

Urgent care and walk-in centres: CCG – Guildhall Walk comments are in red. Briefing paper

June 2015

Guildhall Walk – background

The Guildhall Walk Healthcare Centre was opened in 2009, as part of the national drive to create 'Darzi Centres' to extend the choices available to patients.

The centre now has a registered list of almost 6,000 people, although the demographic characteristics of the list are unusual – there is a significant proportion of University students, approximately 1,000 under-19s and only just over 150 people aged over 65. The practice also offers a service for approximately 140 people who are registered homeless. The facility not only offers a conventional GP service to registered patients, it also provides a GP-led 'walk-in' service as well. The contract for services provided at Guildhall Walk ends in March 2016, and so decisions are required which will impact both upon primary care, and urgent care, provision in the city.

The registered practice list is currently 5922.

939 are aged from 1-17

873 are aged 18-21

3898 are aged 22-60

126 are aged 61-70

86 are aged from 71 onwards

If no decision has yet been made why have the CCG and NHS England capped the list at 6,000 patients? This will cause considerable distress when the students come back to the city in September and try to register with the practice opposite their Halls of Residence. John Pounds Surgery was re-procured recently with a list of 3,000 patients. There was no discussion on closing the practice or moving the patients to a different location. Guildhall Walk Healthcare Centre has twice as many registered patients. Many of these patients are vulnerable and engage with the service more frequently because of their health needs. The reason we have been asked to cap the list is a list of patients can't be dispersed if it is over 6,000 patients. This suggests a decision has been made by the CCG.

Primary care

Although the registered list at Guildhall Walk makes up a small proportion of the total number of people registered with GPs in Portsmouth, and the demography of the list is highly unusual, primary care access is clearly an issue which must be taken seriously – both in terms of ensuring the resilience of the service itself, and also in terms of taking account of how GP access is viewed by the wider public.

The Government's pre-election promise was to ensure everyone will be able to access a GP practice 7 days a week from 8-8. Guildhall Walk delivers that service. A suggestion for the CCG would be that Guildhall Walk Healthcare Centre could meet this target for the city and see patients registered at other practices for routine appointments. The city is almost working from one clinical system so could see patients for pre-booked appointments on Saturdays and Sundays for patients not registered and with the benefit of their medical records. This would make Portsmouth a Flagship for health in the UK and deliver what the Government wants. The CCG states that patient access is important and this is an opportunity to make a difference.

We believe that simplistic proposals to employ more GPs – whilst superficially attractive – will not work in the short or even the longer term, due to the widely-acknowledged pressures on the GP

workforce. Instead, the CCG's strategic aim is to support GP practices to find new ways of working together to provide services at a larger scale, so that access can be made easier, and extended, despite the workforce pressures.

The ending of the Guildhall Walk contract in 2016 leaves the CCG with a decision to make regarding primary care capacity. In broad terms that decision lies between maintaining the practice at Guildhall Walk, moving the practice to a different city location, or not renewing the contract and supporting patients to register at another practice.

The CCG have already acknowledged there is a capacity issue in the city. The CCG are keeping a GP walk –in service to meet the demand of patients registered locally that are unable to get an appointment with their GP for whatever reason. In the next four years many senior GP's and Nurses will reach retirement age. The CCG advised that there are not enough GP's coming through the system to fill the vacancies. It would seem unsafe to close a GP practice with this knowledge. The only other nearby location would be the new HUB but my understanding is that the GP practice that was due to move in to the premises has been delayed due to the high cost of rent.

That decision needs to take account of the fact that there is available physical space in nearby NHS premises, that some practices have signalled their ability to take on more patients, (The patients that use GHW the most are from the practices located closest to GHW. If they are unable to manage their patients' needs now how will they manage with 6,000 more?) and that there may be ways of working with the practice to pilot new ways of delivering care. The CCG is also very mindful of the existing pressure on primary care, and the nationally-driven expectation for the extension of access in the years ahead.

Registered patients have already been contacted, to ask their views, and whichever solution is ultimately decided upon, specific provision will be made for those patients who are registered as homeless, or who are vulnerable because of substance misuse.

The registered student population left the city in May for their summer leave. The surveys have been posted to the Halls of Residence but there are no students living there. That is at least 1,000 patients whose views will not be considered. We have many patients registered with Guildhall Walk Healthcare Centre that are homeless. Their post comes to our address. We have all of those surveys in our office but they can't be given unless the patient attends. A significant number of our patient population do not have English as their first language this has caused many problems. The first five days the survey was available via a link the link did not work...nor does the scan attached to the letter. This is unsatisfactory and will not give a true reflection of patient's views.

Urgent care

Over the past decade or so, the provision of urgent care options has proliferated in response to both national and local policy. As well as the Emergency Department (ED), city residents can access two nurse-led walk-in services – one for minor injuries, one for minor illnesses – at St Mary's Hospital Treatment Centre, the GP-led walk-in service for minor illness (but not injuries) at Guildhall Walk, a primary care-led Urgent Care Centre at Queen Alexandra Hospital, the 111 phone helpline service (incorporating the out-of-hours GP service), and pharmacies and GP practices offering extended access. All city practices also offer some 'same day' appointments.

Despite the expansion of choice, there has been no clear gain in terms of the impact on ED. Attendances at ED are rising less quickly than in many other areas, but they are still rising, and performance against the national four-hour access target remains too low. **Guildhall Walk Healthcare Centre has a 2 hour Key Performance Indicator. This KPI has never been breached.** More importantly, as we explain below, our engagement work in recent years indicates that local people find the current system difficult to navigate effectively.

