

<b>MEETING:</b>	Health Overview and Scrutiny Committee
<b>DATE:</b>	2 <sup>nd</sup> October 2018
<b>TITLE:</b>	Options for the future of the walk-in-centre
<b>LEAD DIRECTOR:</b>	Clare Henderson, Director of Commissioning, Haringey and Islington CCGs
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### SUMMARY:

In 2009 Angel Medical Services was commissioned to provide a Walk in Centre which has been based at Ritchie Street Medical Centre in the South of the borough for almost ten years. The Walk in Centre is open to all patients whether or not they reside in Islington or are registered with an Islington GP. The service is staffed by a mix of GPs and nurses and is available from 8.30 every morning (weekdays and weekends)

The contract for the service expires in March 2019, though there is an option to extend this to September 2019. The CCG is using this opportunity to consider:

- The service model and whether this is still appropriate and meets patient need;
- Equity of access for all Islington residents;
- Strategic fit with the national and local urgent care strategy and imperative to reduce the complexity of options for accessing urgent care;
- Quality and safety;
- Patient choice;
- Value for money

The CCG is currently undertaking a six month programme of engagement with patients and professionals to inform the decision making process and is keen to seek the views of the Health Overview and Scrutiny Committee about the potential options for delivering urgent primary care services and for its advice about the current and future engagement with stakeholders to inform decision making.

### SUPPORTING PAPERS:

Paper prepared for the Islington Health overview and Scrutiny Committee

### RECOMMENDED ACTION:

The Islington Health overview and scrutiny Committee are asked to:

- **NOTE** the process of engagement that the CCG is undertaking to inform decision making in relation to future investment in same day primary care provision;
- **APPROVE** the further engagement plans described; and

- **ADVISE** whether any further engagement or consultation would be deemed necessary.

## 1. Introduction

In the decade from 2000-2010, the NHS opened more than 230 walk-in centres across England. The aim was to improve patients' access to primary care, modernise the NHS to be more responsive to patients' busy lifestyles and offer patients more choice.

There is no standard definition of an NHS walk in centre (WIC). The centres were meant to deliver primary care differently from the traditional way in which general practitioners (GPs) provide primary care services to patients who register with their practice. The walk-in centres allowed patients to access care from a GP or a nurse with no need to register or to pre-book an appointment. The centres were open for longer hours than the typical GP practice, including after normal working hours and on weekends.

The WIC in Islington was first commissioned in 2009 by Islington Primary Care Trust (PCT). The WIC is provided by Angel Medical Services under a contract until March 2019 and operates from the Ritchie Street practice. The end of the contract provides the CCG with an opportunity to review how urgent primary care services are provided, as well as their overall alignment with the CCG's and national strategies for both urgent and primary care.

In the decade since the WIC opened, there have been significant changes to the way in which urgent primary care services are commissioned. The General Practice Forward view published in April 2016, set out plans to ensure that by 2020 all patients in England have access to routine appointments in evenings and weekends. This mandate has informed the development of our extended access service, which provides access to routine primary care appointments in evenings and at weekends. The walk-in-service currently commissioned does not provide the same scope and level of service that is now provided by the extended access hubs. For example, the WIC does not provide access to the patient record, use of electronic prescribing, ability to make onward referrals, whether via e-referral or other means, and other key components of other primary care systems.

As the contract for the WIC comes to an end, Islington CCG wishes to take the opportunity to review the walk-in-service, within the context of the broader primary and urgent care services, to understand whether the walk-in model should continue, or whether the funding could be used differently to provide a better level of service to all Islington residents.

The CCG has analysed available data on the current use, cost and patient satisfaction with the service, which is set out in this paper.

The contract for the Walk in Centre (WIC) in Islington is due to end on 31<sup>st</sup> March 2019. The contract allows for an extension of six more months (until September 2019) if required. In addition to the limitations described above, the Walk in Centre is an historic contract, with an historic contract value; it would not be possible to commission the same level of service at this value now.

The purpose of the paper is to explore the future options for the service, by setting out the case for change and the strategic context within which the service sits.

## 2. About the Walk in Centre

The Angel Medical Walk-in-Centre (WIC), located at the Ritchie Street practice, has been delivering urgent primary care services for ten years. It was initially commissioned by the Primary Care Trust (PCT) to provide a seven day, 8am to 8pm service for patients registered with Islington practices and to unregistered patients from in and out of the borough as part of the flagship Darzi initiative<sup>1</sup>. When the PCT ceased to exist, and Islington Clinical Commissioning Group (CCG) was formed, the contract novated to the CCG. The service is now open Monday to Friday 8am to 8pm, and Saturdays, Sundays and bank holidays from 9am to 6pm. Appointments **cannot** be booked in advance, booked over the telephone, or booked on-line. Patients must attend the WIC in person to obtain an appointment.

As appointments are made on a book-on-the-day basis, once they are full, no further patients can be seen in the WIC. There is a cap on the number of appointments offered and they are allocated on a first come first served basis. On arrival patients are allocated an appointment time so that they can return at that time, to avoid a lengthy wait on-site. Once appointments are used up for the day (which is usually by 2-3pm), patients are advised that they can come in the next morning, use an urgent care service elsewhere, or see their own GP. The centre is commissioned to provide 23,504 consultations per year. Due to its location, the centre is well utilised by patients registered at Ritchie Street practice. The Ritchie Street practice, which also runs Angel Medical Services, states that it provides additional activity, over and above the contracted value, to meet demand from patients registered at Ritchie Street. This is intended to ensure that the capacity for the WIC to see patients from other practices is not diminished. It is not possible, however, to establish the proportion of appointments that are provided over and above the contracted value, to ensure that this is the case. The WIC does not have access to patient notes. The WIC sees any patients – whether registered in Islington, elsewhere, or not registered at all.

The service provides 20 minute appointments, which are distributed as follows

Day	Opening Times	Daily GP Appointments	Daily Nurse Appointments	Total Appointments
<b>Monday-Friday</b>	08:00 – 20:00	36	36	72
<b>Saturday-Sunday</b>	09:00 – 18:00	23	23	46

Figure 1 - Appointments per day

Annual Appointments	Total GP Appointments	Total Nurse Appointments	Total
<b>Monday-Friday</b>	9,360	9,360	18,720
<b>Saturday-Sunday</b>	2,392	2,392	4,784
<b>Total</b>	11,752	11,752	23,504

Figure 2 – Appointments per year

## 2.1. Who uses the walk-in service?

Data collected by the WIC in 2017/18 shows that GP is recorded as 'unknown' for the majority of people using the service. This can mean that these people were either not asked which GP they were registered with, or were not registered with a GP. This is partly due to a lack of

<sup>1</sup>

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/283778/WalkInCentreFinalReportFeb14.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/283778/WalkInCentreFinalReportFeb14.pdf)

consistency in the way on which the service records data. It is not possible to determine the proportion of these people that are not registered with a GP at all. The second largest group of patients to use the service are those registered with the host practice (Ritchie Street practice).

