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ISLINGTON

Resources Department
Town Hall, Upper Street, London, N1 2UD

AGENDA FOR THE HEALTH AND CARE SCRUTINY COMMITTEE

Members of the Health and Care Scrutiny Committee are summoned to a meeting, which will be held in on, **2 October 2018 at 7.30 pm.**

Lesley Seary
Chief Executive

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Despatched : Date Not Specified

Membership

Councillors:
Councillor Osh Gantly (Chair)
Councillor Nurullah Turan (Vice-Chair)
Councillor Martin Klute
Councillor Jilani Chowdhury
Councillor Tricia Clarke
Councillor Sara Hyde
Councillor Anjna Khurana
Councillor Kadeema Woodbyrne

Co-opted Member:

Substitute Members

Substitutes:
Councillor Satnam Gill OBE
Councillor Mouna Hamitouche MBE
Councillor Angela Picknell

Substitutes:

Quorum: is 4 Councillors

A.	**Formal Matters**	**Page**
1.	Introductions	
2.	Apologies for Absence	
3.	Declaration of Substitute Members	
4.	Declarations of Interest	

If you have a **Disclosable Pecuniary Interest*** in an item of business:

- if it is not yet on the council's register, you **must** declare both the existence and details of it at the start of the meeting or when it becomes apparent;
- you may **choose** to declare a Disclosable Pecuniary Interest that is already in the register in the interests of openness and transparency.

In both the above cases, you **must** leave the room without participating in discussion of the item.
If you have a **personal** interest in an item of business **and** you intend to speak or vote on the item you **must** declare both the existence and details of it at the start of the meeting or when it becomes apparent but you **may** participate in the discussion and vote on the item.

***(a)Employment, etc -** Any employment, office, trade, profession or vocation carried on for profit or gain.
(b)Sponsorship - Any payment or other financial benefit in respect of your expenses in carrying out
duties as a member, or of your election; including from a trade union.
(c)Contracts - Any current contract for goods, services or works, between you or your partner (or a body
in which one of you has a beneficial interest) and the council.
(d)Land - Any beneficial interest in land which is within the council's area.
(e)Licences- Any licence to occupy land in the council's area for a month or longer.
(f)Corporate tenancies - Any tenancy between the council and a body in which you or your partner have
a beneficial interest.
(g)Securities - Any beneficial interest in securities of a body which has a place of business or land in the council's area, if the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body or of any one class of its issued share capital.

This applies to **all** members present at the meeting.

5.	Order of business	
6.	Confirmation of minutes of the previous meeting	1 - 10
7.	Chair's Report	

The Chair will update the Committee on recent events.

8. Public Questions

For members of the public to ask questions relating to any subject on the meeting agenda under Procedure Rule 70.5. Alternatively, the Chair may opt to accept questions from the public during the discussion on each agenda item.

9. Health and Wellbeing Board Update

B.	**Items for Decision/Discussion**	**Page**
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11.	London Ambulance Service - Performance update	
12.	Scrutiny Topic - Witness Evidence - GP Surgeries	
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The next meeting of the Health and Care Scrutiny Committee will be on 9 October 2018

Please note all committee agendas, reports and minutes are available on the council's website:

www.democracy.islington.gov.uk

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London Borough of Islington

Health and Care Scrutiny Committee - Thursday, 12 July 2018

Minutes of the meeting of the Health and Care Scrutiny Committee held at on Thursday, 12 July 2018 at 7.30 pm.

Present:	**Councillors:**	Gantly (Chair), Turan (Vice-Chair), Chowdhury, Clarke and Hyde
Also Present:	**Councillors**	Burgess, O'Halloran and Heather

Councillor Osh Gantly in the Chair

113 **INTRODUCTIONS (ITEM NO. 1)**
The Chair introduced Members to the meeting

114 **APOLOGIES FOR ABSENCE (ITEM NO. 2)**
Councillors Anjna Khuruna and Martin Klute and Jana Witt - Healthwatch

115 **DECLARATION OF SUBSTITUTE MEMBERS (ITEM NO. 3)**
None

116 **DECLARATIONS OF INTEREST (ITEM NO. 4)**
None

117 **ORDER OF BUSINESS (ITEM NO. 5)**
The Chair stated that the order of business would be as per the agenda, except that the item on Scrutiny Review – 12 month progress report would be taken as the penultimate item on the agenda

118 **CONFIRMATION OF MINUTES OF THE PREVIOUS MEETING (ITEM NO. 6)**
RESOLVED:
That the minutes of the meeting of the Committee held on 14 June 2018 be confirmed and the Chair be authorised to sign them

119 **CHAIR'S REPORT (ITEM NO. 7)**
The Chair informed the Committee that a meeting to discuss the proposals around cthe St.Pancras redevelopment would be held, in conjunction with the L.B.Camden Health and Scrutiny Committee, on 9 October 2018 at LB.Camden, and all Members were welcome to attend. Once the details had been confirmed these would be notified to Members

The Chair also stated that if Members wished to undertake any Health Training this was available in September and details would be sent to Members. This is in addition to the general training on Scrutiny that would be taking place on 19 July.

The Chair also reported that he had attended a meeting of the JOHSC and there had been discussions on the Estates Strategy for North Central London, and that these discussions were still ongoing.

The Chair also stated that it was intended to defer the second scrutiny review to be undertaken by the Committee until later in the year ,due to the number of items on

forthcoming agendas, and consideration to such topic would be given later in the year and Members –

RESOLVED:
Accordingly

120 PUBLIC QUESTIONS (ITEM NO. 8)

The Chair outlined the procedure for Public questions and filming and recording of meetings

121 HEALTH AND WELLBEING BOARD UPDATE (ITEM NO. 9)

None

122 SCRUTINY REVIEW - 12 MONTH UPDATE - HEALTH IMPLICATIONS OF DAMP PROPERTIES (ITEM NO. 11)

Damian Dempsey, Housing and Adult Social Services, was present for discussion of this item.

During consideration of the report the following main points were made –

- Reference was made to the capital works programme and the work that was being undertaken at the Andover and Girdlestone Estates, which were the two hotspot estates identified by the review
- A Member referred to dampness problems in Housing Association properties, and it was stated that whilst the Housing Association were the freeholders, tenants could contact the Council, to see whether enforcement action could be taken in the event of problems
- It was stated that surveyors, as a result of the review, had to assess the reasons for dampness, and not just assume it was a 'lifestyle' issue, as had been the case in the past
- In relation to recommendation 4 relating to the pro forma, it was stated that this was currently under consideration to incorporate the best parts of the pro forma

RESOLVED;
That the report be noted

The Chair thanked Damian Dempsey for attending

123 WHITTINGTON TRUST - PERFORMANCE UPDATE (ITEM NO. 10)

Siobhan Harrington, Chief Executive, Whittington NHS Trust and Michelle Thompson, Director of Nursing, was present for discussion of this item.

During consideration of the report the following main points were made –

- The Trust had 101,814 visits to A&E in 2017/18
- There were 2.269 elective admissions and the maternity staff delivered 3,761 babies
- There were also 797,634 contacts with patients in the community
- The Trust had an annual turnover of £323 million and employs 4,200 staff and work with 150 volunteers who support the Trust
- In June 2017, the Trust received the CHKS Hospital award for the best performing Trust quality of care across the UK
- The Trust were winners of the 2018 HSJ Value awards for the Community health service redesign, for the implementation of the eCommunity paperless system. Also winners in the HPMA award for HR innovation

- The Trust had the second highest take up rate for flu vaccine by staff across London
- The proportion of staff taking part in the annual staff survey rose to 42%
- A patient self-management partner partnership has been formed with Tottenham Hotspur
- Staff and supporters raised over £21,000 in the London Marathon for the Whittington charity
- In 2017/18 the Whittington NHS Trust set itself 26 quality priorities covering 13 domains. The domains covered Patient safety, patient experience and Clinical effectiveness. Priorities were identified after consultation with staff, stakeholders and managers
- The Trust successfully met 16 out of the quality priorities and moved forward significantly with the remainder (some are refreshed in the 2018/19 priorities)
- Statements of assurance had been received from the Independent Auditors Limited Assurance on the Quality Account
- Priorities for improvement in 2018/19 have been developed, following consultation with staff and stakeholders, and are based on both national and local priority areas. Each target has been specifically developed by clinicians and managers, following stakeholder engagement and will be approved by senior managers. Work will be taking place to align the target/benchmark with operational plan objectives. These priorities are as follows –
  Patient Safety Domains – Falls, pressure ulcers, AKI, Care of Older People, Mental Health and Learning Disabilities, Podiatry
  Patient Experience Domains – Patient Information, Quality of Food, Transport, Outpatient cancellations, District Nursing continuity of care
  Clinical Effectiveness Domains – Patient Flow, Clinical Research, Education and Learning
- Reference was made to the fact that there had been a 40% increase in attendances at A&E and the Trust had one of the lowest mortality rates in England
- Whilst the Trust did not meet the 95% A&E 4 hour target, it did reach 89.4%, which was an increase of 3% over the previous year
- Work has taken place to improve waiting times for community services
- The Trust has substantially improved its financial position, and it is hoped to clear the underlying deficit within the next 18 months
- It was noted that there were 200 referrals to the District Nursing service per day
- In response to a question on the number of deaths, it was stated that work is taking place to look at avoidable deaths. There are mortality review boards in place that look at all unexpected deaths. There is also a less rigorous review of planned deaths
- With regard to staff engagement, it was stated that there needed to be a focus on recruitment and retention and that the culture of the organisation was important in this. The leadership team had made efforts to become more visible and engage with front line staff and it was recognised that the organisation needed to continue to improve
- In terms of recruitment and retention,the Trust were focusing on recruiting newly qualified nurses and there has been an improvement in this
- Reference was made to the increase in asthma and whether this is being linked to air pollution. The Trust stated that it would forward details to the Committee
- A Member referred to transport bookings, and enquired how many missed appointments there were as a result of transport bookings not being kept. The Trust stated that they would provide details of this to the Committee

- In response to a question on community nursing, it was stated that whilst it is recognised that agency staff will always be required, there is a need to ensure that the right staff get to the right patients. In addition, it was felt that there could be more utilisation of the local workforce in terms of recruitment and the Trust were looking to build on volunteering. Digital technology is also being employed and staff can go from home to work, using iPads for the information needed
- In terms of readmissions this is looked at on a monthly basis by a clinical team, and there are quarterly performance reviews to pick up issues that need to be addressed
- It was stated that there is a full complement of nursing staff in A&E
- In response to a question it was stated that with regard to Learning Disabled, the Trust recognised the need for community engagement, and there is a focus group for parents/carers, and that there is a need to ensure that their views are recognised and taken on board
- Members congratulated the Trust on the quality account and that Simmons House ligature risk assessment has been reviewed and updated to ensure that all ward areas are included. However, it was noted that Simmons House is not a secure unit and therefore the risk of ligature will always be possible
- Reference was made to the memory clinic and that the Trust were looking at how staff could become more 'dementia friendly', and all staff needed to be aware of how to recognise cognitive impairment
- Members welcomed the re-opening of the LUTS clinic, and noted that this will be a phased re-opening and the Trust would shortly be interviewing for a consultant
- In response to a question as to whether NHS Trusts were centrally directed to value NHS estate property that was to be sold at historic valuations. The Trust stated that they were not aware of this but would inform Members thereon

RESOLVED:
That the report be noted and the Trust be requested to provide the following information to the Committee –

(a) The number of missed appointments due to transport bookings not being kept
(b) Whether the increase in asthma numbers is thought to be linked to air pollution
(c) Whether there is a central Government directive on valuations for NHS Estate property
(d) Details on the memory clinic

The Chair thanked Siobhan Harrington and Michelle Thompson for attending

124 QUARTER 4 PERFORMANCE UPDATE (ITEM NO. 13)

Councillor Janet Burgess, Executive Member Health and Social Care, Julie Billett, Director of Public Health and Katherine Willmetto, Housing and Adult Social Services, were present at the meeting for discussion of this item.

