

GP Out of Hours Service, Norwich Walk-in Centre, and Vulnerable Adults Health Inclusion Hub

**NHS Norfolk and Waveney Integrated
Care Board– Consultation Report**

June 2025

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Who we are and what we do

Healthwatch Norfolk is the independent voice for patients and service users in the county. We gather people's views of health and social care services in the county and make sure they are heard by the people in charge.

The people who fund and provide services have to listen to you, through us. So, whether you share a good or bad experience with us, your views can help make changes to how services are designed and delivered in Norfolk.

Our work covers all areas of health and social care. This includes GP surgeries, hospitals, dentists, care homes, pharmacies, opticians and more.

We also give out information about the health and care services available in Norfolk and direct people to someone who can help.

At Healthwatch Norfolk we have five main objectives:

1. Gather your views and experiences (good and bad)
2. Pay particular attention to underrepresented groups
3. Show how we contribute to making services better
4. Contribute to better signposting of services
5. Work with national organisations to help create better services

We make sure we have lots of ways to collect feedback from people who use Norfolk's health and social care services. This means that everyone has the same chance to be heard.

Healthwatch Norfolk completed this consultation report on behalf of NHS Norfolk and Waveney Integrated Care Board (NWICB). The NWICB is the commissioner for healthcare services in the region and are also responsible for the performance and financial management of the NHS services across Norfolk and Waveney.

Summary

This consultation report provides an independent summary of public and professional responses to proposed changes to three NHS services in Norfolk: the GP Out of Hours Service, the Norwich Walk-in Centre, and the Vulnerable Adults Health Inclusion Hub. Commissioned by the NHS Norfolk and Waveney Integrated Care Board (NWICB), the consultation was originally set to run from 3rd March to 25th May 2025. However, prior to its conclusion, the NWICB decided not to proceed with the proposed changes. Despite this decision, Healthwatch Norfolk chose to complete the consultation analysis to ensure that the voices of those who took part were still heard and respected.

Over 2,100 usable responses were received across two surveys, alongside input from local stakeholders and voluntary sector partners. Healthwatch Norfolk also conducted additional engagement sessions with adults in vulnerable situations, and frontline staff to capture views not easily reached through standard methods. Participants raised strong and consistent concerns about the impact of the proposed changes. In relation to the GP Out of Hours Service, most people opposed the suggested reductions in the number of service bases. They felt this would make urgent care harder to access, particularly for people living in rural areas, older adults, disabled people, and those without access to transport. Many feared that cuts would drive more people to A&E or emergency services, increasing pressure and delaying care. People also described the current difficulties in getting timely GP appointments, which reinforced the need for urgent services outside of usual hours. Some respondents found the survey produced by the NWICB to be confusing, with unclear wording and poor distinction between services contributing to misunderstandings about what was being proposed.

Feedback on the Norwich Walk-in Centre followed similar themes. Respondents emphasised that the service provides accessible, same-day care for people who cannot get a GP appointment and often cannot wait. Both options proposed by the NWICB—closure or reduced opening hours—were widely opposed. Participants believed these changes would limit access, increase waiting times, and lead to more people attending emergency departments unnecessarily. Some also expressed scepticism about whether the reinvestment of £750,000 or £1.5 million into GP practices would deliver real benefits. There was a strong sense that local GP surgeries were already overstretched, and that any reduction to walk-in care would leave patients with even fewer options.

The Vulnerable Adults Health Inclusion Hub was viewed by respondents as a lifeline for people experiencing homelessness, complex health issues, and social exclusion. Most responses favoured keeping the Norwich-based hub in place, rather than replacing it with a mobile outreach service. Users and professionals described how the fixed location offers continuity, trust, and ease of access for individuals who may lead chaotic lives, have poor digital or transport access, or find it difficult to engage with services that require appointments. Concerns were raised that a mobile model could result in vulnerable individuals being missed, disengaging from support, or falling through the cracks.

We made the following recommendations (full details of which can be found in the Recommendations section of this report):

- 1. Maintain the current number of locations for the GP Out-of-Hours Service.**
- 2. Maintain the current provision of service at the Norwich Walk-in Centre.**
- 3. Maintain the current provision of service at the Norwich location for the Vulnerable Adults Service Health Inclusion Hub.**

4. Consider renaming the Vulnerable Adults Service and producing a new logo.
5. Improve survey design and data collection methods.

Why we looked at this



Healthwatch Norfolk was requested to produce this independent report by the NHS Norfolk and Waveney Integrated Care Board (NWICB), in order to provide an analysis of both public and professional stakeholder responses to their consultation on proposed changes to the following services in the region: the GP Out of Hours Service (GP OOH), the Norwich Walk-in Centre (WIC), and the Vulnerable Adults Health Inclusion Hub (VAS Hub). The consultation ran from 3rd March to 25th May 2025, and the findings of the report were to be considered by the NWICB when making their final decisions on the proposed changes to the local healthcare services. However, before the consultation had finished, the NWICB decided against the potential changes to services in the region. Despite the consultation being closed early, Healthwatch Norfolk chose to produce a report based on the gathered feedback to ensure that survey participants had a chance to have their views heard.

The changes put forward for services in Norfolk and Waveney came in the context of the NHS's challenging financial position, both regionally and nationally. The NWICB estimated that there is a £280 million deficit in their local health services budget for the next financial year. Some of the reasons attributed by the NWICB in their supporting consultation document, to this deficit included:

- Higher inflation has led to medical equipment and supplies becoming more expensive.
- The task of providing health services in the large rural landscape of the Norfolk and Waveney region comes with additional costs.
- The general population are living longer, and have more health conditions as a result, which require NHS treatment.

(Norfolk & Waveney Integrated Care Board, 2025)

The GP Out of Hours Service, the Norwich Walk-in Centre, and the Vulnerable Adults Health Inclusion Hub were identified by the NWICB as areas where public money could be spent differently and potentially more efficiently.

Over time the GP Out of Hours Service has seen a reduction in the number of people being referred to a base. The number of people that were seen by the service has fallen from 55,000 in 2019 to 39,000 in 2024 (Norfolk & Waveney Integrated Care Board, 2025). According to the NWICB, data shows that the majority of people use the Norwich Walk-in Centre for health issues, such as chest infections, that could be treated by GP practices and community pharmacies. (Norfolk & Waveney Integrated Care Board, 2025)

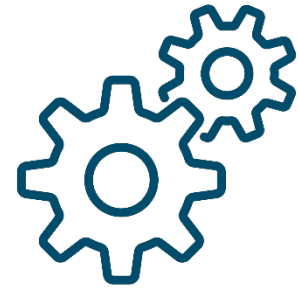
The NWICB designed and produced a consultation survey questionnaire and supporting informational documents for the proposed changes to the services previously mentioned. The supporting documents provided an overview of the current statistics on the footfall, and the various options put forward for each service. Healthwatch Norfolk and the NWICB also hosted various engagement events (listed in the next section) where members of the public could provide feedback to the service changes. From the consultation survey, the NWICB wanted to find out:

- What impact on members of the public and professional stakeholders would each of the proposed changes to services have.
- If the public or stakeholders had any other suggestions for how each service could operate in the future.

The feedback and results of the consultation survey and supporting engagement events are evaluated in the 'What we found out' section of this report.

Healthwatch Norfolk previously produced a body of work collecting views and feedback from members of the public and professional stakeholders on the Norwich Walk-in Centre in December 2022. The Walk-in Centre was facing the possibility of closure at the time and the issue received considerable attention from both the public and local politicians. This report can be accessed here: <https://healthwatchnorfolk.co.uk/wp-content/uploads/2023/10/Walk-In-Centre-final-report.pdf>.

How we did this



Methodology

The focus of the NWICB's consultation was to gather feedback and views from members of the public and professional stakeholders on the proposed changes to various services in the region. In this instance, professional stakeholders included local NHS providers; voluntary, community and social enterprise (VCSE) organisations; and GP practices.

Survey creation

The NWICB designed two surveys relating to the consultation, the first focusing on the GP Out of Hours Service and the Norwich Walk-in Centre, and the second related to the Vulnerable Adults Health Inclusion Hub (VAS Hub). A copy of the surveys can be found in the appendices. Healthwatch Norfolk advised that it would be beneficial to have separate surveys, so as to ensure that the feedback from those who use the VAS Hub wasn't obscured by other members of the public who weren't familiar with the service. The designed surveys were inputted into the web-program SmartSurvey- a digital survey tool used by Healthwatch Norfolk for survey creation and distribution. Both surveys were open to responses from the 3rd of March to 25th May 2025 and were available in both print and digital form, with paper copies and a collection box for the GP OOH/WIC survey being set up at the Walk-in Centre. Easy read versions of the surveys were made available, and Healthwatch Norfolk offered the option for respondents to complete the surveys over the telephone, should this be required. The surveys were open approximately a month longer than initially intended due to the local government pre-election period, which meant that communications and engagement events related to the consultation had to be delayed.

We received a total of 3,542 responses (both complete and incomplete) from the GP OOH/WIC survey, and 228 for the VAS survey. Once any partial submissions were filtered for their usability this provided the final number of responses for analysis as: 1,963 for the GP OOH/WIC and 137 for the VAS Hub.

Participant involvement and consent

To encourage people to take part in the survey and wider consultation, Healthwatch Norfolk and the NWICB developed a range of promotional materials, with a goal of reaching as many individuals and professional stakeholders as possible. These promotional materials were then distributed through social media posts, local press, the NWICB and Healthwatch Norfolk websites, and in the Healthwatch Norfolk newsletter.



Figure 1 An example of a social media post used to promote the GP OOH/WIC survey.



Figure 2 An example of a social media post used to promote the VAS Hub survey.

To try to widen participation and offer opportunities for those who may be digitally excluded, both the NWICB and the Healthwatch Norfolk team hosted drop-in sessions where paper copies of the survey were distributed, and feedback could be received. The drop-in sessions were:

- 2nd May – Alive Foodbank, Norwich, 10:00–12:00
- 7th May – Carers coffee morning, Cromer Hospital, 10:00–12:00
- 7th May – Digital Connect day, Norfolk Showground, 10:00–18:00
- 8th May – School Lane Surgery, Thetford, 10.00–12.00
- 9th May – Orchard Surgery, Dereham, 10.00–12.00
- 9th May – Wellspring Family Church, Dereham, 13:00–15:00
- 13th May – Holt Library, 10:30–12:00
- 15th May – Norfolk and Norwich University Hospital, 10:00–12:00
- 19th May – King’s Lynn Town Hall, 14:00–16:00 (Organised by NHS Norfolk and Waveney)
- 20th May – The Forum, Norwich, 17:30–19:00 (Organised by NHS Norfolk and Waveney)
- 21st May – Blyburgate Hall, Beccles, 12:00–14:00 (Organised by NHS Norfolk and Waveney)
- 22nd May – Sheringham Salvation Army, 10:00–13:00
- 22nd May – Making Sense of SEND, Bawdeswell Village Hall, 9:30–12:00
- 22nd May – Lowestoft Community Hub, 17:30–19:00 (Organised by NHS Norfolk and Waveney)

Vulnerable Adults Service Health Inclusion Hub Engagement

St Martin’s House (a homelessness charity in Norwich that offers housing, support and care) helped facilitate a number of engagement sessions with the Healthwatch Norfolk team to ensure that the people using the Vulnerable Adults Health Inclusion Hub had an opportunity to share their feedback on the proposed changes to the service. People were assisted by the Healthwatch team in answering the questions from the survey, with responses being recorded and then inputted into SmartSurvey. The dates and locations of these sessions were as follows:

- 19th May – The Hub, Recorder Road, Norwich
- 20th May – Bishopbridge House, William Kett, Norwich
- 21st May – Under One Roof, Westwick Street, Norwich
- 22nd May– Dibden Road Hostel, Dibden Road, Norwich
- 23rd May– St Martin’s House, Thorpe Road, Norwich

Norwich Walk-in Centre Staff Engagement

Staff at the Norwich Walk-in Centre asked for their feedback to be captured so an engagement visit from members of the Healthwatch Norfolk team on the 21st May was organised to enable this. Employees had their answers to the questionnaire recorded by the Healthwatch team and then inputted into SmartSurvey.

Survey data analysis

Both surveys relied on open-ended questions for the main sections of the questionnaires. As such, open-ended text responses were exported from SmartSurvey and analysed in Nvivo, a program for analysing qualitative data. A thematic analysis of these responses was carried out, with codes being assigned to the data in order to establish both themes and the sentiment of responses. This is expanded upon in the ‘What we found out’ section. Any comments used as direct quotes in this report have been left unchanged, this is to ensure originality. Any major grammatical or spelling errors will be marked with “[sic].”

Demographic data was also gathered and analysed. This allowed us to gain an understanding of the perspectives of the different groups of people that completed the survey and so we can better appreciate the varying needs of people in the Norfolk and Waveney region. This demographic data was gathered through closed-ended and multiple-choice questions, and the responses were analysed in Excel. Percentages in this report are rounded to the nearest whole number.

Formal responses

Healthwatch Norfolk and the NWICB received formal responses to the consultation from various professional stakeholders, including from District Councils and NHS Trusts. These responses were analysed and are included in the following section of the report; they can also be found in the appendices.

Stakeholder engagement

To ensure that voluntary, community, and social enterprise organisations had an opportunity to contribute to the consultation process, the NWICB hosted three online workshops on Microsoft Teams to capture the views of stakeholders regarding the Vulnerable Adults Health Inclusion Hub. The questions asked in the workshop were the same as those included in the survey to ensure compatibility with the overall consultation. Feedback was recorded, transcribed and shared with Healthwatch Norfolk for analysis. The online workshops were hosted on Microsoft Teams on the following dates:

- 14th May – 17:00–18:30
- 15th May – 14:00–15:30
- 23rd May – 11–15.30

Limitations

Communication & Consultation Rollout

While being aware for some time that changes to service provision were being considered by the NWICB, Healthwatch Norfolk was only approached about involvement in the formal consultation process once planning was well underway. This compressed timelines for both the consultation and subsequent report, in-turn, limiting opportunities for the thorough planning of engagement and analysis of survey responses. This was also compounded by the expected high levels of public engagement for these services.

There were shortcomings in the rollout of materials at the outset of the consultation period. Paper copies of the questionnaire and supporting consultation documents were not readily available at the Walk-in Centre site for several days after the opening of the consultation. To rectify this, Healthwatch Norfolk facilitated the delivery of paper survey copies, created posters, and supplied a post-box to collect completed responses.

The Easy Read version of the consultation supporting materials was not made available until the second week of the consultation period. Once the first version was produced, Opening Doors (a user led organisation in Norwich, run by people with learning disabilities for people with learning disabilities) asked Healthwatch

Norfolk for the contact details of the NWICB, suggesting that the initial version may not have been fully appropriate for its intended audience.

Survey design and structure

Throughout the design process of the survey, Healthwatch Norfolk raised concerns about the structure and clarity of both questionnaires. There was concern that the repetitive nature of the main questions would lead to survey fatigue and result in partially completed responses. Secondly, Healthwatch Norfolk proposed that the public be given the opportunity to put forward their own suggestions for the service changes.

The decision by the NWICB to use all open-ended text responses for the main section of each survey, despite Healthwatch Norfolk's advice to include multiple-choice questions presented challenges in generating quantitative statistics. This approach, while valuable for capturing qualitative insights, required significantly more time for analysis. These challenges were compounded by the short timeframe available for data processing and report production, as well as the high volume of responses received.

It was Healthwatch Norfolk's view, given that the consultation focused on separate services, that each service should have a distinct survey. This would help to reduce the risk of confusion and keep respondents engaged. While the NWICB decided to ensure that the VAS Hub survey was separate, the GP Out of Hours Service and Norwich Walk-in Centre were combined which caused misunderstandings for participants when completing the questionnaire (this is discussed in greater detail in the following section).

Engagement

Opportunities for in-person engagement organised by the NWICB were notably limited, with only four drop-in sessions across the county being offered to the public. There was also a lack of consideration around the availability of the Healthwatch Norfolk Engagement team who had to factor in outreach visits around other areas of work, something which could have been mitigated with earlier and more effective planning.

It was also apparent that the NWICB was not intending to engage directly with those who use the VAS Hub, despite these people being directly affected by the proposed changes and often unable to complete a questionnaire of this nature without assistance. As mentioned above, Healthwatch Norfolk carried out five in-person sessions to ensure their views were heard and included.

Similarly, Walk-in Centre staff reported that they had not been formally asked for their input during the consultation period. In recognition of the importance of their perspective, Healthwatch Norfolk organised a dedicated two-hour engagement session to capture their feedback.

What we found out: GP Out of Hours Service & Walk-in Centre

Who we heard from

We received 1,963 completed responses to the GP Out of Hours Service & Norwich Walk-in Centre survey. Please note that none of the questions were compulsory so the number of responses will vary by question.



The heatmap below displays where survey participants reside based on the first half of their postcode. As demonstrated by the map, we heard from people across a broad area of the county, but the majority of respondents were located in

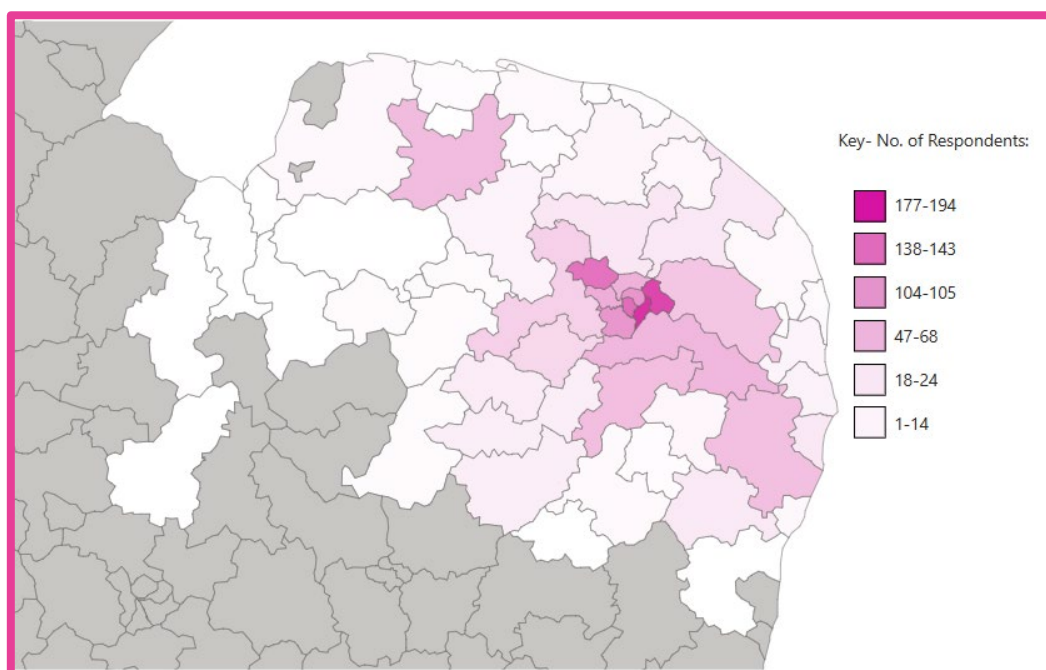


Figure 3 A heatmap displaying where the respondents of the GP OOH/WIC survey reside in Norfolk and the surrounding areas. The total number of usable responses for this question was 1,772.

