



WLCCG Urgent Care Review Engagement –

***Half Penny Steps Walk in Service: Patient, Public and
Community Engagement***

Final Report

5th December 2017

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INTRODUCTION

What is Healthwatch Central West London?

Established under the Health and Social Care Act 2012, Healthwatch Central West London (HW CWL) is an independent charity, governed by local people on a Board of Trustees. We work to ensure our voice counts when it comes to shaping and improving local health and care services. We support over 6,000 local patients, residents and stakeholders in:

- Hammersmith and Fulham
- Kensington and Chelsea
- Westminster.

Our work programme is determined by our membership and is based on local needs. For further information on how Healthwatch CWL is effectively influencing services in your area, please see our website: www.healthwatchcwl.co.uk.

Background to Half Penny Steps Walk in Services Patient, Public and Community Engagement

Half Penny Steps Walk-in Services

Half Penny Steps is a GP practice located in the north of the borough within the Queens Park area. The Practice is split into two distinct services contracted by WLCCG, one for GP/primary care medical services, and the other for the GP walk-in service, which operates 7 days a week, from 12pm to 8pm Monday to Friday and 10am to 4pm on a Saturday and Sunday.

The current contract with the provider of WLCCG's Half Penny Steps Walk in services is due to end on the 31st December 2017. WLCCG were keen to review the service to allow them to make an informed decision on any changes to future services.

Urgent Care Review and Walk in Services

Urgent Care services is a collective term used to describe *'the range of responses that health and care services provide to people who require, or who perceive that they require urgent advice, care, treatment or 'diagnosis'*.

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The WLCCG needs to ensure that its approach to the development of primary care and urgent and emergency care is aligned with the emergent models of care set out in the review by Sir Bruce Keogh¹, which suggests that walk-in centers should be closed and NHS England's Five Year Forward View (updated March 2017) which mandates the implementation of Urgent Treatment centers which are collocated with A&E departments and have direct access to diagnostic testing which Half Penny Steps does not have.

The original aims of establishing walk-in services were to alleviate pressure on A&E, improve access to primary care and improve patient choice for those who have an urgent primary care health need and cannot wait for a GP appointment. Walk-in centers have become popular with the public; however indications are that the majority of patients use them for very minor ailments that could have been treated at home or at a pharmacy; therefore the resources used to fund them could possibly be better spent elsewhere.

National evidence also suggests that it would be more effective to commission an urgent care centre which is co-located with an Emergency Department, as this would result in a more streamlined service and improve clinical safety and effectiveness. There is also an argument that the provision of walk-in services is creating unwarranted demand for them and that commissioners are possibly 'double paying' in that it is likely that patients are already registered with a GP, but use a walk-in service as they don't want to wait for an appointment with their own GP. Again this theory is corroborated by previous engagement undertaken from December 2016-February 2017, where despite 61% of people (719 of 964 responses) stated that they would prefer to be seen by their own GP than the walk-in centre, 48% of attendees had not contacted or approached their GP before attending Half Penny Steps.

Primary and Urgent Care in the locality

Primary care services provide the first point of contact in the healthcare system, acting as the 'front door' of the NHS. Around 90% of patient interaction is with primary care services. Primary Care includes GPs in general practice, community pharmacy, dental, and optometry (eye health) services. They work together to provide universal general health services.

Locally, primary care is available through:

- **GP surgeries** for registered patients, usually open Monday to Friday 8.00-18.30.
- The **Out of hours GP service**, offering appointments after 18.30 and/or on Saturdays.
- **NHS 111**, the free NHS non-emergency number. It provides help with urgent healthcare needs, and directs people to the right local service, first time.
- **Urgent Care Centres**, at St Mary's Hospital and St Charles Hospital. They treat people with minor injuries and conditions.
- **High street pharmacies**, provide advice, treatment and medicines for common ailments.
- **GP Extended Hours Access Service**, provided by 2 extended hours GP hubs (St Charles Centre for Health & Wellbeing and Violet Melchett Health Centre) and a series of GP

¹ The Keogh Urgent and Emergency Care Review 2015.

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practices providing extended hours services (spokes), 4 of which are less than 0.5 miles from Half-Penny Steps.

- **NHS Walk-in Centre** at the Half Penny Steps Health Centre. Walk-in Centres were designed as a complementary service to traditional GP and A&E services. However, they are not designed for treating long-term conditions or immediately life-threatening problems.
- Other primary care services available across West London for general dental and optometry (eye health) care.

The **GP Extended Hours Access service**, is a recent development by WLCCG. Both the hubs and GP spokes are open evenings and weekends, which should absorb a significant amount of the activity from Half-Penny Steps Walk-In Service for patients registered and/or resident in Kensington & Chelsea and Queens Park & Paddington. The new service also includes a minimum of one (1) urgent walk-in appointment per hour (which may be increased if there are available slots for walk-in patients on the day – allowing further flexibility). The extended access service enables record sharing (where patients consent), to ensure not only that the hub clinicians are able to view clinical history but also that patient's own GP can see detail of any hub attendance in real time. This is not available in the Half Penny Steps Walk-in service. The main differences between GP services, Half Penny Steps Walk-in service and GP Extended Hours Access service can be seen at **Appendix 1**.

Half Penny Steps Walk in Service Patient, Public and Community Engagement

WLCCG planned to gather insight and information about the use of Half Penny Steps from patients and the public to ensure that any recommendations made as part of the Urgent Care Review meet the needs of the local community. In particular they wanted to identify the current understanding of alternative local Primary Care provision like the Extended Hours Hubs service.

Given the increased capacity available within the extended hours hubs and spokes for West London CCG patients, the Governing Body took the decision (9th May) to support, in principle, the moving of services away from Half Penny Steps and to allow the existing walk-in centre contract at Half Penny Steps to naturally expire at 31st December 2017, with no further re-commissioning of the service planned and to begin public consultation.

Due to the pre-election period in June 2017 the public consultation was delayed which resulted in the need to extend the current contract for walk in services for three months (to ensure that a robust and extensive engagement period could take place).

West London Clinical Commissioning Group (WLCCG) was looking for an organisation to work in partnership with them to support their patient and public engagement regarding the potential changes to the Urgent Care services at Half Penny Steps Walk in Centre. Healthwatch Central West London (HW CWL) was successful in the tendering process. This engagement planned to gather insight and information about the use of Half Penny Steps from patients and the public to ensure that any recommendations and decisions made as

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part of the Urgent Care Review meet the needs of the local community.

Patient, Public and Community Engagement Aims

Through this engagement WLCCG wanted to understand:

- The way current urgent care services are being used:
 - Why people attend specific locations/services (in particular, to what extent do they know, use or would consider using, the range of services available).
 - Where there are gaps in services i.e. accessing evening appointments in GP practices and at the weekend
 - To find out if patients know which NHS services they can access.
 - Views on how future services should be organised to best suit their needs.