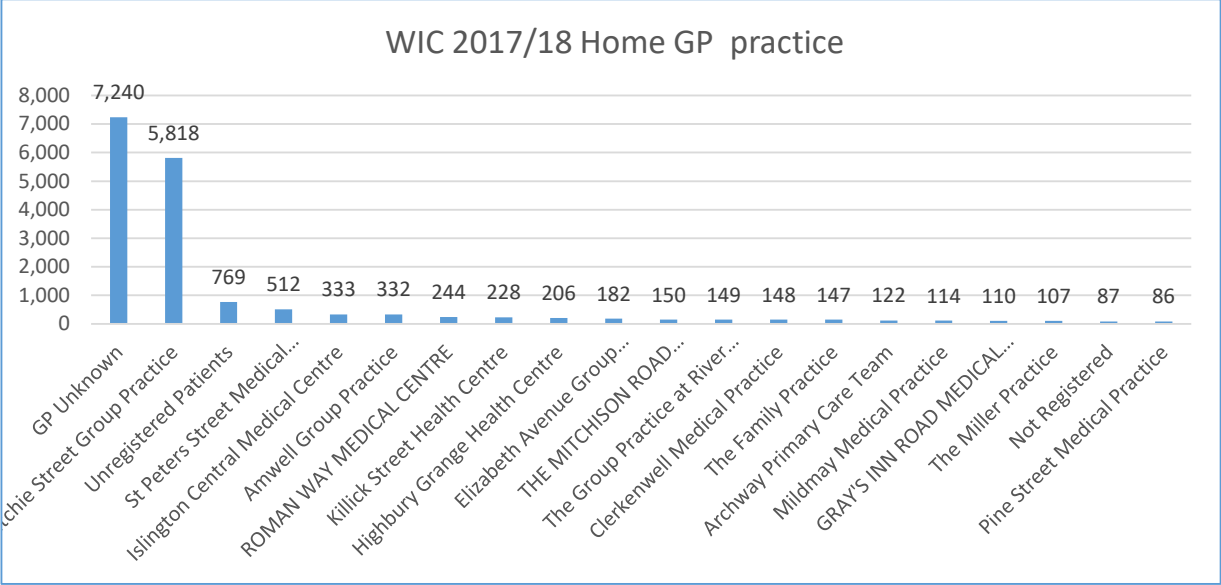


Figure 3 – appointments per practice<sup>2</sup>

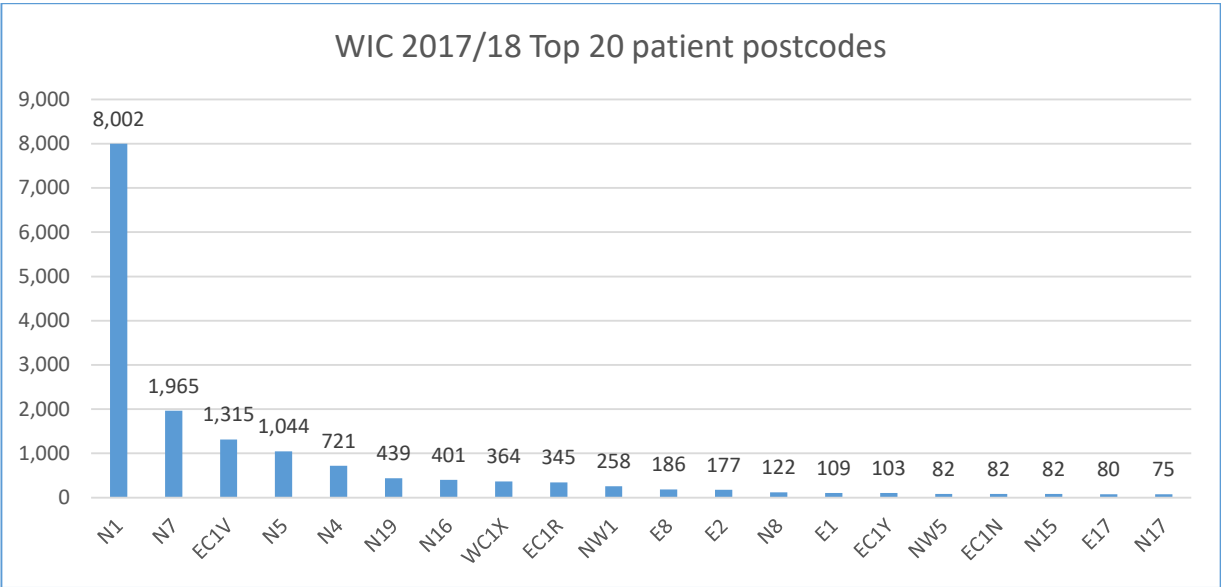


Figure 4 – postcode of patients attending the walk in centre

The data suggests that the majority of Islington practices have very few patients that use the WIC.

It is not uncommon for host practices to be the biggest user of a borough wide service and attempts were made to balance this when the service was set up. However, the disparity in access to this service for all Islington residents is quite stark, suggesting an inequality in access for all Islington residents. As noted above, Angel Medical Services do provide over and above the commissioned number of appointments in order to accommodate additional activity

<sup>2</sup> Please note that this table only includes patients from Islington practices (where GP is recorded as ‘unknown’ this may include patients from outside of Islington).

from Ritchie Street Practice patients, so a proportion of the appointments shown for Ritchie Street patients are provided at no additional cost to the commissioner. However it is difficult to establish what proportion of the activity this accounts for.

A significant proportion of people who have used the WIC live in the N1 postcode.

The following postcodes shown on the graph above are outside of Islington: E17 (Walthamstow), NW5 (Kentish Town), E1 (Mile End, Stepney and White Chapel), E2 (Bethnal green and Shoreditch), E8 (Hackney and Dalston) and N16 (Stamford Hill and Stoke Newington).

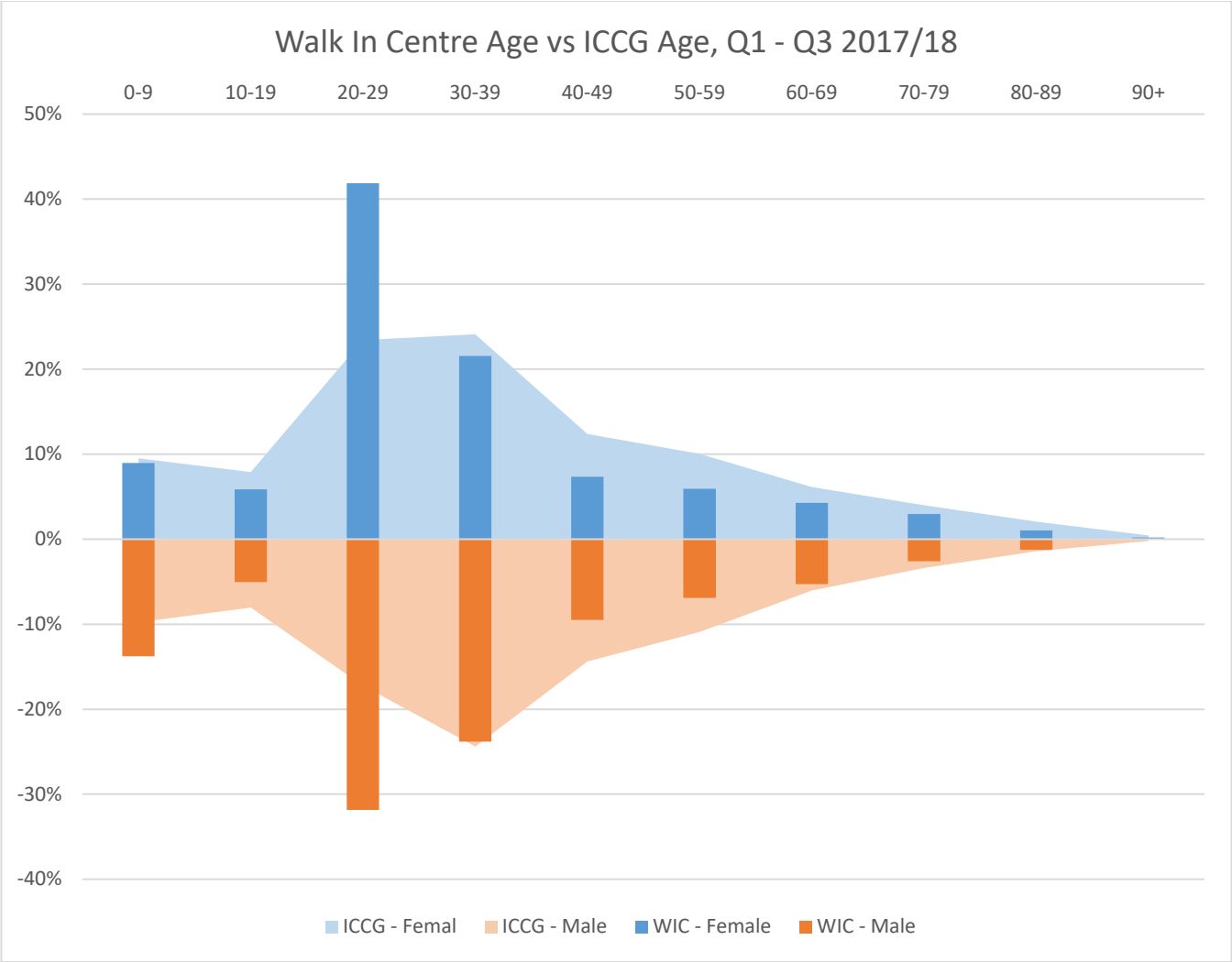


Figure 5 – Age and gender of patients attending the Walk-in Centre compared to the general population

Younger people are the predominant users of the WIC, with people between 20 and 29 attending at higher rates than other age groups. This is consistent with the findings of the Monitor Evaluation of WICs nationally in 2014<sup>3</sup>. This supports the assumption that the Walk In Centre is predominantly used by patients of working age, including those from other boroughs who are working in Islington. Women tend to use the centre slightly more than men.

