

REVIEW OF EVIDENCE: LOCAL ENGAGEMENT ON SAME-DAY GP SERVICES IN ISLINGTON

Introduction

This report was commissioned and prepared for Islington Clinical Commissioning Group (CCG) in January 2019.

It report covers two main areas:

- Synthesis and summary of views of patients and health professionals about the current Walk-In Centre (WIC) provided by the Angel Medical Centre, and the implications of closure.
- The way in which the engagement exercises and feedback received inform each of the two proposed models for future delivery of in-hours same-day primary care services:

Option A¹:

Commission additional same day appointments from all practices (increased GP appointments model)

Option B:

Commission additional same day appointments from a single provider, to be delivered from a small number of 'hubs' across Islington (hub model)

The majority of feedback has been from patients/residents, but GPs and health professionals have also contributed. In this report, the origin of the feedback is referenced to its documentary source, and, where appropriate, comment by a specific stakeholder or group is highlighted.

The evidence sources

1. Summary report from the first GP survey: 47 responses, October 2018
2. Notes from Healthwatch Islington (HWI) Patient Group: Public meeting held on 13 June 2018
3. HWI report on same day services: Public survey (68 eligible responses) and interviews with patients at the Angel Medical Centre August 2018 (48 interviews, of which 35 were Islington residents)
4. HWI mystery shopping of GP practices on registration advice: November 2018
5. HWI report on face to face interviews at the Angel Medical Service: November/December 2018: 80 Islington residents over six visits at different times/days
6. HWI Report on Focus Group with Deaf Patients held 12 December 2018: 11 participants
7. Second GP survey: 4 respondents
8. Two patient surveys: Compiled January 2019: firstly from those who have used the walk centre: 4 respondents; secondly, from those who have never used the walk in centre: 9 respondents

Patient Participation Group (PPG) meeting notes:

¹ Note that these are variously referred to as Options 1 and 2 or Options 3 and 4 in the supporting documentation.

9. Amwell Practice: 26 September 2018: 7 patients and one practice staff member
10. Clerkenwell Medical Centre: 19 September 2018: 3 patients and 3 members of staff
11. Highbury Grange Medical Centre: 9 October 2018: 5 patients and 5 members of staff
12. Islington Central Medical Centre: 28 November 2018: 33 patients, 4 members of staff
13. Killick Street Medical Centre: 29 November 2018: 3 patients and 4 members of staff
14. Miller Practice: 23 October 2018: 6 patients, 2 members of staff
15. River Place Group Practice: 16 January 2019: 5 patients, 2 members of staff
16. St John's Way: 12 September 2018: 9 patients, 1 member of staff

Walk in Centre Feedback

This section summarises views about the current Walk In Centre Service (WIC) – Angel Medical Centre – co-located at the Ritchie Street practice.

Why people use the WIC:

- General convenience – patients are happy that they can be seen at a time that suits them, including evening or weekends, at short notice (Source: 1, 3, 5 ,8)
- For some, location of the current WIC at Angel, as closer to home or work (Source: 1, 3)
- It is open to unregistered patients e.g. those who have recently moved into the area, or visiting (Source: 3, 5, 9)
- Patients who had not been able to get a same day or urgent appointment with their own GP and felt they needed one (e.g. if they had run out of medicines) (Source: 1, 3, 5 ,8)
- Those that had been advised to attend by local pharmacy, GP or 111 service (Source: 3, 5)
- An option for Ritchie Street patients when appointments are full, or the perception that it is easier to use than trying to make a regular appointment (Source: 5, 8)
- Some prefer to go to the WIC rather than see their own GP, e.g. for relative anonymity, or to get a second opinion . More than half of the HWI interviewees say they have used the service on a previous occasion (Source: 1, 2, 5).

Why people DON'T use the WIC:

- The service is not convenient and/or too far away for those in the north of the borough (Source: 1,2, 16)
- Many Islington residents don't know about it (Source: 3, 6, 8, 9, 10, 11, 12, 14, 15, 16)
- They have no need of it, as they are already using same day GP services at their local practice or other urgent care services to which they have been signposted (Source: 1, 5, 9)
- Deaf people do not generally use the service (Source: 2, 6): Most at the Focus Group were unaware of it, those that did know about it don't use it because they can't get an interpreter unless booked in advance (Source: 2 , 6, 9, 12)

- The wait is seen as being too long, or people are turned away because appointments have run out for the day (Source: 5, 8)

What works well:

- Convenience of location, for home or work, as above (Source: 1, 3, 8), for younger adults (Source: 3, 5)² and the benefit of an onsite pharmacy (Source: 3).
- Current users find getting an appointment is generally fast, simple and efficient (Source: 3, 5, 8)
- Pre-booking is not required, and so sometimes it is a preferred model of accessing a GP (Source: 1, 3)
- Can be used by unregistered patients (Source: 3)
- General mix of primary care services, e.g. dressings and contraception, as well as issues requiring a doctor (Source: 1)
- High quality of staff and the service itself (Source: 3, 5, 8)
- Most presenting problems are resolved by the WIC visit (Source: 3, 5, 8)
- For GPs, this extra capacity can be used for relatively uncomplicated cases, which can be directed there, removing pressure from other appointments (Source: 1)

What DOESN'T work so well:

- Very few patients from the north of borough because it is further away than other options e.g. Urgent Care at Whittington Hospital, and iHub (Extended Access Service) (Source: 1, 16)
- Inability of service to refer patients on to secondary care, or to prescribe certain medication (Source: 3)
- Sometimes there can be a long (several hours) wait to be seen, and getting an appointment can be a frustrating process (Source: 3, 5, 8). In this sense, it is not a genuine 'walk in' as it is appointment-based (Source: 2).
- Demand cannot always be met, can vary from day to day and patient flow is unpredictable, e.g. as a result, the service running out of appointments during the afternoon (Source: 1, 5)
- More capacity, e.g. more than one WIC (GP comment) is required (Source: 1)
- Local services could be subsidising out-of-area patients, as there is no restriction on catchment (GP) (Source: 1)

² Most respondents to the first HWI survey were over 50 and only a quarter of those had actually used the service (2); most of those interviewed actually using the service were under 50. In the second HW set of interviews, more than two thirds were aged 21 to 40.

- Also, as all the funding goes to into one practice and is disproportionately use by patients in the adjacent practice³ , there is a question of unequal allocation of resources; those who use it as an additional service (e.g. to get a second opinion) are taking resources from elsewhere in the system (Source: 1, 5, 10)
- Not accessible to deaf patients because BSL interpreting is not available at such short notice (Source: 3)
- In terms of wider accessibility, there is insufficient privacy at reception, also the premises are cramped (Source: 3, 8)
- Having to walk in and not able to book appointments over the phone (Source: 3)
- The service not having access to up-to-date electronic patient record (Source: 3, 13)

Support for the current WIC model:

- The service is valued and has made a difference (GP comment) (Source: 1, 3 , 5)
- Patients appreciate being able to seen when they feel they need to be seen, and generally their issues are resolved by the visit (Source: 5)
- A few respondents overall specifically support retention of this model, with increased capacity (Source: 1, 9)

Implications for management of the closure and transition to a new service

This was not an issue specifically included in the engagement exercise questions. However, a number of the points raised by patients did address the potential implications, and these are set out below.

1. **Flexibility, and being able to turn up at any time (in principle)** is a key feature of the WIC for some residents), so flexibility should be built into any new system. Patients should be able to book their appointments in ways which suit them: for some this will still be walk-in, but phone line capacity needs to be able to accommodate the majority and text/online booking should also be available etc. (Source: 1, 2, 3, 5, 6).
2. **People find it convenient to get same-day appointments in the evening and on both Saturday and Sunday** . As the proposals are for in-hours services only, the restricted hours of some GP practices could result in confusion and in a reduced service for some. The discussions show that that iHub and other out-of-hours services are not currently widely known about or well understood (Source: 1, 2, 5, 6, 12, 13, 14, 15) and this will need to be addressed at the same time as the transition.
3. **Access for Deaf people** to the new service should be written into the specification (Source: 2, 6). This includes availability of interpreters, video linking to interpreting services, multiple ways of contacting the service (and specifically a text-based service). The access needs of

³ 30 out of 80 interviewees

other groups should also be identified and factored in. There are specific requests for visual (as well as Deaf-friendly) communication in all centres (Source: 2, 6).