They also wanted to promote their existing services and the work of their 3rd sector providers in helping people to:

- Improve their own health and wellbeing
- Find the right care at the right time.

Patient, Public and Community Engagement Target Group

The target group to reach through this engagement were:

- *People who currently do use Half Penny Steps Walk in Service.*
- *People who may need to, or currently do, use other urgent care services in Queens Park, Paddington & Kensington & Chelsea.*

METHODOLOGY

Data was collected through the use of the following mediums.

Half Penny Steps Walk in Service – Practice Questionnaire

- A questionnaire was co-designed by patients, the public, WLCCG staff and Healthwatch CWL. This was delivered on a face to face basis with patients using the walk in service. HW CWL was provided with contact details for the Practice Manager and receptionists at Half-Penny Steps and tablets to support the completion of the questionnaire.
- This questionnaire was delivered in a 2-months period, from 1st October 2017 to 30th November 2017.

Half Penny Steps Walk in Service – External Questionnaire (mainly online)

- A second, but similar, questionnaire was designed to be distributed and completed externally, mainly online.
- This questionnaire was also available in Easy Read version. In addition to online distribution, the Easy Read version was also given to an advocacy organisation, Advocacy Project, in a print format for distribution.
- In addition to the main English and Easy Read versions, the questionnaire was available in four other languages, Arabic, Portuguese, Bangoli and Persian.
- This questionnaire was promoted by the WLCCG and Healthwatch CWL online via websites, social media and other channels/networks to members of the public.
 - The questionnaire, with introduction and further information was available through the WL CCG and HW CWL websites.
 - It was sent to more than 35 local organisations to be posted on their own websites. The list of organisations that the online link was sent can be seen at **Appendix 2**.
 - The survey was also promoted to 825 people on HW CWL members' list.
 - The questionnaire link was twitted twice through the HW CWL account. The HW CWL has over 1500 followers on Twitter, including organisations and individuals.
 - The questionnaire link was also posted at the HW CWL Facebook page that reaches more than 1000 individuals and organisations.
- A4 leaflets were placed in Half Penny Steps and distributed by HW CWL staff/volunteers to direct people to the online versions.
- This questionnaire was available online, and in print as above, for a month, from

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1st November 2017 to 30th November 2017.

Additional information

An information leaflet was put together covering information about local primary care services, GP registration and the main differences between GP practices, Half Penny Steps Walk in Service and GP Extended Hours Services. This information was given to participants in practice, verbally and in writing, and was also placed online through the Healthwatch CWL site.

The new summary guide to local health services in Westminster and Kensington and Chelsea for 2017/1018 was not ready at the time of the engagement, thus it was not used.

Processes and support

Support was given by:

- Staff involved in the delivery and design of urgent/unplanned care services across West London and Half Penny Steps (WL CCG staff, Half Penny Steps Practice Manager, GPs, nurses and frontline staff).
- Voluntary and community organisations that supported this engagement into key demographics within our target group (including seldom heard groups) (**Appendix 2**).
- Other groups suggested by Healthwatch CWL and WL CCG (**Appendix 2**).

A steering group was convened including representatives of WLCCG, Healthwatch CWL and public. It was meeting every two weeks to monitor progress and ensure a successful implementation of the engagement.

An external consultant was employed to steer and manage the project, train and supervise volunteers, data collection, data analysis and report writing. Training session(s) in partnership with the WLCCG for volunteers, covering the promotion of the NHS extended-hours services, information about other available services and the delivery of the questionnaire via tablet, were organized and completed.

FINDINGS

1. HALF PENNY STEPS PRACTICE QUESTIONNAIRE (1st October 2017 – 30th November 2017)

1.1 General Findings

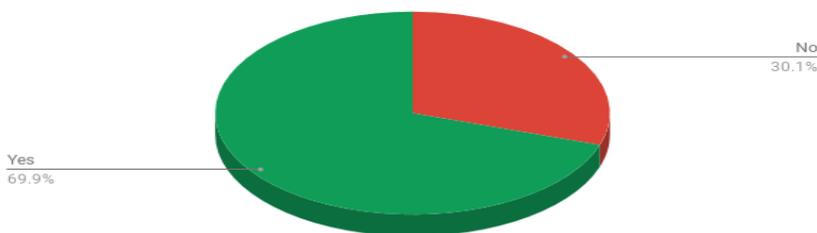
1.1.1 Usage characteristics of participants

There were 310 participants in the practice survey during the period 1st October 2017 to 30th November 2017. They all used Half Penny Steps Walk in Service (*screening question*).

Registered with a GP in Kensington & Chelsea or Queen's Park and Paddington (*this later changed to ...or resident in Kensington & Chelsea or Queen's Park and Paddington*)

70% of the participants were registered with a GP or were residents in Kensington & Chelsea or Queen's Park and Paddington. The other 30% were mostly people working in the area or visitors, with few people without permanent address or recently moved to the area.

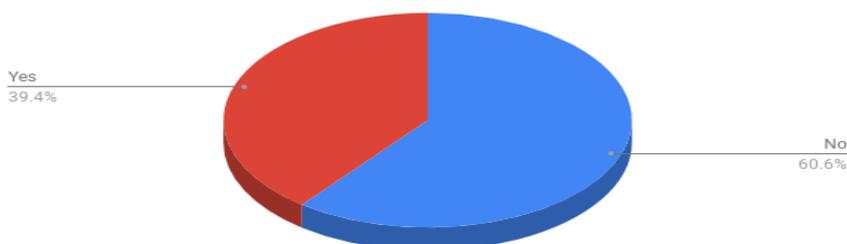
Are you registered with a GP or a resident in Kensington & Chelsea or Queen's Park and Paddington?



Speaking with their GP practice or NHS 111 before visiting the Walk in Service (*from 6 October 2017*)

39% of participants had contacted their GP practice or NHS 111 before visiting the Walk in Service and they were referred to the service by them. Few others mentioned referral by a pharmacist or recommendation by family or friends.

Did you speak with your GP practice or NHS 111 before coming here today?



Reasons for attending Half Penny Steps Walk in Service (rather than using another service, e.g. their local GP, Pharmacy or NHS 111)

Participants visited Half Penny Steps Walk in Service for a variety of reasons and different ailments that they considered as urgent, including acute infections, feeling unwell, various conditions; repeated and emergency prescriptions, tests and their results. Parents bringing children with childhood illnesses were also common.

The most popular reasons cited for using this rather than another service, was non-availability of a GP appointment, not being registered with GP locally or being a visitor, and convenience. Few mentioned their frequent use; others praised the accessibility and short waiting times.

Non availability of a GP appointment

Several said that GP appointments were not available at their practices as quickly as they wanted, either because of their opening days and times, or because of the waiting times for an appointment, sometimes over 2 weeks.

'I wanted to make a GP appointment but didn't have space. I have a bad cold and want to have blood test as I think I might be anemic. I didn't want to wait as I am scared about her condition.'