The ending of the current contract for services at Guildhall Walk offers an opportunity to look again at the complex urgent care landscape in the city, and seek new solutions.

Urgent care - engagement

Over the last two years the CCG has conducted extensive engagement activities with the general public, patient representatives, and clinicians, to better understand how people make decisions about urgent care, and how a more effective system could be delivered.

The full results of our engagement activity can be found attached, and include a week-long Under Pressure campaign with The News, a survey of more than 800 people in the summer of 2014, and a survey with Wave105 in early 2015. The CCG has also gathered more qualitative feedback from representatives of the patient groups aligned to each GP practice. Some recurring messages from public and patients were:

☒ Confusion. Most people do not know, for example, the differences between the walk-in facilities at St Mary's, and Guildhall Walk. Feedback suggests patients would prefer a simpler system, even if it meant fewer choices being available.

Guildhall Walk Healthcare Centre has never been allowed to "market" the service we deliver. The service was not on the "Choose well" leaflet or signage on buses. Patient's only know we are here by word of mouth. Many patients that use our service for the first time are amazed we have been here for 6 years but they did not know about us. During the Christmas period last year the ED at QAH sought our assistance to manage the pressure on the system and signposted patients to GHW. The inappropriate use of ED is because patients have no knowledge of the service we provide. If cases that attended ED that were NOT accident or emergency were returned to their GP or GHW this would decrease the pressure on ED.

☒ Poorly informed. For example, a notable minority (30%) do not know that GPs offer same-day appointments, and awareness of 111 remains too low.

☒ Evolving preferences. Most people still want to see a GP for minor illnesses, however a large majority now see a walk-in service as the default choice for minor injuries.

Conversations have also been held with city GPs, over a period of time. Initially the key messages from the clinicians were:

☒ Support for a minor injury walk-in service at St Mary's, adjacent to diagnostic services, but concern regarding the current nurse-led minor illness service there (primarily regarding the perception that notable numbers of patients there are subsequently referred elsewhere) **The current contract at the ISTC states that if a patients has seen their GP within the last 7 days they have to go back to their GP.**

☒ Some preference expressed by primary care professionals to have capacity to deal with own patients in-hours. But... concerns over in-hours capacity, and how to meet patient expectations

☒ Practices recognise the current ongoing need for a GP led walk-in service in the city to manage demand

More recently the CCG has spoken again with GPs from across the city, regarding urgent care and walk-in services. The feedback suggested:

☒ Support for a simplified system, with walk-in services on Portsea Island brought together into a single location

☒ Support for a model of walk-in care which combines both GPs and nurses, rather than having separate 'GP-led' and 'nurse-led' services

Use of resources

For the CCG, there is also the need to use public resources effectively. Portsmouth currently has two walk-in facilities within two miles of each other, one led by GPs, one led by nurses, with different facilities, such as diagnostics, and different opening hours. The data also shows that, of the people using the walk-in facility at Guildhall Walk who are not already registered at the practice, the majority (13,500 out of 20,000) are already registered with other practices in the city – meaning that the local NHS is effectively paying twice for routine care. **This will not change with co-locating the**

service. Patients attend walk-in services because they are unable to get an appointment with their GP.

Since late 2014, the CCG has also supported the provision of additional capacity in the form of the Urgent Care Centre, alongside ED at Queen Alexandra Hospital, in order to try to deliver capacity where it is most needed, and where people are going already. This facility is, in essence, another primary care walk-in facility, and one the CCG intends to expand in future.

Urgent care – the CCG’s preferred approach

The CCG already has a wealth of engagement findings regarding the future of urgent care, which supports the creation of a system delivering more easily understood services for patients.

At this time, whilst no formal decision has been made, the CCG’s preferred approach is to bring together both the GP-led, and the nurse-led, walk-in services on Portsea Island into a single walk-in service, based at St Mary’s Treatment Centre. It is important to note that, if this preferred approach was supported, the CCG would intend to commission the same level of activity from this single walk-in service as is currently provided by the two separate walk-in services, so no capacity would be lost. Such an approach would simplify the options available to the public, improve access to diagnostic support **The GP Walk in service is for minor illness there would be no requirement for diagnostics at a GP walk in centre.** reduce inefficiency, and would better utilise a site which is already associated with health provision, and which has good access.

The CCG’s preferred urgent care model would therefore consist of:

- ☒ A centralised walk-in service for all minor illnesses and minor injuries, resourced by GPs and nurses, with diagnostic facilities and extended access, at St Mary’s Treatment Centre
- ☒ A primary care-led Urgent Care Centre at QA, embedded within the ED structure, to provide immediate primary care to those not requiring specialist emergency care
- ☒ The NHS 111 service, promoted to ensure greater awareness and usage
- ☒ Supporting GP practices to work together to extend access for registered patients **How is this possible when the CCG have acknowledged there is no capacity in practices to support this.**
- ☒ The Emergency Department at QA.

Conclusion

The CCG has conducted extensive engagement activity regarding urgent care over a prolonged period of time, both with members of the public and clinicians, and as a result is developing its thinking regarding urgent care services in the city.

No decisions have been reached at this stage, and further engagement is currently underway with those people registered as patients at Guildhall Walk, to find out more about why they chose to register with the practice, which services they use, and what is most important to them with regard to the choice of GP practice. The CCG’s Governing Board will make its decisions once this process is complete.

The CCG would welcome a discussion with members of the Health Overview and Scrutiny Panel (HOSP), regarding the engagement activities conducted to date. To that end, the CCG’s Chief Operating Officer, Mr Innes Richens, and Clinical Chairman Dr Tim Wilkinson will attend the next HOSP meeting on 16 June 2015.