4. **Unregistered patients** can use the current WIC (Source: 2). A simple process for registering patients so that they can use any new service needs to be communicated and implemented to ensure those not registered e.g. homeless people (Source: 9, 12), or those falling outside the catchment area do not fall through the net (Source: 4, 10). If the service is no longer available to non-Islington residents/visitors (Source: 9) this needs to be widely communicated, and alternative services clearly signposted. It could result in increased use of A&E services locally, as many WIC patients have indicated this would be a chosen alternative to the WIC (Source: 3, 16)
5. **Meeting the needs of those who prefer to walk in to a service that is NOT their own GP** (Source: 2, 12) i.e. they are not known to the practice they are attending. Consideration needs to be given to the balance of appointments that can still be 'walk-in' and for it to be possible for patients to be seen without consenting to their records being accessed. Also, consideration needs to be given to patients' being able to find out the gender of their health professional in advance. There is some support for 'telephone triage' to universally implemented to enable this (Source: 1, 2, 16).
6. On the other hand, the process needs to ensure that all Islington **patient records are accessible** to the new service (with patient consent) (Source: 3, 12, 16).
7. **Wide communication, using multiple channels, about the new service**, (Source: 2, 3, 15), including information about other urgent care services, pharmacy location etc. involving patients more in how to do this and in the decision-making process (Source: 6, 10).
8. **Support for practices to provide extra capacity** (as well as funding), whether individually or as a hub (Source: 1, 16).

Feedback on Proposed Future Model Options

This section summarises the views expressed on the two options/delivery models put forward by the CCG: an increased GP appointments model (A) and a hub model (B).

A: Increased GP appointments model

Benefits of the model:

- **Care closer to home:** Patients often prefer to see their own GP with whom they are familiar and receive their care close to home (Source: 1, 10) – this has also been evident in patient take up of the iHub. Patients would have increased access to appointments at their chosen practice, rather than having to travel across the borough. This is seen as Important for those with mobility issues, long term health conditions and for children specifically (Source: 3).
- **Continuity of care and easier follow-up:** This is a key issue for GPs (Source: 1, 10): Patients prefer to see the same GP, who knows their medical history, and their care is also easier to manage at practice level.

- **This model would enable direct access to patient records**, which is not merely important, but essential for appropriate care (Source: 11, 16) .
- **Flexibility:** the model would enable more same day appointments to be offered in individual practices, which would mean patients could go to any practice. Thus there would be more options and availability for patients and practices (Source: 1)

Challenges:

- **Staff availability and recruitment** are a key issue for practices (Source: 1, 7). Extra staff including reception staff might be required to deal with increased capacity/hours. It would be particularly difficult for smaller practices, although may be mitigated through additional funding and with, for example, phone triage (Source: 1, 16).
- **Already over-burdened staff could come under extra strain** – patients are keen to see that practices are supported and not overloaded (Source: 16).
- **Smaller practices may have physical capacity problems**, e.g. not enough rooms (Source: 1).
- **Costs could increase:** Concern that the additional provision may not represent value for money and funding could be withdrawn at a later date. Funding for smaller practices may not be enough to cover an additional GP, or even an extra session for existing staff (Source: 1).
- **The time allocated may not make a significant impact** for smaller practices, and may not be matched to demand. Allocating the appropriate number of appointments and monitoring the impact of the extra provision will be not be easy (Source: 1).
- This is not a solution for all individual practices (Source: 1) as the extra resource and capacity will be minimal, and may fragment same-day care in Islington.

B: Hub Model

Benefits of the model:

- **Patient and staff satisfaction** is seen as the main benefit for practices (Source: 1): Patients will have more choice and practices that have capacity will be able to utilise this, thus providing a better service for patients, while at the same time removing pressure on individual GPs (Source: 10).
- **Builds on what's already there:** The hub model does has been working for the Extended Access service: the expertise in providing extended access services already exists and is in convenient locations. Patients have got used to the existing Hub service, particularly over weekends (Source: 7).
- **Flexibility:** There is potential for offering appointments at times when the patient's own GP practice is closed. Alternative option for patients still to 'walk in', which some patients like, particularly those who are working (Source: 1, 5) The model could allow other practices with capacity to be dedicated hubs. The hub model continues the option to be seen by a GP other than your own for those who prefer that, or do not have a strong relationship with their practice, so place less value on being seen there (Source: 2)

- It pools the available resources, providing all patients across the borough **with equal access to appointments** (Source: 1, 13, 16).
- Is likely to be **more efficient and achieve benefits of scale**; e.g. hubs might be more able to offer access to interpreting facilities for Deaf patients. It may be more cost- effective in terms of premises and admin staff and can be centrally managed. **It can be monitored and be reliably available** (Source: 1, 6).
- **The option is clear and focused** and offers the opportunity for consistency of service across the borough (Source: 1).