Norwich and the surrounding areas, there was also a significant number of respondents to the South-East of Norwich, towards Beccles and Loddon (NR14).

Based on answers to each individual demography question, respondents informed us that:

- The majority were female, with 72% (1,314) of participants identifying as such.
- 89% (1,604) described their ethnicity as ‘White: English, Welsh, Scottish, Northern Irish or British’. For comparison, 94.7 per cent of Norfolk’s population were recorded as ‘White’ in the 2021 UK census (Norfolk Insight, 2024).
- 98% of respondents (1,749) had English as their first language.
- Of 1,715 respondents who answered the question, 234 people had a disability and 577 had a long-term condition. 294 people also identified themselves as carers.
- The most common way people had heard about the survey was through social media, with 41% (741) of respondents selecting this option.
- Over half of respondents had personally used the Norwich Walk-in Centre in the last 12 months (1,018), similarly over half of people (1,052) stated that they supported someone else to use the Walk-in Centre in that same 12-month period.

Most participants (60%, 1,052) were between the ages of 36–65. This was split fairly evenly between the 36–45, 46–55, and 56–65 age brackets, as shown in the pie-chart below.

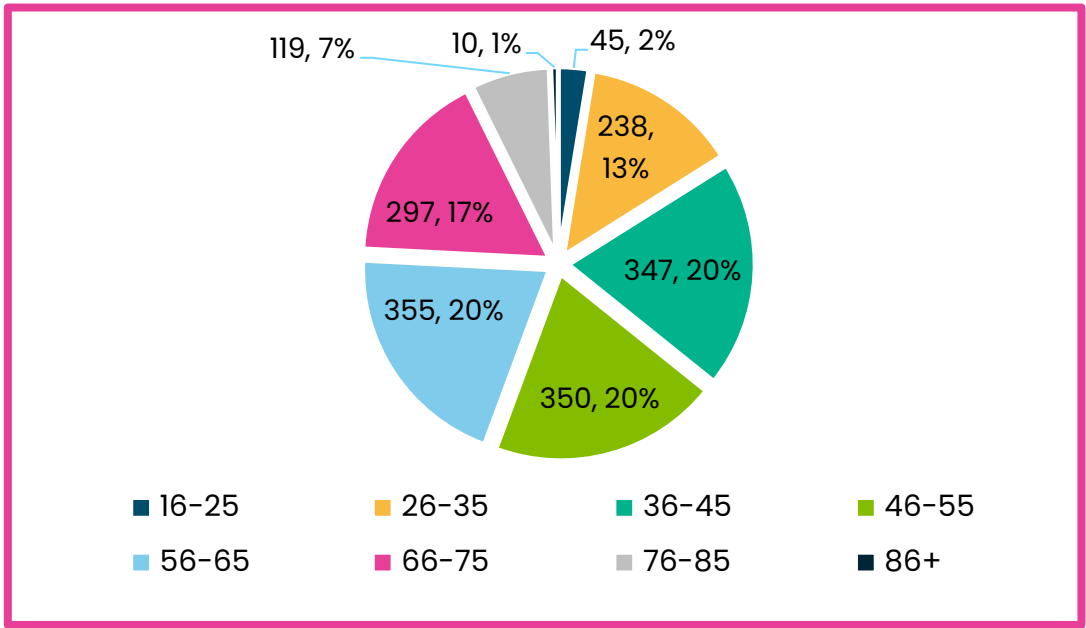


Figure 4 Pie chart displaying the distribution of age ranges within the survey population. Total responses for this question numbered 1,769.

Below can be found a series of graphs and charts that depict the demographic data, outlined on the previous page, in further detail:

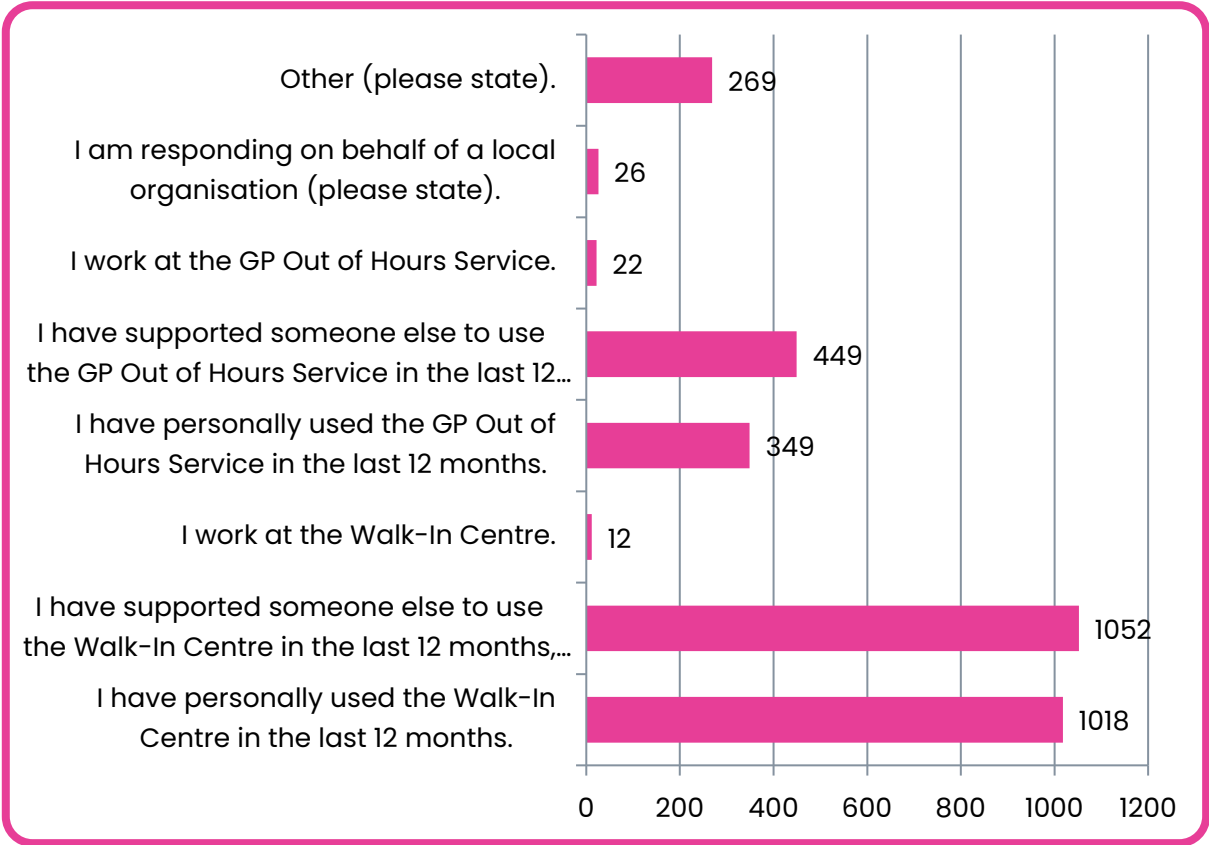


Figure 5 Bar chart depicting respondents’ relationships with the GP OOH and WIC. Total responses for this question numbered 1,875.

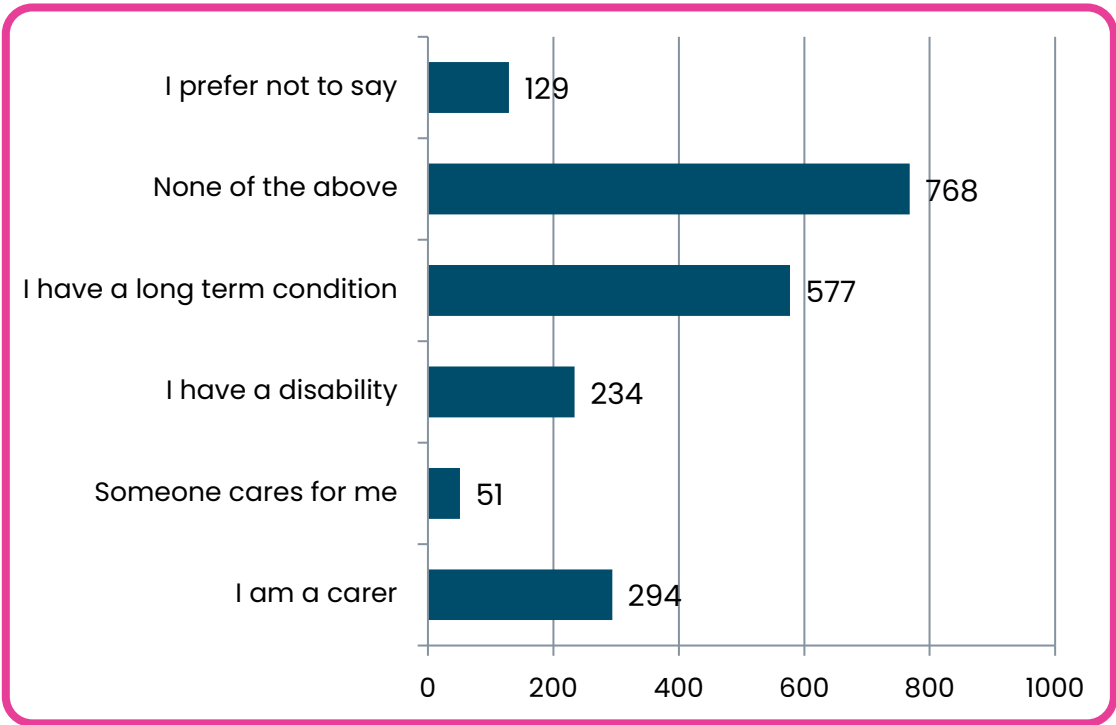


Figure 6 Bar chart depicting the number of respondents who identified as having a disability or long-term health condition etc. Total responses for this question numbered 1,715.

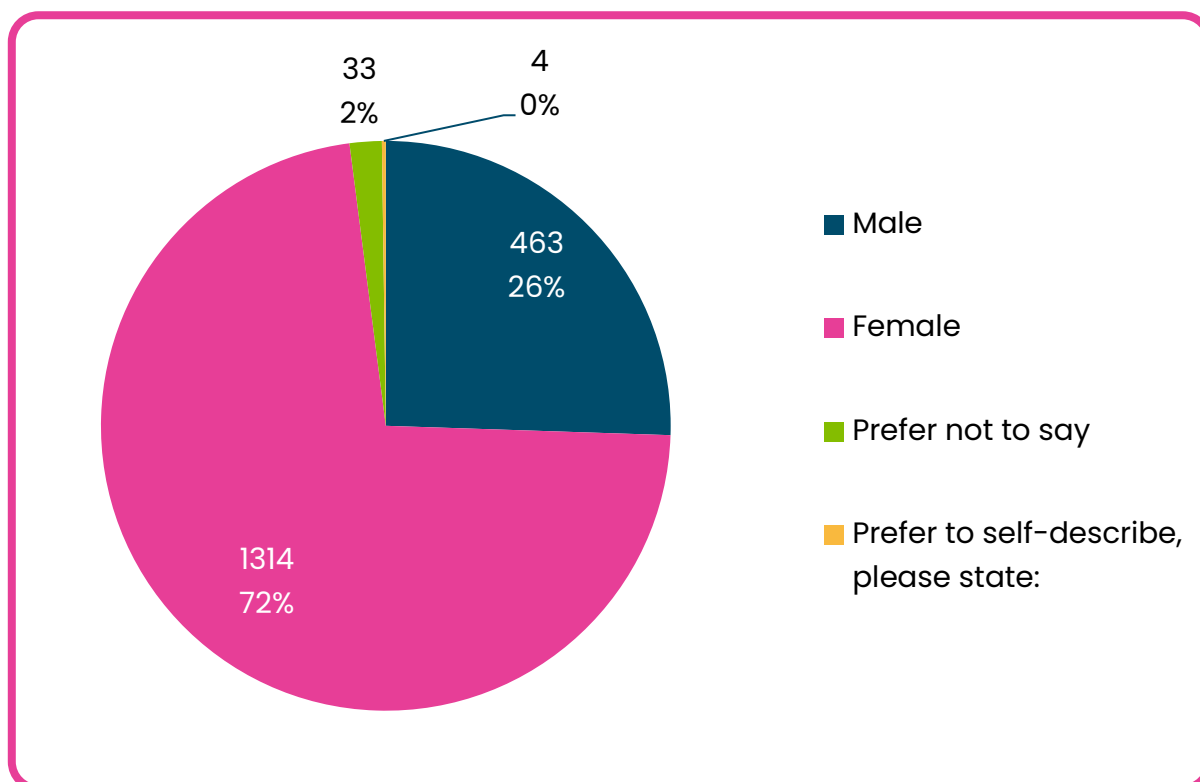


Figure 7 Pie chart displaying the distribution of gender statistics within the survey population. Total responses for this question numbered 1,814.

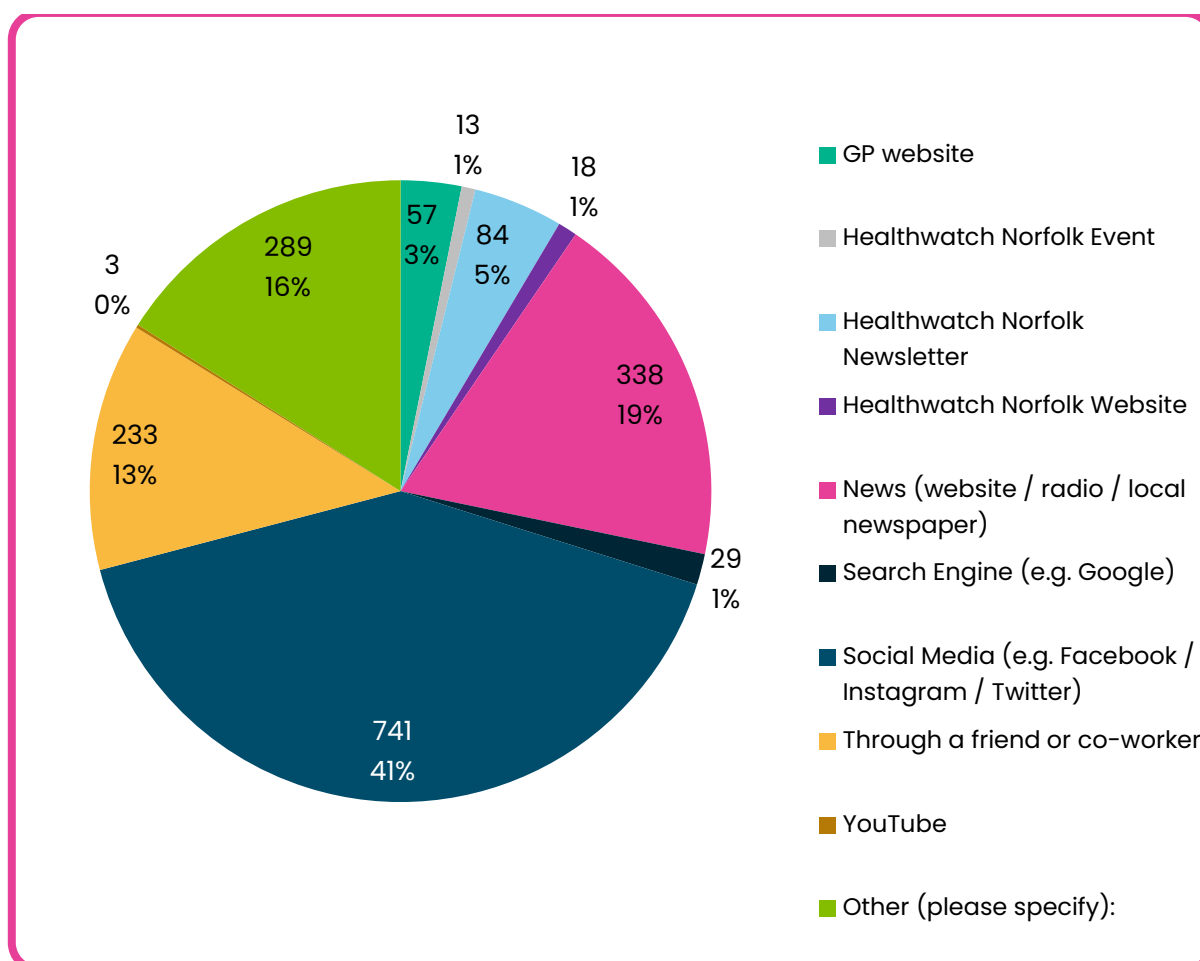


Figure 8 Pie chart depicting the breakdown of how respondents became aware of the survey. Total responses for this question numbered 1,805.

GP Out of Hours Service



This section sets out to explore the results of the GP OOH Service segment of the survey. Within this section, respondents were asked to detail what the impact of three separate options for proposed changes in the service would have on them as members of the public. There was also a follow up question, which gave people the opportunity to share any other suggestions that they had for the service.

The GP Out of Hours service provides patients with urgent access to general practice services when GP practices are closed (6.30pm – 8am, Monday – Friday, and all-day Saturdays, Sundays and public holidays). The service does not provide routine care; it is for people needing urgent treatment. The service is accessed by calling NHS 111. Through the GP Out of Hours service, people will be offered either: advice over the phone, a face-to-face appointment at a physical location with a clinician, or a home visit by a clinician. There are nine locations that the GP Out of Hours service uses across Norfolk and Waveney, where people can be seen face-to-face. (Norfolk & Waveney Integrated Care Board, 2025)

The options for the changes to the service were:

- **Option A – Reduce the number of locations for face-to-face appointments from nine to five during the week and six at the weekend.**
 - The question (3) asking respondents to outline the impact that this option would have on them received 1,542 usable responses.
- **Option B – Reduce the number of locations for face-to-face appointments from nine to three during the week and six at the weekend.**
 - The question (4) asking respondents to outline the impact that this option would have on them received 1,413 usable responses.
- **Option C – Reduce the number of locations for face-to-face appointments from nine to three.**

- The question (5) asking respondents to outline the impact that this option would have on them received 1,379 usable responses.

Question 6, asking respondents if they had any other suggestions for the future of the GP Out-of-Hours Service received 1,115 usable responses. The steady decline in responses to each option could be attributed to the wording of the questions and the free text boxes which may have led to response fatigue – this was also discussed in the limitations section.