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[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/283778/WalkInCentreFinalReportFeb14.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/283778/WalkInCentreFinalReportFeb14.pdf)

## AMS 2017/18 Top 10 Ethnic Origins

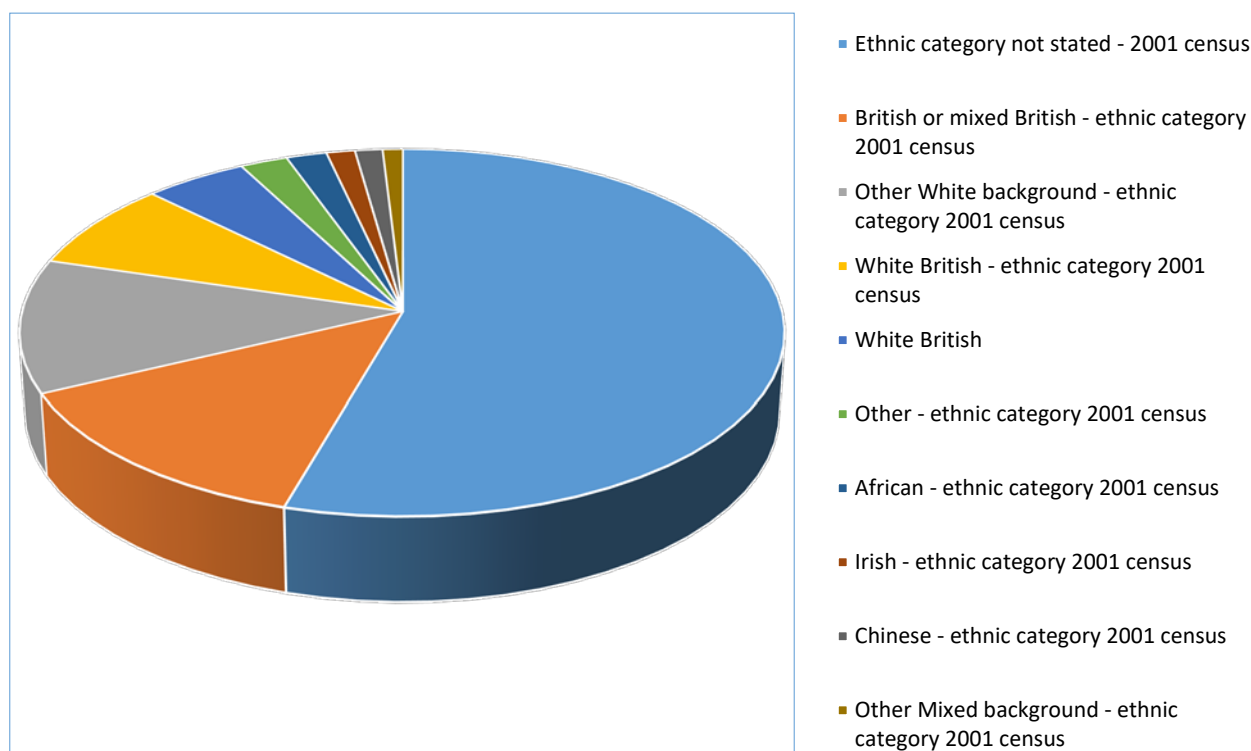


Figure 6 – ethnic origin of patients attending the Walk in Centre

The service does not consistently record the ethnic origins of patients and it is difficult to assess whether a particular group of people prefer to access same day primary care services in this way.

## 2.2. What conditions are treated at the walk-in-centre?

Information about the conditions treated at the walk in centre is not coded by the WIC; a free text section is completed by the receptionist and there is no consistency in this which allows for analysis. However, having reviewed the data, the list below reflects the main types of conditions that patients report that they are seeking an urgent appointment for. All of these conditions could be managed in primary care – general practice or pharmacy.

- Constipation/Diarrhoea
- Pain
- Minor Ear Conditions
- Cough/chest infection/sinusitis/sore throat
- Viral illness
- Rash
- Urinary tract infection
- Dysmenorrhoea
- Back Pain
- Haemorrhoids

- Dressing and wound management
- Low mood/anxiety/depression

### 2.3. The cost of the service

The current value of the WIC contract is £789k per annum. This figure includes approximately £170k which is reclaimed by cross-charging neighbouring CCGs for attendances by non-Islington patients, though the amount that is reclaimed varies from year to year. As the service does not have access to patient records, it has proved difficult to cross-charge CCGs from outside the North central London area, as they require more granular data than is provided by the service, and often challenge invoices submitted.

The following table outlines, for comparison, the current cost of primary care appointments across a range of settings. It should be noted that there is no specified cost per appointment in General Practice and that the figure set out below is based on a calculation as described below.

Service	Contract Cost (£k)	Total Appointments	Cost per appointment
IHUB	1,450	34,062	£42.57
Core Hours General Practice*	32,294	760,785	£42.44
Walk in Centre**	789	23,504	£33.57

Figure 7 – Estimated cost of primary care appointments in different settings

\* The figure of £42.44 is the Total NHSE Payments to Practices in 2016/17 (excluding LCS income), which is the most recent data, divided by total appointments provided in Primary Care.

\*\*The Walk in Centre is an historic contract, now over 10 years old. It would not be possible to issue a contract at this value now. In addition, it has several elements that are missing from current ideal provision, such as access to the Patient record, use on online prescriptions, e-referral and other key components of other primary care systems.

### 3. Case for Change

The end of the contract provides the CCG with an opportunity to review how urgent primary care services are provided, as well as their overall alignment with the CCG's and national strategies for both urgent and primary care. Islington CCG is committed to increasing access and to providing urgent primary care services to the people of Islington. It is not feasible to re-procure the current level of service at the current level of funding. It is also recognised that the current service has limitations and the end of the contract offers the opportunity to develop a service that aligns more closely to national and local urgent and primary care work streams thereby providing greater access and better patient care.

There are several limitations to the WIC model in general and to the service that has been commissioned:

1. The WIC model has not kept pace with national and local developments in Primary Care, which seeks to ensure that all patients have a consistent offer of 'in-hours'<sup>4</sup> and extended access to general practice.<sup>5</sup> The National review of walk-in-centres' suggested that walk-in

<sup>4</sup> Within core general practice contracted hours of 8am to 6.30pm.

<sup>5</sup>

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/283778/WalkInCentreFinalReportFeb14.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/283778/WalkInCentreFinalReportFeb14.pdf)

centres' could undermine continuity of care, leading to duplication (people consulting different agencies about the same problem) and inappropriate care (due to lack of records about medical history). Walk-in-centres' are part of an increasingly complex network of primary care and first contact services for health care and may add to the complexity, duplicating rather than offering an alternative to care provided by general practitioners<sup>6</sup>. Various evaluations<sup>7</sup> of WICs have provided no evidence that walk-in centres' shortened waiting times for access to primary care. Evidence also suggests that walk-in centres are not effective in reducing A&E department attendances, except where they are co-located and integrated with A&E departments.

2. The Islington WIC is not technically a "Walk-In" service – it is appointment based and therefore if patients arrive after all the appointments have been allocated then they are unable to see a clinician. Even though it is a provider of urgent care services, there is no contractual obligation for the service to see or assess clinically urgent patients.
3. The service does not have access to patient records, which means that the clinician cannot get a full picture of the patient prior to the consultation and puts the onus on the patient to give accurate background information. It also delays information flow between clinicians following the consultation.
4. Booking is not available by telephone or online, which, apart from lack of convenience, can prove a barrier for patients who are unable physically to attend the Medical Centre to make an appointment.
5. The service is unable to refer a patient for specialist treatment – this can only be done through the patient's home practice and would require the patient to make a separate appointment for a GP to make the referral.
6. The service is unable to register unregistered patients with a local practice.
7. The service is currently open to anyone, regardless of whether or not they live within the borough. Whilst this can be seen as a benefit since it provides open access to all patients, it also means that fewer appointments are available for people who live within the borough.
8. A significant proportion of current Walk-In Centre activity is within the clinical scope of traditional GP practices and therefore using funding to support improved access in general practice may be more appropriate.
9. The patients accessing the service are predominantly registered with one practice, with patients from most other Islington practices not accessing the service to any significant degree.
10. The service does not fit within the overall national vision for urgent and emergency services
11. The value of the contract for the WIC is such that any re-procurement of a standalone service would result in a significantly lower number of appointments than is provided now.