'I had a motorbike accident this week and I am in a lot of pain and need stronger painkillers. At the hospital they gave me paracetamol. Appointment takes around two weeks so I decided to walk in.'

Not registered with GP / Visitors

Some people, although living locally, were not registered with a GP. Others were visiting friends and relatives. They were occasionally referred to the service by other practices or families/relatives.

'I am not registered with GP yet, a doctor in another GP practice recommended me to come here.'

'My nun is not feeling very well, she has fever. She lives at South London.'

Convenience

Convenience was cited by some, either because the service was very local to them, it operated outside normal working hours and over the weekends or its proximity to their place of work.

'This is convenient for time and location, I have children I cannot go far because I cannot leave children at home.'

'Close to work, I need professional advice, I did see the pharmacist before.'

'Something on the skin and my father had cancer years ago, I wanted to check as soon as possible. Didn't want to wait for the appointment, can't get out during the weekday. Weekends are the best.'

Other

Few mentioned that they used the walk in service frequently and not only for urgent care; most of these frequent users were also patients registered at HPS. Someone used the service even for a second opinion.

'I always come here as I am seen very quickly. No waiting. For contraceptive pills.'

'I went to St Charles Urgent Care Centre, I wanted a second opinion.'

Others praised the service, the accessibility and short waiting time compared to other services, i.e. St Mary's and St Charles.

'I tried to make an appointment with GP, there was no appointments, I went to A&E in St Mary's and was redirected to UCC but they told me I will have to wait at least 3 hours, so I came here.'

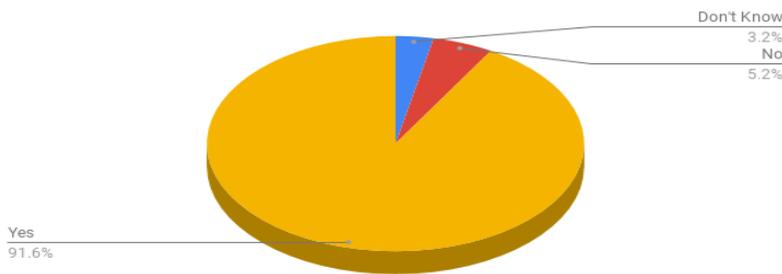
'I feel short of breath. I spoke to St Charles and they had a longer line of 18 people. I passed here before and decided to come here.'

1.1.2 The proposal to relocate Half Penny Steps Walk in Service

Understanding why the local NHS wants to relocate the Half Penny Steps Walk-in service

The vast majority of participants (92%) said that they understood the proposal, following the brief from the HealthWatch volunteer/member of staff.

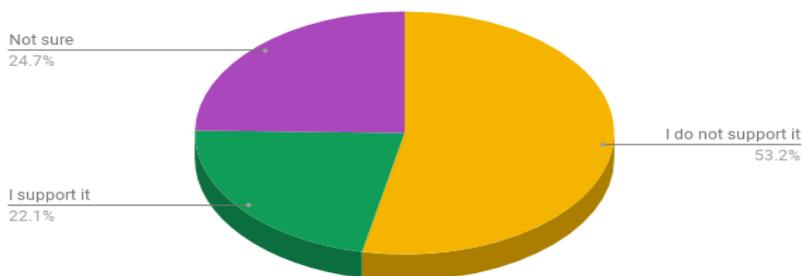
Having had the brief from the volunteer, do you understand why the local NHS wants to relocate the Half Penny Steps



Their views of the proposal

53% said that they did not support it, while the rest were split between not supporting it and being unsure whether to support it or not.

What do you think of this proposal?



Reasons for not supporting the proposal

The most frequent reason for not supporting the proposal, was **convenience**, i.e. the walk in service being local and easy to access. The view that walk in centers should **be linked with GPs** was also mentioned. Parents with small children also preferred using the Walk in Service because it is close to their home, they don't need to use public transport and the service is fast and friendly.

'Convenient, school is close by, and limited walk ins elsewhere.'

'Further away, location, walk in centers should be in the doctors. Location of St Charles is confusing.'

'Lots of people including me really do not want it to relocate. Despite other services being close as told by volunteer I think this is far more accessible to local community. Always an issue of a long waiting time to see Dr.'

Few participants also **praised the Half Penny Steps Walk in Service**, and they did not want to lose such a service.

'Because staff are kind, they respect patients, short waiting time.'

'Terrible. Should not be done. It provides a great service, easy access, you get help, walk in distance.'

'We local residents value this service. I have kids and I am working. Times are good for me.'

Some participants mentioned that accessing other services would be more difficult especially for those who are **fragile or disadvantaged**, i.e. elderly, disabled, single mums or people/carers with multiple conditions.

'Inconvenient for local people, especially for older people, and those with multiple conditions.'

'Difficult circumstances – I am a single mum, with three kids, one of them autistic and work full-time. Cannot attend during the week, thus service is very convenient for me.'

'St Charles much further from home. And I am in a wheel chair.'

Few participants **criticized other services**, i.e. organizational issues as well as difficult transport access to St Charles. Others were **unable to support the proposal** as they did not know how new services will operate in practice, or they were against cutting services.

'It is very busy at St Charles and it's long. You see triage nurse first, waiting long time with very sick people for the doctor.'

'Because I don't think we have enough data to make that decision.'

Being unsure about the proposal

Many participants were unsure about the proposal. Reasons cited were **the importance of walk in services, and keeping alternative services** (new and Walk in) open.

'Walk in services should continue existing, and they should be local, but location does not matter.'

'Good to be able to see a GP, but convenient location and some people may not be able to travel.'

'Pros and cons of moving such as increased patient load and waiting time.'

Some participants cited that they could not really have an opinion as it was their **first time**

visit at the Half Penny Steps Walk in service or they **visit primary care urgent services very infrequently**.

'First time use, she usually visits the doctor, but could not have appointment.'

'It will be helpful to keep the walk in service for situations like this, but rare.'

A few stressed the importance of **availability of sufficient number of walk in appointments in the new services**.

'I support only if they have enough walk in appointments for patients from this walk in service. They will need extra walk in appointments.'

Reasons for supporting the proposal

Reasons for supporting the proposal were efficiency of new services, GP access and patient record access at the GP Extended Hours hubs.

Some participants hoped that the GP Extended Access Service would provide **more efficient and organized services, better times and waiting times**.

'The extended hours GP hubs can be more efficient and better times.'

'Hopefully it will improve services and make appointment / waiting times shorter.'

Others mentioned **GP access** and **availability of more GPs, access to patient records and booking appointments outside normal hours** as positive.

'Extended access better, because access to GPs, and booking appointments outside normal hours.'

'If there are more GPs, then it would be quite good.'