During consideration of the report the following main points were made –

- In response to a question Councillor Burgess stated that she would provide figures for the numbers of people discharged into a care home where benefits

were paid, whilst benefit was still being paid on their home address. Councillor Burgess stated that she felt the numbers were low

- Discussion took place as regard the number of MMR vaccinations and that there is still a reluctance from parents to get children vaccinated and this is regrettable. However, whilst nationally there had been an increase in cases of measles, this has not been reflected in Islington

RESOLVED:
That Councillor Burgess be requested to provide the information referred to above

The Chair thanked Councillor Burgess, Julie Billett and Katherine Willmetto for attending

125 **SCRUTINY REVIEW - APPROVAL OF SID/WITNESS EVIDENCE (ITEM NO. 12)**

Tony Hoolaghan, Rebecca Kingsnorth and Imogen Bloor, Islington CCG, and Ian Sandford Public Health were present for discussion of this item and made a presentation to the Committee thereon. A draft Scrutiny Initiation Document (SID) was also laid round.

During consideration of the presentation and SID the following main points were made –

- There are 33 GP practices in Islington, serving a registered population of 252,273 at June 18
- The practices range in size from a registered list of over 1700 patients to a list of over 18000 patients
- There are 4 practices with single handed GP's, to 6 practices with over 4 GP partners
- All practices are inspected by the CQC over the past 38 months, and 30 are rated as good, 2 are rated as requires improvement and 1 is rated as inadequate
- The known challenges for primary care are growing demand for services, due to more complex health needs, population growth and people living longer
- There is also a struggling workforce, and 25% of the NCL GP workforce is over 55, and likely to retire in the next 10 years. For Islington this is 19%, or 36 GP's. Fewer GP's are looking for partnerships and there are recruitment and retention challenges
- There is an evolving care sector, and renewed importance on the role of general practice in providing care that is accessible, and all integrated across all parts of a complex health and care system. Patient expectations are challenging in line with social and technological advances
- There are ageing premises, and general practice is provided from a range of different types of premises. This ranges from purpose built to converted premises, and with a range of ownership models
- Action is being taken as follows – Targeted investment into general practice, focus on existing and new workforce, target estates to support need, investment into quality improvement teams, prioritising digital opportunities, support practices to respond flexibly to demand, enabling the Care and Health Integrated Model (CHIN), enable collaborative working across local healthcare systems, and social prescribing
- In terms of investment the CCG investment into primary care includes – a nationally set funding for core primary medical services, including provision of service, quality and outcome framework payments, and premises. CCG funding of Locally Commissioned services, short term funding – the GP forward view mandated that £3 per head of population be allocated from CCG

funds over 2017/18 and 2018/19. This is being used to support practices to look at internal process for demand management, GP forward view funding for specific initiatives, such as developing online consultation, and GP forward funding for extended primary care, topped up with CCG funds in Islington

- In Islington additional funding over and above the nationally sent contract costs of core primary medical services is received, and this provides the ability to invest in primary care and there is an investment plan to support these initiatives
- In terms of workforce NCL faces significant challenges for the future workforce, and a recent survey has indicated that 45% of responding practices are due to lose one or more GP's to retirement in the next 3 years. This along with an ever growing diverse populations demonstrates the need to develop and grow the GP workforce significantly over the next few years. A recent survey of GP's trainees demonstrated that there is a need to consider different employment models, and portfolio careers. The majority of GP trainees want a portfolio career, and involved in education and training and want a salaried role
- There is a need to look at recruitment and retention, work/life balance is increasingly important, young GP's are looking for variety and flexibility and young nurses for career development. New roles working in GP teams such as advanced care practitioners, clinical pharmacists based in practices, physician associates, nursing associates and new ways of working, from a focus on a Doctor to provision of care as a team
- Starting in 2016/17 the CCG has supported practices to explore new ways of working via 'Team around the Practice Pilots – this has included an MSK specialist in GP surgeries, super admin clinical coder, telephone triage, health coach and navigator, well- being site, and reception navigation – these have achieved positive results
- Responding to local pressures and taking advantage of nationally available workforce schemes, the CCG is implementing the following posts in 2018/19 - practice based pharmacists, primary care clinical fellows and primary care mental health nurses
- Quality improvement support teams (QIST), provide hands on practical help to develop – consistent standards and service to all patients, introducing and delivering with practices agreed new ways of working, innovation and more rigorous and systematic approaches to patient care. The local QIST has been operational since August 2917, and is made up of local GP's, nurses pharmacists, practice managers and an analyst. Key achievements so far have been – data sharing introduced across all practices and the GP Federation, increasing the number of people vaccinated against flu before the end of October 2017, and the total number vaccinated during the last winter. In addition, the proportion of people with Atrial Fibrillation, has increased, which is a risk factor for stroke, who are on medication to prevent a stroke from 70% to 78%. In relation to diabetic patients, a review has been carried out as to how each practice manages their diabetic patients and suggesting process improvements using local evidence. Quality improvement methodology is used for project design and evaluation
- There is also a need to develop digital technology to support new ways of working in primary care – currently in place there are EMIS web, a primary clinical system across Islington, which is cloud based, allowing record access from any location, Doc Man, a document management system that allows the electronic transfer of documents between provider organisations, as well as onward filing into clinical records. There is also iPLATO which is a text messaging service around appointments, which reduce DNA's and also health campaigns run by practices. In development there are on line consultations, which is a web portal giving patients an additional path to access their GP

practices, which allows triaging of patients, signposting and a symptom checker. The North Central London Health Information Exchange, is a portal providing clinical staff an integrated view of records from across all provider organisations

- In terms of responding to demand improving access is a continual focus and the CCG is investing a multi-year Improving access service that has produced and implemented guidelines that mean recording of appointment data in practices is standardised and accurate. Starting in 2018/19 practices will be incentivised to increase the number of appointments offered during core hours (8.00am to 6.30pm)
- Islington CCG has also commissioned an extended access service – iHUB, which allows urgent and routine general practice appointments in the evening, and at weekends, at one of 3 I HUB locations, enables access to NHS general practice from 8am-8pm 7 days a week, and ensures Islington patients can book via their normal GP surgery or by calling their own practice, when it is closed and the iHUB is open. The CCG are currently engaging with patients and the public, about the focus of investment in additional same day GP appointments
- In terms of responding to demand – as part of the GP Forward review, NHS England has produced a suite of 10 high impact actions to release time for care, and the CCG is funding practices to implement these and encourage them to think collaboratively when doing this
- There is collaborative working at different levels to build resilience – in Islington practices have a history of working together in networks to review, with a multi-professional team, the care of patients identified as having a particularly high level of need. This is being expanded to other areas – for example sharing a practice based pharmacist across a network of practices
- Practices are also collaborating on a larger scale with partners across the system, in CHINS, focused on developing place based models of care
- Practices across Islington have formed a GP Federation, and this currently provided the iHub service, a community gynaecology service, a community ENT service, and is leading the development of primary care networks, primary care participation in CHINS, and many primary care resilience initiatives
- In terms of GP networks through a process of engagement, Islington practices have agreed to group together in 8 GP networks, covering populations of 30-35000 people, as the best model to deliver better, more consistent primary care. Practices remain independent entities, but will develop stronger relationships with the other practices in their network. These GP networks will form the building blocks for 3 care and health integrated networks, around which acute, community, social care and the voluntary sector can align their services
- There is a need to further develop Care and Integrated Networks
- North Islington has a population of 87025 residents (2016 estimate). and 94332, registered with 14 practices. In line with the rest of Islington, there is a higher number of young adults from 20-44, but also some who are frail and in poor health. The ethnic profile is generally very similar to the borough as a whole, although Finsbury Park has greater diversity. The locality has a significant number of residents not in work, and life expectancy is below the Islington average, particularly Holloway
- Central Islington has a population of 87025 residents and 93247 registered with 12 practices. There are a high numbers of younger adults between 20-44, and lower numbers of children than the London average. Educational attainment is relatively high and unemployment is low, with an affluent working population

- South Islington has a population of 60991, and 63942 residents registered with 7 practices. The key age group for the locality is 20-29 year olds, and there are distinct demographic differences with greater health needs in Bunhill and Caledonian. As with other wards, the demography is changing, due to housing developments, high housing costs and regeneration
- There is a need to develop social prescribing, which is a process of linking people with a range of non-medical community based services, which can support wellbeing and develop skills, knowledge and confidence to self - manage. Evidence suggests that social prescribing builds capacity into the health and social care system, offering an alternative to traditional health care interventions. Patients who are more activated are better able to self-manage, and use traditional services more frequently
- Islington Navigation service is open to all adults with an identified need and over 1000 people are supported each year. In place for 5 years the service offers signposting and more detailed one to one case management support for anyone referred. Onward referrals have been made to over 130 organisations, such as Alzheimers, Gardening clubs etc. and navigators are core members of integrated networks supporting more complex/high risk patients. There have been more than 350 referrals from GP practices in 2017/18. Data reports more than 80% are likely or highly likely to see a reduction in the use of primary and secondary services due to interventions. The service was re-procured in July 2018 for a 5 year contract
- In terms of contractual consideration, the CCG aim to work proactively with practices facing challenge at an early stage, by offering informal support, peer support from Governing Body clinicians, routes to additional funding for practices experiencing difficulty, and the Local Medical Committee and GP Federation can also offer support
- Practices can also apply to reduce their catchment area, or temporarily close their patient list. This application is not viewed in isolation, and NHS England assurance can be sought regarding continuity for patients and families, consider the likelihood of additional pressure for nearby practices, seek assurance that there is local capacity and choice for patients, and consider benchmarks that indicate how a practices is managing demand
- Practices may consider that merging with another practice will strengthen their resilience, even if not co-located on a single site, as it allows both practices to strengthen back office functions. Information and support can be provided, through NHS England resilience programme, to practices interested in this option
- The Islington GP Estates Strategy shows that in June 2018 there were 33 practices across 31 sites. 3 sites host 2 practices each, and one practice has 2 sites. Practice size ranges from 1733 to 18603 patients
- The highest ward population increase has been 3000 residents, equivalent to 1.6 full time GP's and there are 35 identified sites for new homes over 50 units. This is over an estimated 6500 new homes, and 13000 new residents. The largest redevelopment is 750 homes, which is over 1500 residents and equivalent to 0.8 GP fte
- Some practices have extended opening hours and there are three practices that host iHUBS, which offer evening and Saturday/Sunday GP appointments to all patients registered with an Islington GP. Six practices offer some opening on Saturdays for their own patients
- In terms of ownership of premises three sites are owned by Community Health Partnerships, which own and manage NHS PFI sites, four practices are owned and managed by Whittington Health, one site is owned by the NHS Property Company and the remaining sites are owned/leased commercially by a range of landlords, and include purpose built premises, as well as converted premises