The sections that follow therefore consider:

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<sup>6</sup> <https://www.england.nhs.uk/wp-content/uploads/2017/07/urgent-treatment-centres%E2%80%93principles-standards.pdf>

<sup>7</sup> <http://piru.lshtm.ac.uk/assets/files/GP%20patient%20access%20systematic%20review.pdf>



- the local and national strategic context within which any future service would be commissioned;
- options under consideration for future investment in same day primary care appointments, and proposed criteria for appraising these options;
- engagement with patients and the public undertaken to date, and further plans for engagement; and
- two key options under consideration for future investment.

## 4. Strategic Context

### 4.1. Urgent and emergency care

The effective provision of comprehensive and responsive primary and community care services, to ensure a timely same day response to all urgent care needs, is a fundamental principle of the NHS England Urgent and Emergency Care Review. In order to achieve a comprehensive and enduring shift in urgent care provision from hospitals to the community, primary care and community-based facilities must be developed and reconfigured to meet the vast majority of patient needs.

In the past the NHS has tried to deal with increasing demand by developing new facilities. These have created additional complexity and confusion, not just for patients but also for those working in the NHS.

As the Urgent Care Review States: “starting from scratch, nobody would design the current array of alternatives and their configuration.....All the public want to know is that if an urgent care problem ever arises, they can access a service that will ensure they get the right care when they need it. They do not want to decide whether they should go to an MIU<sup>8</sup>, a WIC or A&E, or whether they should ring their GP, 111 or 999. We shouldn’t expect people to make informed, rational decisions at a crisis point in their lives: the system should be intuitive, and should help people to make the right decision. We have created a complicated system which in itself has contributed to increasing demand by sending people around various services, confused about who to call and where to go”.

In 2014 Islington undertook a comprehensive review of all urgent care services<sup>9</sup> within the borough and the recommendations in that document, as well as those in the national GP Forward View (see below), were the drivers for a number of major changes to the provision of same day access services in Islington and across North Central London (NCL). 111 and Out Of Hours Services now have a common specification and are delivered across NCL by the same provider (LCW). Locally, Islington now has an extended access service providing patients with access to GP services between 6.30 and 8pm every weekday and 8am to 8pm at weekends. This service is bookable through the patient’s own practice and via 111 in out-of-hours periods. The service is provided by the Islington GP Federation and is delivered out of three “iHubs” across Islington offering easy access for patients wherever they reside. Clinicians working in the service have access to patient records and are able to refer onwards for further treatment where this is required.

In Islington, the offer ‘between’ A&E and general practice remains confused. On a Saturday afternoon, a patient could legitimately see a GP in four different ways; by phoning NHS 111 and getting a GP out of hours’ appointment, by phoning their practice and getting an Extended Access appointment, by attending the Walk in Centre for a GP appointment or attending the

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<sup>8</sup> Minor Injuries Unit

<sup>9</sup> See appendix 3

GP-led Urgent Care Centre at the Whittington. We believe that this disparity in access routes and confusion of offer undermines messages to 'choose wisely' (i.e. other than A&E). The national vision aims to simplify the 'choice' outside of A&E phoning NHS111 or to phoning or going to your practice.

The Walk in Centre in Islington has locally been considered to be an "urgent care centre" since it provides same day urgent appointments for minor conditions and it is described as such in the 2014 CCG Urgent Care Review.

In July 2017, a set of national Standards and Principles for Urgent Treatment Centres was published which Sustainability and Transformation Partnerships and local commissioners should achieve when establishing Urgent Treatment Centres as part of their local integrated urgent and emergency care system. It seeks to ensure that all Urgent Care Centres are re-designated as Urgent Treatment Centres (UTC) by October 2018. It is clear that under the new guidelines the current service that the Islington WIC provides does not meet the specification for an urgent treatment centre, nor would it be cost effective to attempt this away from an A&E setting. In fact, the Whittington Hospital Urgent Care centre is currently in the process of this re-designation.

The walk-in-centre model of care does not fit in to the national and local strategy of streamlining and making access to urgent care services less complicated.

## **4.2. Primary care**

Primary Care nationwide is under increasing pressure to improve and maintain good access to services whilst facing the challenges of a growing, aging population with complex multiple health conditions.

The General Practice Forward View set out a multi-billion pound investment plan designed to promote sustainability in general practice, improve patient care and access, and invest in new ways of providing primary care, including delivering at scale. This aims to lay the foundations for general practice providers to move to a model of more integrated services such as Multispecialty Community Providers (MCPs) or Primary and Acute Care systems (PACs). This includes a focus on practices working in larger networks, to strengthen infrastructure and enable equity of provision across a population (Primary Care at Scale). This also includes a focus on new roles within primary care, and new relationships with the community services that wrap around primary care.

Islington CCG has responded to this national strategic focus with a number of developments.

### **4.2.1. Local Incentive Scheme to improve access to primary care**

Islington CCG is committed to investing in General Practice and has implemented a local incentive scheme to ensure that there is a consistent offer of 'in-hours'<sup>10</sup> access across all Islington practices and consistent availability of extended access. The scheme will support practices to improve the number of appointments offered and this will be measured as part of the scheme. There is no data yet on the availability of appointments, as the scheme is new, but it will be available later in the year. Within Islington the average number of appointments offered by practices remains on par with national standards, however when examined more closely there is wide variation across the borough, with some practices offering many more appointments per 1000 patients than

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<sup>10</sup> Within core general practice contracted hours of 8am to 6.30pm.

others. The improved access local incentive scheme was developed to address this variation, increase patient access and improve consistency across the borough.

The first year of the LIS (2017/18) consisted of working with practices to review appointment data and develop a set of appointment guidelines. The guidelines aim to ensure consistency of how appointments are booked, improve data quality and achieve a true reflection of patient access in Islington primary care.

The 2018/19 LIS is monitoring practice appointment utilisation data and is incentivising practices to offer greater numbers of appointments than the borough average.

#### **4.2.2. Extended Access Hubs**

IHUB is the local name given to the Extended Access service. An independent review of GP Extended Access was undertaken during the pilot phase of the service in 2016 to determine what would be the best model for delivery of extended access. A patient engagement exercise was part of this review and 197 people took part. This included people with mental health and physical needs, those from various ethnic and socio economic backgrounds, young carers and people over the age of 55 years. This pilot led to the setting up of the current service in 2016.

The service currently operates out of three locations; Ritchie Street, Islington Central and Andover practices.

Patients book appointments by calling their own practice. When their practice is open, (usually between 8am-6:30pm) reception staff can book appointments in IHUB directly. When the practice is closed but IHUB is open, the telephone redirects calls to IHUB who can either provide telephone triage or offer a same day or pre-bookable appointment, with a GP or a nurse.

A data sharing agreement is in place between all Islington practices, which allows clinicians in the I-Hub to access patient records from their home practice thus allowing them full knowledge of the patient's history and the ability to write the results of the consultation directly into the patient record and refer onwards as appropriate. Appendix A provides an age breakdown for patients accessing iHub.

#### **4.2.3. New ways of working**

Investment in helping practices to become more efficient and managing patient flow has been highlighted as one area of focus to improve access. Islington CCG has invested in testing a number of models to improve practice efficiency, including 'super admin' (enhanced roles for administrative staff), telephone triage and health coach navigator pilots. Islington CCG is funding practice-based pharmacists to operate in each practice across the week.

Each practice in Islington is a member of a GP network, a group of practices that will, over time, work more closely together. Currently representatives of each practice in a network meet regularly in a multidisciplinary team to review the care of patients at particular risk of an admission to hospital.

### **5. Options for future investment in same day access to primary care**

Islington CCG has committed to continued investment in additional same day access to primary care, at the same level as current investment in the WIC. However the model for delivery of this additional access to primary care is to be determined through a process of engagement with stakeholders and a robust options appraisal process. The options appraisal process will be underpinned by the following principles:

Preservation of what is valued about existing urgent care services, but development of the service against agreed quality criteria;
Agreement of a final list of options following engagement
Ensuring that the process and decision-making is transparent and manages conflicts of interest
An options appraisal panel that has a balanced membership. The CCG would welcome the representation of a HOSC member in this process.