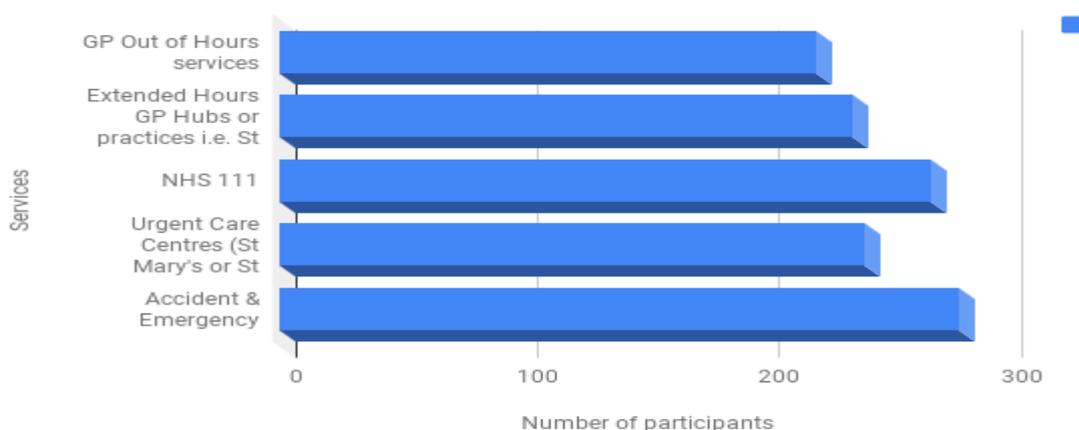
'I would prefer to see a GP... the nurse said I should see my GP. She was not able to help.'

1.1.3 Understanding and usage of other primary care urgent services

Understanding of other primary care urgent services

Accident & Emergency and NHS 111 were the services that more respondents were familiar with. Even following the briefing from the volunteers, fewer respondents obtained a good understanding of GP Out of Hours Services and Urgent Care Centres than of other services.

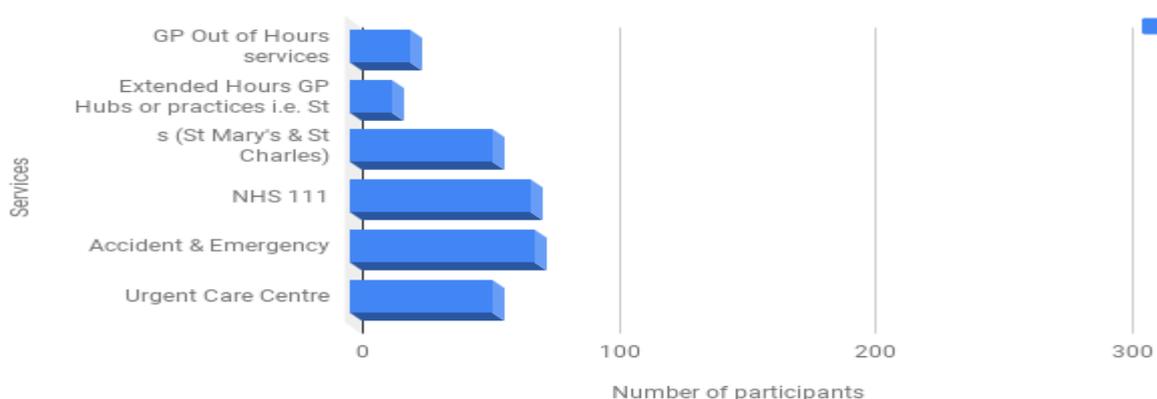
Do you now understand what the services below provide?



Usage of other primary care urgent services during the past 12 months

43% of the respondents used primary care urgent services during the past 12 months. They used mostly NHS 111 (54% of them) and Accident & Emergency (54% of them), followed by Urgent Care Centres (41% of them). Very few respondents used GP Out of Hours Services and/or Extended Hours GP Hubs or spokes.

In the past 12 months, have you used any of the services below?



Alternative services that respondents would use in the future – if the Half Penny Steps Walk in service is relocated

When participants were asked what alternative services would use in the future, many said that they would use many of them, depending on the circumstances and the situation. The highest proportions of people, having gained an understanding of the alternative services available, would use the Urgent Care Centres in St Mary's (24%) and St Charles (21%) and the Extended Hours GP Hubs or practices (23%). Many would still go to Accident & Emergency (17%) or would call first NHS 111 (15%). Local pharmacists and GP Out of Hours services were preferred less, while some would wait for a GP appointment.

Other suggestions

When participants were asked for suggestions about access improvement to the primary urgent care services, others focused on improving access in general; others on GP related services and others on walk-in services and/or new services in particular.

Improving access in general

Clear information and awareness about services was considered important by some participants. Online information as well as posters and leaflets were suggested.

'Make general public aware of the alternatives on offer.'

'Simple information to understand the services, information and awareness in simple information format, like simple charts. In GP registration, information about other services should be given. Posters and letters to follow.'

'Clarity regarding to what services to go with what conditions, information, respecting people's time by letting them know the waiting time, booking online, and finish registering at the reception to get an idea about the time.'

An application offering information about local services was suggested by a participant.

'A simple app that includes information on all nearby services with a feature that allows you to type in conditions, symptoms etc....'

Online access to services and facilities were highlighted.

'I would like to register online and to make appointments on line.'

'Better access from search engines, i.e. google doctors weekend.'

A participant suggested better coordination of services alongside information provision.

'Ability to do more triage and more information as we access the service, e.g. receptionist with appropriate training....'

And another suggested improvements to the NHS website, with easy to understand information about services.

'It's hard to find out what is in the NHS website and what services are available.'

Improving access for specific groups

Improving access for children, elderly and those with special circumstances, i.e. co-morbidities was also suggested. More availability for working people was also highlighted.

'Disabled people and those with difficult complicated circumstances should have preferential quick access to services without appointments.'

'Goss, they should make more effort to see children soon.'

'Have appointments available for people who are working, I need early appointments at 8am.'

Improving access to GP related services

Improving access to GPs, including more GPs and less waiting for GP appointments, was suggested by several people. Many participants had to wait for a GP appointment 1-2 weeks.

Other participants mentioned that could only book appointments by calling at 8.00 in the morning, which was considered very inconvenient; and others called for earlier opening times.

'Access to GPs, wait for appointments should be improved.'

'More doctors. You can't get appointments, they are month in advance.'

'Access to primary care GPs, if you call either than 8 o'clock times either the same day or next day. Same or next day appointments is important.'

More family services, continuity of care and more time with health professionals were also suggested.

'I do not want more hospital based services, more family doctor services. Long waiting lists for GPs.'

'More time with a health professional, if we see a new person every time you need more time to explain.'

Better organizational approach, including online services, communication and contact between health professionals and patients were also suggested.

'Key things: waiting time, local places booking online so you could come on the booked slot instead of waiting. Get a text about the line so you don't have to sit around.'

'I have lived here for 3 years and I have never been introduced to my GP. I do not have the confidence or information I should have.'

'I work so I need to see GP after work. Online appointment booking would be good because it is difficult to book appointments during working hours.'

Walk in services & Extended Hours GP Hubs / Spokes & new services

Some people would like to keep local services and the availability of walk in appointments. Some suggested the availability of GP appointments and patient record access and more flexibility in walk in services.