- In terms of impact of new developments, Public Health and Planning colleagues analyse practice registrations to understand the impact of new housing developments, which is shared with NHS colleagues
- There is an area based analysis of GP registrations. This informs responses to consultation such as with the Roman Way practice proposals, and it was noted that there is a large concentration of social housing around the Roman Way medical centre. Ill health is more prevalent in areas with a large proportion of social housing and an analysis has shown that 22% of residents living in areas with high social housing, has a long term condition, compared to 9% in areas with no social housing
- The CCG has identified a number of opportunities to modernise and increase primary care provision, which includes physical expansion of the premises, where feasible, relocation of existing practices to larger sites, and remodelling of existing premises to maximise clinical use
- In response to a question it was stated that it was anticipated that there would be an additional 600 properties on the Holloway Prison site. However, there is a purpose built GP facility opposite the Prison site, that some years ago had been designed to expand
- 19% of GP's in Islington were over 55, and there is a need to assess how these are distributed amongst GP practices across the borough and that figures could be provided on this
- Reference was made to the fact that the model of GP practices is continually evolving and that there is a need to assess whether the partnership model is still fit for purpose
- Members were of the view that social prescribing and its effectiveness and increased use should be added to the SID
- In addition Members were of the view that there was a shortage of GP surgeries in Caledonian and Bunhill wards and that this needed to be looked at
- Reference was made to accessing GP's on line and that this tended to be used by younger patients. It was noted that there were opportunities to make more use of digital technology, however there is a need to take account of people who cannot access on line services, such as many elderly residents. However, increased use of digital technology should also be added to the SID
- Members expressed the view that Islington is a vibrant, diverse community and that it is a great place to live and work, and this would hopefully encourage young GP's to work in the borough and replace those GP's intending to retire
- The Chair also referred to the fact that some GP surgeries were also owned by the GP and that when they retired they sold the premises, resulting not only in the loss of a GP but the site for a surgery. Reference was made to the fact that the CCG did have an estates strategy, however it took lengthy negotiations with developers to develop new sites, and it needed to be assessed where there is increasing demographic demand and where GP's are likely to be lost
- It was noted that the CCG were seeking to ascertain the intentions of GP's, however there is not an obligation on them to inform the CCG of their intentions

RESOLVED:
That the SID be amended as follows –

Delete existing objectives of the review and replace with –

- To examine service developments and options for increasing the number of people, including children, that can benefit from this model

- Interfaces with other services
- To examine the key enablers of primary care –
  Digital and technological advances
  Planned developments in the primary care estate
  Approaches to both attracting new workforce into Islington and supporting existing workforce
- To assess contractual approaches to securing the required capacity in general practice

Types of evidence – the addition of the following -

- Information on digital and technological advances that may be relevant for primary care
- Information on workforce developments
- Information on the current social prescribing service

Witness evidence – the addition of the following

- Interface Community Services (e.g. practice based mental health, MSK)
- Age UK (providers of care navigator – social prescribing service)

The Chair thanked Tony Hoolaghan, Rebecca Kingsnorth, Imogen Bloor and Ian Sandford for attending

126 **WORK PROGRAMME 2018/19 (ITEM NO. 14)**

RESOLVED:

That the report be noted

MEETING CLOSED AT 10.20 P.M.

Chair

healthwatch Islington

The picture of health

Annual Report 2017/18

Contents

Message from our Board

We are pleased to introduce the 2017-18 Healthwatch Islington Annual Report.

During the year we have heard from hundreds of local residents about their experiences of local health and social care services. We are really proud to say that we've influenced changes to ADHD (Attention Deficit Hyperactivity Disorder) services for adults, put the user voice at the heart of discussions about mental health day services, and pushed for Autism-friendly services. We've also set to work improving digital literacy so residents have better access to information.

We have established a new volunteering programme with local university London Metropolitan. We've also developed the support we give volunteers, as we've gone through the Investing in Volunteers programme.

We'd like to say a special thanks to our Diverse Communities Health Voice Partners: Arachne, Community Language Support Services, Eritrean Community in the UK, Imece, Islington Bangladesh Association, Islington Somali Community, Jannaty, the Kurdish and Middle Eastern Women's Organisation and the Latin American Women's Rights Service. We would also like to thank partners who have helped us reach widely in to the community; the Elfrida Society, Help On Your Doorstep, Islington Mind, Hillside Clubhouse, Islington Borough User Group, and the mobile phone network provider Three.

We also continue to work closely with our neighbours in Barnet, Camden, Enfield and Haringey to champion residents' views within North London, and have been working to make hospital admissions and hospital discharge more patient-focussed.

Finally, we'd like to thank Olav Ernstzen, Phill Watson, and Bob Dowd, who have this year moved on from their roles as Healthwatch Islington chair, and directors, respectively. They provided invaluable support to the organisation for many years.

We hope you'll enjoy reading the report. If it inspires you to join us, our contact details are on the back page.

Highlights from our year

47000 @Twitter impressions

This year we've reached loads of people on social media

Our **26** volunteers helped us with everything from mystery shopping to blogging

We've visited **42** local services

Our reports have tackled issues ranging from Autism and Accessible Information, through to Hospital Discharge and Reablement

We've spoken to **101** people about mental health day services

We've given information and advice to over **300** people

Who we are

Health and social care works best when people are involved in decisions about their treatment and care. But this doesn't always happen. We are here to help ensure that those designing, running, and regulating health and care services listen to your views and act on them.

As well as championing your views locally, we also share your views with Healthwatch England who make sure that the government put people at the heart of care nationally.

Our vision

+ Healthwatch Islington is working for the best health and social care for you.

Our mission

+ To collect knowledge that reflects the diversity of needs and experiences within the borough and encourages people to feedback their honest views on services.
+ To use the evidence we gather to influence service delivery, provision and commissioning for the benefit of local people to improve their experience.
+ To reach out to and empower our local community to be informed about and involved in local services, and exercise choice in taking up services.
+ To support the independent assessment and audit of local services.

Your view counts

Speak to Healthwatch Islington about your experiences of any NHS or social care service, and help make them better for you, your family, your friends and your neighbours. It's quick and easy to get in touch – you can phone, email, chat online, or meet us in person at any number of community events. Just a few moments of your time could make a big difference.

Your views on health and care

Listening to people's views

We welcome the views of anyone living or using services in our borough. We log and analyse these views, reporting them to providers and commissioners with recommendations for change. We carry out extensive out-reach with community partners.

How we reached people

+ We held a series of Steering Group meetings which were open to the public. We encouraged people to give their views and raise questions about the issues we presented. These included: NHS England pharmacy consultation; plans to re-locate acute mental health services; the Accessible Information Standard; the needs of people with learning disabilities; the quality of services at our local hospital trust, Whittington Health.
+ Each month we hosted community stalls and conversations at various venues around the borough, including health centres. We went out to local groups for people with learning disabilities, with autism, chronic obstructive pulmonary disease, and visual impairment. We also attended larger scale events including the celebration of Refugee week, and the launch of Carer's week. We gave a presentation about Healthwatch and its role to 150 health and care students at the local university.
+ We reached 1,009 people through our activities and captured their views through focus groups, interviews, and web-based surveys and forms. We gave these residents information about their rights and entitlements where appropriate.
+ We carried out more targeted engagement with specific groups to gather views on mental health day service provision, urgent care, the council's reablement services, ADHD assessments, pharmacy services, personal health budgets, and community health services.
+ We also reached over 1,000 people with our regular newsletters (380 on-line subscribers, and 750 hard copy recipients).

+ Islington is diverse, with 52% of residents coming from Black and Minority Ethnic Communities.
+ We are the country's most densely populated borough.
+ There are high numbers of people living alone, despite high housing costs.
+ Levels of deprivation and of mental health need are high and many people are living with multiple long-term conditions.
+ The population is fairly young compared to the national average.
+ Of the London boroughs Islington has the highest proportion of residents stating that they are in 'bad' or 'very bad' health (6.4%).
+ Around 8% of residents reported being a provider of unpaid care.
+ An estimated 30,600 residents reported disabilities such as mobility, dexterity and memory loss (council report)
+ 38% of children are living in poverty (Trust for London)

Unless otherwise stated, above data comes from the most recent census

Together with the care worker, we wrote into the care plan what was needed. It has given her confidence again and she is able to do things for herself.'

We interviewed 29 people who had used the Islington Reablement Service, or cared for a relative that had. The service helps people regain their independence after a hospital stay.

Engaging with diverse groups

+ Young people (under 21) - We did not focus on engaging young people specifically this year. However, we continued to train local parent champions. Parent champions will help enable local residents to shape services for parents and children longer term.
+ Older people (65 and over) - 34% of the people we heard from who declared their age were 65 and over (as opposed to only 8% of the population of the borough as a whole). This was up from 23% in the previous year, and was due to our areas of focus during the year. These included gathering views on reablement services and Personal Health Budgets for people with long-term health conditions. Many of the service users and residents we spoke to in the course of this research were older people.
+ Black and Minority Ethnic (BME) Communities - We continued to seek out the views of people from BME communities through our work with 'Diverse Community Health Voices', a consortium of 9 Islington based BME organisations with Healthwatch acting as the coordinator.

30% of respondents who stated their ethnicity were White British, 26% were Black or Black British, 13% were Mixed, 9% were Asian or Asian British, 9% were White Other which mainly included White Irish, White Greek and White Turkish, 5% were Arabic, 4% were Latin American, 5% were Other.

+ People with disabilities - We did specific work on the Accessible Information Standard, recruiting volunteers with a range of communication needs to 'mystery shop' local GP practices and see how they were implementing the Accessible Information Standard. We also focused on how practices were meeting the needs of people with Autism and spoke to users of ADHD services and users of mental health day services.
+ People who feel socially isolated - we started working with our local university London Metropolitan to reach out to people who may feel lonely and isolated.
+ Carers - We attended the launch of carers week and specifically sought out the views of carers on mental health day services provision.
+ Groups which may face socio-economic disadvantages - We work with local partner organisation Help On Your Doorstep to knock on thousands of doors in local estates to reach people who may not find us otherwise.
+ Working-age population - 65% of respondents who recorded their age were of working age. Although this is lower than the 80% recorded in the census, this group were particularly well represented in the discussions around mental health day services.
+ People who live outside the area, but use services within the area - Anyone who uses services in our area is invited to give a view. However, we will refer them to their local Healthwatch for signposting queries because they'll have greater local knowledge.

34% of the people we heard from were aged 65 and over.

It's helped me greatly. I used to see the doctor and that wasn't a help really. They were understanding but they didn't have much time. I've got an excellent key worker here, they are very understanding. A lot of the people here have empathy, they've got similar things going on, so we help one another. It's like a family.'

We spoke to 101 service users across three centres about mental health day services.

What we learned from visiting day services

Day services provide a safe and welcoming space for local residents who use mental health services, or feel lonely and isolated.

+ The service is offered from three different sites: the Mind Hub and the Mind Spa in the north of the borough, and Mind Empower in the south.
+ The centres help service users to build sustainable coping strategies. Service users can spend time with other people who understand their condition and who may be in a similar situation.
+ The service is due to be recommissioned. Islington Council asked Healthwatch to help them gather service users' views on current provision. We spoke to 101 service users across the three centres.

I'm not able to sustain a job, and haven't been able to for a number of years. I suffer from depression. Coming here gives me an incentive to get up in the morning. It stops me being isolated, stops hospitalisation, and is very supportive.

We found that people greatly valued the service, and were anxious about change. For example, the idea of travelling to a different centre was problematic for many. They described the centres as feeling like family, as being a place to see friends, and that staff were reliable and caring. It was important that the centre they used was within walking distance, or only required one bus.

People also valued the informal environment. They appreciated knowing that activities were on offer for when they felt well enough to participate, but if not they could simply turn up and be around others or get a meal. There wasn't pressure to 'do' something specific.

Although the council made it clear (in the information for service users that accompanied our consultation exercise) that the service would not be expanded, many service users still said that they would like the centres to be open more often and for longer.

They are guiding, not spoon feeding. It's the only thing that has enabled me to get out into the community in years. It's down to the therapy project and the management of this place - people who are genuine. They treat you with respect and dignity, enable you to do things in a group and meet people and then you can maintain something outside. It's not fixed or forced.'

I suspect most, if not all services, are fine if you don't need to use them a great deal, which I don't. The podiatry clinic in Islington is great, but I do worry what would happen if I developed other, long term conditions which had a detrimental affect on my feet. Would I feel the same way?'

We delivered surveys and consultation events to gather views about community health services.

Making sure services work for you

We asked Islington residents using community health services like podiatry, physiotherapy, and district nursing to share their views about waiting times. We wanted to learn whether they felt they were waiting a long time between appointments, or to access a service after being referred. We also wanted to know whether waiting had had an impact on their health.

