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Councillor Ged Clarke
Chairman, Health and Wellbeing Standing Committee
Nottinghamshire County Council
County Hall
West Bridgford
Nottingham NG2 7QP

*Richmond House
79 Whitehall
London
SW1A 2NS*

*Tel: 020 7210 3000
Mb-sofs@dh.gsi.gov.uk*

- 8 JUL 2011

Dear Councillor Clarke,

**REFERRAL FROM NOTTINGHAMSHIRE COUNTY
COUNCIL'S HEALTH AND WELLBEING STANDING
COMMITTEE "WALK IN CENTRES REVIEW"**

Thank you for your letter of 5 April 2011 in which you formally refer proposals for the Walk in Centres Review.

As set out in my letter of 4 May 2011, I asked the Independent Reconfiguration Panel (IRP) to provide me with initial advice on your Committee's referral.

The Panel has now completed its initial assessment and shared its advice with me.

A copy of the Panel's initial assessment is appended to this letter and the Panel will publish its advice on 8 July 2011 www.irpanel.org.uk

In order to make a decision on this matter, I have considered the concerns raised by your Committee and have taken into account the IRP's advice.

**Grounds for referral by Nottinghamshire County Council's Health
and Wellbeing Standing Committee**

Essentially, your referral was made on the grounds that:

The proposals are not in the interests of the health service. This is by virtue of insufficient assurance of adequate alternative services of the

same or grater quality being in place before the proposals are to be implemented. Further, the trust not taking into account the public interest communicated through the consultation.

I will now take each of your points in turn.

Proposals not in the best interests of the local NHS

As part of its initial assessment, the Panel has looked closely at the future of both Walk in Centres at Ashfield and Stapleford.

At the same time, it considered the important issue of the public's use of the overlapping of services, including the best use of local primary care services available to them.

The local NHS has sought to ensure where patients need to go for the most appropriate treatment, but at the same time has considered the need to offer county wide equity of access to these NHS services.

It believes the drivers for change are centred on getting the best use of services for patients across primary care.

Consultation

I understand full public consultation overseen by NHS Nottinghamshire County ran from 1 November 2010 to 9 February 2011.

I understand your Committee has been kept updated throughout the process and was briefed by the local NHS on 15 November 2010, 14 December 2010 and 18 January 2011 respectively.

On 24 March 2011, the PCT's board approved the decision to close both Walk in Centres in principle, subject to a detailed action plan being drawn up to address your Committee's concerns about public confidence in relation to access to local primary care services.

Initial IRP advice

Essentially, the Panel believes your Committee's referral is not suitable for full review.

However, the Panel believes your Committee has raised some key issues that must be addressed and I understand the local NHS is eager to resolve

these before any subsequent changes to the Walk in Centres are implemented.

Like the Panel, I support this approach and I too would encourage the PCT and your Committee to agree a process that will provide:

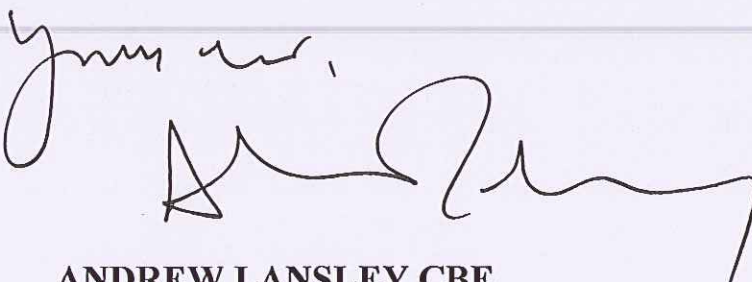
- clarity from the users' perspective about how enhanced primary care, better access to GP services and their local A&E departments will combine to match or indeed better what is currently on offer, both in normal hours and out of hours;
- implementation plans demonstrating the capability and commitment of the relevant providers (primary and secondary care), to deliver the proposed services to agreed standards;
- a comprehensive public communication programme; and
- effective evaluation of the changes and a process of review and amendment as required.

Conclusion

In line with IRP advice, I myself expect the local NHS to move to resolve the outstanding concerns your Committee has raised as part of its formal referral to me.

Finally, I am satisfied the IRP's advice is in the interests of the local health service and I hope your Committee will continue to work with local NHS partners in the best interests of patients.

I am copying this letter to Kevin Orford, Chief Executive, NHS North West and Dr Peter Barrett, Chair of the IRP.



ANDREW LANSLEY CBE

