has an Equality Impact Assessment been carried out on each of the options, if so, please provide a copy of this?
3. What does the third option of providing services in a 'different way' mean and what evaluation has been done of how this would provide the same service provision to the thousands of people who rely on the centre?



Promoted by David Fullman on behalf of Norwich Labour both at Norwich Labour Party, St Marks Church Hall, Hall Rd, Norwich NR1 3HL. Printed by Solopress, 9 Stock Rd, Southend-on-Sea SS2 5QF.

We have copied the Secretary of State for Health and Social Care to this letter and also seek a long-term assurance directly from the Government that Walk-In provision will be maintained in Norwich.

Regards

Clive Lewis, Member of Parliament for Norwich South
Alice Macdonald, Parliamentary Candidate for Norwich North



Chloe Smith MP
Member of Parliament for Norwich North
House of Commons, London SW1A 0AA



Chloe Smith MP
Member of Parliament for Norwich North
House of Commons, London SW1A 0AA

24 February 2023

Ms Tracey Bleakley
CEO
NHS Norfolk and Waveney (ICB)
By email

Dear Tracey

Re: Consultation into GP services at Rouen Road

Thank you to your team for meeting me recently, to take me through your plans for the future of the GP services, the Vulnerable Adults Service and the walk-in centre (WIC) located at Rouen Road in Norwich.

As indicated during the meeting, I am writing to provide my official feedback to your GP Services consultation which launched on Tuesday 24 January 2023.

My office received an embargoed copy of your consultation on the evening of Monday 23 January, and I published your consultation to my website on Tuesday 24 January 2023 supported by social media posts to encourage participation. This news came as much as a shock to me, as it has my constituents.

Concerns about pressure on primary care

Firstly, we all want to see improvements in primary care, because too many constituents tell me that they are concerned they can't get a GP appointment when they need one.

However, having conducted my own constituency research throughout November and December 2022, constituents' main healthcare concern is accessing a GP. With no prior knowledge of the proposal to review the Rouen Road collection of services, feedback from my constituents indicates how valuable the walk-in centre is in meeting an urgent need, when a constituent is unable to access a GP appointment quickly enough. Quite simply the walk-in centre is a lifeline for patients.

Your own data corroborates the high level of footfall at the WIC. You will have already received opposition to the plans, and a petition to save the walk-in centre has garnered over 6,300 signatures to date.

So, I am concerned that the timing of your suggestion to close the walk-in centre will only compound pressures on primary and urgent care. Constituents have told me that they fear that local A&E services will suffer with increased attendance as a consequence of closing the walk-in centre. You have told me your views on that fear, and I would be interested to know wider sector views.

Constituency Office:
Norwich, 01603 449750 and chloe@chloesmith.org.uk
Website: www.chloesmith.org.uk

What are the views of the Norfolk and Norwich University Hospital on your proposals, particularly in relation to closing the walk-in centre?

What views have been received from the wider primary care network in Norwich to your consultation?

You have said that your data indicates that patients are using the walk-in centre to meet the unmet demand for GP appointments, which chimes with the feedback that I have received from constituents. I have asked for your assurances in your modelling of the future size of GP patient lists, which I appreciate may vary by practice, but is helpful in recognising GP workloads.

Is it your intention to grow GP patient lists across the city? If so, please specify.

How many residents of Norwich are not currently registered with a GP?

I am equally concerned at how you propose to re-distribute the funding across Norwich's existing GP practice network, at a time when practices are not fully delivering GP appointments within 2 weeks. Given the footfall into the walk-in centre, and your view that the walk-in centre is being used for GP services:

What proportion of the 6,000 plus appointments per month are for clinical time that would routinely fall into the remit of a GP practice?

You said that patients are experiencing difficulty with identifying the correct 'front door' for their needs. More may need to be done to encourage the use of NHS 111, and otherwise to direct patients to the right service, at the right time for their needs, but simply removing one of those 'front doors' seems unlikely to be a common-sense way to achieve this.