> I was advised by my GP that the wait was so long for physiotherapy if I could afford it I be better off going private. I had previously had physio at the Whittington and found it very helpful. This time I have carried on without physio but it's meant lots more disrupted sleep with nerve pain, and taken ages to recover.

- 30 of the 70 responses we received reported negative health impacts, reduced quality of life, or having to access other services as a consequence of waiting times.
- In general, people felt that the care they received when their appointment took place was good.
- Some people reported dissatisfaction with appointment booking systems for community health services, which sometimes made waits longer than they needed to be.
- Some people said they were not told how long they would have to wait.
- We produced a report on our findings which we shared with Islington Clinical Commissioning Group, who buy in these services for the borough, and Whittington Health NHS Trust, who provide them.
- Both organisations welcomed our report and are now working on plans to improve access to these services.

Providers do need to make sure that they communicate effectively with people waiting to access these services. This is particularly important if waiting times are likely to be long. Uncertainty can lead to emotional distress, particularly if it makes service users feel that they have been forgotten.

Emma Whitby, Chief Executive Healthwatch islington

Helping you find the answers

Page 24

How we have helped the community get the information they need

We want to empower local people to get the best from local health and care services. We work with a range of local partners to extend our reach through community meetings, door-knocking and presentations. The majority of contacts come through our partners within the community sector.

+ This year we provided information and support to over 300 residents. We provided support to 140 residents directly (of which 120 were referred by partner organisations)
+ Many calls related to GPs, dentistry and to mental health services.

The 'Log On to wellbeing' project

The aim of the Log On project is to increase the digital literacy of older residents from migrant minority ethnic communities, so that existing information available online about health and wellbeing services becomes accessible to them.

+ There isn't much printed information about services available, particularly in other languages.
+ Increasingly, statutory providers are only putting information online.
+ Older residents are being doubly excluded, because they are being left behind by the move to digital platforms.
+ We wanted to open up access to this source of information for older people who may lack confidence in accessing it.

The mobile phone network provider Three already delivered digital inclusion programmes in schools and the community, and they were keen to work with us. Partner organisations representing Somali, Eritrean, Horn of Africa, Greek/Cypriot, Middle Eastern/Arabic, and Bangladeshi communities took part. We targeted residents aged 55 and over with existing health conditions. This group had most to gain from being empowered to take care of their own health.

Log On workshop with Jannaty Women's Group in March 2018

Project activities

+ Most participants owned a smartphone, often handed on to them by their children, but did not know how to use it well.
+ We worked with Three to adapt some of their existing training materials to create a programme tailored to the needs of our groups.
+ During March 2018, Three and Healthwatch delivered 6 workshops, one with each partner organisation, attended by a total of 126 participants.
+ We showed participants how to use their smartphones to get online and discover a range of health and wellbeing resources, as well as services that these communities weren't accessing, such as extended hours GP appointments and online repeat prescriptions.

Those who attended had noticeably improved their skills and were able to find their GP website, book an appointment online, and locate a number of useful health related websites. Following the success of these sessions, we have been inspired to reach out to other Healthwatch organisations to replicate the success we had with Islington.'

Community Engagement Manager, Three UK

Project Impact

+ 94 of the 95 participants who shared feedback were more confident using their phone and the internet after attending the workshop. 69 of these were a lot more confident.
+ Over three quarters said they were more likely to use digital technology in the future.
+ Getting access to online GP services will have a real impact on residents with language support needs who find it difficult to phone to book an appointment. Over three quarters said they now had a better understanding of the steps involved.
+ 87 participants felt better able to find information online to help them manage their health conditions.
+ One Greek speaking participant with chronic back pain found videos on NHS Choices of simple exercises she could do at home which would help. Participants with sight problems or arthritis told us that learning about Google Assistant made a massive difference as voice activated calling, texting and internet searches were much easier for them. Others were impressed by the potential of conference calling for organising group fitness activities and to combat social isolation.
+ We have followed up the workshops with a programme of one to one support, to reinforce the learning.

Many participants have requested additional support, which shows there is strong ongoing engagement. For example, one was shown how to Google in French for advice about her broken leg and for information about social groups for senior citizens in Islington. Another wanted to help her husband to set-up an email, to call the GP when she was not around, and to access health information in Arabic. Others were helped to search the internet in Somali, to download health related apps, and to pay bills online.

Previous research had shown us that older people from these communities wanted to do more to look after their own health, but there was a knowledge gap. They didn't know what support was out there. This project has increased their awareness of health services, and of low cost options for self care, like keep fit classes.

Maria Gonzalez, Project Lead for Log On,
Healthwatch Islington

Making a difference together

How your experiences are helping to influence change

We brought commissioners and service users together in August 2017 to discuss how to improve support for adults with ADHD (Attention Deficit Hyperactivity Disorder).

+ As a result, commissioners have redesigned the service to make more support available to people before they have been clinically assessed.
+ In particular, a psychosocial group at the point of referral is now available.
+ There are very long waiting times between being referred to the ADHD service and having the assessment, so this change is especially welcome.

Your feedback on pharmacy services has influenced future plans for pharmacy spending. This will raise the profile of services that are currently underused.

Working with other organisations

We were successful in securing additional funding for the Log On project (see page 13). We are grateful to the following funding organisations: The Big Lottery; Richard Cloudesley; Islington Council; Clarion Futures. The mobile phone network provider Three also contributed its expertise and training staff for no charge.

We have continued to work with the partner organisations that make up Diverse Communities Health Voice (see page 3 for the full list). As well as participating in the Log On project, this year a number of these organisations undertook community research about Personal Health Budgets, and North London wide research about hospital admissions and discharge.

We share reports and findings with the Care Quality Commission and pass them specific service information to inform their inspection visits. We also share reports and findings with Healthwatch England. All providers and commissioners responded to our formal requests.

How we've worked with our community

+ Volunteers have taken part in mystery shopping projects looking at how GP surgeries support patients with autism, and meet the requirements of the accessible information standard.
+ Volunteers have also helped us to review our policies, and given feedback about their experience of volunteering for Healthwatch, to help us improve and pursue the Investing in Volunteers quality standard.
+ Health and social care students from London Metropolitan University have also volunteered at Healthwatch. They designed and delivered a project looking at social isolation.
+ We'd like to thank the volunteers who make up our Enter and View team: Mark Austin; Sue Cartwright; Jenni Chan; Viv Duckett; Alison Fletcher; Lynda Finn; Frank Jacobs; Elizabeth Jones; Rose MacDonald; Helen Mukerjee; Geraldine Pettersson; Jane Plimmer; Natalie Teich; a representative from a local mental health service user group.
+ We continue to work with the Bright Beginnings project. This project works with new mums from migrant communities, and gathers their feedback about maternity services.
+ We continued to provide training for Parent Champions, equipping them with the skills they need to go out and gather views on health and care services from other parents.
+ Our Chief Executive represents us at the Health and Wellbeing board.

it starts with YOU

"I'm blind. I used to go to the GP and be sat waiting for ages. I was sure other people were arriving afterwards but being seen before me. In the end I went to the reception and asked why I'd been waiting so long and they said 'when you were called on the screen you didn't take any notice'."

Helping people with communication support needs

Gillian* is visually impaired. When she visits health services she does not always get access to information that is intended for her.

Molly* has moderate to high frequency hearing loss which makes it difficult for her to hear speech. She can't use the phone. At Molly's last GP surgery they didn't read the emails or texts she sent them as they relied on patients making phone calls. This meant Molly had to go to the surgery every time she needed to book an appointment.

Because Gillian and Molly, and others like them, shared their stories with Healthwatch, we've been able to make a difference.

*names have been changed.

+ we visited all the GP practices in the borough in early 2018 to get a sense of how easy it was for them to make adjustments for patients with communication support needs, and meet the requirements of the Accessible Information Standard. This standard was designed by NHS England to make services more accessible for people with communication needs associated with disabilities and sensory impairment.
+ Volunteer mystery shoppers posed as potential new patients to see whether there were questions about their communication needs on each practice's registration form.
+ We wanted to identify any issues that might be easily remedied, as well as existing good practice that might be shared.
+ Only 6 of the 29 registration forms asked about communication needs associated with disabilities and sensory impairment
+ However, one practice had produced an excellent, simple and clear form on accessible information and communication needs that was given out with their registration form.

Islington Clinical Commissioning Group are going to share this GP practice's excellent approach with all the other practices in the borough. Patients' communication needs should be better recorded, and therefore better met, as a result.

My GP surgery relied on people being able to read the screen to know when their appointment was and even though I'm blind they hadn't thought to make adjustments. Now at the GP, someone comes to collect me for my appointment, but I still mention it at the desk when I arrive.'

Our plans for next year

What next?

First and foremost, we will continue to talk to our local community about their health and care needs.

+ We will seek out opportunities to reach Black and Minority Ethnic residents through our Diverse Communities Health Voice consortium.
+ We will work with the Elfrida Society to hear from residents with Learning Disabilities.

We will inform local and national consultations:

+ the Government's Green Paper on Social Care
+ a regional review of orthopaedic services
+ local discussions on Camden and Islington Foundation Trust's plans to relocate hospital beds

Mental health day services

+ In 2017-18 we gathered service users' views on existing provision (see page 10).
+ In 2018 we will build on this work by hosting a service user workshop to influence the content of the service specification for the new day services contract. (The service specification is the detailed written description of what the service should look like, and any organisation that bids to provide that service will have to demonstrate how they can meet those requirements).
+ We will also support and train service users to be part of the panel which will decide which organisation will provide the service.

Our top priorities for next year

1. Influence the specification for mental health day service provision
2. Visit care homes for older people and local hospital and community based care services
3. Extend mystery shopping of the Accessible Information standard to hospital based services
4. Deliver borough wide patient group meetings
5. Partner with our local university to inform services

Our people

Decision making

Healthwatch Islington is led by volunteers and by the local community. Decision making reflects the views of our community. Our work plan brings together community views and local priorities for maximum impact. We develop a list of key themes then ask Healthwatch members and local voluntary sector partners for their views on these themes. The work plan is finalised and then monitored at a series of public meetings.

How we involve the public and volunteers

The public and volunteers are involved in all aspects of our work. Our Articles of Association were developed by volunteers, and can be found on our website. Our vision and mission statements were developed with input from local residents, Healthwatch members, and volunteers.

We follow the principles of Investing in Volunteers and seek feedback from those who volunteer with us on how we can improve their experience and our organisation.

+ Volunteers contribute hundreds of hours of expertise every year.
+ Without their valuable contribution we would not be able to carry out the work that we do.

Subcontracting

Decisions about subcontracting are made by the company directors, who are also volunteers from our local community. The current members of our board can be found on our website.

Our finances

Income	£
Funding received from local authority to deliver local Healthwatch statutory activities	165,000
Additional income	104,757
Total income	269,757
Expenditure	**£**
Operational costs	51,299
Staffing costs	153,612
Office costs	25,482
Total expenditure	230,323
Balance brought forward	39,434*

* Balance brought forward is restricted funding from additional contracts for allocation in 2018-19

Contact us

Get in touch
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Email: info@healthwatchislington.co.uk
Website: www.healthwatchislington.co.uk
Twitter: @hwislington

Our annual report will be publicly available on our website by 30 June 2018. We will also be sharing it with Healthwatch England, CQC, NHS England, Islington Clinical Commissioning Group, our Overview and Scrutiny Committee, and our local authority.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you require this report in an alternative format please contact us at the address above.

healthwatch Islington

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Healthwatch Islington

Update and work planning

Health and Care Scrutiny, October 2018

What we do

- Part of a national network,
- Five years old,
- Part funded by LBI, but seeking funding from other sources,
- Funded by LBI to fulfil statutory functions of Health and Social Care Act 2013:
  - Gather and report views on health and social care,
  - Provide people with information on services,
- Charitable company chaired by Shelagh Prosser.
- Collaborative, critical friend approach.