Most respondents expressed that any changes to the GP OOH Service would have a negative impact on them with people citing a broad variety of reasons for this. Based on the responses to the three options, it was apparent that Option A was the most favoured of the three changes, however it was clear that none of the options were particularly appealing to participants. Option A was most desirable because it offered the least reduction in provision to the GP OOH Service. Due to the similarity and repetition of reasons for a negative impact being shared across the responses for Option A-C, we decided to provide an overview of the themes presented across all the options, as opposed to individually. The following section explores those themes in greater detail.

Key themes

Misinterpretation

As was previously mentioned in the limitations section there was evidence that, due to the design of the survey, respondents misunderstood the GP Out of Hours Service section. People misinterpreted the questions and assumed that they were referring to the Norwich Walk-In Centre instead, resulting in confusion. This was further compounded by the fact that the wording of the questions led participants to assume that reducing 'the number of bases for face-to-face appointments from nine to five during the week', for example, referred to the time in which the service was open; that being from 9am–5pm as opposed to the number of bases (locations) that the GP OOH service would operate from. As a result, a significant number of entries that made up the subtheme of 'opening hours' highlighted the misunderstanding around both the service in question, and the proposed changes to it:

I have a child and when I have used the out of hrs service it has never been between "9-5" you can never tell when someone is gonna need medical assistance putting a time limit on it seems a bit silly

Reducing the opening times of the Walk in Centre will only make queues longer and put additional pressure on A and E.

The service would no longer be truly "out of hours" as 9-5 does not even equate to core hours for a GP Practice.

Related to this issue, was that respondents felt that there was a lack of information about the proposed changes for them to be able to make an informed decision. This also resulted in people expressing frustration and confusion at the questionnaire:

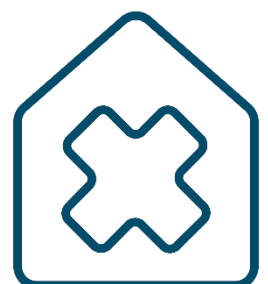
Depends on where the closures are going to be, not been told which hubs are closing. Half the information needed to make an informed decision

It would largely depend on how the capacity of those bases were affected. This is a silly question without making it clear what changes were being made to the total capacity.

Poorer service. None of these options are explained properly so you are making it difficult for us to respond.

Reduced Access



The most prominent theme/ reason that people cited for any of the proposed changes to the service negatively impacting them, was that it would reduce their access to healthcare. It was



perceived by respondents that any reduction of GP Out of Hours bases would be detrimental to their access to out of hours care and have an adverse effect on them. Within the theme of reduced access, participants voiced concerns around 'difficulty getting appointments', 'transport and mobility', 'increased wait times' and 'opening hours' although the frequency of this last subtheme was impacted by respondents misunderstanding the questions- as mentioned above.

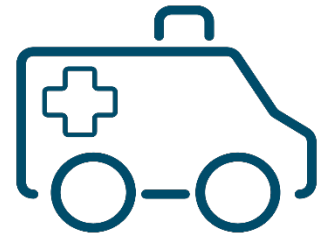
Difficulty getting appointments

It was apparent that there was a perspective shared by many people that accessing regular GP appointments, including urgent appointments, was already extremely difficult, and therefore any further reductions in access to services, including to the GP OOH service, would serve to only deepen the issue of access to primary care. One participant stated that *"Trying to get an urgent appointment with my GP is laughably difficult"*. Other people expressed that people utilise the GP OOH service and the Norwich Walk-In Centre due to the lack of appointment availability at their local GP practice. *"People use this as a way to actually get appointments as GP's... are almost completely unusable to the average worker"*, this also touches on the theme that people thought that the proposed investment into GP practices in the region would make a negligible difference to the provision of services – this is something that is discussed in greater detail later in the report. By reducing the out-of-hours service, people felt it would leave them reliant on GP practices that were seen to be under immense pressure.

 "It would have a detrimental effect. I have used this service for myself and my family numerous time over the years despite having a GP within walking distance they simply cannot cope with number of staff they have."

Transport and Mobility

Many people expressed that through the reduction of bases, those in need of care would have to travel further across the county to access it. This is exacerbated by the size and rurality of Norfolk. While those who have access to their own vehicle would find it easier to travel further afield to a GP OOH base, those who rely on public transport stated that this would be very challenging:



I would consider the service entirely unusable during the night or on weekends when buses are infrequent or do not run at all.

As noted in the previous quote, relying on public transport during the operational hours of the GP OOH service (late night and early morning) would be even more challenging. This situation is also likely to disproportionately impact individuals who are disabled or cannot afford their own vehicle: *“Poor transport links and having a disability would limit my ability to attend.”* People also raised concerns over having to travel long distances when feeling unwell, which could be dangerous and also increase stress on the patient.

A quote from a participant that relates to concerns around difficulty accessing GP appointments, as well as transport, serves to effectively capture the anxieties people expressed around reducing the GP OOH Service:



“This is the worst idea and will impact those who are vulnerable, unable to travel if more rural and those who are unable to get an appointment with their already overwhelmed GPs are going to be at risk. People will die. As a GP I am already working a 60 hour week and cannot physically work any more.”



It is worth noting that within the supporting consultation document the NWICB did acknowledge that for all proposed options for the GP OOH Service *“the biggest*

impact would be that some people would have to travel further if they were clinically assessed as needing a face-to-face appointment. We recognise that this would make it harder for some people to be seen, particularly for people that do not drive, have limited access to public transport or who are on lower incomes.” (Norfolk & Waveney Integrated Care Board, 2025)

Impacts on specific locations

The location of bases was mentioned frequently within respondent submissions, with people being concerned about having to travel further depending on where the bases remained operational, this was accompanied by some participants being unsure as to which bases would be kept open, as mentioned above.



None of the bases are anywhere near where I live. If I needed out of hours care I would need to ring for an ambulance.

Some people said that they expected there to be no impact on them, due to having a base remaining open regardless of which option was selected. This was particularly apparent for those who said they lived in or near Great Yarmouth, King's Lynn, or Norwich: *“As I live in Norwich, my local out of hours service wouldn't be affected by any of the options, so this wouldn't affect me.”*

Ambulance service worker's response to Q.5 of the consultation survey



Three bases across Norfolk is ludicrous! Norfolk has such a dispersed geography, having fewer bases will lead to health inequalities where those who live in towns/cities have better access to healthcare than those who live in rural areas. I work in the ambulance service and we already find more people ringing 999 or attending ED for primary care/ambulatory sensitive conditions at weekends and Bank Holidays – this will be made worse if access is made more difficult.



Beccles

Most notably when considering the location of bases for the GP OOH service, residents of Beccles and the Waveney area voiced concerns around the fact that all suggested options for the service involved the closure of the base in the town. People said that if the base was closed, due to the town's location, it would leave residents isolated with poor transport links and a long distance to travel to seek health care.

Some respondents also questioned the logic behind leaving the Lowestoft base open while closing the Beccles branch. People cited the supporting consultation document provided by the NWICB that showed that the Beccles branch saw over three times as many patients in 2024 as Lowestoft did (1,966 compared to 619 (Norfolk & Waveney Integrated Care Board, 2025)). Participants did not see the value in closing the Beccles base when it serves more people, in a rural area. One respondent highlighted the difficulties that may be faced by Beccles residents were the site to close:

Many have no car, many do not drive at night particularly older people, there is a lot of social isolation and poverty, The costs of taxis are prohibitive e.g. £60-£80 round trip say Beccles to JPUH base.

A member of staff who works at the Beccles GP OOH site described the effect that losing the base would have on themselves and their patients, highlighting the large area that the base covers: *"I live locally and although I am fortunate enough to drive many of the patients I see do not drive. We cover a large geographic area in Beccles base extending out to as far as Saxmundham, Rockland St Mary, Rumburgh, Haddiscoe, NR33 population when Lowestoft is shut. All the areas in between,"*.

Waveney resident's answer to Q.6 of the consultation survey

6

"It's vitally important to keep the out of hours service in Beccles running. For people in Waveney Health area who live in Suffolk, the journey to Norwich is over an hour one way. Beccles can be reached in 20 minutes. I can ask my neighbour to take me up to Beccles, but who can I ask to take up to Norwich and back? All I can do is call 999 and get an ambulance crew to attend, or else wait to call the GP when they open on Monday... and who knows if this is safe for me to do? This measure will put more pressure on the ambulance service, and not save money. It might also not save lives."

9



Increased wait times

By reducing the number of bases for the GP OOH, participants believed that they would not only have far longer to travel, but that waiting times once they had arrived at a site would be longer than previously experienced. People felt that by reducing the number of sites, while the demand for the service remains high, would lead to increased waiting times at the remaining sites.

It'd mean a longer journey to access the service, especially if one or more of the six bases closed happened to be close to me now. Additionally, it'd be a longer wait when at a base as the service would have been radically reduced.

Increase wait times massively for an already in demand service. This won't prevent people seeking help but it will restrict their access to it.

Pressure on services

While reduced access to healthcare was the primary reason cited by those participants who believed that the proposed changes to the GP Out of Hours Service would negatively impact them, the second most prominent reason was that people felt that it would place other services under more pressure. Such services included, but were not limited to, A&E departments across the county, the East of England Ambulance Service NHS Trust, and local GP practices.

Respondents thought that the GP OOH Service was a vital provider of urgent care that avoided people taking issues that were 'urgent' but not emergencies to A&E, as well as preventing people's conditions from worsening to the point where they needed to go to hospital. Faced with the scenario in which they couldn't access the service, respondents stated that they would have no alternative but to attend A&E:



"Any reduction in an already over-used service would cause further pressures on people in the system, both staff and patients. If I was desperate and unable to secure an appointment with a GP, I would then go to A&E as my only remaining option."



Similarly to their perspective of local GP practices, people perceived emergency departments in the Norfolk and Waveney region to be stretched to full capacity, and that by reducing the GP OOH service increased pressure would then fall onto the departments:

This would mean people struggling even more than they already do to get face to face appointments. It would mean people becoming iller and iller as they can't access appointments which leads to more strain on our hospitals

In relation to the theme of transport and mobility, some respondents stated that should their local GP OOH base close, they would be forced to call an ambulance for transport despite people considering the ambulance service to be under similar pressures to Accident and Emergency departments. Those who are immobile, live rurally, or don't have access to transportation will be more likely to rely on an ambulance to access care.

“Norfolk and Waveney occupies a rural geography with a vast spread in demographics. Assuming that all individuals will be able to travel 15+ miles to reach their nearest hub is unrealistic, and will result in a greater reliance upon emergency ambulance attendances (a service already unable to meet current demands).”

Paramedics and various members of the ambulance service provided their opinions on the suggestion to reduce the number of bases for the GP OOH, with one paramedic commenting on the current situation that the service faces: *“I often attend patients that could have easily been seen/picked up by ooh GP services ... yet they have been sent an ambulance”* while another staff member highlighted that *“inappropriate use of the service often is because patients state they are not able to get a GP appointment”* implying that were the service to be reduced, this would be exacerbated.

Children and vulnerable adults

When expressing their concerns about the negative impact that a reduction in provision to the GP OOH Service would have, many participants expressed concern not only for themselves, but also for children, the elderly, and those who had complex health needs arguing that they would be adversely affected by the proposed changes.





“The impact would be huge to myself and my family. I have complex health needs and so does my son. We have both uses the out of hours GP service several times and would be completely at a loss without this service running at the capacity that it does now.”



Parents also expressed the difficulty that reducing the service would cause in being able to manage their young children’s health needs, as well as the distress that would come alongside that. Participants highlighted that often children need to be seen face-to-face and do not have the patience and pain tolerance, unlike adults, to wait for long amounts of time to be seen. They also made the point that people, children included, do not always become unwell during office hours.

Reducing this would put young children at risk. I have personally used this service late at night on several occasions for my child when I have sought advice from 111. Please don't make it more difficult to access NHS health care.

A reduction in out of hours appointments would mean me taking my children to A&E more. Not only is that substantially more distressing to my children it also puts extra pressure on the N&N emergency department

Increased illness and stress

Linked to the themes of vulnerable people and reduced access, many respondents stated that the proposed changes would have a negative impact on them by causing increased stress when trying to access healthcare, and increased illness due to having to wait longer or being unable to access care altogether.



Closing bases in the region would lead to members of the public having to travel further afield and wait longer to receive medical treatment and advice. For those who cannot travel easily, such as those who are immobile or elderly, this would cause increased stress and anxiety when having to deal with an already emotive issue. Dividing the demand for the service between fewer bases is likely to also increase pressure and stress on members of staff working within the service as well as those in other branches of the health service such as A&E and the ambulance service.

It would make it extremely difficult to access an out of hours service when required, and it would cause needless anxiety when I need to see a GP but will worry that I won't be able to see anyone.

People also felt that by reducing the number of bases for GP OOH care, that it would take parents longer to get their children seen by a medical professional causing increased stress:

When I had young children, I needed to use the out of hours services occasionally unexpectedly. Children can become rapidly, unexpectedly very unwell. I recall driving in the snow to take my children to appointments far away and then having to travel even further to get the prescribed medication. Making that even harder would put some children, especially those on low income at risk.

Funding & Money

Many respondents believed that the savings made by reducing the number of bases for the GP OOH Service would either be negligible or cost the NWICB more money than they were spending on maintaining the bases. People believed that a reduction in the service bases would result in more A&E admissions which would be costly.





Again this just makes things worse for everyone in my kind of situation that has limited mobility and health conditions that can rapidly go downhill. I feel this "cost cutting" measure would only push the cost onto the local hospital, in the end I think it would strain the hospital even more than it already is and cost the taxpayer more than the reduction in service locally.



There was also the perception that the NWICB were prioritising financial savings over patient safety and that there was a short-term mindset that didn't consider the longer-term impacts that the reductions in service would have on residents in the region.

The ICB seem to have an unrealistic perspective of how local health services are running, and seems fixated on short term cost saving without having considered the long term impacts on health, an ageing population and the increased costs this will cause in the long term.

This was accompanied by the observation that while the NWICB had accounted for the savings made by closing the various bases in each option, they had not properly considered the broader cost that this could have on the local care system: *"Removing the provision needs to be effectively costed and the community engaged at a local level for commissioners to ascertain the impact this will have both immediately and longitudinally on the health of those in the area."*

Suggestions

Question 6 of the survey asked respondents 'Do you have any other suggestions about how the GP Out of Hours Service could operate in future?'. From this people provided two main perspectives that are explored below.



Maintain bases

The most prominent theme within the suggestions section of the survey for the GP OOH service, was that the number of bases in the region should be maintained as they are and that no reductions should be considered. People felt that this was necessary due to the impact on the public as well as the pressure on other services that could occur due to the closure of sites:

The out of hours service needs to continue to operate, it's a vital service that give the community an alternative to having to go to hospitals when the GP isn't open

I believe the out of hours GP service is vital to reducing stress on A&E and should not be reduced in either number of bases (some people have limited mobility) and total number of appointments. I believe all in all it would be unwise to make cuts here.

Increase number of bases

Some respondents went further than saying that the service needed to be maintained in its current format, by putting forward that the service provision and number of bases should in fact be increased: *"Increase is the operative word, not reduce"*. People saw that the service was invaluable for providing access to care when GP surgeries were closed or unable to provide an urgent appointment. Similarly to the previous theme, participants saw the service as relieving pressure on emergency departments and therefore should be increased to enhance this effect.



These services should be more widely available to relieve pressure on hospitals. Why on earth would you close them.

When I cannot get a gp appointment for any of my family I always visit out of hours. So I would have to attend the hospital if the hours were to be reduced. We need more options not less.

Telephone and online consultations

Another notable theme that arose from the suggestions section for the service, was that **more use could be made of online or telephone consultations**, this would be particularly useful when a patient's issue was not particularly urgent, or if they were unable to travel long distances but still wanted some advice or to be prescribed medication for an infection.



Respondents mentioned using FaceTime and other remote based options to communicate with the service, people felt that this could also serve to help triage and direct them to the correct location to receive care, take A&E or a local pharmacy as examples. Others suggested that a text messaging system could be used to help communicate wait times, and positions in queues.



I think video calls for those able to use the service would divert some people away from requiring truly face to face appointments as I know from personal situations a face to face could have been done over a video call. the set up would be very minor to add to any GP surgery running out of hours services, and while I will give you that certain people might not want to use a video service due to accessibility, ease of use and any number of other factors, it would serve to divert people from the out of hours service for some appointments, and from the local hospitals too.





Norwich Walk-in Centre



This section sets out to explore the results of the Norwich Walk-in Centre section of the survey. Within this section, respondents were asked to detail what the impact of two separate options for proposed changes in the service would have on them as members of the public. There was also a follow up question, which gave people the opportunity to share any other suggestions that they had for the service. The proposed changes to the Walk-in Centre also received responses from various stakeholders and these will be outlined in their own section following the exploration of the results of the public questionnaire.

The Norwich Walk-in Centre provides general practice services, including the treatment of minor illnesses and injuries. The service is accessible to anyone; you do not have to be registered with a GP practice or registered with the NHS. People

do not need to make an appointment in advance to use the service. Whilst the Walk-in Centre treats people who are ill or injured, unlike a GP practice, the centre does not provide ongoing care to people. (Norfolk & Waveney Integrated Care Board, 2025)

The options for the changes to the service were:

- **Option A – Close the Norwich Walk-in Centre and spend £1.5m more on GP practices across Norfolk and Waveney, using a fairer funding formula.**
 - The question (7) asking respondents to outline the impact that this option would have on them received 1,652 usable responses.
- **Option B – Keep the Norwich Walk-in Centre open but reduce the opening hours and spend £750,000 more on GP practices across Norfolk and Waveney, using a fairer funding formula.**
 - The question (8) asking respondents to outline the impact that this option would have on them received 1,570 usable responses.

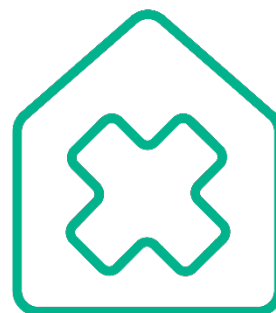
Question 9, asking respondents if they had any other suggestions for the future of the Walk-in Centre received 1,206 usable responses.

The majority of respondents expressed that both proposed options for changes to the Norwich Walk-in Centre would have a negative impact on them with people citing a broad variety of reasons for this- with many of them overlapping with those put forward in relation to the GP OOH service. Based on the responses to the two options, it was apparent that Option B was the more preferential, given that it still provided a continuation of services from the Walk-in Centre, albeit in a reduced capacity. Reducing the opening hours of the site, compared to closing the service entirely was considered the better of two unfavourable options, with neither of the options being particularly appealing to participants who placed great value on the centre. Due to the similarity and repetition of reasons for a negative impact being shared across the responses for Options A and B, we will provide an overview of the themes presented across both options, as opposed to individually. The following section explores those themes in greater detail.