'More walk in clinics, need stability here as there is not enough doctors, stop making people travel.'

'Shorter waiting times, need a GP as weak. If patients are not registered with GP they should have priority.'

Lack of information about walk in services, but also other new services, including their location, was mentioned. Improvements in their organisation, more flexibility and more time within the appointments were suggested.

'Not very good service, appointment not long enough time only take one or two things...Some nurses abrupt and rude. Not taking time to understand my condition....'

'Walk in service opening times and organisation. People are waiting before 12, opening times, bigger queue at 12.00.'

1.2 Socio-demographics and illness characteristics

67% of the participants were female and 57% were 34 years old or younger. 54% were single, while 36% were either married/in civil partnership or living with a partner. The vast majority (96%) described themselves as heterosexual/straight.

Almost 50% described themselves as White British, White Irish or White Other, but there was also a good distribution of Black British (11%), Asian Other (10%), Asian British (8%), Mixed (8%) and Arab (6%).

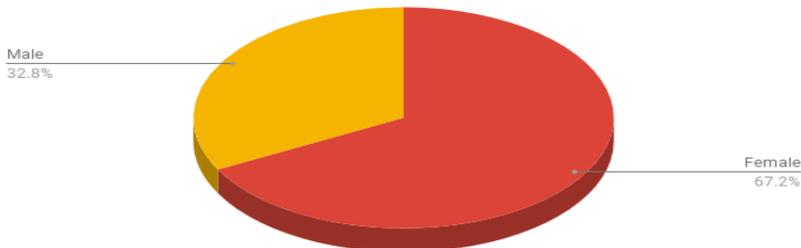
Regarding religion, the highest proportion of participants were Muslims (35%), followed by Christians (33%).

29% of the participants were parents or guardians of a child or pregnant, and 10% were carers for older persons or someone with a physical, mental or learning disability.

The most frequent postcodes were W9 (31% of the known locations), W10 (30%) (W10 4, 23%, being the most frequent), NW10 (9%), NW6 (8%) and W2 (7%); all of Kensington and Chelsea or Queens Park and Paddington.

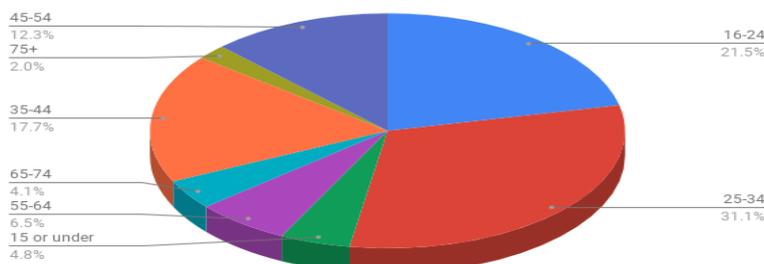
Gender

What is your gender?



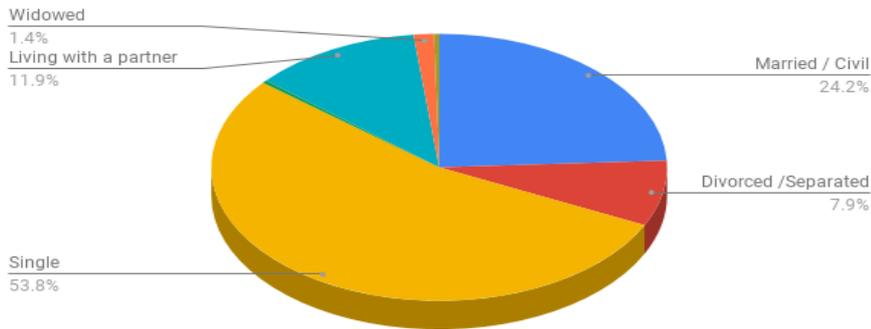
Age

How old are you?



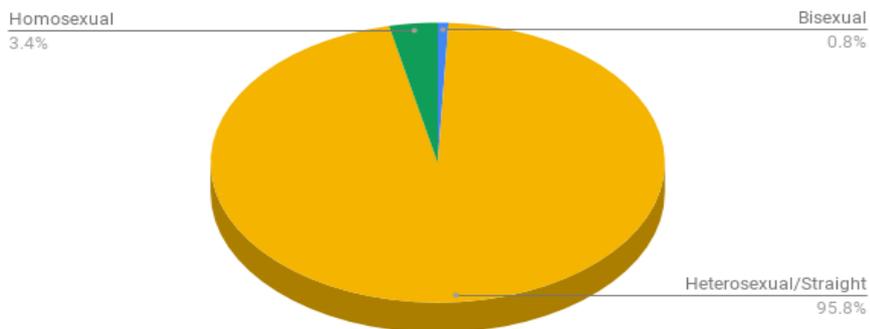
Marital/partnership status

What is your marital/partnership status?



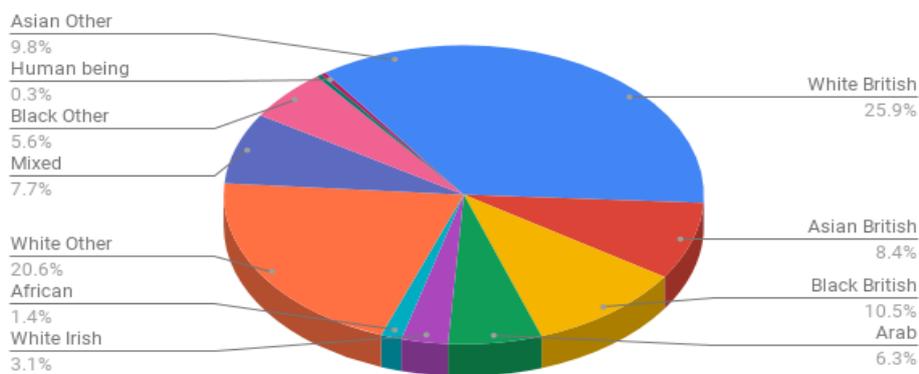
Sexual Orientation

Which of the following best describes your sexual orientation?



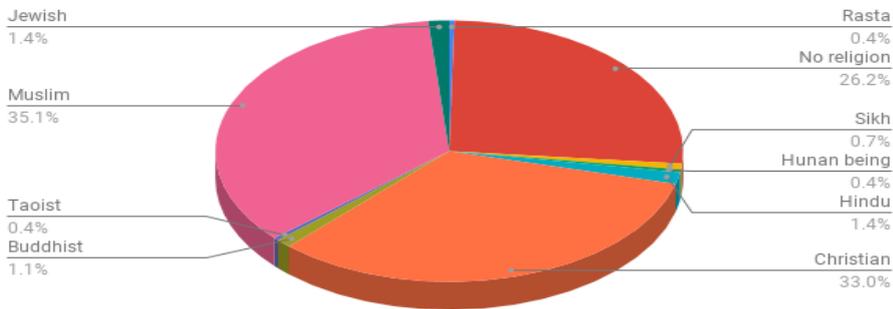
Ethnic Group

What is your ethnic group?