Highlights from our year

47000 @Twitter impressions

This year we've reached loads of people on social media

Our **26** volunteers helped us with everything from mystery shopping to blogging

We've visited **42** local services

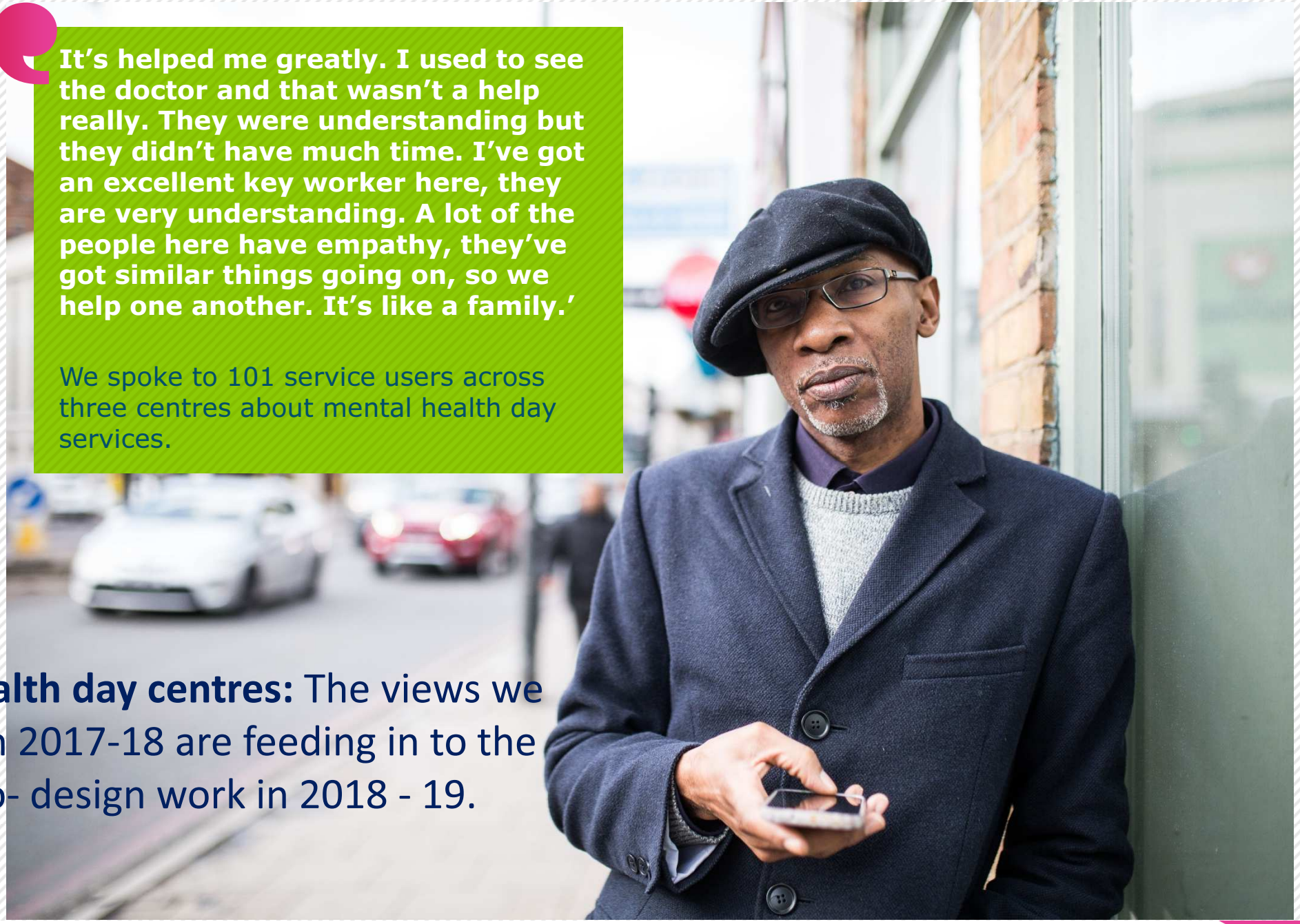
Our reports have tackled issues ranging from Autism and Accessible Information, through to Hospital Discharge and Reablement

We've spoken to **101** people about mental health day services

We've given information and advice to over **300** people

It's helped me greatly. I used to see the doctor and that wasn't a help really. They were understanding but they didn't have much time. I've got an excellent key worker here, they are very understanding. A lot of the people here have empathy, they've got similar things going on, so we help one another. It's like a family.'

We spoke to 101 service users across three centres about mental health day services.



ntal health day centres: The views we ected in 2017-18 are feeding in to the ncil's co- design work in 2018 - 19.

Managing very long waits for ADHD assessments

We brought commissioners and service users together in August 2017 to discuss how to improve support for adults with ADHD (Attention Deficit Hyperactivity Disorder).

+As a result, commissioners have redesigned the service to make more support available to people before they have been clinically assessed.

+In particular, a psychosocial group at the point of referral is now available.

Our partnerships

When working with partners we want to share responsibility and finances fairly, and bring resources to small grass-roots organisations, supporting their development through training and skills sharing and valuing their expertise.

verse Communities Health Voices

Arachne,
Community Language Support Services,
ritrean Community in the UK,
mece,
slington Bangladesh Association,
slington Somali Community,
annaty,
Kurdish and Middle Eastern Women's Organisation,
atin American Women's Rights Service).

work closely with Manor Gardens, Elfrida Society and are seeking out other tnerships.

aving fun (and improving health) with technology

ans 2018/19

nue to deliver our signposting service to at least 200 residents reflecting the diversity of the borough.

e a co-signed statement in response to the Camden and Islington Estates Strategy

ort resident engagement in Day Centre Specification design and procurement

p a programme of information stalls linked to protected characteristics and other vulnerabilities to seek c
nunity views on health and care

with our consortia 'Diverse Communities Health Voices' to gather BME input on primary care (CCG fund

er two Islington Patient Group meetings on key topics of relevance to residents. These will be supplemen
surveys and community conversations (CCG funded). Host a series of topical meetings throughout the ye

in to key consultations from NHSEngland and the Green Paper on Social Care funding.

Care Homes for older people to find out about resident's experiences of life in the homes

nospitals to assess the implementation of the Accessible Information Standard

can be more effective by working together on any of this, we are always interested!

Recent volunteering

You've reviewed our policies, and given feedback about your experience of volunteering, to help us improve and pursue a quality standard.

Our volunteers help us with everything from surveys to community events to blogging.

You've phoned GP practices to find out what support is offered to patients with autism.

You've visited GP practices to find out how they are making information accessible.

You've gathered views on community services like physiotherapy and podiatry, mental health day services, and reablement for older residents recovering from hospital stays.

Volunteers from London Metropolitan University designed and delivered a project about social isolation.

Impact on services

healthwatch Islington

We brought commissioners & service users together to discuss how to improve support for adults with ADHD.

As a result, commissioners are redesigning the service to make more support available to people before they have been clinically assessed. There are very long waiting times between being referred to the ADHD service and having the assessment, so this change is especially welcome.

We challenged the consultation process around proposals to redevelop local mental health inpatient facilities.

The consultation was postponed, and reworked.

We've influenced future plans for pharmacy spending. This will raise the profile of services that are currently underused.

We trained 126 older residents with health conditions how to use their smartphone to access information about health services, book GP appointments 7 days a week, and find low cost opportunities for self care, such as keep fit classes.

ISLINGTON
Housing and Adult Social Services
7 Newington Barrow Way, London N1 2RY

Report of: **Service Director – Adult Social Care Strategy and Commissioning**

Meeting of:	Date	Ward(s)
Health & Care Scrutiny Committee	9 October 2018	All

SUBJECT: Effectiveness of improving Access to Psychological Therapy (IAPT) Services – 12 months service update to the report of the Health and Care Scrutiny Committee

1. Synopsis

1.1 On 23rd November 2017 the Executive received a report from the Health and Care Scrutiny Committee which considered local arrangements for accessing Improving Access to Psychological Therapies (IAPT) services and the effectiveness of these services in helping people recover from mental health conditions. Subsequently on 4th January 2018 the Executive agreed its response to the recommendations set out in the scrutiny report. This report updates the Health & Care Scrutiny Committee on progress with the recommendations agreed by the Executive

2. Recommendations

2.1 To note the progress made set out in paragraph 4 of this report.

3. Background

3.1 In September 2016 the Health and Care Scrutiny Committee commenced a review of IAPT services in Islington to understand local arrangements in accessing IAPT and the effectiveness of these services in helping people recover from mental health conditions.

3.2 The objectives of the scrutiny review were:

- To understand current arrangements and mechanisms for accessing IAPT services
- To review waiting times for IAPT services
- To assess the effectiveness of IAPT services
- To feedback the findings of the scrutiny to providers
- Publicity and awareness of the service

3.3 The Committee formulated a set of recommendations which are intended to assist in improving the effectiveness of IAPT services and access for patients, particularly those from black minority ethnic and refugee groups. The Committee acknowledged the positive work that is already underway across Islington IAPT services and other talking therapy services delivered by the voluntary sector. Their recommendations seek to build on this foundation to further improve patient access to psychological therapy treatments for depression and anxiety disorders.

4. Recommendations and Service Update

4.1 Recommendation 1 – Access to funding

NHS England sets CCGs a range of targets in relation to IAPT these include an access rate to treatment, which relates to a percentage of the local population who are estimated to be experiencing mild to moderate anxiety or depression. This access rate to treatment has been set to increase to 25% of the estimated population being in treatment, from the current target of 15% [16/17]. This is part of the 5-year plan for Mental Health, known as the Five Year Forward View. The Council and Islington Clinical Commissioning Group (CCG) should look to build on any opportunities to access additional funding from National Health Service England, as it becomes available, and to press for funding to be increased pro-rata across the service to support future delivery of the service in line with the Five Year Forward View.

4.1.1 **Response to Recommendation 1:**

The Council and CCG recognise that reaching these targets is not feasible within current funding, however the CCG has limited influence over the amount of funding allocated to Islington services, as this is set nationally by NHS England. NHS England have begun to make some additional funding available, but with a specific focus on supporting people with long-term conditions. Islington and Haringey have been successful in obtaining additional IAPT funding which is being used specifically to support people with diabetes or COPD (respiratory illness). Joint commissioners will seek to access any additional funding opportunities from NHS England that become available.

4.1.2 **Service Update – September 2018 to Recommendation 1**

Following the NHS England bidding round for increased access to IAPT for long term conditions, where Islington submitted a successful bid as outlined above, the pilot funding from NHSE has now ended and the funding is now made from the CCG. The CCG is responsible for ensuring that the access rates for IAPT increase in line with the Five Year Forward View trajectories. Funding is not ring-fenced within the CCG budget however, there is a commitment to invest in this area and IAPT is on target to achieve the 19% access rate required for 18/19.

4.2 Recommendation 2 – Supporting people with LTC and employment support

Work should continue to increase the focus on supporting people with long term conditions or medically unexplained symptoms, as well as supporting people into employment.

4.2.1 **Response to Recommendation 2**

A joint bid was successfully submitted by Islington and Haringey CCGs to support the development of an Integrated IAPT Service, supported by a range of providers including:

- Camden and Islington NHS Foundation Trust
- Whittington Health NHS Trust
- Tavistock and Portman NHS Foundation Trust

- GPs

The service went live in summer 2017 and implementation meetings are taking place monthly, including commissioner and clinical input from across Haringey and Islington.

The one-year funding from NHS England will support Islington and Haringey IAPT services to develop an offer to support people with type 1 or type 2 diabetes and/or COPD, whose physical needs are met either through primary care, or Whittington Health community and acute services. This new 'Integrated IAPT Service' will be delivered in addition to the core local IAPT offer already available in each borough.

The new service offer will initially focus on people with diabetes, with the intention to expand to include people with COPD once the model has been tested.