Key themes

Reduced access

Like the GP OOH Service, the most prominent reason cited by respondents for the proposed changes having a negative impact on people, was that it would reduce their access to urgent healthcare. People, especially those in Norwich and the surrounding area, said that they relied on the Walk-in Centre to access same-day medical care. The subthemes within the concerns around reduced access are similar that of the GP OOH service and are explored in detail here.



6 Please keep the Walk In Centre open so we can access the health care we need. Local GPs are not sufficiently flexible or available. If you close it my health needs will go untreated when the walk in centre is closed, or I will have to go to A&E **9**

Lack of access to GP appointments

Many respondents stated that should the Walk-in Centre be closed, they would be negatively impacted due to often having to rely on it for accessing urgent or same-day medical care as their GP practices were not able to offer such a service. People said that their GP's were often fully booked up at the start of the day, so if they needed medical attention later on it would not be possible to see anyone besides at the Walk-in: *"The walk in centre have been brilliant while my own Gp can't be contacted except at 8am".*

Massive, my gp doesn't have an appointments on a daily basis. Waiting for the help from gp is frustrating and stressful as it can not be access when needed. Using walk in clinic helped me a lot of times with very good diagnosis and professional help.

Others described how waiting to be seen by a GP could take six weeks for an appointment, while in the interim their health conditions worsened. Some also described that without being able to attend the Walk-in Centre, their health may have deteriorated to the point where they needed to visit A&E.

This would be devastating. I've used the NHS walk in centre when I was unable to receive a GP appointment whilst going through some mental and physical health issues. Closing in would be devastating and put my life at risk.

The NWICB did acknowledge that *"in some parts of Norfolk and Waveney people find it harder to get an appointment at their GP practice. Some members of the public have told us that they use the Walk-in Centre when they need an appointment on that day, and they cannot get one at their GP practice."* (Norfolk & Waveney Integrated Care Board, 2025)



Opening times and working hours



Option B put forward by the NWICB was to reduce the opening hours of the Walk-in Centre to four hours a day, at the busiest period for the service- this being the morning, this was based on data included in the supporting consultation documents.

Many participants argued that these opening times would have a negative impact on those who work normal weekday hours (from 9am-5pm for example) as well as children who became sick after a school day.

No. The hours and access need to stay the same for those who work. GP appointments are not accessible at all and I worry this will just make things worse.

Several respondents questioned whether the proposed hours truly reflected community need, arguing that illness and medical emergencies are unpredictable and unlikely to occur exclusively in the morning: *"As I am retired it wouldn't affect me as much as working people but you can't choose the time to have an accident"*. People emphasised the importance of having flexible,

extended access to healthcare services, particularly for those with varying schedules, or responsibilities that prevent them from seeking care during limited timeframes. For many, the value of the Walk-in Centre lies in that it does not operate inside normal GP hours.

 Early opening is the priority. It allows children to be seen so that loss of school time is avoided or minimised. Lack of traffic makes access and parking easier. Workers can get early attention which may well prevent loss of work time. The central position is a plus. My wife required the urgent attention of the out of hours GP on a Saturday early evening. The indicator board for Walk-in showed an estimated wait of three hours. Hardly an incentive to cut hours. 

Increased wait times



Participants raised concerns that limiting the service to morning hours would create increased pressure during a short time window, potentially leading to longer wait times and overcrowding. Some people noted that due to the already high demand placed on the centre, patients often had to queue outside and in the winter months, poor weather conditions make this particularly unpleasant. One respondent was concerned that should the NWICB shorten the opening hours for the centre that the queue to access the service would be so great that *“I would probably be queueing all the way to the football ground in the cold and wet”*.

Many other respondents expressed that not only would the shortened opening hours impact the Walk-in Centre waiting times, but there would also be a knock-on effect on other local services including increased demand and queues at A&E departments.

It would make it harder to get the care that my family needs. It would force us to visit already stressed facilities such as A&E, creating even longer waiting times and putting necessary care at risk.

Pressure on other services

Linked to the previous theme of increased wait times, most respondents highlighted that if they were unable to access care at the Walk-in Centre, then they would be left with no alternative but to seek medical attention at emergency departments across the county- it is likely that the Norfolk and Norwich University Hospital would be most affected by this due to its location in relation to the centre.

 This is a completely moronic idea. What do you think will happen to A&E if you reduce outside GP hours and close the walk-in centre completely? ... If you close the centre, it's still going to be hard to get a GP appointment (probably worse) and A&E will be overrun with cases that are not appropriate for A&E. It's like nobody thinks before threatening the public with these policies. 

Similar to the perspective shared by respondents in the GP OOH section of the survey, people already believed A&E departments to be under pressure and that reducing or closing the Walk-in Centre, extra strain would then be placed on A&E due to people having nowhere else to access urgent care.

Absolutely do not do this! The walk-in service is vital for easy to access healthcare. I and family have used this service at the weekend in urgent cases. The closing of the centre would negatively impact on health and would put increased pressure on A&E services.



Doubts about alternative money for GP surgeries

The NWICB outlined that £1.5 million or £750,000 (depending on Option A or B) would be invested into GP surgeries across the county using a fairer funding formula. Overwhelmingly, people stated that this amount of investment into local practices would not make up for the loss of the Norwich Walk-in Centre as well as that the money invested into local GP practices would do little to improve the access to appointments.

Possibly more GP appointments available? But would this be available 7am–7pm on Saturday and Sunday, with the convenience of walking in, without the need to call 111 to arrange the appointment? I believe this is unlikely.

Closing the walk-in centre would have a huge detrimental effect on everyone. A £1.5m increase in GP services is nothing, and wouldn't improve the lack of availability of appointments.

Respondents also raised concerns regarding the fairer funding formula, with many expressing unfamiliarity with the formula and had doubts as to whether it would result in tangible benefits for their specific communities, particularly in areas already struggling with GP shortages: *“Come on, is there really such a thing as a fairer funding formula that works?”*. Given the lack of information about which practices would receive the funding, people were also sceptical as to what impact it would have on their local surgery.

A Norwich residents' response to Q.7 of the consultation survey



Closing the walk in centre will cause unmanageable numbers at A&E. Would need to know much more about the "fairer funding formula" and what this is. Assume the funding would not be for all 105 practices, perhaps just urban or areas of deprivation? In which case many practices impacted by this closure would not get any additional funding at all. We would like to know what the business case reinvestment looks like in detail.



Location

A small number of respondents that lived outside of Norwich, who did not make use of the Walk-in Centre said that it's closure would not impact them, and that through their local GP practice receiving some funding, the proposed changes may serve to benefit them.



I can't get to the Norwich walk in so closing it and putting more into GP practice would, hopefully, give me a better service.

Other participants conveyed that those living in Norwich had access to a service that others living in the wider Norfolk and Waveney region did not benefit from: *"I would recommend this as there is an inequity of access at the moment. If you live in Norwich you have service the rest of us don't"*. This was one of the few reasons for people being in support of the proposed changes.

The patients of North Norfolk tend not to use the walk in centre, practices such as ours do not have the luxury of referring patients to the walk in

centre. I would support this if it led to additional resources spread fairly across the whole of the ICB. The ICB historically have failed to address the inequities to treatment that affects coastal rural populations as laid out by Professor Whitty

Increased illness and anxiety

Like the theme within the GP OOH section of the survey, faced with the potential closure or reduction of opening times of the Norwich Walk-in Centre, participants believed that there would be increased ill health and anxiety as a result. By not being able to access urgent care via the WIC, people with health concerns could deteriorate whilst waiting for a GP appointment.



6 I have used the walk in centre multiple times. The hours I work don't allow me to flexibly book an appointment with my GP. At the moment, I can't get a GP practice at any point, let alone around my work. This extra funding will not mean that I can get an appointment around my work. It just won't. This is an incredibly awful decision and one which should not even be considered. So many rely on this service and NEED it. Cutting it will not encourage people to go to their GPs, it will encourage people to suffer without seeking help.



Others stated that by reducing access to urgent care, considerable stress would be caused: *"It would frighten me to think the Walk-In Centre was no longer there as it is a vital service."*

Children and vulnerable people

Relating to the theme of increased illness and anxiety, respondents said that those with children, with complex health needs, or mobility difficulties would be disproportionately affected by the closure or reduction in service to the Walk-in Centre.

Several people highlighted that the Walk-in Centre offers a vital safety net for individuals and families who may not be able to navigate traditional healthcare routes easily. Parents of young children noted that timely, face-to-face care is often essential when managing sudden illnesses, and the unpredictability of symptoms can make booking GP appointments impractical. Respondents with chronic conditions or disabilities also emphasised that reduced access to immediate care could lead to worsening health outcomes and greater anxiety, as their conditions often require swift intervention.

Huge impact have used it multiple times in the last year due to never being able to get a GP appointment, even for my disabled child

Health inequalities

Some respondents highlighted that by closing the Walk-in centre, those who were marginalised or those on low incomes that cannot afford to travel further afield would be deprived of access to urgent care. Similarly, those who are not registered with a GP surgery and use the Walk-in Centre receive care would leave them isolated.



NWICB Employee's response to Q.7 of the consultation survey



I do not feel this is being inclusive to the patients that use the walk-in centre. A lot of patients who use this service are not registered with a GP practice and therefore when trying to focus on inclusivity/ Core20¹, I feel you would be making a backwards step. How would you get to these patients as they are very unlikely to attend A&E in these circumstances especially for a minor complaint or concern. You would also have to ensure the NNUH which is the closest available to the walk-in centre are prepped for increased numbers of patients to attend their ED department. For patients who are visiting family from away, this would also not be ideal for this patient group and more than likely going to get inappropriate patients turning up at ED.



¹ The most deprived 20% of the national population as identified by the national Index of Multiple Deprivation (IMD): <https://improvinglivesnw.org.uk/our-work/working-better-together/health-inequalities/core20plus5/>

Others pointed out that the Walk-in Centre plays a crucial role in supporting socially and economically vulnerable groups, acting as one of the few accessible healthcare options for people experiencing homelessness, recent migrants, or those in precarious living situations. Without access to transport or stable accommodation, many of these individuals rely on the centre's central location and flexible access model to receive timely care. Respondents warned that closing or reducing the service could lead to a significant gap in provision for these groups, potentially increasing health inequalities and placing additional pressure on emergency services.

Suggestions

Question 9 of the survey asked respondents 'Do you have any other suggestions about how the Norwich Walk-in Centre could operate in future?'. From this people provided two main perspectives that will be explored below.



Maintain or expand the WIC

In line with the vast majority of people opposing the proposed changes to the service, when asked whether they had any suggestions for the future of the Norwich Walk-in Centre, respondents expressed overwhelmingly that the service should remain open in its current capacity. The reasons put forward for such a suggestion echo the themes explored in the above section, including increased pressure on emergency services, and the lack of access to GP appointments:

Leave it as it is, it's literally a life saver since our GP service has been made unusable. Do you really want hundreds and hundreds of extra people trying to use A & E as they have nowhere else to go.

As well as maintaining the service, some participants argued that its opening hours should be expanded to further meet the needs of the local community. Seeing the value of such a site, others put forward the case for increasing the number of Walk-in sites in the region to reduce pressure on other services.

Have many more walk in centres to take the pressure off GP surgery's. Walk in centres can deal with all sorts of minor illness/injury that doesn't require a GP but does need to be seen to quickly. Having access to drop in rather than book an appointment is an essential service.

Improve facilities

In the same vein as expanding the service, people put forward suggestions to improve the current service, including virtual triaging, free carparking, and a larger waiting area. Some people expressed issues with the current waiting area being too small, with people often having to queue outside the centre as well as the area inside not being particularly comfortable, especially coupled with long wait times.

Similarly to the suggestions made for the GP OOH Service, people felt that more use of technology could be made, with telephone and FaceTime appointments, online booking systems, and triaging prior to patients arriving at the site so that they can be sent to the most appropriate location to receive care, whether that is a local pharmacy, A&E, or the Walk-in Centre.

One suggestion for the future of the Norfolk Walk-in Centre would be to expand its use of virtual consultations for minor health concerns and/or implementing an online or phone-based booking system for walk-in appointments could help reduce wait times. Introducing priority services for vulnerable groups, like the elderly or people with disabilities, could make it easier for those who have the greatest need to access urgent care more quickly.

Stakeholder responses

Healthwatch Norfolk and the NWICB encouraged the engagement of local stakeholders in the consultation process, and various organisations provided responses to the GP Out of Hours Service and Norwich Walk-in Centre segment of the consultation. This section will serve to outline the standpoints documented in those responses, while the full responses are included in the appendices.

East of England Ambulance Service NHS Trust (EEAST)

GP Out of Hours Service

EEAST believed that Option C to reduce the number of bases for face-to-face appointments from nine bases to three bases was the best solution. However, this was providing that Option A was used for the Walk-in Centre.

Norwich Walk-in Centre

EEAST believed that Option A 'closing the Norwich Walk-in Centre and redistributing £1.5m more on GP practices using a fairer funding formula' would provide greater benefits across Norfolk and Waveney.

EEAST acknowledged that a reduction in patients attending the walk-in centre for face-to-face visits may impact greater on the elderly and those who are unable to drive. However, they maintained that "improving access and increasing the number of appointments for patients during normal GP practice opening hours would provide significant benefits to all patients/residents." (Appendix Three)

North Norfolk District Council

GP Out of Hours service

None of the three options were considered acceptable to North Norfolk District Council and the authority questioned if there had been a rural impact assessment made on any of the proposals. The council argued that rural communities would be disadvantaged through all three of the proposals. Citing that by closing bases in rural areas, whilst the service was to be retained in the largest urban centres of Norfolk, where other services were more widely available.

Norwich Walk-In Centre

North Norfolk District Council stated its objection to the proposed closure of the Norwich Walk-In Centre as proposed under Option A. It was not believed by the authority that the closure of the Norwich Walk-In Centre would lead to any improved level of GP service in North Norfolk. North Norfolk District Council would support Option B if the current level of service at the Norwich Walk-in Centre was unable to be maintained, "as this would provide (some) North Norfolk residents with an additional opportunity to access GP services without appointment, particularly for those who might work in the Norwich area and therefore find it difficult in securing an appointment with their own GP practice, or could use the Walk-In service at a weekend."

Attleborough Surgeries

Norwich Walk-In Centre

Attleborough Surgeries expressed the view that the consultation document and GP OOH/WIC questionnaire was not fit for purpose and that the focus was only on closure or an unacceptable reduction in service at a time not appropriate to their patients as well as excluding key stakeholders such as themselves. They opposed both proposals for the Norwich Walk-in Centre, highlighting that despite investing in same day provision, they still have to signpost users to the WIC, this often occurs later in the day which would render Option B, to only open the WIC in the morning, as an inappropriate proposal. They also deemed that fairer funding formula put forward by the NWICB as discriminatory against Practices who have lower patient weighting but still very high patient demand.

They requested that the NWICB works with GP surgeries and Primary Care Networks to develop an urgent care strategy that looks at the provision of same day GP capacity across the system and enables patients to access care in a timely way, closer to home.

Stiffkey Parish Council

GP out of Hours Services

Stiffkey Parish Council argued that in many cases, out of hours GP services were not accessed because patients were unaware of their existence and rely on A&E instead. The authority was not in favour of any changes to the current system and number of bases in operation. They also commented that the data provided did not help them form an informed opinion on the issue as it only gave general data and no detail in terms of times/days of when services are accessed. In the face of the NWICB originally intending to make changes, Stiffkey Parish Council tentatively supported Option A – Reduce the number of bases for face-to-face appointments from nine bases to five bases during the week and six bases at the weekend.

Norwich Walk in Centre

Stiffkey Parish Council supported the continued funding of the Walk in Centre, due to what they perceived as, the absence of comprehensive GP services. While they supported the idea that total closure could provide more funding for GP practices, they were not willing to support the closure of the Walk in Centre until such a time that GP practices were providing more comprehensive services to their patients. As such the authority “reluctantly” supported Option B – Keep the Norwich Walk-in Centre open but reduce the opening hours and spend £750,000 more on GP practices across Norfolk and Waveney, using a fairer funding formula.

What we found out (Vulnerable Adults Service Survey)

Who we heard from

We received 139 completed responses to the Vulnerable Adults Service Hub survey. Please note that none of the questions were compulsory so the number of responses will vary by question.



The heatmap below displays where survey participants live based on the first half of their postcode. As the map shows, the majority of people we heard from lived in Norwich, specifically within the NR1, NR2, and NR3 postcode areas while other respondents were spread around the centre and east of the county.

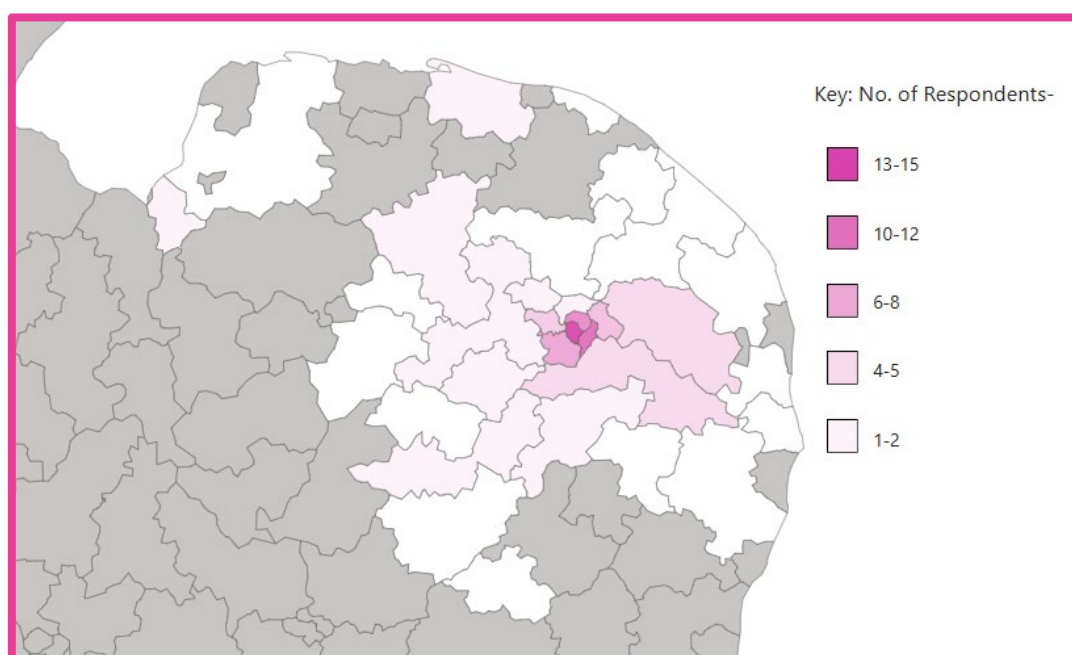


Figure 9 A heatmap displaying where the respondents of the VAS survey reside in Norfolk and the surrounding areas. The total number of usable responses for this question was 99.