What steps will you take to encourage people to use the right NHS help, beyond the proposals in your consultation that could remove the walk-in centre?

I am always mindful of some elderly and disadvantaged constituents who find accessing GP services is a challenge where GP practices have encouraged a 'digital first' approach. Those constituents benefit from the simplicity and accessible service offered by the walk-in centre. People who already struggle to use services should not be further disadvantaged in the pursuit of streamlining healthcare services or re-balancing need.

What considerations have you made for patients without the means to access services digitally?

I have asked for reassurance of an out-of-hours GP service, and have been told me that this is unchanged. An out-of-hours GP service must remain accessible for constituents.

I recognise that you feel that the city has unmet and increasingly varied needs in respect of healthcare. Aside from a heat map provided in appendix 1 of your consultation document, there does not appear to be any further detailed information on the varied needs of the local population.

Constituency Office:
Norwich, 01603 449750 and chloe@chloesmith.org.uk
Website: www.chloesmith.org.uk



Chloe Smith MP
Member of Parliament for Norwich North
House of Commons, London SW1A 0AA



Chloe Smith MP
Member of Parliament for Norwich North
House of Commons, London SW1A 0AA

What specific health inequalities are you actively seeking to address?

Is change to the GP services contract and closure of the WIC at Rouen Road, the only means by which to achieve this?

What services are you expecting to offer to visitors and traveller communities?

What other work is taking place to address health inequalities?

Whilst GP recruitment is increasing, more progress needs to be made in growing and retaining the GP workforce, and therefore I would be keen to understand:

What are your plans as an ICS, to further expand the workforce locally and attract more healthcare professionals to work and remain in Norwich and Norfolk?

Concerns about the consultation

The Eastern Daily Press reported on the consultation on Monday 13 February, that it had "emerged that of the more than 5,000 people who have tried to take part in an NHS survey over the issue, just 1,600 completed the process." When we met, your representatives characterised this as an opportunity for people to finish the consultation. I am concerned at the suggestion that around two thirds of the individuals who had made an attempt to complete the survey were in some way unable to, and I'd be interested to hear your response and more detailed evaluation of reasons for non-completion.

Healthwatch Norfolk have commented on the accessibility of the language used in the survey and consultation document, and having reviewed the consultation pack, I share those concerns and question the accessibility of the published consultation communications. I would be most grateful if you would provide me with a copy of your response to Healthwatch's concerns.

I am surprised at the lack of financial data contained within the consultation, which suggests that no cost-benefit analysis has been conducted on the three options contained within the proposal. I would be interested to have sight of your financial assessments for each proposed option, if they have been carried out.

I have profound concerns that you are expecting the public to try and conceptualise a meaningful service in option 3, that you yourselves have not yet fully scoped. You will be aware of the Gunning principles that govern public consultation, and I would be grateful for your assurance of how you believe option 3 can support "intelligent consideration". At the moment, my constituents tell me they have real concerns that a vital service will simply be withdrawn, and they have not yet received reassurance of what will replace it, or if they will be able or eligible to access it.

Finally, I would be interested to know what case studies you have examined across wider Integrated Care Systems and Primary Care Networks where the closure of a walk-in centre was under consideration.

Constituency Office:
Norwich, 01603 449750 and chloe@chloesmith.org.uk
Website: www.chloesmith.org.uk

What examples of healthcare innovation and efficiency have you explored?

What patient care outcomes and actual benefits to the community can you identify?

Conclusion

I have had to campaign on behalf of residents repeatedly over 15 years in Norwich North against attempts to close walk-in centre services. They are popular and helpful and have served thousands of Norwich people over many years. When A&E and GP services are under particular pressure, it is hard to believe that the proposal is made once again to stop a simple way for people to see a doctor when they need to.

The creation of Integrated Care Systems was designed to improve the health outcomes of a population, by bringing together the key players across primary care, the Local Authority, and partner organisations, with a view to increased collaboration and better health outcomes for patients. I need to be further convinced that the removal of a well-used, OOC-rated 'good', seven-days-a-week, walk-in facility will improve patient care for my constituents.