Religion

What is your religion?

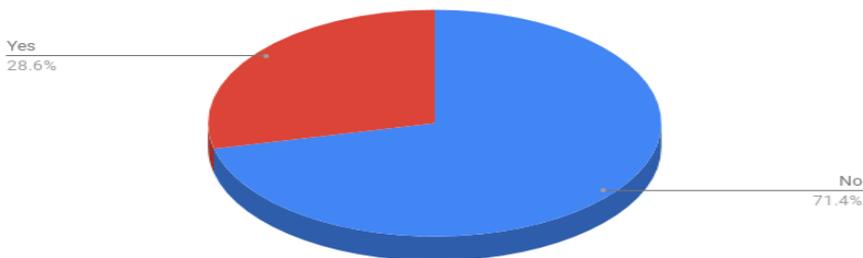


Disability or long term health condition

73% of respondents said that they did not have a disability or long term health condition; while 26% said that they had, the commonest specified being asthma, mental health issues and arthritis.

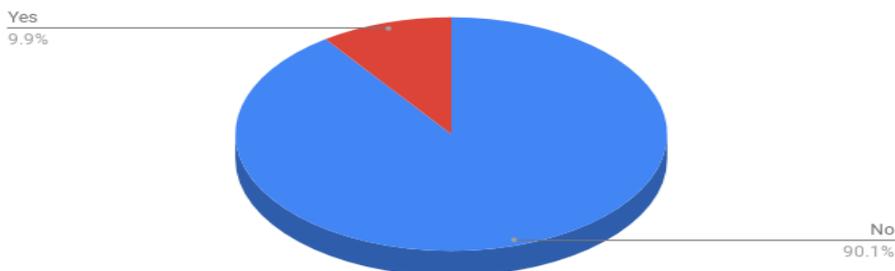
Being a parent/guardian for a child or pregnant

Are you a parent/guardian for a child or pregnant?



Being a carer for an older person or someone with a physical, mental or learning disability

Are you a carer for an older person or someone with a physical, mental or learning disability?



Location (postcode)

Two hundred and ninety participants gave information about where they lived. 11% of them were living in non-local areas. The rest were living in Kensington and Chelsea or Queens Park and Paddington. The most frequent postcodes were W9 (31% of the known locations), W10 (30%) (W10 4, 23%, being the most frequent), NW10 (9%), NW6 (8%) and W2 (7%).

1.3 Registered with GP locally vs not registered with GP locally

There were no clear differences between those registered with GP locally vs those not registered with GP locally.

1.4 Use of Walk-in Service in weekends vs weekdays

Some differences were identified between those using the Walk-in Service in the weekends vs those using it on weekdays. These are summarized below.

- 76% of the weekend visitors of the Walk-in Service were registered with a local GP or were resident in Kensington and Chelsea or Queen's Park and Paddington vs 69% of the weekday visitors.
- Only 31% of the weekend visitors spoke to their GP or NHS 111 before visiting the service, vs 41% of the weekday visitors.
- More White British, White Irish or White Other (58%) visited the service over the weekends, vs 48% of weekday visitors.
- More people describing themselves as Christian (38%) visited over the weekend, vs 32% of the weekday visitors.
- More people were parents or guardians for a child (38%) and carers for an older person or someone with a physical, mental or learning disability (17%) of the weekend visitors, vs the weekday visitors (27% & 9% respectively)
- Finally, all but 5 of the weekend visitors had local postcodes vs 89% of the weekday visitors with local postcodes.

There is no difference, however, in supporting or not supporting the proposal or the suggestions for improving access to urgent care services.

2. EXTERNAL QUESTIONNAIRE (1st November 2017 – 30th November 2017)

2.1 General findings

2.1.1 Usage characteristics of participants

There were only 5 responses to the engagement survey outside the HPS Practice. One came through the Healthwatch CWL website, 2 came through the WL CCG website and 2 Easy Read print versions were filled in through an advocacy organisation. No questionnaires were filled in any of the 4 translated versions of the questionnaire.

All 5 participants were registered with a GP locally. Two said that they had visited HPS Walk in Services during the past 12 months, but they did not clearly state the reason for their visit.

2.1.2 The proposal to relocate Half Penny Steps Walk in Service

Two participants stated that they understood the proposal for the HPS Walk in Services relocation, while the other 3 stated that they did not understand it. Four did not support it, while one was unsure; the reasons were mainly convenience and accessibility.

'Because it's (HPS Walk in Service) convenient to me, and there should be similar services accessible to anyone in the borough.'

'People who are very ill, disabled, elderly shouldn't be expected to go to St Charles, it's too far from them and not equal opportunities. For the rest of us it's fine, but they should be given priority at more local places.'

2.1.3 Understanding and usage of other primary care urgent services

All participants were familiar with Accident & Emergency; 2 were familiar with NHS 111, Urgent Care Centre, Extended Hours Hubs or practices and GP Out of Hours.

When they were asked which of the alternative services, they would use in the future, one responded that it would depend, one would use Accident & Emergency and another would use St Mary's Urgent Care Centre.

They suggested more urgent care services rather than reducing them, and providing more and better information about services. Taking into account individual circumstances and special needs in the provision of services was also considered important. Importantly the limitations of St Charles' provision of services were highlighted.

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“Urgent needs are varied & need diverse provisions, these questions seem to be narrowing down choices instead of providing adequate options.”

‘Don't know what NHS 111 is. I am not good on the phone, people do not understand me.’

‘Yes, why is the x-ray machine often broke at St Charles? I keep sending people there, they wait 4 hours to see someone only to be told to go to St Marys... If the x-ray is broken then as soon as you walk into St Charles they should send you to St Marys, don't make you wait. Or better still have a working x-ray machine.’

2.2 Socio-demographics and illness characteristics

Three of the participants were female and one male; 2 of them were between 25-44 years old and 2 between 55-64 years old. Three of them were single; 3 were heterosexual and 1 was bisexual.

Three participants were White British and one White Other; two of them said that they were Christian and one did not have a religion. Two had learning disabilities and two other conditions; none of them was parent/guardian for a child, but two were caring for an older person or someone with a physical, mental or learning disability. They were all living in Kensington and Chelsea or Queen's Park and Paddington areas.

OBSERVATIONS AND COMMENTS

In addition to the data collected above, observations by the engagement consultant, volunteers and staff are worth mentioning. Discussions took place between the engagement consultant and the new providers, the new Practice Manager, and HPS staff - locums, nurses and receptionists. Several users of the service also commented on the Health Centre - some of their comments may be indirectly relevant to the engagement and change of services.

Management/organisation of Half Penny Steps Health Centre – Providers & Other

The beginning of the engagement project coincided with the change in management at the HPS Health Centre (1st October 2017). The new providers had a contract for 3 months only, were very enthusiastic, wanted to implement changes and improve provision of services as soon as possible.