Based on answers to each individual demography question, respondents informed us that:

- The majority were female, with 68% (83) of participants identifying as such.
- 82% (94) described their ethnicity as 'White: English, Welsh, Scottish, Northern Irish or British'. For comparison, 94.7 per cent of Norfolk's population were recorded as 'White' in the 2021 UK census (Norfolk Insight, 2024).
- 96% of respondents (107) had English as their first language.
- Of 111 respondents who answered the question, 13 people had a disability, and 25 had a long-term condition. 20 people also identified themselves as carers.
- The majority of people had heard about the survey through a friend or co-worker, with 35% (42) of respondents selecting this option.
- Significantly, despite Healthwatch Norfolk's best efforts to engage with service users of the VAS, only 11 people completed the survey. The majority of respondents were completing the survey on behalf of an organisation (42). 66 respondents selected 'other', those who elaborated on this option included Norfolk & Suffolk Foundation Trust staff members, and employees at St Martins Housing Trust.

Most participants (28%, 29) were between the ages of 46-55. The 36-45, and 56-65 age groups also received significant shares, with 22% and 18% respectively.

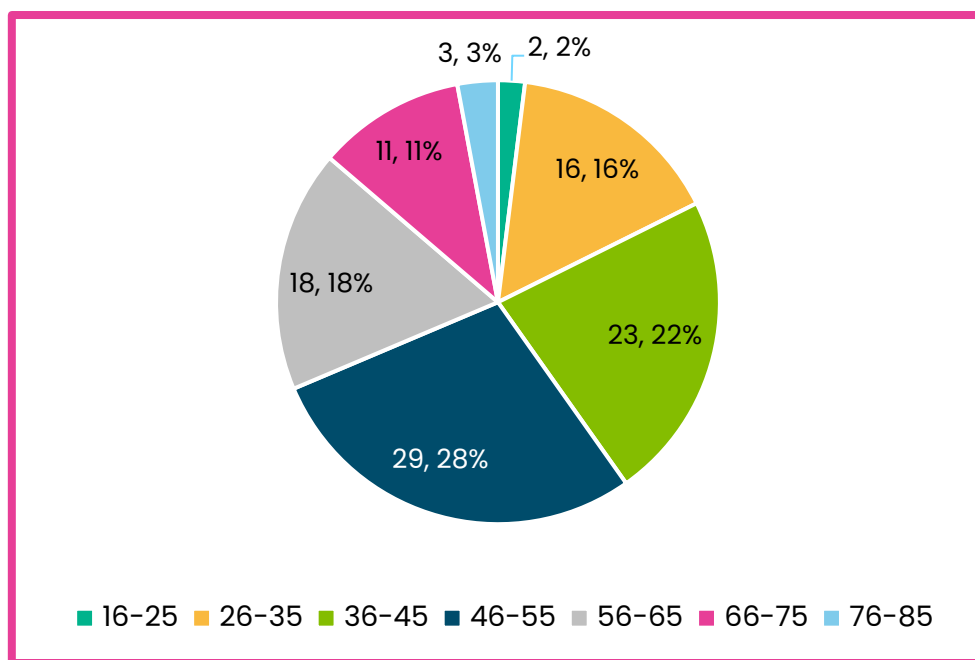


Figure 10 Pie chart displaying the distribution of age ranges within the survey population. Total responses for this question numbered 102

Below can be found a series of graphs and charts that depict the demographic data, outlined on the previous page, in further detail:

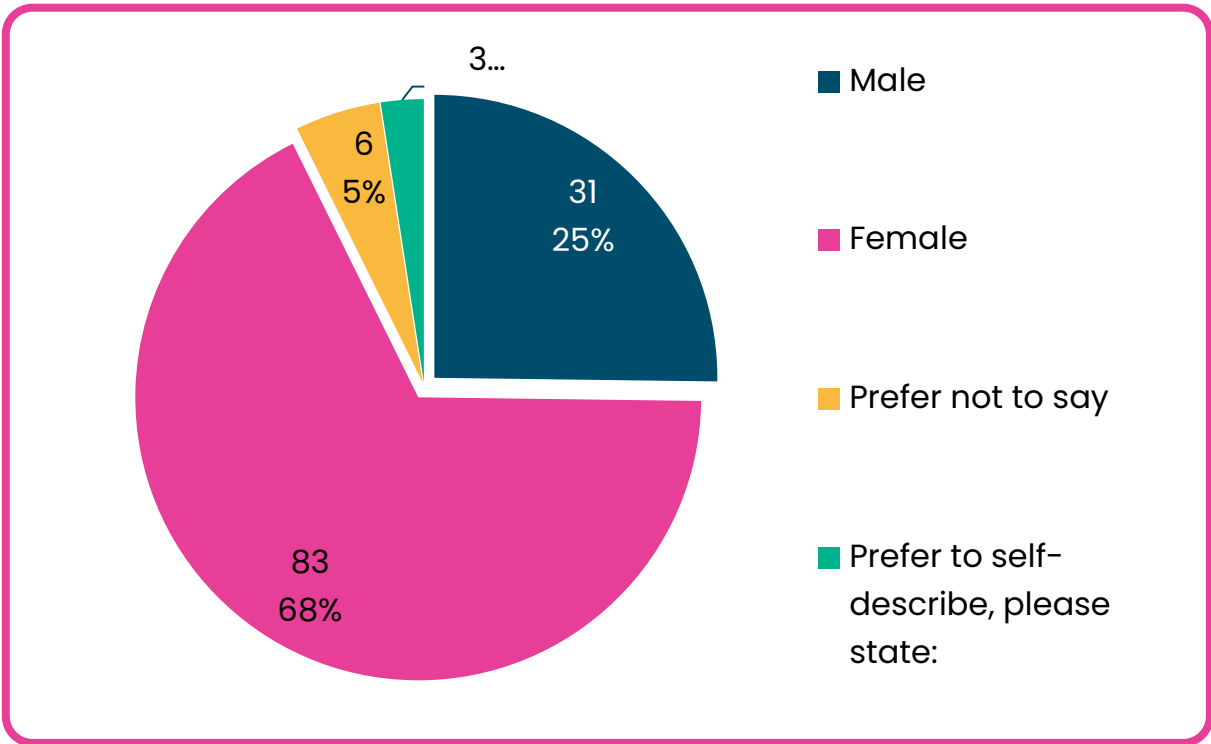


Figure 11 Pie chart displaying the distribution of gender statistics within the survey population. Total responses for this question numbered 123.

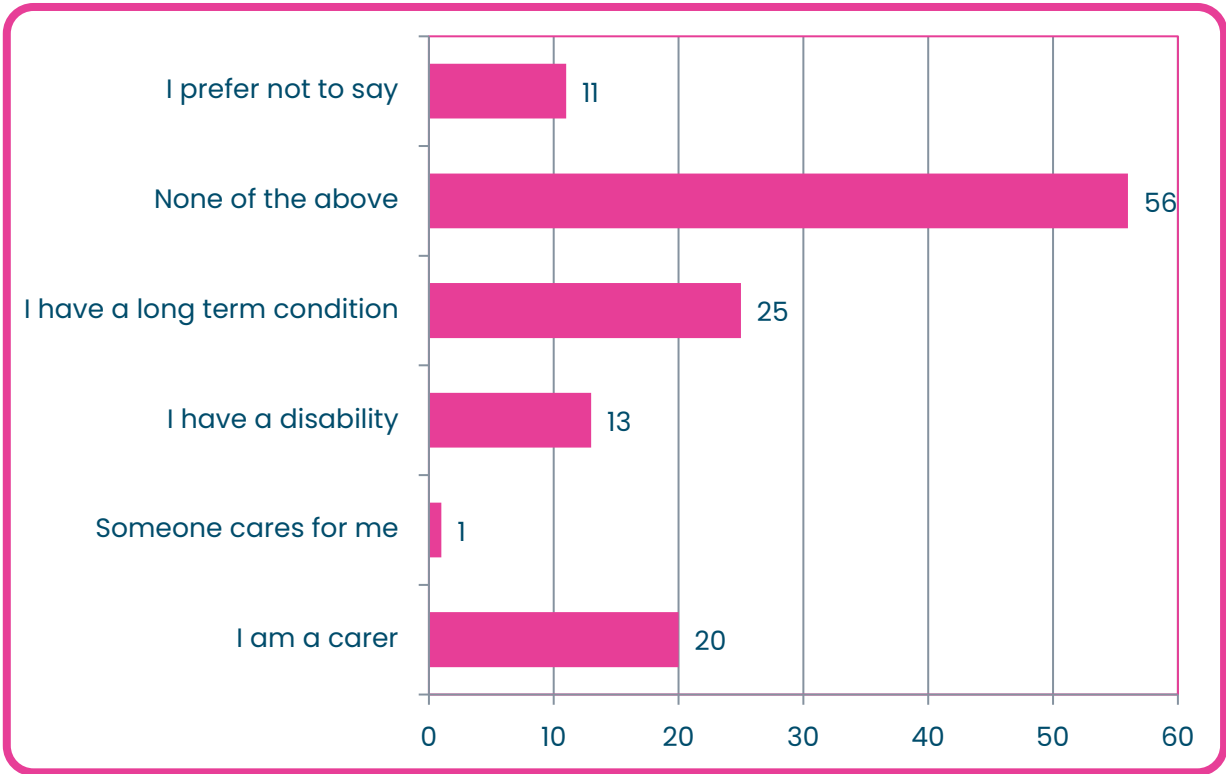


Figure 12 Bar chart depicting the number of respondents who identified as having a disability or long-term health condition etc. Total responses for this question numbered 111.

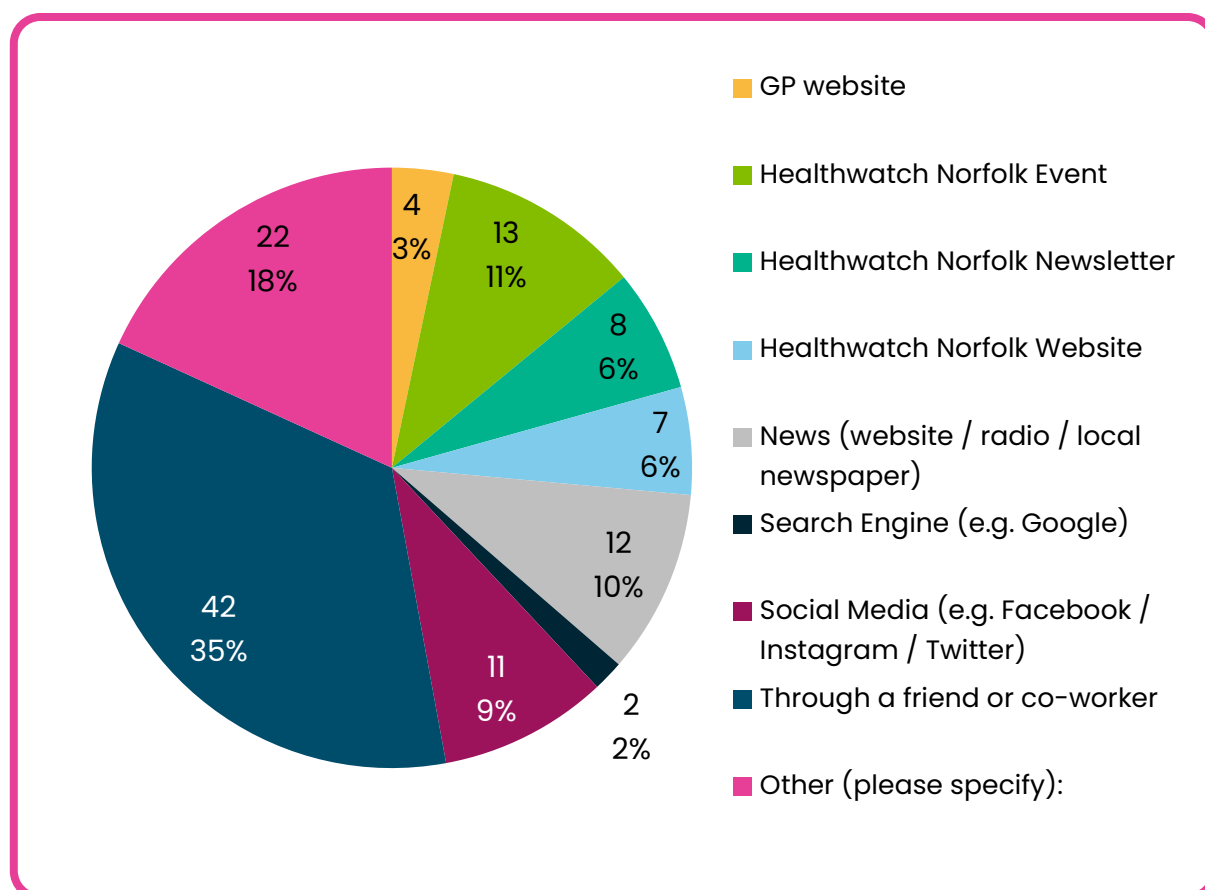


Figure 13 Pie chart depicting the breakdown of how respondents became aware of the survey. Total responses for this question numbered 121.

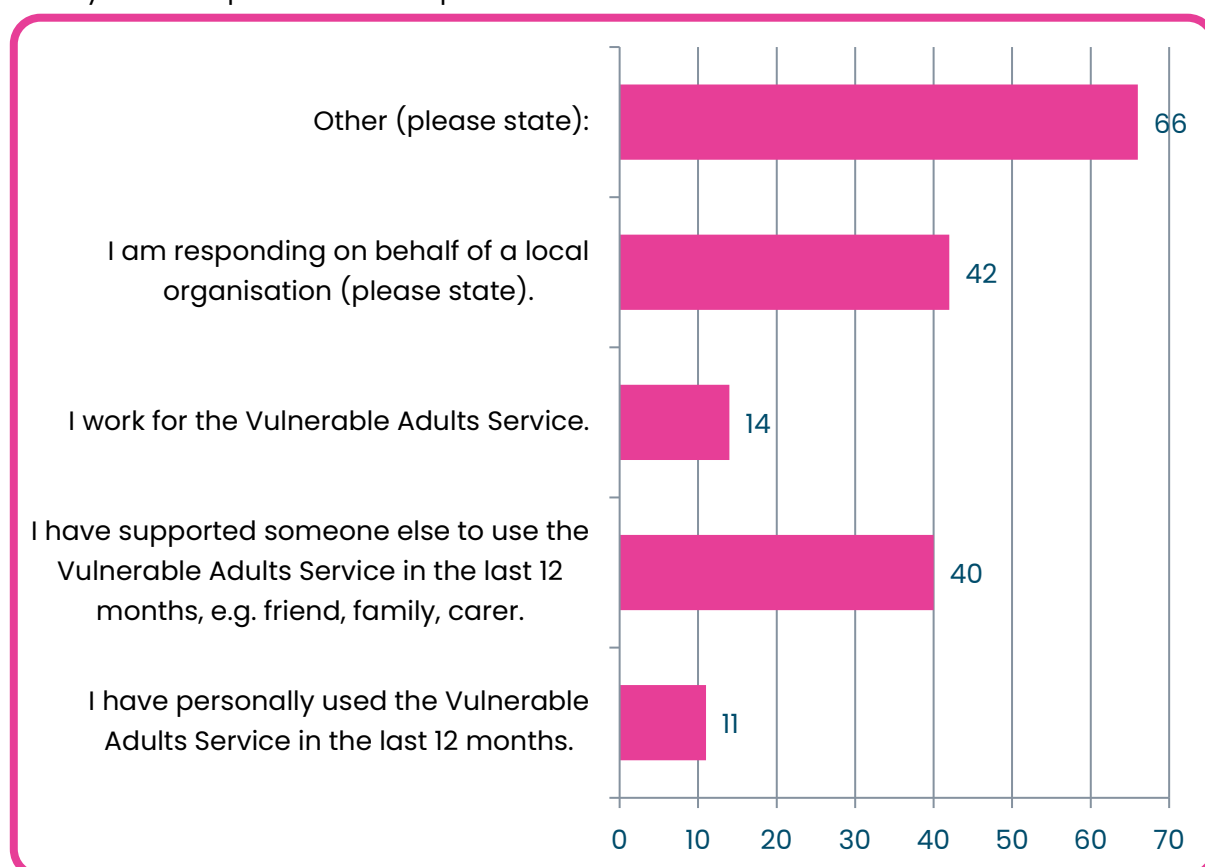




Figure 14 Bar chart depicting respondents' relationships with the VAS Hub. Total responses for this question numbered 132.

The Vulnerable Adults Service Health Inclusion Hub

 The closure would have a huge impact on me. I go every couple of weeks. For me personally, they have made a great difference. I get medical care but it is more than that. I can get other support and help with appointments. Also they understand me and know what help I need, and can give me time. I feel that they care and really help. They have helped me get support with my mental health. If they were not here to help me, I would have jumped off a bridge. 

This section sets out to explore the results of the Vulnerable Adults Service Health Inclusion Hub survey, which was a separate questionnaire to the GP OOH/WIC survey. Within this survey, respondents were asked to detail what the impact of two separate options for proposed changes in the service would have on them as members of the public. There was also a follow up question, that gave people the opportunity to share any other suggestions that they had for the service. The proposed changes to the VAS Hub also received responses from various stakeholders and these will be outlined in their own section following the exploration of the results of the public questionnaire.

Based in Norwich, the Vulnerable Adults Service Health Inclusion Hub provides enhanced primary medical care for individuals with complex needs, operating Monday to Friday, 9am to 5pm. It aims to reduce health inequalities by delivering

specialist care through two main branches: Inclusion Health Services and an Asylum Seeker and Refugee Service. Inclusion Health Services support people who are socially excluded, often facing stigma, discrimination, and significant barriers to healthcare. Many service users are homeless and experience overlapping challenges such as mental ill health, substance use, and poor physical health. These individuals are frequently underrepresented in health records and experience extremely poor health outcomes. The service offers short-term, targeted medical support – typically up to six months – with a focus on stabilisation and engagement. Following this period, users are transitioned to one of 20 nominated Inclusion Health GP practices across Norwich to ensure ongoing, supported care.

The options for the changes to the service were:

- **Q1. Option A – Continue to provide the service from its current base in Norwich.**
 - The question (3) asking respondents to outline the impact that this option would have on them received 118 usable responses.
- **Option B – Create a team that goes to different communities across Norfolk and Waveney to provide the service and close the base in Norwich.**
 - The question (4) asking respondents to outline the impact that this option would have on them received 120 usable responses.