I believe you need to do much more work to set out a more specific third option so that the public can take a proper view. I also want more reassurances on all the points made in this letter, and by others in responding to your consultation.

Please be advised that I will be publishing this response on my website.

I look forward to receiving your response in due course.

Yours sincerely,

Chloe
The Rt. Hon. Chloe Smith MP
Member of Parliament for Norwich North
Email: chloe@chloesmith.org.uk
Tel: 01603 414 755

Constituency Office:
Norwich, 01603 449750 and chloe@chloesmith.org.uk
Website: www.chloesmith.org.uk



Date: 3rd February 2023

Dear Tracey,

Re: Consultation in relation to the Norwich Walk In Centre (WIC)

I am writing formally to express Healthwatch Norfolk's concerns about the way in which the formal consultation is being conducted. Healthwatch Norfolk (HWN) considers that the Integrated Care System (ICS) is breaching statutory guidance that has been issued by the Department of Health and Social Care in conjunction with NHS England.

In the statutory guidance that was issued on the 4th July 2022, NHS and the DHSC structured the guidance around 10 principles:

1. Centre decision making and governance around the voices of people and communities.
2. Involve people and communities at every stage and feed back to them about how it has influenced activities and decisions.
3. Understand your community's needs, experiences, ideas and aspirations for health and care, using engagement to find out if change is working.
4. Build relationships based on trust, especially with marginalised groups and those affected by health inequalities.
5. Work with Healthwatch and the voluntary, community, and social enterprise sector.
6. Provide clear and accessible information.
7. Use community-centred approaches that empower people and communities, making connections to what works already.
8. Have a range of ways for people and communities to take part in health and care services.
9. Tackle system priorities and service reconfiguration in partnership with people and communities.
10. Learn from what works and build on the assets of all health and social care partners – networks, relationships, and activity in local places.

As statutory guidance, you will be aware that this means that ICS's and trusts must have regard of the guidance and, where appropriate, be able to explain any substantial departure from it.

Additionally, the ICS also must effectively demonstrate due regard for the following:

- Equality: The Public Sector Equality Duty of the Equality Act 2010
- Health inequalities: The National Services Act 2006
- Social Value: Public Services (Social Value) Act 2012

HWN understands that when service contracts are coming up for renewal it is appropriate to consider options that may be available, and indeed, should be considered. That said, the 'Legal Duties for service change: A guide' first published in August 2019 states:

- Very biased survey without any information about what the third option alternative might be "in a different way" P 21
- P2 of the document refers to extensive engagement work and conversations (June 2022) with local people and clinicians. We are aware that about 100 people responded to a survey but have never been provided with an analysis. Do you think that this response now provided the ICS with a credible statistical reach?
- P5 refers to users of the WAS being transferred to a GP Surgery after 6 months – Is the ICS able to evidence that this actually happens?
- P11.2nd bullet point refers to duplication of service – what is wrong with duplication if both services are being fully utilised?
- Spurious and factually incorrect reference that the WIC is only used by Norwich residents – a heat map demonstrates that this centre is used by residents from all over the County.

Subsidarity – there is repeated reference to the preferred option being in line with current NHS policy with no real exploration of why/when this is and whether the reasoning applies in Norfolk. Our understanding of the role of the ICS is that it provides services tailored to meet the needs of its local communities, thereby recognising that national drivers may not be optimal or even applicable. The ICS surely has a duty to push back to the Centre rather than kowtowing just to assuage NHS's demands.

The Consultation document is very biased and steers people towards the ICS's preferred Option, i.e., Option Three. However, there is scant information as to what Option Three is. Should any residents consider seeking a judicial review, the ICS would potentially look both best and probably subjected to substantial legal costs – is that really an appropriate use of public money in these times of austerity?