It is not a primary aim of IAPT services to support people into employment however there are specialist services within the borough which the Islington IAPT service can refer to specifically to support people with mental health problems into employment, including the Mental Health Working service delivered by Remploy.

The Mental Health Working service, is commissioned by Islington Council to provide specialist employment support to people with mental health conditions to move into training, education, employment or volunteering and offers support to those who are already in work, to help them remain in employment.

4.2.2 **Service Update – September 2018 to Recommendation 2**

The new IAPT service for Long Term Conditions Service is continuing to be funded as business as usual. The referral sources for the service are being expanded from Autumn 2018 to include cardiac care and musculoskeletal conditions (the service has initially focussed on people with diabetes and/or COPD).

It is a high priority of the Council to support people with poor mental health into employment as this improves both mental well-being and individuals' financial situation. The Council is currently reviewing the mental health employment offer with a view to re-procuring the service. This is to ensure the new service meets the needs of people with mental health needs and there is a more joined up relationship with Islington IAPT. It is anticipated this will go out to procurement in November 2018. IAPT also has a presence in job centre plus.

4.3 Recommendation 3 – Improving access rates

Whilst the performance of Improving Access to Psychological Therapy services in Islington has met its targets for 2015/16 in relation to access and 18 week waiting times, the performance of other Clinical Commissioning Groups in the North Central London (NCL) area, particularly in Haringey, exceed that of Islington in a number of areas. The Committee suggests Haringey's performance be used as a driver for improvement with sharing of best practice pursued to achieve this target.

4.3.1 **Response to Recommendation 3**

IAPT Islington currently has a Service Development and Improvement Plan (SDIP) in place [17/18] which is an NHS tool outlining key actions required to deliver improved access rates. Commissioners will continue to monitor progress of actions at quarterly contract monitoring meetings and continue to work actively with the service to ensure 2017/18 and 2018/19 access targets are met. The service is currently on track to meet the access rate target for 2017/18.

Commissioners will also facilitate the sharing of best practice between Haringey and Islington IAPT services to identify how Islington can implement best practice from Haringey and other NCL boroughs.

4.3.2 **Service Update – September 2018 to Recommendation 3**

Islington IAPT achieved an 18% access rate for 2017/18, which exceeded the 16.8% access target. The service is on track to meet the 2018/19 NHSE treatment plan target of 19% access rate by March 2019. It is also achieving the national 50% recovery rate target following treatment.

Commissioners regularly meet with commissioners across NCL to share good practice and learning. For example there is now more targeted promotion of IAPT to specific demographic groups, such as older people, and younger people, and those with long-term conditions as mentioned above where benefits have been achieved in other areas.

4.4 Recommendation 4 – Improving recovery rates

The recovery rate for IAPT has risen each year, but is still below the target of 50%. Whilst an action plan is in place to address the poor performance against recovery levels, this area that needs improvement. The Committee recommends that the action plan is reviewed, and that best practice be shared with other boroughs to try to improve recovery rates.

4.4.1 **Response to Recommendation 4**

The Islington service has met the 50% recovery rate target for quarter two [17/18] and we expect continued improvement over 2017/18. Commissioners will continue to review the Service Development and Improvement Plan with IAPT to ensure continued progress in this area and will facilitate the sharing of best practice with other high performing boroughs within the North Central London footprint. IAPT also has a working group that meets regularly specifically to review recovery rates and actions needed to address this.

4.4.2 **Service Update – September 2018 to Recommendation 4**

The Islington IAPT Service met the 50% recovery rate target for 2017/18 (50.34%) and the recovery rate for quarter 1 2018/19 is 53%.

4.5 Recommendation 5 – Completion of Family and Friends questionnaires

All service users using the IAPT service be encouraged and supported to complete Family and Friends patient experience questionnaires, and provide comments in relation to their experience of the service.

4.5.1 **Response to Recommendation 5**

It is the responsibility of the IAPT service to ensure that all service users are encouraged and supported to complete the patient experience questionnaire. Commissioners will review this with CIFT to ensure that this is being actioned.

4.5.2 **Service Update – September 2018 to Recommendation 5**

The current completion rate of Family and Friends questionnaires is approximately 20% (which is comparable with other NHS services). In addition to the Family and Friends questionnaire, at the end of treatment clinicians invite patients to provide feedback via the Patient Experience Questionnaire (PEQ).

Feedback from service users is now a standing item as part of quarterly contract monitoring meetings, whereby CIFT discuss with commissioners any feedback they compile from PEQs, Friends and Family Test and complaints reports. Commissioners are currently working with CIFT

to implement attendance from an IAPT Service User Advisory Group (SUAG) representative at quarterly contract monitoring meetings, in order to establish a feedback loop between the monitoring process and the SUAG. Commissioners will now be attending the SUAG bi-annually.

4.6 Recommendation 6 – Increasing reach to BAME groups

Given the under representation of Hard to Reach and Black, Minority, Ethnic Refugee groups in accessing mental health services, alternative methods of advertising and accessing the service be pursued.

4.6.1 **Response to Recommendation 6**

Actions to target underrepresented groups and professionals who have contact with these groups, is identified within the Service Development and Improvement Plan for improving access rates and there is a plan for this targeted work as part of the IAPT communications strategy. Commissioners will continue to work with IAPT to ensure these actions are delivered and that alternative methods of advertising and accessing the service are explored as part of this work.

4.6.2 **Service Update – May 2018 to Recommendation 6**

The demographics of patients using the IAPT Service closely matches the local borough demographics. However, in order to increase this IAPT is promoted at external community events, such as the Finsbury Park Mosque community day and Manor Gardens open-day. Islington Council also commissions counselling services which specifically target Black, Minority Ethnic and Refugee (BMER) communities, Child Sexual Abuse and Domestic Violence survivors (CSA/DV) and bereavement, who may be less willing to attend traditional IAPT services.

4.7 Recommendation 7 – Managing waiting lists

Given that many service users experience long waiting times, the service needs to develop some form of interim support for those on waiting lists.

4.7.1 **Response to Recommendation 7**

Commissioners made a similar observation around waiting times as part of contract monitoring and are in the process of benchmarking this to other IAPT services, and will continue to raise with CIFT. Commissioners will discuss options with CIFT to support individuals who are on the waiting list and IAPT will need to investigate these options. This includes the use of online support and interim phone support, information that's received for self-referrals and self-help tools.

4.7.2 **Service Update – May 2018 to Recommendation 7**

The median wait time in quarter one 2018/19 (April to June) was 21 days, between referral and first appointment described as treatment. Any person for whom low intensity support, such as online or self-help tools, is suitable are offered this as an intervention. IAPT meets and exceeds national waiting list targets.

4.8 Recommendation 8 – Access to Turkish-speaking therapists

It has been suggested that there is a particular shortage of Turkish speaking therapists. The service provider should attempt to improve recruitment for this community group.

4.8.1 **Response to Recommendation 8**

Camden and Islington NHS Foundation Trust (CIFT) could undertake targeted recruitment when filling current vacancies. Commissioners will discuss this with CIFT to ensure this is explored as part of ongoing contract monitoring.

Islington Council also commissions a non-IAPT talking therapies service, which includes three targeted services for Black, Minority Ethnic and Refugee (BMER) communities, Child Sexual Abuse and Domestic Violence (CSA/DV) and bereavement. This complements the existing IAPT provision and supports an increase in access to psychological therapy for identified under-represented communities. This service provides access to therapists with a range of language skills, including Turkish speaking and enables individuals to overcome cultural barriers by matching service users to therapists with the same background.

4.8.2 **Service Update – May 2018 to Recommendation 8**

CIFT continue to actively recruit those who speak other languages commonly used within the local community. The service has in the past employed a number of Turkish speaking members of staff who have subsequently moved on to further training and career progression. The Councils BMER service does have Turkish speaking counsellors.

4.9 Recommendation 9 – Access to after-work appointments

In order to enable equality of access to the services more after-work appointments should be made available. Efforts should be made to locate these appointments in non-National Health Service (i.e. community) premises, as there is an element of stigma attached to attending a National Health Service building for mental health treatment.

4.9.1 **Response to Recommendation 9**

Whilst evening appointments are currently offered by IAPT, Commissioners will discuss options with CIFT, around the after-work appointment offer to ensure provision meets demand and access is equitable for people who work full time. Commissioners will also be exploring with CIFT the potential to use community venues for evening appointments as part of a wider piece of ongoing work exploring venue options for the service.

IAPT services are intended to be closely aligned with primary care and therefore it is appropriate that appointments are offered in NHS locations such as GP surgeries. The provider has raised issues through contract monitoring meetings in terms of being able to access community premises and limited availability of venues in the borough. Commissioners will continue discussions with the service to explore how this can be addressed.

4.9.2 **Update – September 2018 to Recommendation 9**

CIFT have increased out of hours appointments by 50% at both clinics North and South of the borough. IAPT Islington deliver initial assessment sessions in the Archway Job Centre Plus and some therapy groups are delivered from local libraries.

4.10 Recommendation 10 – Reporting inaccuracies

Action to be taken to identify and address the reporting inaccuracies identified in the locally and nationally published data for 2015/16 and ensure that this is more accurate in future. Efforts should be made to address the need for more comprehensive information in relation to ethnicity data when accessing the service.

4.10.1 Response to recommendation 10

A Service Development and Improvement Plan (SDIP) is in place to address and improve IAPT data discrepancies. Good progress has been made to date and commissioners will continue to monitor this plan with the service to ensure actions are delivered and data accuracy continues to improve.

As part of the SDIP a number of actions have already been undertaken by the IAPT Islington service including the following:

- An ongoing monitoring programme has now been established. Discrepancies are discussed in quarterly contract monitoring meetings and are monitored internally. Discrepancies on important KPIs have been observed to be declining consistently.

- Ongoing training within Islington has been implemented. This resulted in a coding protocol to assist clinical staff to accurately code contacts early to mitigate the need to retrospectively correct errors. Feedback to individual clinicians and managers has been implemented. IAPT have also requested that any change that is needed clinically/legally but could affect sealed data is flagged to the data lead.

- Ongoing meetings between IAPT and CIFT IT have been undertaken to ensure clarity on data collection and time points and efficiency in data extraction, processing and submission of NHS Digital data. A process of checking data at various submission points is being developed and this includes accessing Open Exeter data files to identify where discrepancies may exist.

- A number of important features have been identified to minimise false reporting of data and to ensure data is of a quality to allow minimization of error thus minimising record rejection at NHS Digital.

- A regular checking system of clients who have attended two treatment appointments has been implemented by IAPT. This involves informing therapists to check at this time point to ensure data quality is appropriate early in a therapeutic trajectory, to minimise identifying errors later.

- Ongoing discussions between the IAPT service and London clinical network services team to ensure the service is using the best methods to minimise data discrepancies. A visit to Hammersmith IAPT service (identified as reducing the discrepancy dramatically) has been undertaken to share good practice.

In relation to addressing the need for more comprehensive ethnicity data when accessing the service, IAPT Islington are rolling out a new system for self-referred patients to complete demographics data online at the point of self-referral. The questions were co-designed by service users and this will be going live by the end of 2017. Commissioners have also asked CIFT to confirm with NHS England around how ethnicity data is grouped in order that data is clear and can be compared to the ethnicity of the local populations.

Update – September 2018 Recommendation 10

4.10.2

The discrepancy between local and NHS Digital national data, has reduced significantly, and is now negligible (less than 1%). Key discrepancies continue to be discussed at quarterly contract monitoring meetings. CIFT have developed a process of checking data at various submission points, including accessing Open Exeter data files to identify where discrepancies may exist.

Ethnicity and nationality data is routinely captured by IAPT.

5. Implications

5.1 Financial implications:

No financial implications are identified.

This paper provides an update and response on actions to address previous recommendations.