Initial observations of the engagement team included: dissatisfied and many locums - thus discontinuity of service; variability of receptionists in terms of working hours, knowledge of HPS, GP and urgent care services, experience and manner.

During the time of the engagement, the new providers made changes at their website and produced a new leaflet '*Half Penny Steps Health Centre Patient Brochure*', available at the beginning of November. The leaflet mentioned changes and improvement to provision, i.e. online service and named GP allocation to users. The new management team also introduced changes to the practice appointment systems.

The above resulted in higher use of the Walk in Service by practice patients during October, as the old practices were still in place and staff needed time to adjust. During November, with the introduction of new provisions and changes to the appointment system, fewer practice patients attended the Walk in Service. With less busy Walk-in Service, there was less waiting time and users were seen quicker. Thus in November, there were occasions where the engagement team didn't have enough time to speak to users. Of course, users were really pleased with such short waiting time and praised the service.

Management/organisation of Half Penny Steps Health Centre - Comments by users

In addition to their preferences and support for the Walk in Centre mentioned earlier at the report, several users expressed satisfaction with the Health Centre and staff. Several had been registered in the HPS Health Centre for many years.

Some others however, mentioned that with the frequent change of providers previously, there was deterioration of services and discontinuity of care with GPs and health professionals, i.e. good GPs leaving, arrival of many locums, no allocation of named GPs. In a sense, the HPS Walk in Service offers them more continuity because they see the same nurses, and they have access to their medical records.

Some patients were also unhappy with the old practice appointment system. Those who didn't want to explain their medical issue to the receptionist were offered a GP consultation on the phone within a week. If after the phone consultation a patient needed to see a GP it might have taken another week or two to arrange an appointment. Those unhappy patients

preferred to use the Walk in Service.

There was also a case of a family with language barriers, who felt that they were neglected by the HPS staff, their children's files went missing and they were asked to repeat all vaccinations; and they were never given an apology.

HPS Walk in Service Users not registered with a GP locally or not being local residents

A number of professionals - not residents in these areas - preferred to use health services close to their place of work; this is more convenient, it saves them both personal time and time off work. Concerns were expressed that if this was not feasible, they would neglect their health needs until the condition gets worse and they would have then to take more time of work. Patients' choice may be in contrast with reality of GP practices being able to register patients living but not working in their 'catchment area'.

Some other people, especially younger, had just moved in the area and had not registered with a GP yet. These included students and non-British professionals, with no good knowledge of the health system and GP access. A few mentioned delays in the registration process resulting in not having GP access, i.e. initial assessment with a nurse, taking a week or two. A case of a young mother is worth mentioning, who although she was living permanently in the area, she was still registered elsewhere, due to complications and convenience of her long term condition and impeding surgery.

In addition, a number of visitors to the Walk in Service were regular guests to their local relatives, or were visiting friends, girlfriends, etc... In addition, a few people were living locally, but without a permanent address or living in homeless or other centers.

HPS Walk in Service Users registered with the HPS General Practice

A large number of the HPS Walk in Service users were also registered with HPS. In addition to what has already been mentioned, a small number are using this service as an 'extension' to their General Practice services, they just walk in without contacting the practice and without trying to make an appointment with a GP first. For some, this is the norm: *'I always do that'*.

HPS Walk in Service Regular Users

There were a number of people who were regular users of the Walk in Service. These regular users belong to all the above categories and they are using the service, because it is convenient and less time consuming, i.e. if registered, it is more time consuming to go through the GP appointment process. Thus, during the second month of engagement, November, the engagement team came across many regular users and it deemed inappropriate to ask them to participate again.

Other Concerns about HPS Relocation and Extended Hours GP Hubs

It was said that the great benefit of the HPS Walk in Centre is short waiting time, and alternative services have long waiting times.

Special consideration should be given to those with special circumstances or needs. Parents with 3 or 4 children who live locally rely on the HPS walking services. Also, families or individuals with special circumstances or needs, i.e. single working mothers with kids with special needs, elderly people, those with mobility issues or multiple conditions. Public

transport issues should also be taken into consideration; i.e. there is no direct public transport from HPS to St Charles.

St Charles Extended Hours GP Hub

Concerns were expressed about the increased number of people using St Charles Extended Hours GP Hub and Urgent Care Centre, with the relocation of the HPS Walk in Service. The increased number of staff to meet higher demand, the very limited number of Walk in appointments, choice between a GP or a Nurse appointment, continuity of care, appropriate treatment of long term conditions, appropriate referrals, etc... were some of the participants' questions.

There may be some confusion with the services offered and their location at St Charles. St Charles Walk-in service and Urgent Care Centre use the same reception, as well as St Charles GP out of Hours service; while the Extended Hours GP Hub is based separately at the Integrated Care Centre.

Extended Hours GP Spokes

There is also confusion about the local Extended Hours Spokes, their operational mode, opening times, etc... and the engagement team could not provide appropriate information, especially with the lack of an up to date guidance or summary of services by the WLCCG.

Local checks from the HW CWL team showed variability in the availability and use of appointments in the local Extended Hours GP Spokes and Hubs. For example, in one local spoke, there was only one walk in appointment available in one random Monday and 6 at St Charles. On a random Thursday afternoon, there were no appointments with Spokes or St Charles Hub, but there were appointments available for the weekend.

Concerns about HPS Online Services

There was at least one patient who was registered with the new GP online service '*gpathand*'. This service requires patients to leave their GP practice and register with the online GP. The patient was really pleased with the online GP service because she was able to speak to GP and get prescriptions online fast. But the online service provides limited access to face to face consultations. This patient came to walk-in service for a face-to-face consultation. As GP online practices are very new, we yet to see how they will impact on the walk-in services. Patients, who are registered with online GPs, may be using walk-in or other urgent care services.

Many people seem not to be interested in online services, because they considered it a replacement for face to face consultations. Although GP Online Service can be a very useful tool for ordering repeat prescriptions, booking/canceling appointments or finding out about your test results, people are confused about the service. The introduction of actual GP online services such as '*GP at Hand*', may alleviate or increase further the confusion.

SUMMARY

The summary findings of this engagement questionnaire are as follows. A total of 315 people were engaged over a 2-month period from 1st October 2017 – 30th November 2017.