The criteria for the options appraisal are to be agreed, but might include the following:

Meets patient need & reflects patient feedback on service provision
Improves quality of service
Fit with national and local strategic context
Improves integration of services
Ease of implementation/mobilisation
Equality of access to all Islington residents (EQIA criteria)
Affordability

The options currently considered to be available to the CCG are described below, followed by a description of the engagement undertaken to date in relation to these options. All options are considered in relation to Islington registered patients, or unregistered patients resident in Islington, only. The amount to be re-invested is the amount currently spent on WIC provision for Islington patients only and would exclude the additional cost of patients registered outside of Islington.

#### **Option 1: Do nothing**

The contract expires and the CCG does not re-procure the same or alternative provision. This option has been discounted as not fitting with the strategic intention of the CCG to increase and improve access to primary care.

#### **Option 2: Re-procure the existing walk-in-service**

Use the existing service specification to re-procure the same service model when the current contract expires.

**Option 3:** Commission Islington General Practices to provide additional same day appointments, over and above those provided within the core GP contract, with funding allocated based on list size. Appendix B gives an indication of the level of additional funding that may be available to each practice under this option.

**Option 4:** Commission a single provider to provide additional same day primary care appointments at a number of hub(s) across Islington.

## **6. Engagement with stakeholders to gain feedback on these options**

Feedback from stakeholders is essential to informing the plans for provision of additional same day primary care appointments, over and above those already available in general practice. Islington CCG has undertaken a range of engagement with clinicians, patients and local residents to understand their views on the service and, through engagement, to understand and preserve what is most valued about the walk-in-centre.

## **6.1. Engagement to date**

### **6.1.1. Service users and local residents**

Engagement with patients and local residents is an on-going programme of work for the CCG. The full range of engagement, including reference to historic engagement on urgent care services, which gives us insight into patient preferences, is summarised in Appendix C and Appendix D. However, for this specific process, to date the CCG has engaged with patients and residents in the following ways:

- Islington Patient Group meeting (June 2018)
- Islington CCG commissioned Healthwatch Islington to undertake a same day GP services questionnaire, seeking views about how people felt about the WIC and the iHub service. Views were collected from people at both services, as well as on-line, via social media channels and at CallyFest, a street festival on Caledonian Road. The outcome of this work is provided at Appendix E;
- Patient participation groups (PPGs) at individual practices – two undertaken to date and more planned to take place over the autumn.

### **Key Themes have emerged from our conversations with service users**

- The people that were interviewed at the Walk in Centre were largely very positive about the experience of using the service.
- Most attendees at the two PPGs visited to date were unaware that there was a walk-in centre;
- People are concerned about equality of access for all residents;
- People would generally prefer to be seen at their own practice and by their own GP;
- Access to patient notes is considered to be an important feature of the service;
- To be accessible, people should be able to book urgent appointments in a range of ways e.g. on-line, telephone and walk-in.
- The names for urgent care services are confusing and accessing urgent care should be simpler and have a name that people understand.

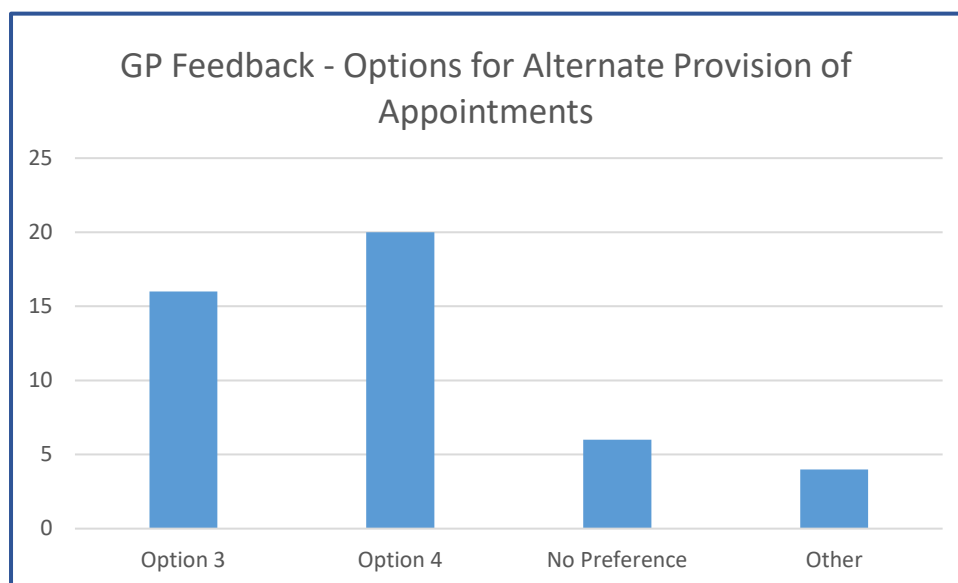
### **6.1.2. Engagement with practices**

A survey of practices and their clinical staff was undertaken in August 2018 to collect feedback on the current walk in centre service, determine whether their patients have commented on the service and to obtain a view on the option that is most favoured by the GPs.

Practices were asked whether they were aware of the extent their patients attend the Walk in Centre<sup>11</sup> and what reasons they had provided for why they attended the Walk-in Centre rather than the practice. Two options for alternative service provision were presented to the practices for feedback – option 3 and option 4 in this paper.

A total of 46 people responded to the questionnaire with a range of responses, both in terms of view and level of detail provided.

Responses were split between the two options. One “Other” response suggested *trialling* a ‘hub’ model.



More focussed engagement with practices will continue, to inform the development of each of the options, to ensure that we understand the impact of any decision.

### 6.1.3 Further engagement planned

The CCG has commenced a programme of engagement of both patients and professionals. This will continue over the next three months, to obtain a comprehensive picture of the views of all stakeholders. This engagement will inform the options appraisal and then the final decision on the most appropriate option for the commissioning of a new service.

NHS Islington CCG will be using the following methods as part of the engagement process:

Type of engagement	Target group	Aim
Focus groups	Patients and staff (GP's, other healthcare professionals and admin staff) from all practices impacted by the possible closure of the WIC	To understand more fully their current usage of the WIC, preferences for a recommissioned service

<sup>11</sup> See Appendix C for 2017/18 utilisation data

Focus groups	Those that we know currently use, or have used the WIC	To understand more fully their current usage of the WIC, preferences for a recommissioned service
Presentation and discussion at PPG's and other patient groups	Those attending PPG's across all practices affected  Healthwatch Islington Primary Care meeting	To understand more fully their current usage of the WIC, preferences for a recommissioned service
Discussions with Healthcare Professionals	GPs and practice clinical staff, A&E staff;	To understand the impact of each of the options and to ensure that decision-making reflects, clinical safety and best practice
Potentially other public events (tbc)	Any interested parties	To understand more fully their current usage of the WIC, preferences for a recommissioned service

Patient engagement will continue to take place at local practices. The CCG has spoken to patients and staff at two practice Patient Participation Groups (PPGs) (St John's Way Medical Centre and the Clerkenwell Medical Centre) and three other meetings have been arranged with the PPGs at the Amwell Group Practice and Islington Central Medical Centre, both of which are both close to the WIC and another at the Miller Practice, which is in Highbury and therefore slightly further away. Following attendance at the events, the results are collated and these documents<sup>12</sup> will be used to support the decision making process.

## 7. Equality Impact Assessment (EQIA)

An Equality Impact Assessment has been undertaken for the current scoping work and a second EQIA will be created when the preferred option for future service has been agreed.

The EQIA is available on request.

This process will be repeated with a broader range of people involved including patients, to ensure that this is fully developed. NHS Islington CCG will ask Healthwatch Islington to support this process.

## 8. Timeline for governance and decision-making

Following further engagement the CCG will undertake a multi-stakeholder options appraisal to determine the preferred option for future investment in same day access to primary care. The outcomes of the engagement and recommendation as to the preferred option will be presented at the following committees. Two options for dates for these committees are included to allow for flexibility in the engagement process.

*Primary Care Transformation Board, November 2018 / January 2019*

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<sup>12</sup> See Appendix D

To be reported for approval to:

*Haringey and Islington Strategy and Finance Committee October 25<sup>th</sup> date; with final approval received at: December 2018 / January 2019*

*Islington CCG Governing Body meeting January / March 2019.*

## **9. Conclusions and recommendations**

The imminent end to the AMS Walk-In Centre contract affords the CCG the opportunity of considering future investment in same day access to primary care. It will offer the chance to review how urgent primary care services are currently provided and to obtain and analyse direct responses from the people who use the service and those on which it impacts in terms of workload. This review will ensure that any option for future service provision is clearly aligned to patient need, as well as overall alignment with CCG and national strategy for both urgent and primary care. The overall drive to which the CCG is committed is to increase access and to provide high quality primary care services to the people of Islington.