Question 5, asking respondents if they had any other suggestions for the future of the Vulnerable Adults Service Health Inclusion Hub received 86 usable responses. Based on how participants described the impact that the proposed options would have on them, it was apparent that Option A was likely to have a more positive effect on respondent's lives than Option B.

Impact

Option A

Option A, to continue to provide the VAS Hub from the site in Norwich, was identified by most respondents as having a positive impact on them and/or those they support. Either by stating explicitly, or by describing a potential beneficial outcome should Option A be adopted, 76 (64%) people suggested that maintaining the service at its current location would have a positive impact. The reasons for which will be explored in the following section.

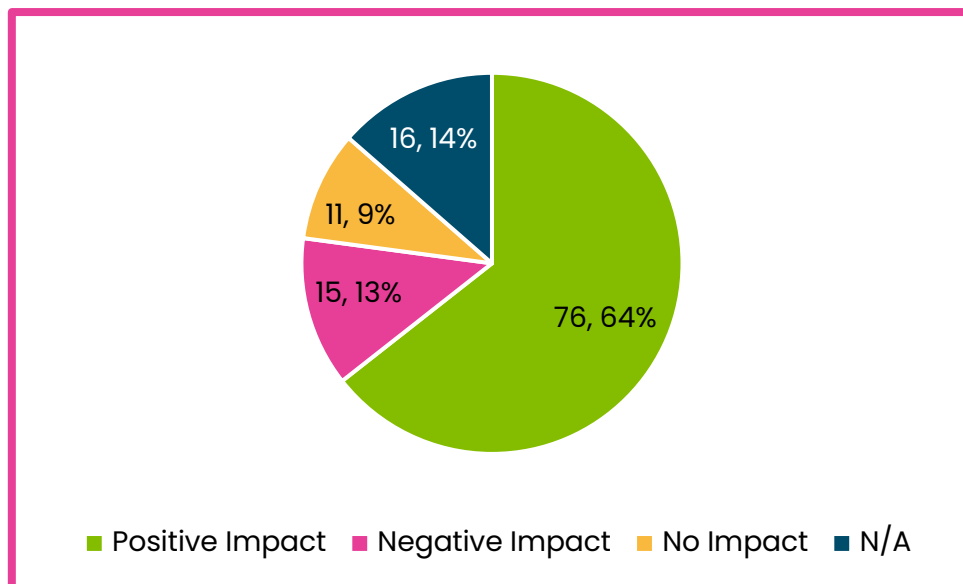


Figure 15 Pie chart measuring the potential impact of Option A of the VAS Hub Survey. Respondents for this question totalled 118.

Option B

Option B, to create a team that travels round Norfolk and Waveney and close the Norwich site, was identified by most respondents as having a negative impact on themselves and/or those they support. Either by stating explicitly, or by outlining a potential detrimental outcome should Option B be adopted, 79 (64%) people suggested that closing the Norwich VAS Hub in exchange for an outreach team for the region would have a negative impact on them.

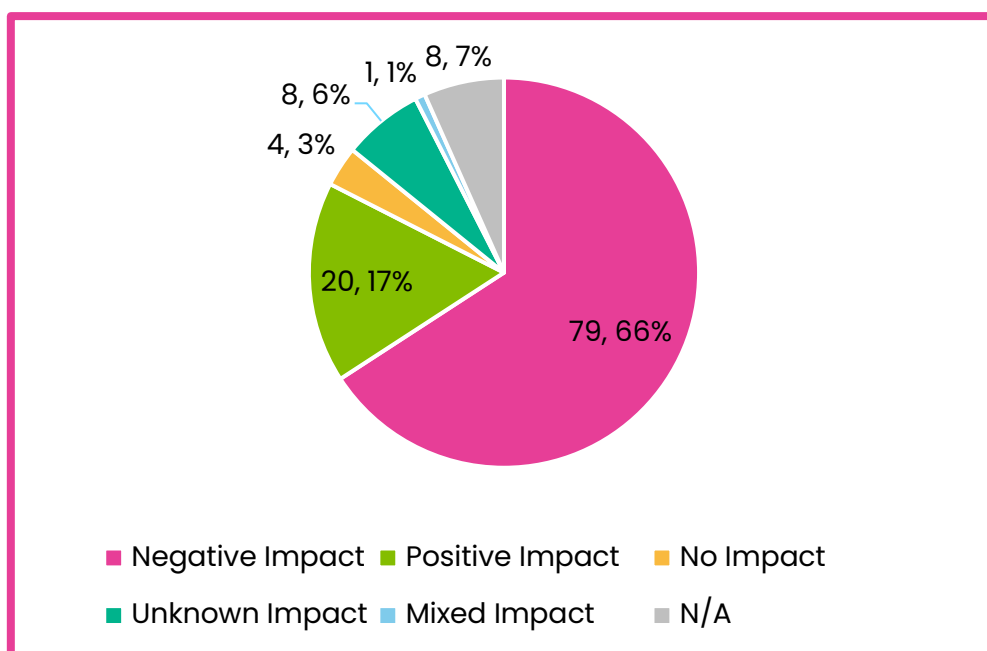
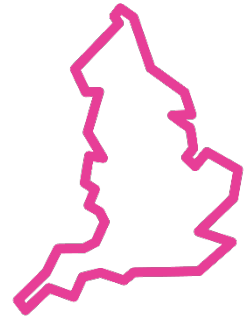


Figure 16 Pie chart measuring the potential impact of Option B of the VAS Hub Survey. Respondents for this question totalled 120.

Key themes

Location

The most prominent theme in responses was related to concerns around the location of the VAS Hub. Most people argued that the location of the site, that being in central Norwich, was beneficial to the local homeless population that use the service, especially as there was likely to be a higher concentration of adults in vulnerable situations that were located in the city. However, some did acknowledge that this results in the service being unavailable to those who reside elsewhere in the county. Participants were concerned that should the service move to a mobile, outreach model, that those who use the service in Norwich would be disadvantaged:



Although I recognise the need to ensure that access to services is available to all especially within a predominantly rural and semi rural community I am concerned that the highest concentration would lose a service overall.



On the other hand, some people raised that those who are living in the wider county and are seeking care, may have difficulties accessing the VAS site in Norwich- these could include poor public transport links and the financial burden of such a trip.

I work in rural Norfolk and it causes difficulties for some patients having to travel to Norwich. Public transport is poor and some patients don't have access to a car.

If the base remained in Norwich, some argued that hard to reach individuals in rural locations would continue to be deprived of access to specialist care. This was amplified by the *"rural geographical area, limited transport links and rising cost of transport."*



A leading point made by those in support of keeping the VAS Hub at the Norwich site, was that it provides a consistent point of contact for those who are vulnerable to access the care they need without having to worry about not knowing where to

travel. A fixed base was seen as a more appropriate model. Given that those who are vulnerable can often lead chaotic lives, often do not have regular internet access, and can struggle to attend pre-booked appointments, questions were raised over the ability of those who use the service to attend an outreach service.

 The closure of the VAS base would lead to there being no site/safe haven for the local homeless population to seek care at the time it is needed, and access self-care facilities such as a shower. The proposed reliance on individuals attending a bus parked in a car park infrequently is both impractical, and likely to lead to a greater barrier accessing care and providing proactive care that meets individual need. 

Those who worked at the VAS Hub also had concerns around changing the location of the site, with employees echoing the above quote: *“Our patients will not know where to go. A lot have burner phones and they don't read posters. Some will not know what the day of the week is. It will make it so much more difficult for some people to access the service. They know where we are based, what we do and they can find us.”*

A VAS Hub user's response to Q.4 of the consultation survey

 I'd be too scared to go to different places. I wouldn't like that at all and I wouldn't go. I don't have a phone anyway and I can't read or write so I wouldn't know where to go or when. I wouldn't want to be around people I didn't know. 

Continuity of care

Related to the previous theme of location, respondents, particularly those who worked in and alongside the service, emphasised the importance of care continuity when engaging with adults who are vulnerable:

6 This would serve other communities across Norfolk, however without a Norwich base you will lose all patients in the Norwich area. These patients live a chaotic lifestyle and do not follow calendars so how will they know where to go on what day. The Westwick base is a consistent base which caters for walk in support too... There will be no continuity of care for patients and they will no longer attend appointments or see support staff and we will ultimately lose them.



VAS Hub staff emphasized that consistent, ongoing relationships with service users were crucial in building trust and ensuring effective support. Disruptions in care or changes in personnel were seen as barriers to progress, often leading to confusion, disengagement, or distress among individuals receiving support.

One of the advantages of continuity of care was said to be that it allowed the development of trust between patients and staff. Those adults who are vulnerable often take time to feel comfortable, and establishing a sense of safety and reliability was seen as fundamental to effective treatment. Respondents highlighted that trust develops gradually through repeated and consistent interactions. Through the fixed location and consistent staffing, the service is able to offer stability to the users and as a result individuals were more likely to open up, participate in support plans, and maintain long-term engagement. A lack of continuity could hinder the development of trust, leading to withdrawal or resistance to support.

When asked about Option B, the outreach service, one user of the VAS stated:

I trust the team at the Vulnerable Adults Service. I would not use this as I would not know who the people are. Also, how would I know where the team are and when? I know how to find the Vulnerable Adults Service.

Increased illness

As a direct result of reduced access to the VAS, people expressed that there would be increased illness and hospitalisation for those who use the service. By reducing access to the service, people argued that there was less possibility for those who are vulnerable or homeless to seek medical treatment, and as such issues that may have been picked up and resolved would likely end up deteriorating into more serious cases. There was also concern voiced about the pressure that this may put on other services, specifically the Norfolk & Norwich University Hospital.



Its vital the NHS support those who are the most vulnerable in our communities and without this service they will be let down and more people will be more poorly, deaths will occur and perhaps more obvious for those outside of this vulnerable community, there will be a potential increase in people self medicating – drug and alcohol abuse.

Many of these people lead chaotic lives and would not be able to access services which are offered in different places – they do not operate a diary in the way professional workers do! This option would result in more people being admitted for A&E care (increasing pressure on A&E/increasing spend) or dying on the streets.

The mental health of those who use the service was also deemed likely to be negatively impacted by closing the VAS site. One respondent also considered the effect that closing the site would have on the mental wellbeing of the staff who worked there: *"Maintaining the service at its current Norwich base would provide*

continuity and job security for staff who have already experienced significant changes. While the NHS emphasises mental health, there seems to be limited consideration for the well-being of its own workforce. The staff are deeply committed to their patients and take great pride in delivering this service, making stability crucial for both morale and service quality."

Financial costing & information

Many respondents expressed frustration over the lack of detail within the proposed Option B, to change the VAS to an outreach service. Respondents felt that without extra information and a full costing for the proposal, they were unable to express an informed opinion on the issue: *"What does option B even mean? I think its important to have more details than this to then be able to offer an informed opinion."*

There were questions around the logistics of such a service, if the outreach model be delivered by bus, with people highlighting that the current fixed base has facilities (including showers) that would be difficult to implement into a mobile service. Other people were concerned about where medical stock and supplies would be stored.

People were sceptical how an outreach service would be financed, especially given the lack of financial information for the proposal, as was detailed in the supporting documentation: *"Until further scoping has been undertaken, it is not possible to confirm if this option would deliver further savings."* (Norfolk & Waveney Integrated Care Board, 2025). At a time when the NWICB were seen to be having to make efficiencies, participants expected that *"To enable wider service delivery [it] would likely cost more if delivered effectively. This lacking information within the document makes it impossible to determine the benefits of such a model as there are too many unknown factors."*



The ICB appear to have failed to cost this proposal and consider the benefits and cons. In part this arises from there being uncertainty of the current needs of the served communities and a misunderstanding of the role currently undertaken by staff. The ICB would benefit from gaining an understanding from staff and patients of the needs of the population, service development requirements, and what is possible.

The closure of the VAS base would lead to there being no site/safe haven for the local homeless population to seek care at the time it is needed, and access self-care facilities such as a shower. The proposed reliance on individuals attending a bus parked in a car park infrequently is both impractical, and likely to lead to a greater barrier accessing care and providing proactive care that meets individual need.



Suggestions

Question 5 of the survey asked respondents 'Do you have any other suggestions about how the Vulnerable Adults Service Health Inclusion Hub could operate in future?'. From this people provided various perspectives that we explored below.



Maintain current VAS Hub site

When asked if they had any suggestions for the future of the Vulnerable Adults Service, most respondents supported keeping it in its current state. People felt that the site was invaluable, not just to those that use the service, but also to support


organisations and multidisciplinary teams that work alongside the VAS team to combat health and social care issues in the locality.

VAS needs to remain as it is since it is working for so many people and professionals and as they say "If it is not broken, don't fix it".

We have good links with VAS, there's open communication which helps both our services support the clients best. They might be missing from here but use VAS so they can let us know they're OK. Residents feel safe working with them which is especially important for people who have been let down by services in the past, it takes time to build that trust.

Expand/improve provision

While most people focused on suggestions to maintain the VAS Hub site in Norwich, some participants suggested that it would be beneficial to keep the central site while also offering some wider provision, as laid out in Option B. This would serve to ensure that those who use the hub in Norwich would remain unaffected while the service could also reach those adults who were in vulnerable situations across the wider Norfolk and Waveney region. People were still sceptical of a mobile model for this however, with people calling for other fixed bases in locations around the region. Other respondents believed that the opening hours of the service should be extended to better suit the lifestyles of those who visit the site which often do not conform to a 9am-5pm schedule.

 If there were any improvements to consider, it would be expanding accessibility to those living outside the city, ensuring that individuals in outlying areas can also benefit from this crucial service. Rather than cutting such a vital resource, efforts should focus on extending its reach to support even more people in need. Limiting access only increases the risk of poorer health outcomes and places additional strain on other services.



Another respondent highlighted that the VAS consists of three separate services, these being the Health Inclusion Hub, the Asylum Seeker Service, and the Vulnerable Adults Service. They argued that should these services be provided under one roof it *“would improve functionality and efficiency of the service. This could only be achieved by relocating the services to a dedicated inclusion health hub and redesigning the service.”*

Change name and logo

A prominent theme within suggestions for the future of the VAS, was that service users and staff alike found the name and logo to be stigmatising and wished to see them both changed:

The name doesn't make sense. These people are in a vulnerable situation. Calling them vulnerable creates a stigma. The ICB even gave us a logo of chains which isn't great for people who may have been in prison or seeking asylum. We did tell them that but they don't listen.

The name is not good. I don't want to be called vulnerable. I hate that name. When you say you are with the Vulnerable Adults Service, people giggle. It should be called the Under One Roof Surgery as it is next to Under One Roof

By calling it the Vulnerable Adults Service, some people may be put off from attending the service, due to not seeing themselves as vulnerable or not wanting to have to announce that they are under the care of the service when asked. One member of VAS staff provided an astute point that *“We help adults in a vulnerable situation, not vulnerable adults”*. Staff members did express that they had previously raised this with the NWICB but that no further action had been taken.

 We would like to change the name as it's stigmatising for people when they have to say where they are registered, especially for those who don't see themselves as vulnerable. It's also

unclear that we are a GP surgery. The logo of chains is not appropriate either particularly as some of our patients have been in prison or refugees, we would like that changed to something more positive.



Interaction with GP practices

Some staff members of the VAS outlined that they'd like to interact with local GP practices more frequently, as well as providing tier-two support to those registered at other practices but could benefit from visiting the service:

We currently provide tier two support to some patients who are registered elsewhere but have complex health needs and are perhaps struggling to attend their appointments – we can allocate them a support worker from here. We would like to extend this service to other GP practices.

More contact with GP surgeries and patients, so patients are already aware they can access support at the first stage, to resolve any vulnerabilities quickly

Increase Awareness

Similar to the previous theme, some respondents expressed the desire for there to be increased awareness around the existence and purpose of the Vulnerable Adults Service. People called for better advertising to the local community as well as drop-in sessions for staff from other organisations to better understand how to refer people to the service:



advertise clear ways organisations/services can refer clients/patients to access support to more people in Waveney area (not just Norwich area)

I would like the wider community to know more about what we do here as our service is providing healthcare to those who would otherwise fall through the cracks. We offer inclusive, wrap-around healthcare which reduces preventable deaths.

Drop in sessions for health staff on teams to know where this service can be accessed or help signpost things we can offer these women/partners and families

One member of VAS staff expressed frustration with the NWICB for their apparent lack of understanding around the service:

The ICB could come here and find out more about us. I don't think they know what we are or what we do here. They don't consult with us and say 'will this work?' They don't though. We don't hear a single word from them. It is the second time this has happened.

Stakeholder responses

Healthwatch Norfolk and the NWICB encouraged the engagement of local stakeholders in the consultation process, and two organisations provided responses to the Vulnerable Adults Service Health Inclusion Hub segment of the consultation. In this section we summarise the points made in those responses, while the full responses are included in the appendices.

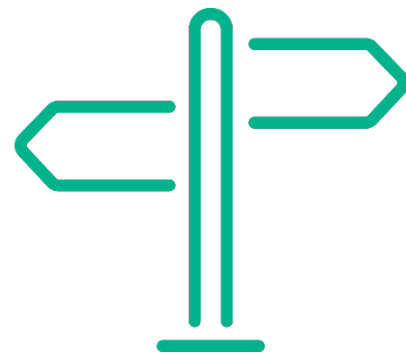
East of England Ambulance Service NHS Trust (EEAST)

EEAST believed that Option B to create a team that goes to different communities across Norfolk and Waveney and closing the base in Norwich would have provided a greater range of support to service users across the Norfolk & Waveney area.

Stiffkey Parish Council

Stiffkey Parish Council expressed that it was mindful that any vulnerable adults service would always be challenged by its geographic location, and that in the absence of data to support either option proposed, they would support Option B – Create a team that goes to different communities across Norfolk and Waveney to provide the service and close the base in Norwich. While they deemed it unfortunate to close the Norwich base, an outreach model would, in their view, support more members of rural communities who have little access. However, they did express concern that the absence of the base in Norwich could lead to more pressure being placed on the NNUH.

What this means



Based on the findings of both consultation surveys, the first looking at public perception of the proposed changes to the GP Out-of-Hours Service and the Norwich Walk-in Centre, and the second examining public perspectives around the potential changes to the Vulnerable Adults Service Health Inclusion Hub, it was apparent that the majority of respondents were in opposition to any proposed changes to the services. Given that the NWICB decided to abandon the proposed changes during the consultation period, the findings in this report hold less relevance than if the changes were to still go ahead. However, they still provide a valuable insight into the perspectives of members of the public around potential changes to local services as well as highlighting the value that people place on these local healthcare providers. This section summarises the key findings of the 'What we found out' part of the report, and outlines conclusions for each service.