To conclude, I am providing you with a flavour of language that is being used in emails that we are receiving on a daily basis, all of which are saying pretty much the same thing: the comments have lifted verbatim from the text received with all identifiable information redacted:

Resident A

"... I am finding the questionnaire and its options very contradictory and am wary of selecting the wrong option. I am afraid that the proposal of the closure of the walk in centre on Rouen Road is in the pipeline. I have used this facility when one Saturday I discovered something which I thought should be looked at by a doctor and knowing that to try to get a doctor appointment would be useless. I received wonderful treatment and follow up from a lovely doctor at the centre and because of her care it has all been satisfactorily followed up with an appointment at a clinic at the NVAU.

The walk-in centre has over 2000 appointments at a time when trying to see a GP is increasingly difficult and a long wait too. Unfortunately illnesses do not conform to 9-5 working hours Mon-Fri!"

I agree that extending walk-in centres is a good idea with the positioning of them making good access from all parts of the surrounding areas. Rouen Road is very central to the city with patients who need to travel by bus or indeed having mobility issues.

All this talk about more clinics, since leaving the EU, seems to be a far cry as the NHS seems to be under more strain than before. Long term planning and foresightedness needs to be in place and not short term fixes to balance the financial books!

"Early involvement with diverse communities, local Healthwatch organisations, patient groups and other local organisations is essential, as well as engaging NHSI where appropriate. This will give early warning of issues likely to raise concerns in local communities and gives commissioners time to work on the best solutions to meet those needs" – *At no point has any member of your team consulted with HWN on this matter.*

Further assurance processes that the ICS is expected to apply are the four tests of service change, which are:

- Strong public and patient engagement
- Consistency with current and prospective need for patient choice
- Clear, clinical evidence base
- Support for proposals from clinical commissioners

I am unable to comment on the latter two tests but consider that there has been a lamentable disregard for the first two tests.

HWN understands that when consulting for substantial change to services, there is a duty to have a consultation period of 12 weeks. The consultation period for this activity is approximately 8 weeks. Additionally, the consultation papers have to be made available in Easy Read and where appropriate, provision for language translation has to be made accessible along with braille, talking library etc. Despite HWN having made representation to the ICS Comm and Engagement Team, this requirement has not been met. Whilst I understand that residents can access a translation from the ICR website, it is very unclear as to how this can be achieved. I have also checked and there has been no Easy Read documentation made available on the ICR website since November 2022. Bearing in mind that this represents a significant group of individuals who are already marginalised, we consider this to be a breach of the Equality Act.

Similarly, it is expected that residents will both access the consultation proposal and respond online yet 50% of Norfolk and Waveney's population does not have any access to digital media. We accept that whilst there is a recognition that people may need to have a paper copy, there is also an expectation that they will have to visit the WIC to obtain such a copy. This demonstrates a patent lack of understanding or accommodation of the many varieties of users that the WIC deals with on a daily basis.

The Consultation Paper

HWN has a myriad of concerns in relation to the way in which the Consultation Paper has been "constructed". I have highlighted a number of our concerns below:

- No reference to any economic evaluation of cost savings to A&E departments across Norfolk
- No reference to the value to patients from outside of Norwich using the service
- Spreading equivalent funding across Norwich GP practices can never be able to provide same level/quantity of service provision to so many people
- Idea of WIC not giving continuity of care ("Ongoing relationship" P 6 last paragraph of document) not a credible argument as never likely to see same GP at your own practice anyway and service provision is moving away from that model.
- Transient people will be further disadvantaged
- Previous CCG (Norwich) tried extending GP contract hours into evenings and weekends but it had very limited take-up (Enhanced Access)

Better management would save a lot of money and leave essential services in tact for the benefit of patients".

"*Out of curiosity, HWN contacted the WIC to see if a more accurate figure could be provided as to the number of patients utilising the centre. In December the centre saw 7032 and in January 6835. The cumulative total for a 12 month period was 78,125 which equates to 6521 per person. Even with an enhanced service provision, neither the primary nor secondary care system would be able to cope with this demand.