- The HPS Walk in Service provides services primarily to those from working age population (57% were 34 years old or younger), single people (54%), young families (29%), and those who are not registered with a GP /not residents in Kensington & Chelsea and Queen's Park and Paddington (30%).
- There were more women engaged (67%) than men, perhaps due to high proportion of young families.
- There was a reduction in walk in appointments with the new providers implementing organizational changes over the 2-month period.
- 39% of participants were referred to the Service by their GP practice or NHS 111.
- The majority of participants visited the walk-in centre with urgent issues.
- The most popular reasons cited for using this rather than another service, was non-availability of GP appointment, not being registered with GP locally or being a visitor, and convenience.
- Only 22% supported the proposal. Reasons cited were efficiency of new services, better waiting times, GP access and availability of more GPs, and patient record access at the GP Extended Hours hubs.
- The main reasons for not supporting (53%) or being unsure about the relocation (23%) were convenience, i.e. local services and accessibility, satisfaction with and importance of the HPS Walk in Service, difficulties of disadvantaged or fragile people. There was also criticism of other services, i.e. organizational or transport issues at St Charles.
- Many people were familiar with Accident & Emergency and NHS 111, even before the briefing and provision of information from the team. These were also the services that most people used within the last 12 months, followed by Urgent Care Centres.
- Many people said that they would use many alternative services in the future, depending on the circumstances and the situation. The highest proportions of people, having gained an understanding of the alternative services would use the Urgent Care Centres and the Extended Hours GP Hubs or practices.
- Interesting socio-demographic and illness differences were identified between weekend and weekday visitors, these may affect the development and usage of other urgent care services.

CONCLUSIONS AND SUGGESTIONS

Due to the limited new provider's data, comparison of these findings with the provider's data was not feasible, and how the respondents correspond to the actual users of the HPS Walk in Service at this time period is unknown. For any conclusions and suggestions, drawn, however, it needs to be born in mind that participants were much younger than the general population of the area; there were also more females than males. People from all ethnic groups, sometimes with interpreting being offered by their siblings, relatives and friends, were engaged; however, nobody filled the questionnaire in other than English language. Although, there were very few responses from the engagement outside the HPS Health Centre, people with various conditions and circumstances, including learning difficulties and mental health issues were engaged.

The findings from this engagement work, however, echo some of the Half Penny Steps EQIA (Version 4) Report. More females, working population and young families utilize this service. Our engagement, however, was with more people not registered with a GP locally or not being residents in the area, which may show an increasing trend. A big majority of those visiting the HPS Walk in Service, would like it to remain there and/or improve. Some participants also commented on the pressure that this may bring to the Extended Hours GP Hubs.

Who will be affected by this work?

- Patients/carers visiting Half Penny Steps Walk in Centre (this includes all those from disadvantage groups)
- Those users who are not registered with a GP locally /not residents in the area.
- GP Practices in the QPP area – who will no longer be able to refer to the Walk in Centre, but instead can support patients to access out of hours services
- The Extended Hours GP Hubs or practices
- The Urgent Care Centres in acute providers – will be able to redirect patients, when appropriate, to primary care with the availability of weekend and early and late appointments.

It is unclear at this stage, how the Extended Hours GP Hubs or practices will improve health outcomes, and improve patient access and experience (EQIA Goals/Outcomes). Indeed there were criticisms for St Charles from participants of this engagement.

Several suggestions were highlighted for existing urgent care services and the development of new ones. Some of these suggestions are for services in general, other are about GP services and others about Walk in, Extended Hours GP Hubs / Spokes and other new services.

Improving urgent primary care access and services in general

- Clear information and awareness about services, i.e. online and online applications, posters and leaflets
- Better coordination of services
- Training of frontline and all staff, i.e. health professionals and receptionists, so they are aware, knowledgeable and able to provide appropriate information about services
- NHS website, with easy to understand information about services

Improving access for specific groups

- Improving access for children, elderly, disadvantaged groups, those with special circumstances, i.e. co-morbidities
- More availability for working people, i.e. early and outside of working hours appointments
- Provision of services for professionals at their work area, rather than the area they live, i.e. flexible registration and use of services.

Improving access to GP related services

- Improving access to GPs, i.e. more GPs, less waiting for GP appointments, better appointment systems
- More family orientated services, continuity of care and more time with health professionals
- Better organizational approach, including online services, communication and contact between health professionals and patients.

Walk in Services & Extended Hours GP Hubs / Spokes & new services

- Availability of local services and availability of walk in appointments
- Availability of GP appointments, patient record access and more flexibility
- More information and awareness about walk in services and extended hours GP Hubs / Spokes, including their location, services they offer and accessibility
- Improvements in their organisation, more flexibility and more time within the appointments
- Availability of sufficient number of walk in appointments in the new services
- Public transport issues and accessibility, especially for disadvantaged groups should be taken into consideration
- Better urgent care provision for children, parents, carers, older people and those with physical, mental or learning disabilities on the weekends
- Reliability and consistency in services and appointments offered, i.e. number of walk in appointments
- Clear navigation and sign posting for the difference services offered.

Appendix 1

GP Extended Access Service vs Walk-In Centre & GP Practice

	General Practice	Half-Penny Steps Walk-in Centre	WLCCG GP Extended Hours Services
Location	Many	Half-Penny Steps, 427-429 Harrow Road, W10 4RE	St Charles Centre for Health and Wellbeing, Exmoor St, London W10 6DZ and Violett Melchett, 30 Flood Walk, Chelsea, London SW3 5RR
Opening Hours	Monday to Friday: 8am-6.30pm	Monday to Friday 12pm–8pm Saturday: 10am–4pm Sunday: 10am–4pm	Monday to Friday: 6pm – 9pm Saturday: 8am – 8pm Sunday: 8am – 2pm (St Charles) 2pm-8pm (Violet Melchett)
Access to Patient Records	Yes	No	Yes
Bookable appointments	Yes	No	Yes - 594 appointments per week
Walk-in Appointment	No	Yes - 245 appointments per week	Yes - They do have a minimum of 1 walk in appointment per hour (which may be increased if there are available slots for walk-in patients on the day – allowing further flexibility)
Types of appointment	Nurse appointments GP appointments	Nurse appointments	Nurse appointments GP appointments
How do you get an appointment	Telephone, Face to Face, Online	Walk in and wait (up to 2 hours wait)	An appointment can be booked by your practice GP or by calling NHS 111, in some cases - a booked appointment means you do not have to wait to be seen.

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Appendix 2

List of organisations where external questionnaire was promoted

Abundance Arts
Action Disability Kensington and Chelsea
Advice Now Plus Kensington and Chelsea
Advocacy Project
African Development Society
Age UK Kensington and Chelsea
Age UK Westminster
Al-Hasaniyan Moroccan Women's Centre
Al-Manaar
Arthritis Action
Blue Bird Care Kensington and Chelsea
BME Health Forum
British Pensioner
Cara Life
Care Mark
Carers Network
Centre for Filipinos
Chinese National Healthy Living Centre
Dadihye Somali Development Organisation
Different Voices
East European Resource Centre
Equal People Kensington and Chelsea
Eritrean Elders Welfare Association
Fit for Sport
Full of Life
Grove Neighbourhood Centre
Hear Women/Gargar Foundation
Henna Asian Women's Group
Kensington and Chelsea MIND
Kensington and Chelsea Social Council
Latymer Community Church
Octavia Housing
One Westminster
Open Age
Penfold Community Hub
Queens Park Library
Refugee Advice and Support Centre
The Indian Welfare Society