GP Out-of-Hours Service

The NWICB put forward three options for the future of the GP Out-of-Hours Service, all of which would have reduced the number of locations across the Norfolk and Waveney region. The public expressed strong opposition to all the proposed changes stating that it would have a negative impact on them. Some of the most frequent reasons cited for the negative impact that the proposals would have on the public included:

- Reduced access to out-of-hours care, especially in more isolated, rural areas. Residents of Beccles were particularly concerned about the proposed options, due to the base in the town being closed in all three scenarios.
- Increased pressure on already strained Accident and Emergency departments and local ambulance services. By reducing the GP OOH Service, people believed that more admissions to hospital would occur, thus placing

even more stress on what was perceived to be a system under huge pressure. It is worth noting, however, that from the stakeholder responses, the East of England Ambulance Service NHS Trust was in favour of Option C for the GP OOH Service provided that Option A (close the centre and invest in GP practices) was chosen for the Norwich Walk-in Centre.

- Concern around transport and long travel distances. People feared that this would affect the elderly, disabled, or low-income individuals disproportionately and was also exacerbated by the rural nature of the region and its poor transport links.
- There was a general fear that closure of bases would lead to poorer health outcomes for members of the public, and that health inequalities would also be increased.

Respondents said that, if faced with the choice of the three options, Option A, to reduce the number of bases for face-to-face appointments from nine to five during the week and six at the weekend, was preferential due to the least amount of reduction to the service.

When asked if they had any suggestions for the future of the GP Out-of-Hours Service, most respondents stated that the service should either be maintained in its current form, or in fact be expanded to include more bases. People also make suggestions around utilising more digital technologies such as phone consultations and video calls to save people from having to travel long distances.

Norwich Walk-in Centre

The NWICB proposed two options for the future of the Norwich Walk-in Centre, the first being to close the centre entirely, while the second saw to reduce the opening hours to just the morning. The public expressed overwhelming opposition to the proposed closure or the reduction of hours for the Norwich Walk-in Centre, with the majority stating that either option would have a negative impact on them. Stakeholders including North Norfolk District Council and Stiffkey Parish Council were sceptical of the proposed changes. Some of the most frequent reasons cited for the negative impact that the proposed options would have on the public included:

- Lack of timely GP access, including same day appointments, necessitated the Walk-in Centre's continued existence. People expressed difficulties booking appointments with their GP for urgent but not A&E worthy issues, and as such sought care and advice from the WIC.
- Similar to concerns expressed towards the proposed changes to the GP OOH Service, people felt that by closing or reducing the WIC, pressure on A&E would be exacerbated.
- The financial investment that would come as a result of the closure of the Norwich Walk-in Centre was seen as negligible and unlikely to improve the provision of services that GP practices in the region were able to offer. Respondents perceived the investment to be too small and the problem of accessing GP practices to be too large.
- There was concern that by closing the WIC, vulnerable people including unregistered patients would see their options for accessing healthcare severely limited which in turn would serve to increase poorer health outcomes among those demographics.

If faced with the choice of Option A or B, respondents chose the latter as it was seen as preferable to a full closure of the centre.

When asked whether they had any suggestions for the future of the Norwich Walk-in Centre, the majority of respondents stated that it should be maintained in its current form, while others went further by arguing that the hours of the site should be expanded and that other Walk-in Centres should be established in the region, demonstrating the value that people attributed to the service.

Vulnerable Adults Service Health Inclusion Hub

The NWICB put forward two options for the future of the Vulnerable Adults Service Health Inclusion Hub, these being to keep the hub at its current location in Norwich or move to an outreach model that would move across the region. While some people did say that the outreach model would offer fairer access to the service, most participants strongly supported maintaining the hub at its current location. The most common concerns cited for keeping the service as it was included:

- A mobile service model (Option B) would disrupt continuity of care and trust in the service that is essential for adults in vulnerable situations to be able to access the care they need.
- Current users of the service often lack the transport or means to follow a schedule that would come from moving to a mobile model, resulting in reduced access to the service.
- Many people highlighted a lack of detail or costing for what a mobile model would look like and were therefore reluctant to support such a proposal until more depth had been provided.

Option A- to maintain the Vulnerable Adults Service Health Inclusion Hub at its current location was deemed to be preferable by most respondents.

When asked if they had any suggestions for the future of the VASHIH, respondents provided a variety of answers. These included delivering both Option A and B simultaneously: keeping the Norwich base while also providing outreach services to the wider Norfolk and Waveney region. Most notably there were calls from both staff and service users of the VASHIH, to change both the name and logo of the service as they were found to be stigmatising and potentially intimidating to asylum seekers and ex-offenders.

Recommendations



The NWICB decided to close the consultation early and withdraw the proposed changes to the services focused on within this report, however if Healthwatch Norfolk were to make recommendations on the findings of the surveys then they would be to:

- 1. Maintain the current number of locations for the GP Out-of-Hours Service**
 - a. Failing that, select Option A, which offered the smallest reduction to services.
- 2. Maintain the current provision of service at the Norwich Walk-in Centre**
 - a. Failing that, select Option B, which is seen as preferable to the closure of the service.
 - b. Take into account the strongly-held views of the public expressed in this report, as well as in the report produced for the consultation on the Norwich Walk-in Centre in 2022 (Healthwatch Norfolk), when considering future changes to the service.
- 3. Maintain the current provision of service at the Norwich location for the Vulnerable Adults Service Health Inclusion Hub.**
 - a. Without jeopardising the Norwich base, consider the possibility of a future outreach model to engage with the wider Norfolk and Waveney region.
- 4. Consider renaming the Vulnerable Adults Service and produce a new logo;** both actions serving to reduce stigma.

The following recommendations pertain to the limitations discussed in the methodology section of the report:

- 5. Improve survey design and data collection method.**
 - a. Create service-specific questionnaires to avoid confusion (especially when multiple services are under review).
 - b. Balance questions between qualitative and quantitative input to allow for both statistical analysis and nuanced feedback.
 - c. Ensure that surveys are user-tested for readability, flow, and length to prevent survey fatigue.

Response from the Norfolk and Waveney Integrated Care Board

Firstly, we would like to thank everyone who took part in the consultation and shared their views on the different options we put forward. It is vital that people's experiences of the care they receive help to shape local health and care services. Secondly, we would like to thank Healthwatch Norfolk for their role in this consultation, the work they put into gathering people's views and this report.

On 19 May, we announced our decision to stop the consultation and keep the Norwich Walk-in Centre open. We also confirmed that no changes would be made to the GP Out of Hours Service or the Vulnerable Adults Service. At the time, we explained that the strategic direction of the ICB was to increase 'neighbourhood' level services and improve access to primary care, in line with what was expected to be in the government's 10 Year Plan. We said it therefore made sense to end the consultation and take stock of plans once the 10 Year Plan had been published.

The 10 Year Plan has now been published, and it does describe a national shift of resources from acute to community services, which we welcome. We are now reviewing what the plan says in detail and looking at what it means for Norfolk and Waveney.

Here is our response to each of the five recommendations:

1. Maintain the current number of locations for the GP Out-of-Hours Service.

This service will continue as it is and all the existing bases will remain open for the foreseeable future. The bases are not solely used for out-of-hours services; they are shared spaces that support a range of healthcare functions. While usage may vary between sites, the premises are part of a broader, flexible approach to providing accessible care across the region.

2. Maintain the current provision of service at the Norwich Walk-in Centre.

The ICB is now in the process of putting in place a new contract for the Norwich Walk-in Centre, as the current contract is nearing its end. The current contract ends on 31 March 2026 and we are in the process of procuring a new three-year contract to give time for new neighbourhood health services to develop and determine (in conjunction with local people) what services are needed to address health inequalities and improve outcomes.

3. Maintain the current provision of service at the Norwich location for the Vulnerable Adults Service Health Inclusion Hub.

Similarly, the ICB is now in the process of putting in place a new contract for the Vulnerable Adults Service, as the current contract is nearing its end. We are committed to keeping the service based in Norwich. As with the Norwich Walk-in Centre, the current contract ends on 31 March 2026 and we are in the process of procuring a new three-year contract to give time for new neighbourhood health services to develop and determine (in conjunction with local people) what services are needed to address health inequalities and improve outcomes.

4. Consider renaming the Vulnerable Adults Service and producing a new logo.

This is helpful and reinforces other feedback we have received about the name of the service. The logo is owned by the current provider. We will take the feedback into account as part of the process we are going through to put in place the new contract. The current draft of the service specification is for an 'Inclusion Health Hub'. While this may be the name of service we are procuring, it does not have to be the 'name above the door'. We would be happy to work with the new provider of the service, once the contract is awarded, and users of the service, to co-produce a new name.

5. Improve survey design and data collection methods.

We are always looking to improve and enhance the methods we use to gather the views of and engage with local people and communities. We will use the feedback from this report and learning from this experience when planning future activities.

References

- Healthwatch Norfolk. (2022). *Engagement on the Norwich Walk-in Centre: Final Report*. Norwich: Healthwatch Norfolk.
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- Norfolk Insight. (2024, August 8th). *Population Report for Norfolk*. Retrieved from Norfolk Insight: https://www.norfolkinsight.org.uk/population/#/view-report/63aedd1d7fc44b8b4dffcd868e84eac/___iaFirstFeature/G3

Appendices

Appendix One: GP Out of Hours Service and Walk-In Centre | NWICB Consultation Survey

1. Have your say on proposed changes to services in Norfolk and Waveney

Please answer the following questions around the GP Out of Hours Service and the Norwich Walk-In Centre.

Responses to the consultation are being collected and analysed by Healthwatch Norfolk.

Healthwatch Norfolk is the independent voice for patients and service users in the county. We gather your views of health and social care services to ensure they are heard by the people in charge.

Healthwatch Norfolk will produce a report for NHS Norfolk and Waveney ICB about the responses to this consultation.

You can read Healthwatch Norfolk's full privacy policy at: www.healthwatchnorfolk.co.uk/about-us/privacy-statement.

1. Healthwatch Norfolk produce a newsletter about health and social care in Norfolk. If you'd like to receive this newsletter please leave your email address here:

2. Please select any that apply to you:

- ☐ I have personally used the Walk-In Centre in the last 12 months.
- ☐ I have supported someone else to use the Walk-In Centre in the last 12 months, e.g. friend, family, carer.
- ☐ I work at the Walk-In Centre.
- ☐ I have personally used the GP Out of Hours Service in the last 12 months.
- ☐ I have supported someone else to use the GP Out of Hours Service in the last 12 months, e.g. friend, family, carer.
- ☐ I work at the GP Out of Hours Service.

☐ I am responding on behalf of a local organisation (please state).

☐ Other (please state).

2. Section 1- GP Out of Hours Service

Section 1- GP Out of Hours Service

3. Option A – Reduce the number of bases for face-to-face appointments from nine to five during the week and six at the weekend.

If we decided to do this, what impact would it have on you?

4. Option B – Reduce the number of bases for face-to-face appointments from nine to three during the week and six at the weekend.

If we decided to do this, what impact would it have on you?

5. Option C – Reduce the number of bases for face-to-face appointments from nine to three.

If we decided to do this, what impact would it have on you?

6. Do you have any other suggestions about how the GP Out of Hours Service could operate in future?

If yes, please tell us about these by writing them in the box below:

3. Section 2- The Norwich Walk-In Centre

Section 2- The Norwich Walk-In Centre

7. Option A – Close the Norwich Walk-in Centre and spend £1.5m more on GP practices across Norfolk and Waveney, using a fairer funding formula.

If we decided to do this, what impact would it have on you?

8. Option B – Keep the Norwich Walk-in Centre open but reduce the opening hours, and spend £750,000 more on GP practices across Norfolk and Waveney, using a fairer funding formula.

If we decided to do this, what impact would it have on you?

9. Do you have any other suggestions about how the Norfolk Walk-in Centre could operate in future?

If yes, please tell us about these by writing them in the box below:

4. About you

We want to make sure that services are open and accessible and that our consultations are representative of the community we serve and the people that use our services. Please help us measure how far we are achieving this by answering the following questions.

Please note: You do not have to give us this information, but it will help us if you do. We will keep this information confidential and will not use it for any other purpose.

10. How old are you? (Please write the answer in the box below using numbers rather than letters)

11. Are you...? (Please tick one box only)

- ☐ Male
- ☐ Female
- ☐ Prefer not to say

☐ Prefer to self-describe, please state:

12. How would you describe your ethnicity?

Asian or Asian British:

- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi
- ☐ Chinese
- ☐ Any other Asian / Asian British background

Black / Black British:

- ☐ Caribbean
- ☐ African
- ☐ Any other Black, Black British, or Caribbean background

Mixed / Multiple ethnic groups:

- ☐ White and Black Caribbean
- ☐ White and Black African
- ☐ White and Asian
- ☐ Any other Mixed or Multiple ethnic groups background

White:

- ☐ English, Welsh, Scottish, Northern Irish or British
- ☐ Irish
- ☐ Gypsy, Traveller or Irish Traveller
- ☐ Roma
- ☐ Any other White background

Other:

- ☐ Arab
- ☐ Prefer not to say
- ☐ Any other ethnic group- please state.

13. What is your first language? For example, English.

☐ English

☐ Other- please state:

14. Where do you live? Please provide the first part of your postcode (e.g. NR4) or leave this blank if you have no fixed abode.

15. Do any of the following apply to you? Please tick all that apply.

☐ I am a carer

☐ Someone cares for me

☐ I have a disability

☐ I have a long term condition

☐ None of the above

☐ I prefer not to say

16. Where did you hear about this survey?

☐ GP website

☐ Healthwatch Norfolk Event

☐ Healthwatch Norfolk Newsletter

☐ Healthwatch Norfolk Website

☐ News (website / radio / local newspaper)

☐ Search Engine (e.g. Google)

☐ Social Media (e.g. Facebook / Instagram / Twitter)

☐ Through a friend or co-worker

☐ YouTube

☐ Other (please specify):

Appendix Two: Vulnerable Adults Service Health Inclusion Hub | NWICB Consultation Survey

Please answer the following questions around the Vulnerable Adults Service.

Responses to the consultation are being collected and analysed by Healthwatch Norfolk.

Healthwatch Norfolk is the independent voice for patients and service users in the county. We gather your views of health and social care services to ensure they are heard by the people in charge.

Healthwatch Norfolk will produce a report for NHS Norfolk and Waveney ICB about the responses to this consultation.

You can read Healthwatch Norfolk's full privacy policy at: www.healthwatchnorfolk.co.uk/about-us/privacy-statement.

1. Healthwatch Norfolk produce a newsletter about health and social care in Norfolk. If you'd like to receive this newsletter please leave your email address here:

2. Please tick all that apply to you.

- ☐ I have personally used the Vulnerable Adults Service in the last 12 months.
- ☐ I have supported someone else to use the Vulnerable Adults Service in the last 12 months, e.g. friend, family, carer.
- ☐ I work for the Vulnerable Adults Service.
- ☐ I am responding on behalf of a local organisation (please state).
- ☐ Other (please state):

2. The Vulnerable Adults Service Health Inclusion Hub

3. Option A – Continue to provide the service from its current base in Norwich.

If we decided to do this, what impact would it have on you?

4. Option B – Create a team that goes to different communities across Norfolk and Waveney to provide the service, and close the base in Norwich.

If we decided to do this, what impact would it have on you?

5. Do you have any other suggestions about how the Vulnerable Adults Service Health Inclusion Hub could operate in future?

If yes, please tell us about these by writing them in the box below:

3. About you

We want to make sure that services are open and accessible and that our consultations are representative of the community we serve and the people that use our services. Please help us measure how far we are achieving this by answering the following questions.

Please note: You do not have to give us this information, but it will help us if you do. We will keep this information confidential and will not use it for any other purpose.

6. How old are you? (Please write the answer in the box below using numbers rather than letters)

7. Are you...? (Please tick one box only)

☐ Male

- ☐ Female
- ☐ Prefer not to say
- ☐ Prefer to self-describe, please state:
-

8. How would you describe your ethnicity?

Asian or Asian British:

- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi
- ☐ Chinese
- ☐ Any other Asian / Asian British background

Black / Black British:

- ☐ Caribbean
- ☐ African
- ☐ Any other Black, Black British, or Caribbean background

Mixed / Multiple ethnic groups:

- ☐ White and Black Caribbean
- ☐ White and Black African
- ☐ White and Asian
- ☐ Any other Mixed or Multiple ethnic groups background

White:

- ☐ English, Welsh, Scottish, Northern Irish or British
- ☐ Irish
- ☐ Gypsy, Traveller or Irish Traveller
- ☐ Roma
- ☐ Any other White background

Other:

- ☐ Arab
- ☐ Prefer not to say

☐ Any other ethnic group- please state.

9. What is your first language? For example, English.

☐ English

☐ Other- please state:

10. Where do you live? Please provide the first part of your postcode (e.g. NR4) or leave this blank if you have no fixed abode.

11. Do any of the following apply to you? Please tick all that apply.

☐ I am a carer

☐ Someone cares for me

☐ I have a disability

☐ I have a long term condition

☐ None of the above

☐ I prefer not to say

12. Where did you hear about this survey?

☐ GP website

☐ Healthwatch Norfolk Event

☐ Healthwatch Norfolk Newsletter

☐ Healthwatch Norfolk Website

☐ News (website / radio / local newspaper)

☐ Search Engine (e.g. Google)

☐ Social Media (e.g. Facebook / Instagram / Twitter)

☐ Through a friend or co-worker

☐ YouTube

☐ Other (please specify):

Appendix Three: Consultation Response from East of England Ambulance Service NHS Trust (EEAST)



East of England Ambulance Service
NHS Trust
Whiting Way
Melbourn
Cambridgeshire
SG8 6NA

Consultation on potential changes to the GP Out of Hours Service, GP practices, the Norwich Walk-In Centre and the Vulnerable Adults Service Health Inclusion Hub in Norwich

Dear Chris,

Thank you for consulting [East](#) of England Ambulance Service NHS Trust (EEAST) on the above service changes.

EEAST fully recognises the need for Norfolk & Waveney ICBs to review how it uses health care funding and supports the following options:

Adults Service Health Inclusion Hub - Option B

EEAST believes Option B to create a team that goes to different communities across Norfolk and Waveney and closing the base in Norwich would provide a greater range of support to service users across the Norfolk & Waveney area.

Norwich Walk-in Centre - Option A

EEAST believes Option A closing the Norwich Walk-in Centre and redistributing £1.5m more on GP practices using a fairer funding formula would provide greater benefits across Norfolk and Waveney.

Chief Executive: Neill Moloney
Chair: Mrunal Sisodia OBE
www.eeastamb.nhs.uk



GP Out of Hours Service – Option C

EEAST believes Option C to reduce the number of bases for face-to-face appointments from nine bases to three bases is the best solution. The only caveat being that providing Option A is used for the Walk-in Centre.