Resident B

The language is not accessible

A high level of literacy is required to be able to understand the information provided and answer the linked questions (as warned from the consultation when children's centres were closed that the average adult reading age in many parts of the city is 11 (and lower in some places).

The questions appear to lead the responder to a preferred option. There are not enough open ended questions to allow people to talk about their experience of what works / what doesn't.

What is the basis for a 'claim' that if the walk-in centre was closed that access to GP and other services would be improved – the challenges with workforce recruitment and retention will not be addressed, to give one example

I trust that you will agree that the whole approach of this consultation on this very important facility used by thousands of patients every month is somewhat flawed and does not meet the required standards, therefore suggesting that the ICS needs to go back to the drawing board.

HWN will as with all its statutory notices be posting this letter on its website.

As the statutory partner that is responsible for holding the system to account on behalf of Norfolk residents I would be grateful for a formal response within 21 days as set out in the Health and Social Care Act 2012.

I look forward to receiving your considered response.

Kind regards,

Alex Stewart

Alex Stewart

Chief Executive

Healthwatch Norfolk

Tel: 01953 856029

Email: alex.stewart@healthwatchnorfolk.co.uk

Date: 20th February 2023

FAO: Mark Burgis

Executive Director of Patients & Communities

NHS Norfolk and Waveney Integrated Care Board

Via Email

Dear Mark,

Re: Norwich Walk in Centre Consultation

Further to Tracey's letter of the 14th instant, I am following up to yourself, as requested, further concerns that have become apparent because of her response.

Firstly, can I thank your team for providing such a comprehensive response. On reflection however, Healthwatch Norfolk feel that there are a number of issues within the responses made which conflict with other information that neither yourself nor Tracey may have been aware of prior to sign off.

In my original letter, I stated that Healthwatch were unaware of any engagement that had been arranged even though the response indicates that we were fully briefed in advance. I have illustrated this by providing you with copies of the emails received set out in the appendix one.

We heard nothing after Paul's last email dated 15th December 2021 and were not informed of any decision to go out to tender for this piece of work. Healthwatch recognise that there are organisations that may be better suited to undertaking commissioned engagement activity and will, where possible help them fulfil their role. However to say that Healthwatch were invited to tender and failed to win the work is what I would consider to be an exceedingly inaccurate statement! Where was the tender advertised and who was invited to apply?

I would also call into question the public engagement exercise which was open for just 18 days (8th - 26th June)

I understand and agree that legislation does not stipulate how long a consultation should run for however, the response letter refers to "...length of consultation is proportionate to the issue we are consulting on". Could I have an explanation as to the ICB's definition of proportionality? Healthwatch has concerns about consistency in approach; failure to adopt any form of consistency renders the

public impotent and potentially enables the ICB to ride rough shod over public opinion.

However, and I repeat from my initial letter where I quoted from the Legal Duties for service change: A guide ...

"Early involvement with diverse communities, local Healthwatch organisations, patient groups and other local organisations is essential, as well as engaging NHSEI where appropriate. This will give early warning of issues likely to raise concerns in local communities and gives commissioners time to work on the best solutions to meet those needs"

Had such an approach been followed, I do not think that we would find ourselves in this state of impasse.

The response implies that Healthwatch was involved in a pre-launch consultation briefing. Assuming that this was the embargoed note that came out at 4.30pm on the eve of the consultation going live, then the response is correct. Do you consider that to be an appropriate means of communicating with the statutory patient body?

With regard to our concerns relating to the requirement for an easy read version to be made available, I feel that the response made is missing the point. The point I was trying to make was that the versions of easy read, translations, braille etc should have been available at the outset of the consultation not after Healthwatch pointed out where we considered that various legislative breaches subsequently had resulted.

We are aware that the request for a braille version has yet to be met. [We were copied into the request by the individual]. Whilst we welcome the fact that there is a version that can be spoken available to people who have appropriate technology online, we consider that the ICB remains poor in its efforts to provide a braille version more quickly - our research suggests that companies complete this facility of translation between 1-5 working days of receipt of the documentation. This has now been on-going for over three weeks.