Any plans or strategies derived or agreed in relation to this report should use existing available resources and therefore do not create a budget pressure for the Council, CCG and partner organisations.

5.2 Legal Implications:

Part 1 Section 1 of the National Health Services Act 2006, requires the Secretary of State to promote the provision of a comprehensive health service designed to secure the improvement of the physical and mental health of people in England and the prevention, diagnosis and treatment of illness.

Section 1 of the Care Act 2014 requires local authorities to promote an individual's 'well-being'. 'Wellbeing' includes physical and mental health as well as the emotional well-being of the individual.

5.3 Resident Impact Assessment:

The council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010). The council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities, and encourage people to participate in public life. The council must have due regard to the need to tackle prejudice and promote understanding.

There are no negative impacts identified upon those who share a protected characteristic, in relation to the recommendations and actions identified within this report.

The recommendations and actions outlined in this report provide additional opportunities for advancing equality of opportunity for people who share a protected characteristic, in particular Black Asian Minority Ethnic and Refugee groups.

5.4 Environmental Impact Assessment:

There are no major environmental implications associated with the actions or recommendations detailed in this report.

6. Conclusion and reasons for recommendations

6.1 This report details the Service Updates to the recommendations of the Health and Care Scrutiny Committee.

Final report clearance:

Signed by:

Jill Britton
Assistant Director - Adult Joint Commissioning

Date: 20th September 2018

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NHS
Islington
Clinical Commissioning Group

MEETING:	Health Overview and Scrutiny Committee
DATE:	2nd October 2018
TITLE:	Options for the future of the walk-in-centre
LEAD DIRECTOR:	Clare Henderson, Director of Commissioning, Haringey and Islington CCGs
AUTHOR:	Philip Wrigley, Primary and Urgent Care Manager Sarah Soan, Head of CCG Programmes and Business
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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 31st 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[1]. 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
Monday-Friday	08:00 – 20:00	36	36	72
Saturday-Sunday	09:00 – 18:00	23	23	46

Figure 1 - Appointments per day

Annual Appointments	Total GP Appointments	Total Nurse Appointments	Total
Monday-Friday	9,360	9,360	18,720
Saturday-Sunday	2,392	2,392	4,784
Total	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

[1] 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).

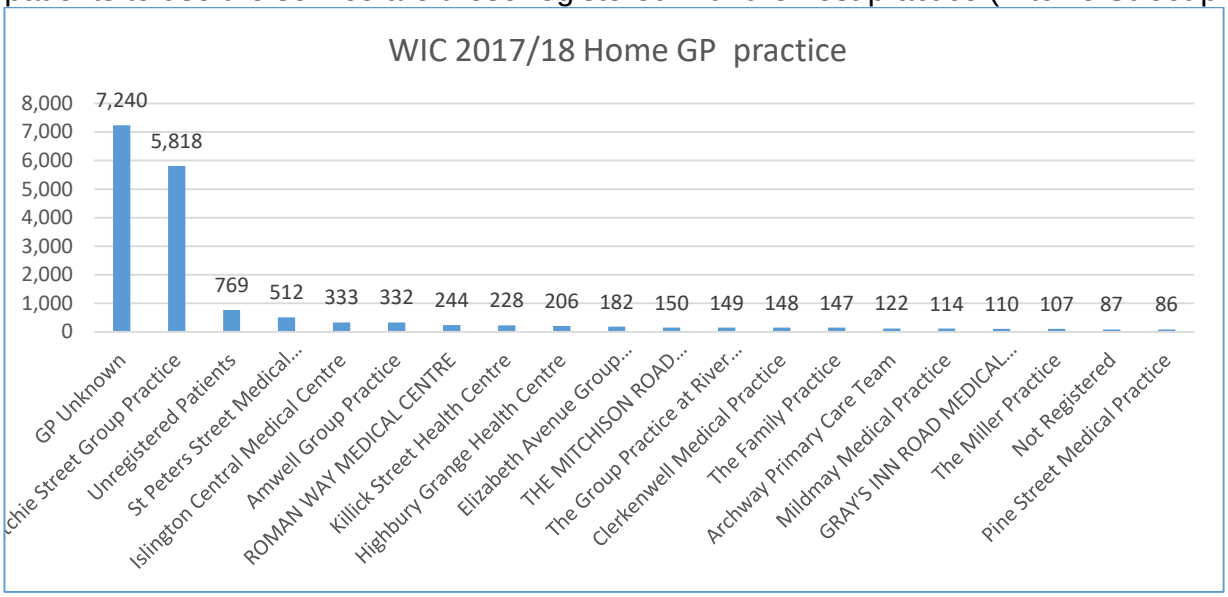

Figure 3 – appointments per practice[2]

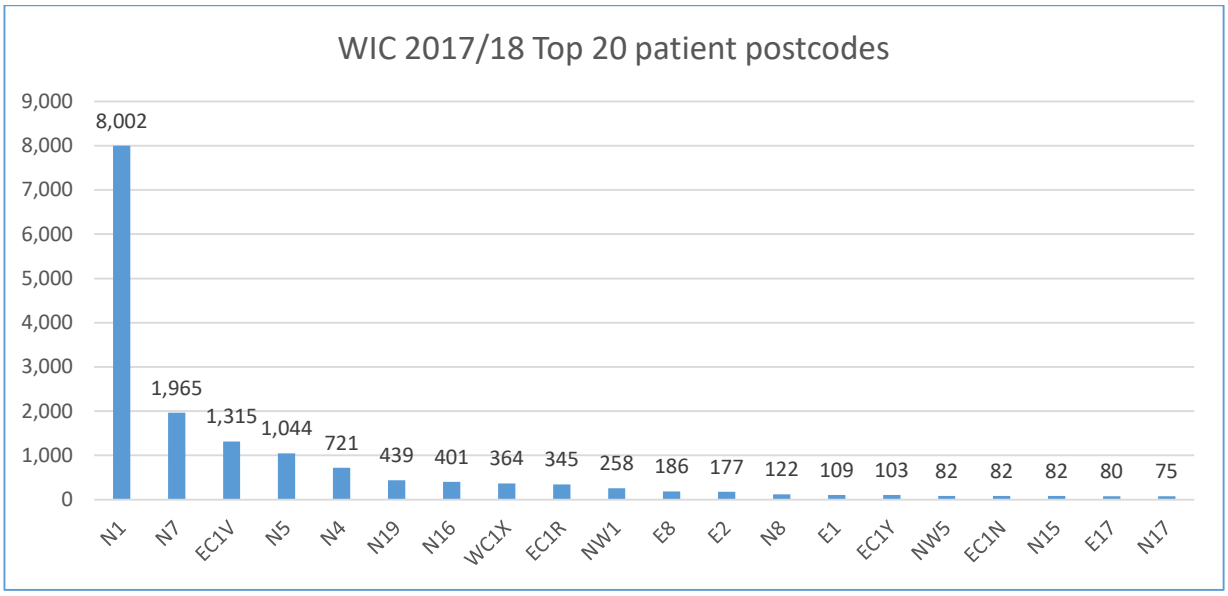

Figure 4 – postcode of patients attending the walk in centre

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

[2] 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).

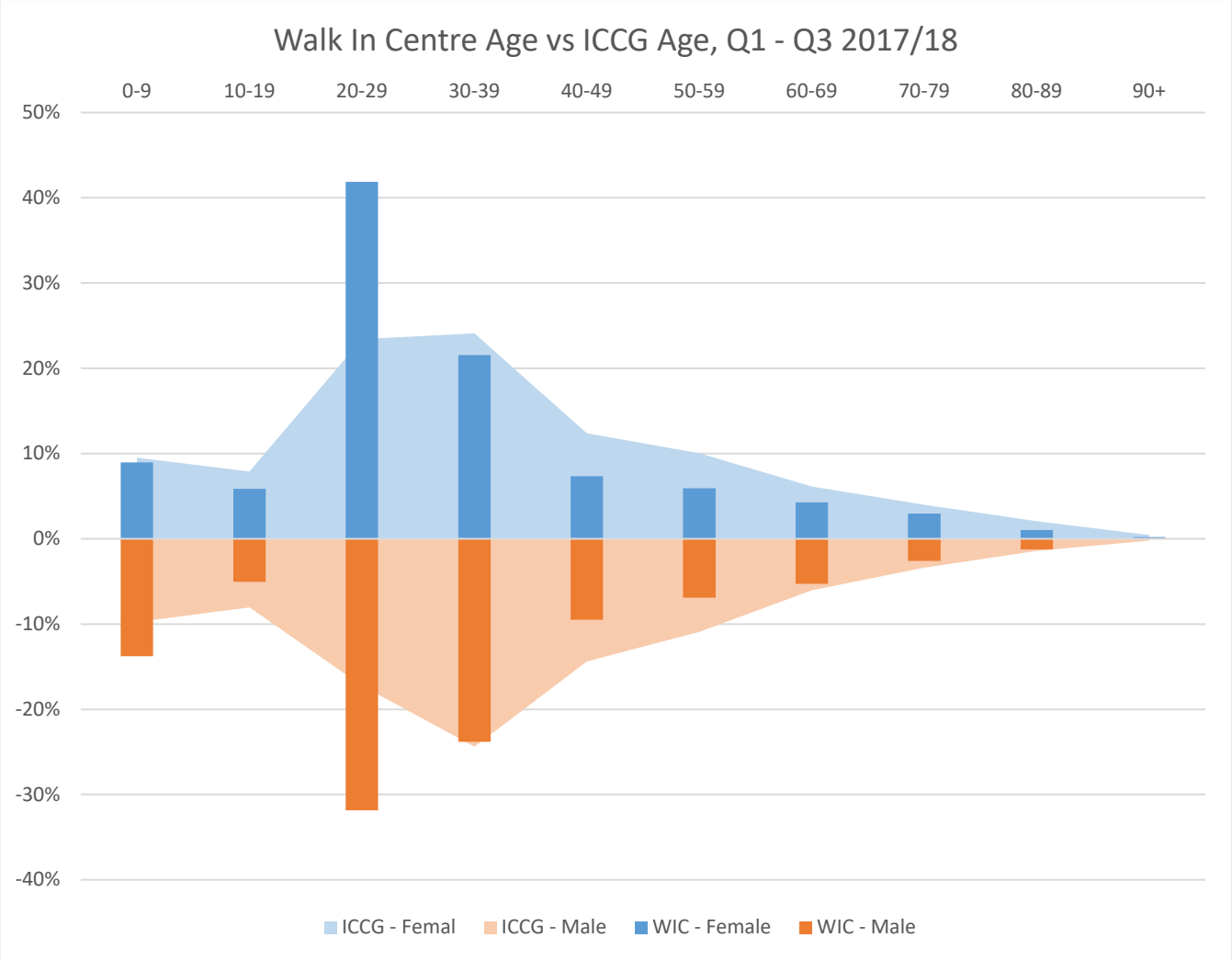

Figure 5 – Age and gender of patients attending the Walk-in Centre compared to the general population

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[3]. 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.