Challenges:

- **Potential patient inequalities:** Patients of practices without an iHub could be disadvantaged. They would have to travel further, and could have access issues (Source: 1, 2). Patients, especially those with mobility issues, are used to, and prefer, going to their own practice.
- **Hubs sites tend to have disproportionate utilisation of available appointments** (Source: 1, 5, 10).
- **GPs are already stretched and there are recruitment issues locally.** Temporary staff would not be aware of local pathways and procedures etc. It would be important to retain a regular team of doctors (Source: 1).
- **Having good premises and good IT systems** to share records, and protocols would be needed for referrals etc. otherwise there may be a dilution of continuity of care. Fast and reliable broadband is essential for Deaf video link for example. Existing hubs are already being used for out-of- hours services, etc. so they may not have the space for additional services (Source: 1, 6, 10).
- Any new potential hub locations would need to have good transport links (Source: 2).
- There is a possibility of confusion if different or additional hub sites are chosen from those that currently provide the out-of-hours service (Source: 2).
- There is potential duplication of services, as with the current WIC (Source: 10).

Patients' and health professionals' preferences for Future Provision

A number of the engagement exercises asked those involved specifically to state a preference for one of the two models under consideration. The results of these are shown in the table on the following page.

	No of respondents	Preference for A: Increased GP Appts Model	Preference for B: Hub Model	Comment
Engagement event No.3	68	23	23	15 survey respondents 'not sure'
<i>Even split between the two options</i>				
Engagement event No.7	4	2	2	GP survey
<i>Even split between the two options</i>				
Engagement event No.8	4 (a) 9 (b)	2 6	2 3	Survey (a) users of WIC (b) never used WIC
<i>Preference for increased GP appointments model</i>				
Engagement event No.9	9	N/A	6	One patient wanted to retain the WIC
<i>Preference for hub model</i>				
Engagement event No.10	3	All	-	
<i>Preference for increased GP appointments model</i>				
Engagement event No.11	5	1	-	1 preference/4 'unable to agree on a favoured option'
<i>Preference for increased GP appointments model by one patient</i>				
Engagement event No.12	33	N/A	N/A	Hub model preferred by 'the most vociferous patients'
<i>Attendees preferences were not counted</i>				
Engagement event No.13	3	N/A	N/A	'Overwhelming agreement that hub model more equitable and will have impact'
<i>Preference for hub model – but not counted</i>				
Engagement event No.14	6	All	-	'Unanimous agreement'
<i>Preference for hub model</i>				
Engagement event No.15	5	All	-	Patients wanted more information
<i>Preference for increased GP appointments model</i>				
Engagement event No.16	9	N/A	N/A	'Overwhelming agreement'
<i>Preference for hub model but not counted</i>				

These exercises were varied in terms of the setting, format, numbers of people involved and the parameters of the dialogue, and are therefore not directly comparable with each other. Nonetheless, they do give an indication of the range of views.

There was considerable discussion of the merits and demerits of both models in all these forums.

No consistent picture of support for one option over and above the other emerges from the engagement; in other words, there was no overall consensus.

Summary of the Findings

The engagement exercises – public meetings, surveys, mystery shopping, a dedicated focus group and discussion at eight Patient Participation Groups around the borough – can be summarised as follows:

The Walk-in Centre

Both patients and staff said many positive things about the WIC. Patient satisfaction is high, getting an appointment is straightforward, the staff are commended, and presenting problems are generally resolved. The opportunity to 'walk in' at any time of day and weekends, rather than having to book, is popular with younger working adults.

The downsides are lack of access to patient records and background, lack of options for onward referral, potentially long waiting times, and the location of the service at just one site in the south of borough. Many patients still do not know about the existence of the WIC.

There are implications for closure of the service. These include out-of-hours alternatives, flexibility of access and booking, options for unregistered and non-local patients, and knock-on effects for other local health services.

Future Models

The two models have been extensively discussed in local forums, and the key points in support of each are as follows:

A: Commission additional same-day appointments from all practices

This has the key advantage for patients of being seen close to home, by their own GP, and also ensuring continuity of care.

B: Commission additional same-day appointments from a single provider, to be delivered from a small number of 'hubs' across Islington

This builds on existing hub services and offers opportunities for economies of scale, integrated management and monitoring, and retains some aspects of the current WIC service.

Overall, there was no clear preference as to how urgent GP services should be offered in the future.

Regardless of the model chosen ultimately, respondents felt it was important to retain the opportunity to 'walk in' for same-day appointments, maintain equality of access, and promote and publicise the new service so that everyone knows about it.

Acronyms used in this report:

CCG Clinical Commissioning Group
HWI Healthwatch Islington
I:Hub Extended Access service in Islington
WIC Walk-in Centre

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30 January 2019