EEAST acknowledges reduction in patients attending the walk-in centre for face-to-face visits may impact greater on the elderly and those who are unable to drive. However, improving access and increasing the number of appointments for patients during normal GP practice opening hours would provide significant benefits to all patients/residents.

In addition, EEAST may see potential reduction in some users requiring emergency ambulance services (See Appendix 1).

EEAST looks forward to hearing the outcome of the public consultation and continuing to work with N&WICB on this and other health matters.

Sincerely

|



Neill Moloney
Chief Executive Officer

Appendix Four: Consultation Response from North Norfolk District Council

Norfolk and Waveney Integrated Care Board consultation

Options to change service delivery arrangements for the GP Out of Hours and Norwich Walk-in Centre services – Submission on behalf of North Norfolk District Council

The Norfolk and Waveney Integrated Care Board is undertaking consultation on proposals to change the service provided by the GP Out of Hours and the Norwich Walk-In Centre services.

The consultation was originally to run for the period 3rd March to 27th April 2025, but the consultation process was extended until 25th May 2025 because of the local government elections held on 2nd May.

North Norfolk District Council's Overview and Scrutiny Committee discussed this matter at their meeting of 9th April 2025 and this response reflects the discussions and decisions of that meeting.

Introductory and Contextual comments:-

The North Norfolk District serves a resident population of 103,000 people and covers an extensive geography of over 360 square miles. The district has a 45-mile coastline and is highly rural. Approximately 50% of the

population lives in the district's seven market and coastal towns (North Walsham – population 13,000; Cromer – 8,000; Fakenham – 8,000; Sheringham – 7,000; Holt – 4,500; Stalham – 3,500; Wells-next-the-Sea – 2,600) which all act as local service centres with primary care GP surgeries for their resident populations and rural hinterlands. The other 50% of the local population live in over 110 small villages and settlements across the district.

North Norfolk has one of the oldest demographics in the country, with 33.4% of the district's population (34,900 individuals) being over 65, compared to a Norfolk average of 25% and an England average of 18.4% (2021 Census and LG Inform). The district is a popular area for retirement such that it is anticipated that the number of older people in the district will grow further in the years to come. Whilst car ownership is high across the district as a whole, many people in older age may be unable to drive and therefore become reliant on the limited public and community transport services to access essential services such as healthcare.

The issues of North Norfolk's aged and ageing population was recognised by the Chief Medical Officer, Professor Chris Whitty, in his 2023 annual report "Health in an Ageing Society", in which he specifically mentioned North Norfolk and made recommendations that action be taken to provide more services for older people in order to improve their quality of life and prioritise service improvements and development in areas with the fastest growth in numbers of older people.

The proposed changes in the provision of the Norfolk and Waveney GP Out of Hours service, currently delivered from Fakenham and North Walsham, is therefore of significant concern to North Norfolk District Council. This is because the proposals subject to the current consultation process detail options for a reduction in the GP Out of Hours service which raise issues of accessibility to health services in a peripheral rural area of the county which already experiences poor ambulance response times, high demand for GP appointments and involves residents in long distances to access Walk-In or Accident and Emergency services at acute hospitals in Norwich, Great Yarmouth and Kings Lynn outside of core hours – ie during the night, at weekends and Bank Holidays.

The majority of the North Norfolk District is served by the Norfolk and Norwich University Hospital in Norwich, which is some 26 miles by road from Cromer and further from communities along the remote, rural North Norfolk Coast meaning ambulance response and journey times for cardiac and stroke calls are long compared to national comparisons and performance standards. It takes an average of 53 minutes to travel from large parts of North Norfolk to the NNUH, meaning that out of all the Local Authority Districts in England, North Norfolk has some of the highest average journey times to an acute hospital in England. In the context of North Norfolk specifically, the Council believes that if there are residents seeking to access Out of Hours GP services from large parts of North Norfolk at Norwich, Great Yarmouth or Kings Lynn requiring personal travel by car because more 'local' services at Fakenham and North Walsham are withdrawn, it is believed they would be more likely to attend A&E rather than the Out of Hours GP service. The Council is therefore concerned that any reduction in GP Out of Hours services delivered in North Norfolk will involve increased inconvenience to North Norfolk residents through presentations at distant acute hospitals – either by ambulance transport or Accident and Emergency presentations, creating different pressures on NHS resources.

GP Out of Hours service - Current provision and proposed options:-

Under the current arrangements the GP Out of Hours service provides patients with urgent access to general practice services when GP practices are closed. The service does not provide routine care, it is for people needing urgent treatment, but not generally for conditions which require ambulance or urgent care services provided through acute hospitals. The service is accessed via the NHS 111 telephone number.

In North Norfolk the GP Out of Hours service operates between the hours of 18:30 and 08:00 Monday to Friday and 08:00 – 20:00 Saturday and Sunday at North Walsham and the hours of 08:00 – 20:00 Saturday and Sunday at Fakenham. At both locations data included within the consultation documentation suggests

that the number of visits to the Out of Hours service has reduced significantly in the period 2019 to 2024, with the Fakenham service recording only 29 visits during 2024, with North Walsham recording 2,271 in the same year. What isn't explained however, is whether the low number of visits to the Fakenham service was down to low demand or the restricted availability of service due to staffing issues etc such that people from the west of the district calling the Out of Hours service number were referred to other locations such as North Walsham, Dereham or Kings Lynn – thereby under-reporting the level of service which might have been demanded in the Fakenham area. Local councillors from communities along the coast (Blakeney area) reported that they had knowledge of when their residents had called the Out of Hours service they were advised to attend the service at North Walsham, rather than Fakenham which would have been closer. This might have distorted the level of demand for service at the Fakenham base.

The consultation document details three possible service option changes as follows:-

Option A – Reducing the number of bases for face-to-face appointments for Out of Hours GP services from nine to five during the week and six at the weekend. This option would see the retention of the service at North Walsham (albeit on reduced hours 19:00 – 24:00 Monday to Friday and slightly extended hours 08:00 – 22:00 Saturday and Sunday) and closure of the service at Fakenham. This option would save circa £75,000 per annum from April 2026.

Option B – Reduce the number of bases for face-to-face appointments from nine bases to three during the week and six bases at the weekend. This would see the North Walsham service closed during the week but available between the hours of 08:00 and 22:00 on Saturdays and Sundays and closure of the service at Fakenham. This option would save circa £75,000 per annum from April 2026.

Option C – Reduce the number of bases for face-to-face appointments from nine bases to three. This would see the closure of the services at both North Walsham and Fakenham and the Out of Hours service only delivered in future from bases at Norwich, Great Yarmouth and Kings Lynn. This option would save circa £120,000 per annum from April 2026.

None of the three options is acceptable to North Norfolk District Council and the authority would question what rural impact assessment has been made of any of the proposals given that it would appear that rural communities are hugely disadvantaged through all of the proposals by the proposed closure of bases in rural areas, whilst the service is retained in the largest urban centres of Norfolk, where other services are more widely available – ie easier access to a range of pharmacies operating the Pharmacy First programme, the Walk-In Centre at Norwich and access to Accident and Emergency units at the acute hospitals in each of those locations.

Given the context of the overall health budget in Norfolk and Waveney (detailed as being £2.5 billion per annum) the savings envisaged by these proposals are very modest and, in the context of rural communities, would see the cost of accessing health services further transferred to local people who would have larger distances and travel costs to access a GP Out of Hours service. The proposals also appear to be contrary to statements made by Wes Streeting, Secretary of State for Health and Social Care who has stated that the new Government wishes to see more preventative and primary health care delivered in the community and not through acute hospitals. **North Norfolk's rural communities appear to be significantly disadvantaged by these proposals.**

Detailed comments:-

North Norfolk District Council is concerned at the proposed closure under all three options of the GP Out of Hours Service at Fakenham. Local ward members from the Fakenham area have stated that there are already long waiting times (of up to four weeks) for routine appointments with the Fakenham Medical Practice, which was of increasing concern to local residents. It was therefore stated that the GP Out of Hours

service at Fakenham (provided from a dedicated space at the Fakenham Medical Centre) should be retained at weekends.

Members were concerned at the lack of data to inform the options outlined. At Fakenham, particularly, there is no explanation given to the very low number of people seen by the service during 2024 and concerns were raised that the service had been allowed to run-down perhaps through this location being the first to not operate at times of staff shortages – so in effect the service was already unavailable by patients seeking to access the service at Fakenham being directed by the NHS 111 service to other locations at North Walsham, Kings Lynn and Dereham. There is also no data provided as to whether people from the Fakenham area were instead calling for an ambulance or attending A&E at either Norwich or Kings Lynn for urgent conditions – thereby creating pressures on other (more costly) NHS services.

Comment was also made about the previous decision taken by the ICB to approve the closure of the GP surgery at Blakeney on the North Norfolk Coast, which has already seen access to primary healthcare for some 2000 patients made more difficult and these proposals to close the Fakenham Out of Hours GP service would further disadvantage this remote, rural population. Again there is no data provided as to the impact of this earlier decision on residents of the Blakeney area and whether the closure / reduced service from the surgery over the past few years (before approval of permanent closure was confirmed) has resulted in an increase in presentations by residents of this area to the NHS 111 service, GP Out of Hours service, calls to the Ambulance Service or presentations at A&E units.

Concern was also raised by local councillors across the district about the level of proposed housing and population increase in the North Norfolk District over the next ten to fifteen years which would increase the demand for health services and therefore questioned the wisdom of the proposals for very modest cost savings, which again would see demand expressed for more costly services such as calls to the ambulance service or presentations to A&E units, both of which are already over-stretched in Norfolk and not meeting national performance targets.

Concerns were also raised about the shortage of pharmacists in North Norfolk meaning that a number of pharmacies in locations across the district were operating on reduced hours – further compromising the principles of the Pharmacy First programme where community pharmacists are able to prescribe medication and treatment for seven common conditions which might result in patients seeking a GP appointment (including through the Out of Hours service) for urgent albeit relatively minor conditions. This is again creating an inequality of access for residents of rural areas.

Norwich Walk-In Centre - Current provision and proposed options:-

The Norwich Walk-In Centre is centrally located on Rouen Road in Norwich City Centre, relatively easily accessible by bus and personal transport. The Walk-In Centre provides General Practice services to everyone attending – people accessing the service do not need to be registered with a GP or indeed the NHS at all. It is a walk-up service without the need to book an appointment in advance – in this respect it is believed that some people who might find it difficult to book an appointment with their GP practice might present with conditions at the Walk-In Centre, rather than having to wait for an appointment with their own GP. The Centre is open seven days a week between the hours of 07:00 – 20:00. 65% of people attending are registered with a GP practice in the Greater Norwich area; but the data pack supporting the consultation process indicates that people resident across the North Norfolk district also accessed the service in the period September 2023 to August 2024. In this respect it is believed that the Walk-In Centre provides a valuable primary care resource as part of Norfolk and Waveney's health system, providing approx 72,000 appointments per year which would otherwise result in attendances elsewhere in the system – ie most likely GP or Pharmacy First presentations. The current Walk-In Centre service is estimated to cost £1.78 million in 2025/26.

The consultation document details two possible service option changes as follows:-

Option A – Close the Norwich Walk-In Centre and spend £1.5million more on GP practices across Norfolk and Waveney, using a fairer funding formula. This option would see the closure of the Norwich Walk-In Centre and investing £1.5million back into GP practices to help close the gap between the GP practices that receive the most money per patient and those that receive the least and see a wider saving of £280,000 per annum.

No details are provided as to which GP practices will receive additional funds or at what scale, beyond saying the money is most likely to be in urban areas such as Norwich, Great Yarmouth, Kings Lynn, Lowestoft and Thetford where health and social need is greatest and where the practices in receipt of the additional funding will be asked to support patients with chronic condition management over a three year period.

It is not therefore believed that significant additional funding will be made available to North Norfolk GP practices as a result of any decision taken to close the Norfolk Walk-In Centre, although its closure is likely to see some volume of North Norfolk residents who have accessed the service likely to seek appointments with their own GP, where it is reported across many practices in the district that there are already waits of up to four weeks for routine GP appointments and challenges in accessing even urgent appointments. In this respect it is not believed that the closure of the Norwich Walk-In Centre will lead to any improved level of GP service in North Norfolk – therefore **North Norfolk District Council states its objection to the proposed closure of the Norwich Walk-In Centre as proposed under this Option.**

Option B – Keep the Norwich Walk-In Centre open but reduce the opening hours and spend £750,000 more on GP practices across Norfolk and Waveney, using a fairer funding formula. This option proposes retaining the Norwich Walk-In Centre but reducing its opening hours to four hours a day rather than the 12 hours of operation currently. The Centre would be open of a morning when the service is busiest. This proposal would see £750,000 being made available to GP practices to help close the gap between the GP practices that receive the most money per patient and those that receive the least and also deliver an saving of £280,000 per annum. When the Walk-In Centre was closed patients would need to use other health services such as their own GP practice, local pharmacy or NHS111 for advice.

As with Option A, no detail is provided as to which GP practices will receive the additional funding, but again it is considered unlikely that any significant additional funding would make its way to North Norfolk GP practices.

Of the two options detailed, **if the current level of service at the Norwich Walk-in Centre cannot be maintained, North Norfolk District Council would support this option (Option B)**, as this would provide (some) North Norfolk residents with an additional opportunity to access GP services without appointment, particularly for those who might work in the Norwich area and therefore find it difficult in securing an appointment with their own GP practice, or could use the Walk-In service at a weekend.

Should you have any questions concerning North Norfolk District Council's response to this consultation process please do come back to me.

Representation prepared by:-

Steve Blatch, Chief Executive, North Norfolk District Council

15th May 2025

Appendix Five: Consultation Response from Stiffkey Parish Council

1. Norwich Walk In Centre

Proposed Response: **Stiffkey Parish Council supports the continued funding of the Walk in Centre in the absence of comprehensive GP services. While we support the idea that total closure could provide more funding for GP practices, we would not support the closure of the Walk in Centre until such a time that GP practices are providing more comprehensive services to their patients. Given the options available, we would therefore reluctantly support Option B – Keep the Norwich Walk-in Centre open but reduce the opening hours and spend £750,000 more on GP practices across Norfolk and Waveney, using a fairer funding formula.**

2. GP out of Hours Services

Proposed Response: **Stiffkey Parish Council would argue that in many cases, out of hours GP services are not accessed because patients are generally unaware they exist and use A&E instead. We would not be in favour of any changes to the current system and number of bases in operation. We would like to comment that the data provided does not help us form a particularly educated opinion as it only gives general data and no detail in terms of times/days of when services are accessed. Given that the ICB intend to make changes, regardless, we would tentatively support Option A – Reduce the number of bases for face-to-face appointments from nine bases to five bases during the week and six bases at the weekend**

3. Vulnerable Adults Service Health Inclusion Hub

Proposed Response: **Stiffkey Parish Council is mindful that any vulnerable adults service will always be challenged by its geographic location and potentially the demographic most likely to need such a service. In the absence of data to support either option proposed, we would support Option B – Create a team that goes to different communities across Norfolk and Waveney to provide the service and close the base in Norwich. While it would be unfortunate to close the Norwich base, an outreach model would, in our view, support more members of rural communities who would otherwise have little access. We do, however, have some concern that the absence of the based in Norwich could lead to more pressure being placed on the NNUH.**

Many thanks

Stiffkey Parish Council

Appendix Six: Consultation Response from Attleborough Surgeries

PARTNERS

Dr Tom Fry
Dr Paul Roebuck

Dr Hilary Byrne
Dr Simon Vavasour

Dr Peter Read
Dr Maria Chiriba

Dr Laura Chambers

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21st March, 2025

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Dear colleague,

Attleborough Surgeries – Walk In Centre Consultation Response

I am writing on behalf of the practice regarding the consultation about the future of the Walk In Centre, Rouen Road Practice.

The main area of concern for us is the Walk In Centre (WIC) and the future provision of services to manage on the day demand should WIC close or have significantly reduced capacity. Both option A and B proposed as part of ICB consultation deliver outcomes that have an unacceptable impact on our Practice and patients, with very little or no compensatory service in return.

Our comments to the two proposed options published by the ICB:

Option A: We strongly object to this option which would cause significant impact to our patients and Practice. Despite Attleborough Surgeries significantly investing in our same day provision, demand regularly outweighs what can be safely managed by a full time duty GP and team of advanced care practitioners. The signposting, once all on the day capacity has been exhausted for our patients, is therefore to the WIC, a service which was originally funded to provide a same day service to all patients. Additionally the 'fairer funding' allocation suggested by the ICB, favours a very small number of Practices/areas, of which Attleborough is excluded. Weighted capitation within the GMS global sum is already calculated to take account of deprivation indices and need and therefore Practices that have specific patient demographics that impact on this, have already been 'levelled up' in their funding allocations through this mechanism. The ICB are essentially proposing a model of fairer funding which mirrors the previous PMS funding systems, which was abolished a number of years ago, as it was not fit or appropriate as a mechanism for funding primary care. The fairer funding model proposed is therefore not fair, but discriminatory against Practices who have lower patient weighting, but still very high patient demand.

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Option B: Reduction in hours of provision from 12 to 4 per day, with this service being delivered in the morning. We note your comment that the morning is the time of highest use of the service, but this provides no profile across the Practices who's patients benefit from this resource and we believe strongly favours Norwich based Practices who historically rely on the WIC as part of their core delivery of same day access for their patients. Our Practice works hard to manage on the day demand for patients with acute primary care needs and we staff this service well with a full day of GP allocation and several Advanced Care/Nurse Practitioners and a dedicated receptionist. Once our on the day capacity is full, we manage any continued flow of acute patient demand for patients who can not wait through signposting to WIC, the only other alternative being to A&E for those patients who are unable to wait to be reviewed, due to the nature of their health issue. For the Practice, this signposting usually begins to happen later in the day/early afternoon, when we have reached our maximum safe capacity.

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 we signpost once we have reached our maximum safe capacity, or who work in or visit the city and also those who attend it out of hours or are advised to attend by 111.

It would disadvantage our patients should the WIC only operate very limited hours, early in the day, and will predominantly benefit patients registered with Norwich GP Practices, as already discussed. The proposed outcome would also continue the inequity 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.

The consultation document and questions are in our view not fit for purpose – the focus is on only closure or an unacceptable reduction in service at a time not appropriate to our patients and excludes key stakeholders such as our Practice.

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. This was suggested in 2023 when the previous consultation took place regarding the WIC.

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Please accept this as our response to the consultation.

With best wishes,

Your sincerely,



Dr Tom Fry
Senior GP Partner

On behalf of:

Dr Hilary Byrne
Dr Peter Read
Dr Paul Roebuck
Dr Simon Vavasour
Dr Maria Chriba
Dr Laura Chambers

Cc Norfolk and Waveney Integrated Care Board



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