### **The Health Overview and Scrutiny Committee is asked to:**

**NOTE** the process of engagement that the CCG is undertaking to inform decision making in relation to future investment in same day primary care provision;

**APPROVE** the further engagement plans described; and

**ADVISE** whether any further engagement or consultation would be deemed necessary.



## Appendix A – Demographics of patients using extended access

The following table shows the age breakdown of patients accessing IHUB, against the age breakdown for all registered patients. NB the age breakdown of all registered patients is not the same as the age breakdown of patients actually accessing general practice for appointments, which is not currently available. This shows that access to the iHUB service is broadly reflective of the general population, with noticeably higher use among 0-5 year olds.

Age Bands	ICCG Patients	% ICCG patients	IHUB Patients	% iHUB Patients
0-5	15358	6.10%	1559	10.80%
6-10	11568	4.60%	614	4.30%
11-15	9878	3.90%	338	2.30%
16-20	11186	4.40%	440	3.10%
21-25	21344	8.50%	1118	7.80%
26-30	35813	14.20%	2308	16.00%
31-35	34253	13.60%	2064	14.30%
36-40	24571	9.80%	1289	9.00%
41-60	59421	23.60%	3001	20.90%
61-75	20274	8.00%	1153	8.00%
76-85	6184	2.50%	370	2.60%
86+	2099	0.80%	138	1.00%

Interestingly, the table above shows that the usage is not driven solely by working age patients; the service has reach into older and younger cohorts.

**Appendix B – Option 2 (section 7.3)** Modelling of practice funding based on list size.

<b>CODE+A1:G34</b>	<b>Practice Name</b>	<b>POSTCODE</b>	<b>NUMBER OF PATIENTS</b>	<b>Shared Funding based on list size</b>	<b>Number of extra GP appointments per week</b>	<b>Number of GP hours per week</b>
F83002	River Place Group Practice	N1 2DE	9967	£ 31,221	13	2
F83004	Archway Primary Care Team	N19 3NU	6001	£ 18,798	8	1
F83007	Roman Way Medical Centre	N7 8XF	4349	£ 13,623	6	1
F83008	Goodinge Group Practice	N7 9EW	12389	£ 38,808	16	2
F83010	Islington Central Medical Centre	N1 1SW	18452	£ 57,800	24	3
F83012	Elizabeth Avenue Group Practice	N1 3BS	7246	£ 22,698	9	1
F83015	St John's Way Medical Centre	N19 3RN	13049	£ 40,875	17	2
F83021	Ritchie Street Group Practice	N1 0DG	15824	£ 49,568	20	3
F83027	The Family Practice	N7 8LT	5417	£ 16,968	7	1
F83032	St Peter's Street Medical Centre	N1 8JG	12218	£ 38,272	16	2
F83033	Barnsbury Medical Practice	N1 0AL	3040	£ 9,523	4	1
F83034	New North Health Centre	N1 7AA	1747	£ 5,472	2	0
F83039	The Rise Group Practice	N19 3YU	5444	£ 17,053	7	1
F83045	The Miller Practice	N5 2ET	10229	£ 32,042	13	2
F83051	Ko & Partner	N19 5EW	3907	£ 12,238	5	1
F83053	Mildmay Medical Practice	N16 9NF	6388	£ 20,010	8	1
F83056	Mitchison Road Surgery	N1 3NG	4755	£ 14,895	6	1
F83060	The Northern Medical Centre	N7 6LB	8682	£ 27,196	11	2
F83063	Killick Street Health Centre	N1 9RH	11926	£ 37,357	15	2

F83064	The City Road Medical Centre	EC1V 2QH	7220	£ 22,616	9	1
F83624	Clerkenwell Medical Practice	EC1R 0LP	12716	£ 39,832	16	2
F83652	Amwell Group Practice	WC1X 0GB	10953	£ 34,310	14	2
F83660	Highbury Grange Medical Practice	N5 2QB	9044	£ 28,330	12	2
F83664	The Village Practice	N7 7JJ	8822	£ 27,634	11	2
F83666	The Andover Medical Centre	N7 7QZ	6266	£ 19,628	8	1
F83671	The Beaumont Practice	N19 3YU	2954	£ 9,253	4	1
F83673	The Medical Centre	N7 8DD	4749	£ 14,876	6	1
F83674	Junction Medical Practice	N19 5EW	5771	£ 18,077	7	1
F83678	The Pine Street Medical Centre	EC1R 0JH	2626	£ 8,226	3	0
F83680	Sobell Medical Centre	N7 6NE	3917	£ 12,270	5	1
F83681	PARTNERSHIP PRIMARY CARE CENTRE	N7 0SL	3283	£ 10,284	4	1
F83686	Stroud Green Medical Practice	N4 3PZ	6298	£ 19,728	8	1
Y01066	Hanley Primary Care Centre	N4 3DU	6551	£ 20,521	8	1
	TOTAL		252200	790,000		

## Appendix C

Engagement	Number of people engaged	Demographics and ways of accessing people	Findings and relevant recommendations (to Walk In Centre)
<b>Previous Engagement around access to GP appointments</b>			
<b>Extending GP Access in Islington (2015-18)</b>	197	<ul style="list-style-type: none"> <li>• People with mental health needs and Long Term Conditions</li> <li>• Black, Asian, Minority, Ethnic and Refugee (BAMER) women</li> <li>• Young carers</li> <li>• People over the age of 55</li> <li>• People from low socio economic backgrounds and other local residents</li> <li>• People with a long term condition (HIV &amp; AIDS)</li> </ul>	<ul style="list-style-type: none"> <li>• People find the process of booking unplanned GP appointments over the phone difficult.</li> <li>• People are supportive of data sharing amongst GPs if it improves patient care and means that people do not have to repeat their story.</li> <li>• Most people said that they would be happy to travel to another practice for an appointment.</li> <li>• Most people said that the practices that offer extended hours are convenient to get to, although Ritchie Street practice and Islington Central were thought to be the most accessible practices.</li> </ul>
<b>Primary Care Engagement (2015-18)</b>	Unknown	<ul style="list-style-type: none"> <li>• NHS 111 / Out of Hours</li> <li>• Health Voice Islington</li> </ul>	<ul style="list-style-type: none"> <li>• People find the process of booking GP appointments over the phone particularly difficult</li> <li>• People are supportive of booking appointments online but it is dependent upon the practice and how easy the system is to use.</li> </ul>

		<ul style="list-style-type: none"> <li>• Islington Patient and Community Group</li> <li>• CCG Network meeting – a forum made up of local patients and the voluntary sector</li> <li>• IBUG – a mental health service user group</li> <li>• Community research project which focuses on specifically speaking with communities that face barriers to accessing services.</li> </ul>	<ul style="list-style-type: none"> <li>• People are supportive of data sharing amongst GPs (i.e. say in extended hours) and into other services</li> <li>• People want Improved booking systems for appointments focusing on telephone booking process and better promotion of online service</li> </ul>
<p><b>The Wellbeing Programme Research: Overall (2013-16)</b></p> <p><b>This incorporates the programmes above plus an additional 11 pieces of work)</b></p>	2000 people in total	<ul style="list-style-type: none"> <li>• Long term condition patients</li> <li>• Carers</li> <li>• Refugee and migrant communities</li> <li>• Age UK</li> <li>• HealthWatch</li> <li>• Help on your Doorstep</li> <li>• Body and Soul a local HIV charity (working with</li> </ul>	<ul style="list-style-type: none"> <li>• People want services that are easy to access</li> <li>• People want services that are joined up</li> <li>• People don't want to have to tell their story more than once</li> </ul>

		<p>families and young people)</p> <ul style="list-style-type: none"> <li>• Young people through Youth Forum and young people's health engagement group</li> <li>• Last Years of life: Voice for Change</li> <li>• Local communities across the 9 protected characteristics</li> <li>• Learning disabilities service users</li> <li>• Deaf service users</li> <li>• Mental health service users</li> </ul>	
Independent report on The Prime Minister's GP Access Fund Pilot in Islington: Improving access to General Practice – I:HUB (October 2015-June 2016)			
<b>Targeted engagement around the Walk In Centre</b>			