We note and welcome the fact that a full Equality Impact Assessment has been published on the ICB website after the issue being raised in our initial letter.

Regarding the response relating to non digital users, I am completely flummoxed by the response. The response states that people can access a paper copy on request, using the contact details provided on the webpage! Which part of inaccessibility do members of your team not understand and what would they consider to be fundamentally wrong with that sort of response?

The response also stated that work had been undertaken with local media outlets, patient participation groups etc. Would it be possible to have sight of any such communications? We are surprised by this statement and should you wish, we can provide you with various email trails that would certainly call this into question.

The response relating to an economic evaluation of potential cost implications to A&E departments is an opinion. There are no facts or evidence of this opinion... "There should be negligible difference..."

Whilst I agree that the summary data outlines that 66% (2/3rd) of patients using the services emanate from Norwich based practices, 34% (1/3rd) do not. This is comparable to approximately 2000 patients each month who do not seem to warrant consulting and engaging with. Having spoken to a myriad of health professionals across the system, I would call into question the ability to ensure that excess demand could be covered through enhanced service provision.

As an aside, my team conducted a straw poll of their own general practice to try and understand what was or is available in terms of greater access to clinical time. All practices contacted listed their core hours - most of which were Monday to Friday. Some would only offer people appointments outside of these hours for specific services, e.g., diabetic checks. Most websites looked at were unclear as to what is potentially available to the public and many of them operated on a Monday, Wednesday and Saturday - unfortunately, people fall ill outside of these times.

From feedback we receive when out at practices, it's the on the day appointments which people struggle to get and are then directed to the walk in centre by the receptionist. The enhanced service appointments all appear to be pre booked appointments so are not replacing the need of a same day appointment which we know a lot of people use the walk in centre for.

The response references the Fuller Stocktake Report - my understanding of the report is that it outlines a new vision for primary care that reorientates the health and care system to a local population health approach through building neighbourhood teams, streamlining access and helping people to stay healthy. Whilst Healthwatch would wholeheartedly endorse this approach, I do consider we have to be realistic as to what we have at our disposal in terms of workforce across Norfolk and Waveney and to that end, do not consider that this would have any significant impact on the use of the Walk In Centre or its future.

The response spoke of "those who live more dynamic lives" - could this be translated for me please.

The response suggests that the consultation is an opportunity for public and wider stakeholder input to shape what services look like. Healthwatch would fully endorse this approach and welcome the laudable sentiment. However, the response fails to address our concerns that the survey is extremely bias in its approach and leads one down into a rabbit hole. Option three does not provide any options as to what would be provided and one is left with the feeling that it would be like turkeys voting for Christmas!

The response also states that initial findings were presented and discussed at a working group. To the best of my knowledge, no one from Healthwatch was represented on this group - and I would refer back to statutory guidelines. Similarly, the response states that the proposal was discussed in Part 2 of the

Primary Care Commissioning Committee. As you are aware, following the merger of 5 CCGs into one, Healthwatch were denied access to Part 2 although no reason has ever been provided as to why the change in heart. You will be aware that we have repeatedly requested access to this part of the Committee meeting and had this been granted, we would probably not find ourselves in this current position.

Finally, the response suggested that we are able to participate in the consultation. Unfortunately, due to the nature of the survey, we feel unable to answer the questions posed as there is insufficient ability to comment. That said, please take our formal letter along with this response to the letter kindly sent by Tracey as our response to the consultation.

I would also be grateful for a response to this letter which, along with the initial response will be published on our website. Please be assured that any names referenced in this letter will be redacted as well as their job titles.

I do not wish to enter into a game of "ping pong" but trust you will understand the gravitas that we attach to this issue.

I would also echo Tracey's final point; Healthwatch look forward to continue working with you as we continue to help people lead longer, healthier and happier lives.

With best wishes,

Alex

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