3 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/283778/WalkInCentreFinalReportFeb14.pdf

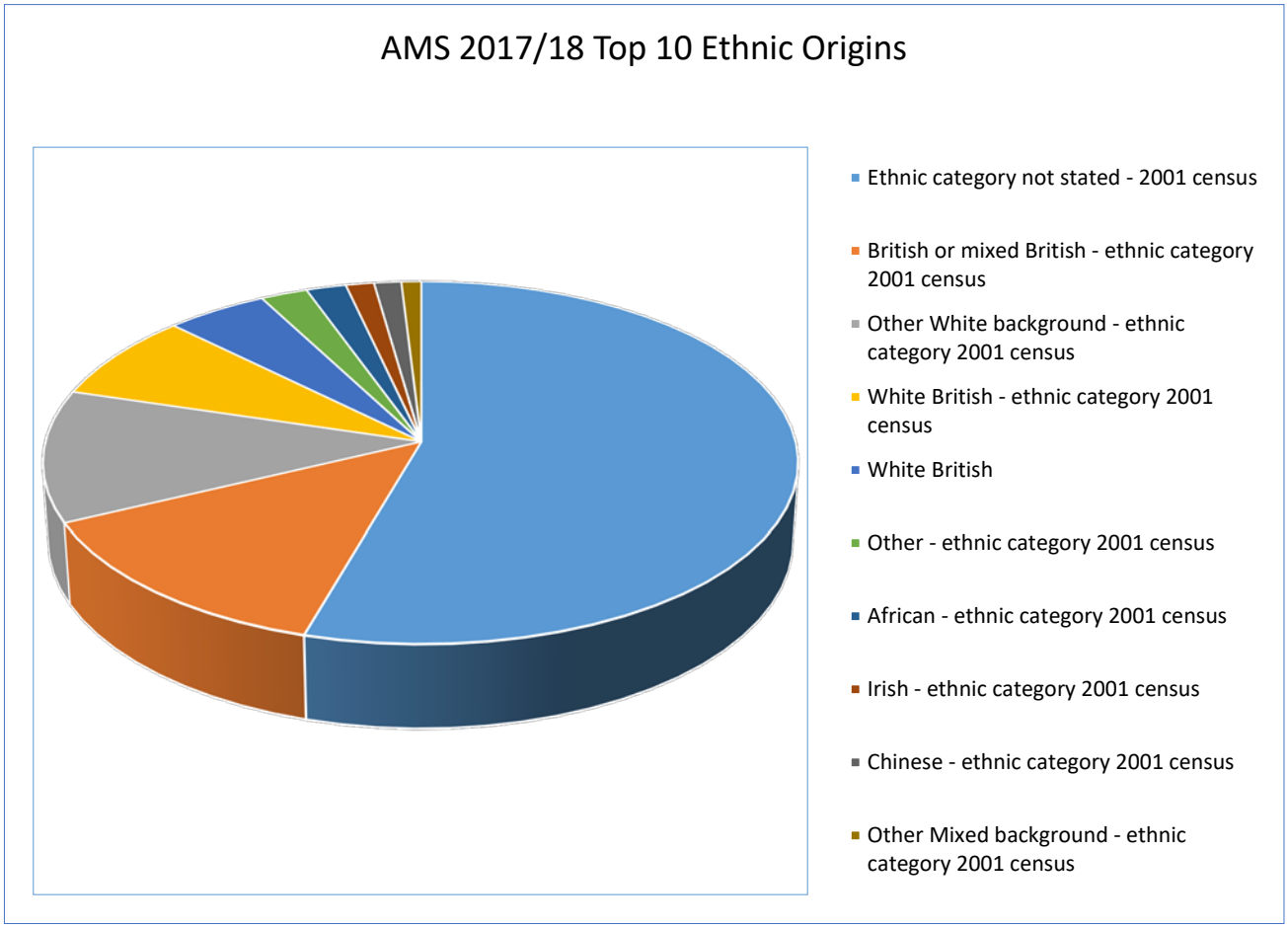

Figure 6 – ethnic origin of patients attending the Walk in Centre

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'[4] and extended access to general practice.[5] The National review of walk-in-centres' suggested that walk-in

[4] Within core general practice contracted hours of 8am to 6.30pm.

[5] 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[6]. Various evaluations[7] 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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[6] https://www.england.nhs.uk/wp-content/uploads/2017/07/urgent-treatment-centres%E2%80%93principles-standards.pdf
[7] 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[8], 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[9] 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

[8] Minor Injuries Unit
[9] 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 NHS111or 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'[10] 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

[10] 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.

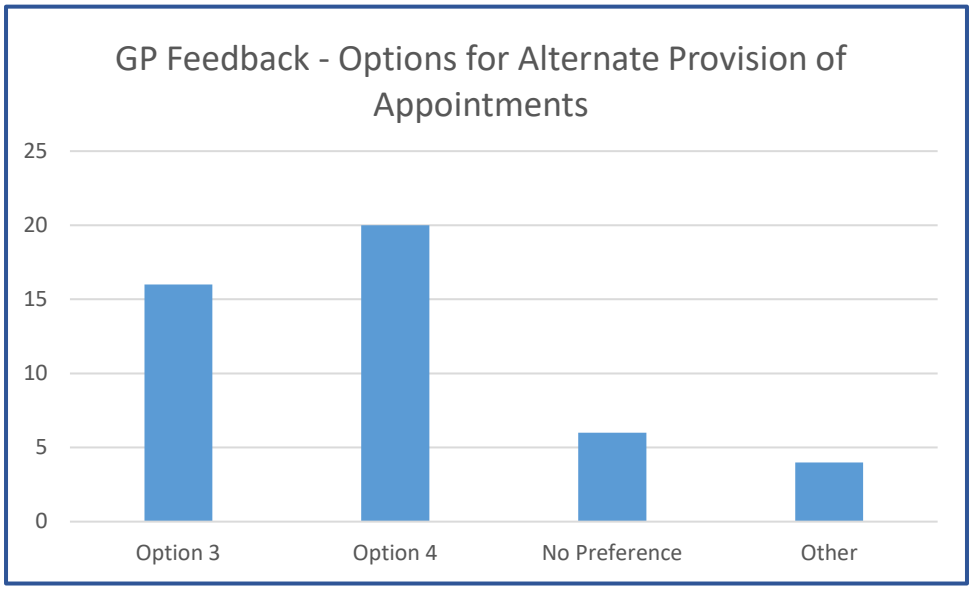
6.1.2. Engagement with practices

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[11] 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

[11] 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[12] 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

[12] See Appendix D

To be reported for approval to:

Haringey and Islington Strategy and Finance Committee October 25th 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.

CODE+A1:G34	Practice Name	POSTCODE	NUMBER OF PATIENTS	Shared Funding based on list size	Number of extra GP appointments per week	Number of GP hours per week
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)
Previous Engagement around access to GP appointments			
Extending GP Access in Islington (2015-18)	197	• People with mental health needs and Long Term Conditions • Black, Asian, Minority, Ethnic and Refugee (BAMER) women • Young carers • People over the age of 55 • People from low socio economic backgrounds and other local residents • People with a long term condition (HIV & AIDS)	• People find the process of booking unplanned GP appointments over the phone difficult. • People are supportive of data sharing amongst GPs if it improves patient care and means that people do not have to repeat their story. • Most people said that they would be happy to travel to another practice for an appointment. • 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.
Primary Care Engagement (2015-18)	Unknown	• NHS 111 / Out of Hours • Health Voice Islington	• People find the process of booking GP appointments over the phone particularly difficult • People are supportive of booking appointments online but it is dependent upon the practice and how easy the system is to use.

		• Islington Patient and Community Group • CCG Network meeting – a forum made up of local patients and the voluntary sector • IBUG – a mental health service user group • Community research project which focuses on specifically speaking with communities that face barriers to accessing services.	• People are supportive of data sharing amongst GPs (i.e. say in extended hours) and into other services • People want Improved booking systems for appointments focusing on telephone booking process and better promotion of online service
The Wellbeing Programme Research: Overall (2013-16) **This incorporates the programmes above plus an additional 11 pieces of work)**	2000 people in total	• Long term condition patients • Carers • Refugee and migrant communities • Age UK • HealthWatch • Help on your Doorstep • Body and Soul a local HIV charity (working with	• People want services that are easy to access • People want services that are joined up • People don't want to have to tell their story more than once

		families and young people) • Young people through Youth Forum and young people's health engagement group • Last Years of life: Voice for Change • Local communities across the 9 protected characteristics • Learning disabilities service users • Deaf service users • Mental health service users	
Independent report on The Prime Minister's GP Access Fund Pilot in Islington: Improving access to General Practice – I:HUB (October 2015-June 2016)			
Targeted engagement around the Walk In Centre			

Healthwatch- Islington Patient Group meeting (June 2018)	43	Not recorded	The proposed closure of the Walk In Centre and possible options were presented by the CCG. A Q&A session followed. Q. How will you ensure there is access to video BSL interpreting for those who need it? A. We will be considering the different options to incorporate into the specification. HWI. The CCG have assured us that interpreting will be in every specification going forward and we will ensure this is not forgotten. Q. Services need to have a visual display in the waiting rooms, remember this when thinking about where this service will be based. 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. Q. Pay attention to equality of access in both options (e.g. Age, ethnicity, disability etc.) 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. 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? 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.

			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? 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. Q. What about unregistered patients? A. The current Hub system does have a process for registering patients who use the service (this hasn't yet been required). Q. Have you done any work with Health Economists to research this stuff and find out overall how this would work? A. We have looked at similar models across England and consulted our finance team. We could consider this. Q. Currently there are 3 Hubs (as part of the iHub service) which offer GP appointments couldn't we have some A&E budget for this to offer more walk in appointments? A. We are thinking about ideas like this to ensure we spend this money in the best way. 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&E? A. This is about a same day primary care service and the Hub model would look quite similar to the service staying the same.

			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). A. We need to think about the balance pf 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. **Other comments:** 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. Ritchie Street has never really been a walk in centre, because you get given an appointment. 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. 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. 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. One table highlighted that perhaps we should be asking why GP's don't have enough capacity to manage more same day appointments. It's important that patients are made aware of this same day appointment service no matter what form it takes.

Appendix D: PPG reports

Walk In Centre Practice Engagement
St John's Way: Patient Participation Group
7pm 12th 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
19th September 2018

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

Present: 1 x GP, I 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

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 they 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.

HEALTH AND CARE SCRUTINY COMMITTEE – WORK PROGRAMME 2018/19

14 JUNE 2018

1. Camden and Islington Mental Health Trust - Performance update
2. New Scrutiny Topic – Decision on topics- Main review/mini review
3. Health and Wellbeing Board update
4. Work Programme 2017/18
5. Child Obesity
6. Membership, Terms of Reference
7. Moorfields NHS Trust – Performance update

12 JULY 2018

1. NHS Whittington Trust – Performance update
2. Scrutiny Review – GP Surgeries – Approval of SID/witness evidence
3. Health and Wellbeing update
4. Quarter 4 performance report
5. Work Programme 2018/19
6. Scrutiny Review – Health Implications of Damp Properties – 12 month progress report

02 OCTOBER 2018

1. Health and Wellbeing update
2. Work Programme 2018/19
3. Scrutiny topic GP surgeries – witness evidence
4. Whittington Estates strategy – update
5. London Ambulance Service – Performance update
6. IAPT Scrutiny Review – 12 month progress update
7. Healthwatch Annual Report/Work Programme
8. Walk in Centres

15 NOVEMBER 2018

1. Scrutiny topic – GP surgeries - witness evidence
2. Health and Wellbeing Update
3. Work Programme 2018/19
4. Presentation Executive Member Health and Social Care
5. Public Health/Performance Annual Report 2017/18/Performance update Quarters 1 and 2
6. Alcohol and Drug Abuse update
7. Annual Safeguarding report

28 JANUARY 2019

1.Scrutiny topics – GP surgeries witness evidence
2 Health and Wellbeing update
3. Work Programme 2018/19
4. New scrutiny topic – SID/Presentation
5. Local Account

07 MARCH 2019

1. Moorfields NHS Trust - Performance update
2. Scrutiny Review – Draft recommendations – GP surgeries
3. Health and Wellbeing update
4. Work Programme 2018/19
5. New Scrutiny Review – witness evidence

01 APRIL 2019

1. Scrutiny Review - GP surgeries - Final Report
2. Scrutiny Review - Health Implications of Poor Air Quality – 12 month progress report
3. Health and Wellbeing update
4. Work Programme 2019/20
5. New Scrutiny Review – witness evidence

02 MAY 2019

1. New Scrutiny Review – witness evidence
   To be notified

FORTHCOMING MEETING JUNE/JULY

New Scrutiny review – Draft recommendations/Final report
Performance report – Quarters 3 and 4