<p><b>Healthwatch-</b> Islington Patient Group meeting (June 2018)</p>	<p>43</p>	<p>Not recorded</p>	<p>The proposed closure of the Walk In Centre and possible options were presented by the CCG. A Q&amp;A session followed.</p> <p>Q. How will you ensure there is access to video BSL interpreting for those who need it?</p> <p>A. We will be considering the different options to incorporate into the specification.</p> <p>HWI. The CCG have assured us that interpreting will be in every specification going forward and we will ensure this is not forgotten.</p> <p>Q. Services need to have a visual display in the waiting rooms, remember this when thinking about where this service will be based.</p> <p>A. This is challenging for some practices due to limitations of their premises. This is easier to address if we are looking at hub sites as we can make this a requirement. This is something we will need to work on.</p> <p>Q. Pay attention to equality of access in both options (e.g. Age, ethnicity, disability etc.)</p> <p>A. People like to access appointments in different ways and the specification needs to reflect this. We might need to do some more work around this.</p> <p>Q. If you spread the appointments over all GP practices would this be more difficult? Would they go too quickly or could patients access these appointments at another practice?</p> <p>A. It would be much easier for the CCG to monitor availability of appointments if they are in fewer locations. But, GP's are starting to record all their appointments in a more measureable way. The opening hours are also more likely to be more flexible in the Hub option.</p>
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			<p>Q. Would the locations for the Hub(s) use existing premises, would this option be more expensive? Who will staff such a service? Would it mean additional travelling for patients?</p> <p>A. Currently there are 3 Hubs in Islington, these would not have to stay in the same location. Currently these are all based at existing GP practices and incur no additional cost). Extra travelling is difficult, so it would be something to weigh up.</p> <p>Q. What about unregistered patients?</p> <p>A. The current Hub system does have a process for registering patients who use the service (this hasn't yet been required).</p> <p>Q. Have you done any work with Health Economists to research this stuff and find out overall how this would work?</p> <p>A. We have looked at similar models across England and consulted our finance team. We could consider this.</p> <p>Q. Currently there are 3 Hubs (as part of the iHub service) which offer GP appointments couldn't we have some A&amp;E budget for this to offer more walk in appointments?</p> <p>A. We are thinking about ideas like this to ensure we spend this money in the best way.</p> <p>Q. How did you get this down to these two options? Did you consider keeping the service the same, or having more GPs in A&amp;E?</p> <p>A. This is about a same day primary care service and the Hub model would look quite similar to the service staying the same.</p>
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		<p>Q. Is the fact that the walk in is at a centre separate from people's usual GP which is important to them? (E.g. ensures a level of anonymity).</p> <p>A. We need to think about the balance of appointments reserved for walk in appointments if the appointments were provided in hubs, it would be possible for people to say they do not give their consent for their medical records to be accessed.</p> <p><b>Other comments:</b></p> <p>Halls of residence could be a good location for a Hub to be located, looking at the demographics of who uses the current walk-in centre.</p> <p>Ritchie Street has never really been a walk in centre, because you get given an appointment.</p> <p>Tables discussed how important it is to be able to access the appointments via a range of methods including telephone and online booking as well as walk-in booking.</p> <p>One table mentioned that it is important that you are able to choose or at least know the gender of your GP or nurse before you book a same day appointment.</p> <p>It was important that the locations of the 'Hubs' had been considered to make them easily accessible via public transport and easy to find for patients.</p> <p>One table highlighted that perhaps we should be asking why GP's don't have enough capacity to manage more same day appointments.</p> <p>It's important that patients are made aware of this same day appointment service no matter what form it takes.</p>
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## Appendix D: PPG reports

### Walk In Centre Practice Engagement St John's Way: Patient Participation Group 7pm 12<sup>th</sup> September 2018

#### Attendance:

9 patients and 1 practice manager

#### Demographics:

6 Women

3 Men

PPG Chair <60

All other attendees >60

#### Length of presentation and discussion:

1 hour

The CCG representative described the situation regarding the ending of the Walk-In Centre contract and presented the two options that are currently being considered.

#### Feedback:

None of the patients was aware of the current Walk-In Centre service and therefore none had experience of using it. This is unsurprising since the practice is in the north of the borough and furthest away from Ritchie Street Medical Centre.

One patient (the Chair) had in fact used Ritchie Street iHub service

Patients were all highly engaged and were aware of over use of A&E and the need to reduce activity.

There was anxiety about providing extra in hour's appointments across all practices since they were worried that it would put extra strain on staff. All participants were keen to ensure practices are supported and not overloaded.

All agreed that access to records was essential

Attendees identified a preference for providing extra appointments at a number of Hubs, similar to the extended access model. This was felt to be the fairer option as more appointments would be made available to the whole population.

One patient suggested that phone triage should be a requirement so that patients could be directed to the appropriate service if an appointment was not necessary (e.g. a pharmacist)

The practice manager suggested that appointments should be made available at the start of the day to assist with the high call volume when phones are turned on at 8am

**Clerkenwell Medical Centre  
Patient Participation Group  
19<sup>th</sup> September 2018**

**Discussion of the Islington Walk-in-Centre and Urgent Primary Care Services**

**Present:** 1 x GP, 1 x Practice Manager, 1 x Clinical Performance Manager, 3 x patients (2 male and 1 female)

Comments on the Walk-in Centre and the possible options for re-procuring the service

1	None of the practice patients present had used the service before. One person had been to the WIC with a friend approximately a year ago, but it had not been a positive experience
2	Two of the patients present did not know that there was a walk in centre
3	PM - very few of the practice patients go to either the WIC or the iHub and so my vote would be to receive a share of the funding to be able to offer more appointments in the surgery (option 3 – sharing the funding between practices).
4	One practice receiving all the funding is not fair (patient)
5	The system for urgent care is too complicated (patient)
6	The language for describing urgent care services is confusing. How are patients meant to know what they are? E.g. iHub and WIC (patients)
7	What about unregistered patients? How will they access urgent appointments? (patients)
8	In terms of option 4, the infrastructure is not necessarily in place during core hours, as practices are all using their rooms during the day.
9	Options 1 and 2 are hopeless (patient)
10	The money should be given to practices, as they are local and on the patch (patient)
11	Most people like to see their own GP (patient)
12	Option 4 (providing appointments through a hub system) provides a pressure cooker valve for practices, when their appointments are full and they can send people to a hub. I am however, concerned about unregistered patients. (Clinical performance Manager)
13	Practices provide better continuity of care and reduce over treating. I have worked at the iHub and there is duplication of work that puts pressure on practices. (GP)
14	How will the CCG make a decision about which type of service to procure? A: There will be further engagement and an options appraisal, ultimately the Governing Body will make the decision, with appropriate management of conflicts of interest.
15	Why would the CCG not consider option 1? (GP) A: because the CCG is committed to ensuring that the funding remains in primary care to improve access to urgent care.
16	There should be more patient input in decision making. The fund is currently not being used properly, giving it to one practice. (patient)
17	All people at the meeting thought that option 3 looked like the best option

## Appendix E: Healthwatch Report

### SAME DAY GP SERVICES QUESTIONNAIRE

#### Who we heard from

We designed a survey asking respondents whether they had used the Angel Medical Centre (the walk in service operating out of the Ritchie Street Health Centre) or the iHUB service (offering evening and weekend appointments to Islington residents out of three GP centres across the borough). We asked those that had used the services what they had liked or disliked about them. We asked those who hadn't used the services why they had not used them. Additionally we asked respondents whether, when they needed to see the GP urgently, it was more important that they were seen at their own practice, or that there was a larger pool of appointments available to them even if it meant being seen elsewhere.

A link to the survey was shared with the Healthwatch membership via email, and with a wider Islington audience via our website and social media channels. In addition, a paper version of the survey was made available at the June 2018 meeting of the Islington Patient Group. We also collected responses at CallyFest, a street festival on Caledonian Road.

We received 68 responses, 65 of which were eligible (from people who were registered with an Islington GP or lived in Islington). About three quarters of respondents said that they visited their GP only a few times a year, or less often than that. Most respondents were aged over 50.

#### Age of respondents

17 & under	18-24	25-49	50-64	65-79	80+	Did not say	Total
1	1	6	22	26	0	9	65

#### Sex of respondents

Female	Male	Did not say	Total
41	20	4	65

#### Ethnicity of respondents

Asian/ Asian British	3
Black/ Black British	8
Chinese	3
Mixed	1

White British	33
White Irish	2
White Other	1
Did not say	14
Total	65

#### Is respondent a carer?

Yes	No	Did not say
11	44	10

#### Does respondent identify as disabled?

Yes	No	Did not say
24	34	7

## 1. The walk-in service at the Angel Medical Centre

### 1.1 I was seen as soon as possible. At my GP, I have to wait 3 weeks.' Respondent 20

Just over a quarter of respondents (17) had used the walk in centre. Reviews were mixed, but tending towards the favourable end of the spectrum. The high quality of the staff and the service were mentioned. There was also a sense that, irrespective of urgency, some simply preferred this model of accessing GP services since no appointment was necessary. (This was a preference that was certainly shared by many of the service users we spoke to when we visited the walk in centre.)

Criticisms related to the inability of the service to refer patients on to secondary care, to long waits, and being sent on to wait again at A&E. One respondent said that the service was not accessible to Deaf patients because there was no interpreting support for British Sign Language.

In the main, the three quarters of respondents that hadn't used the walk in centre either hadn't heard of it or had never had need of it. One or two cited regular GP surgeries that offered evening appointments (St Johns Way) or a same day triage system, meaning their urgent care needs were already met. Similarly, another respondent relied on a Telecare system. Three respondents complained that the walk in centre was too far away or poorly located.

### 1.2 The I-HUB Service

'Very quiet, seen quickly, plenty of time given. I wonder about the cost. Three reception staff with only three people in the surgery - do they have enough to do?'

Respondent 39

13 respondents had used the I-HUB service. Reviews were generally very positive. The service was described as fast and efficient, and the staff as being helpful.

45 respondents said that they had not used the service. Reasons given were very similar to those given for the walk in centre.

### 1.3 Preferences for future provision

'I don't mind who I see if I have an urgent medical problem, and if they can access my notes that is excellent'


Respondent 3


Respondents were told that extra appointments for people who needed to see a GP urgently would continue to be funded, but not using the existing model. Respondents were asked to express a preferred choice out of the following two options for a future delivery model (respondents were also able to say that they were unsure):


Option 1: All the extra appointments would be available to you, but you'd have a limited choice of where you could go to see a GP - you wouldn't be seen at your own practice.

Option 2: Only a few of the extra appointments would be available to you (so you'd be less likely to get one) but you'd be seen in your own GP practice.

There was an even split of opinions:

 23 respondents chose option 1, which describes a hub model. Respondents felt that getting the appointment was more important than convenience. A number of respondents did not feel that they had a strong existing relationship with a GP, so placed less value on being seen at their own practice.

 23 respondents preferred to be seen at their own practice. One or two made this conditional, feeling it was more important for children than for adults. Others cited mobility issues or long term health conditions as the reasons for this choice.

 15 respondents weren't sure and 4 did not answer the question

We also asked respondents to rank in order of preference four different methods for booking a same day/urgent appointment. Phoning was most popular, followed by booking online, then going in and waiting to be seen. Going in and booking an appointment for later in the day was the least popular method.

## 2. VISITS TO THE WALK IN CENTRE

### 2.1 Who we spoke to

We spent the afternoon of Tuesday 28 August and all day (8am to 4pm) on Thursday 30 August at the Angel Medical Centre talking to service users. One member of staff and two trained volunteers took part in this exercise. We identified people who had used the walk in centre (as opposed to the GP practice located on the same site) and approached them on their way out to invite them to give feedback about their experience of using the service. Feedback was collected via a survey form we had prepared in advance, to ensure we collected information on all the areas in which we were interested.

We spoke to 48 people who had used the walk in centre. Of these, only one had been unable to secure an appointment (once all the walk in appointments for the day are allocated, no further appointments are issued and people arriving after this point are turned away).

34 of the respondents were Islington residents. 14 were non-Islington residents. None of the non-Islington residents reported being registered with an Islington GP, although in one or two cases the responses they gave to later questions appeared to suggest that they were. Most respondents were aged under 50.

#### Age of respondents

17 & under	18-24	25-49	50-64	65-79	80+	Did not say	Total
4	12	23	5	2	1	1	48

#### Sex of respondents

Female	Male	Did not say	Total
28	19	1	48

## Ethnicity of respondents

Black/ Black British	6
Chinese	2
Latin American	1
Mixed White and Black	3
Mixed White and Asian	2

White British	20
White Irish	2
White Any Other	10
Did not say	2
Total	48

## 2.2 Why respondents had come to the walk in centre

Patients fell into four broad categories, though there was some overlap:

1. Patients who were not registered with a local GP (for example, had just moved to the country or were on holiday) who had either run out of medication or needed to see a GP urgently.
2. Patients who hadn't been able to get a same day, or sometimes same week, appointment with their own GP so came here to be seen sooner. These patients' seem not to have been told about the I-HUB service.
3. Patients' who had called 111 or been referred by a local pharmacy or GP.
4. Patients who just wanted to be seen quickly—some worked locally and came on their breaks.

## How did you find out about the walk in centre?

Method	Number of respondents
GP told me about it	13
Pharmacist	1
111	3
Looked online	10
Friend or family	9
Work colleague	2
Previous visit/ local knowledge	2
Hospital minor injuries department	1
Signposted by another organisation	2
Unknown/ did not say	5
Total	48

## 2.3 Experience of getting an appointment at the walk in service

Feedback was very positive. 40 of the respondents gave positive responses when asked about their experience of getting an appointment at the walk in service. The process was commonly described as fast, easy and efficient. There were no negative comments about the appointment process, though one respondent qualified their endorsement because they felt there was insufficient privacy at reception.



If you hadn't been able to come to the walk in centre, what would you have done?

Action	Number of respondents*
Gone to Accident and Emergency (A&E)	6
Pharmacy	1
111	2
Booked a GP appointment	13
I would have waited	3
Gone private/ maybe have to pay	2
French Medicare	1
Gone to another walk in centre	6
Come back to this walk in centre another day	3
I would have left it/ stayed in bed	4
Don't know	7
No answer	4

\*some respondents identified more than one action

## 2.4 Knowledge of other services offering urgent care for minor conditions

27 respondents said that they were aware of other services. With these respondents we went through a list of named services to measure knowledge levels for each service. The knowledge of named services was quite low. This could reflect the fact that a number of people using the walk in centre were signposted there directly by their own GP, or by friends and family, so had not needed to investigate other options.


The 111 and pharmacy services were the best known alternatives to the walk in centre, and were each recognised by 12 respondents. Although we would expect most, if not all of these respondents to be familiar with pharmacy, it was clear that not everyone identified it as a service appropriate for urgent care for minor conditions. Three respondents identified Accident and Emergency as an appropriate service even though it was not included in the list we used on the survey form. Two respondents knew about hospital urgent care centres'. Only one person was familiar with the I-HUB extended hours GP service.

20 respondents had used these other services, with 111 and pharmacy again the services commonly used. We did ask why they had chosen on those occasions to use other services instead of the walk in centre, but they had often been accessed in relation to the same episode of ill health. The fact that they were quicker appeared to be the main consideration. There was also some sense that less serious issues did not merit a visit to the walk in centre.


## 2.5 Satisfaction with the service

There was a high level of satisfaction with the service provided by the Angel Medical Centre. We asked respondents whether the problem that they had come with today had been resolved as a result of their visit. Out of the 41 respondents who answered the question, 36 felt that their problem had been resolved.

A good number of respondents felt that their problem was resolved once they were prescribed medicine (Fourteen respondents mentioned medicine specifically in response to the question). Antibiotics in particular were mentioned. We also asked if there was anything that could have helped resolve their problem more quickly. Suggestions included:

 Making it easier to get a GP appointment in the first place. Much of the traffic that the walk in centre receives is due to difficulties in accessing GP appointments in a timely and/or convenient manner. A good number of respondents had presented at the walk in centre because they had been unable to book an appointment with their GP.

 Being able to book appointments at the walk in centre over the phone

 Giving pharmacists the ability to prescribe antibiotics

Finally we asked respondents whether there was anything that was particularly good or bad about their experience of the walk in centre. Despite the question being framed in such a way as to encourage a mix of responses, comments received were overwhelmingly positive. The speed of the service and the quality of the staff were praised. Service users also liked the fact that a pharmacy was based at the same location, which made it a simple matter to collect all the medicine that you'd just been prescribed.

Most couldn't think of anything that could have improved their experience. Two respondents did say that having their electronic records updated would have been better. Another said that the loos were not clearly signed. One person suggested that a television could be installed to help pass the time during long waits, and one respondent would have loved a nice cup of tea.