



Leicester
City Council

**MEETING OF THE HEALTH AND WELLBEING SCRUTINY
COMMISSION**

DATE: THURSDAY, 10 MARCH 2016

TIME: 5:30 pm

**PLACE: Meeting Room G.01, Ground Floor, City Hall, 115 Charles
Street, Leicester, LE1 1FZ**

Members of the Commission

Councillor Chaplin (Chair)

Councillor Fonseca (Vice-Chair)

Councillors Alfonso, Bhavsar, Dr Chowdhury, Sangster and Singh Johal

1 unallocated Non-Group place.

Members of the Commission are invited to attend the above meeting to consider the items of business listed overleaf.

For Monitoring Officer

Officer contacts:

Graham Carey (Democratic Support Officer):

Tel: 0116 454 6356, e-mail: Graham.Carey@leicester.gov.uk

Kalvaran Sandhu (Scrutiny Policy Officer):

Tel: 0116 454 6344, e-mail: Kalvaran.Sandhu@leicester.gov.uk

Leicester City Council, City Hall, 115 Charles Street, Leicester, LE1 1FZ

Information for members of the public

Attending meetings and access to information

You have the right to attend formal meetings such as full Council, committee meetings & Scrutiny Commissions and see copies of agendas and minutes. On occasion however, meetings may, for reasons set out in law, need to consider some items in private.

Dates of meetings and copies of public agendas and minutes are available on the Council's website at www.cabinet.leicester.gov.uk, from the Council's Customer Service Centre or by contacting us using the details below.

Making meetings accessible to all

Wheelchair access – Public meeting rooms at the City Hall are accessible to wheelchair users. Wheelchair access to City Hall is from the middle entrance door on Charles Street - press the plate on the right hand side of the door to open the door automatically.

Braille/audio tape/translation - If you require this please contact the Democratic Support Officer (production times will depend upon equipment/facility availability).

Induction loops - There are induction loop facilities in City Hall meeting rooms. Please speak to the Democratic Support Officer using the details below.

Filming and Recording the Meeting - The Council is committed to transparency and supports efforts to record and share reports of proceedings of public meetings through a variety of means, including social media. In accordance with government regulations and the Council's policy, persons and press attending any meeting of the Council open to the public (except Licensing Sub Committees and where the public have been formally excluded) are allowed to record and/or report all or part of that meeting. Details of the Council's policy are available at www.leicester.gov.uk or from Democratic Support.

If you intend to film or make an audio recording of a meeting you are asked to notify the relevant Democratic Support Officer in advance of the meeting to ensure that participants can be notified in advance and consideration given to practicalities such as allocating appropriate space in the public gallery etc.

The aim of the Regulations and of the Council's policy is to encourage public interest and engagement so in recording or reporting on proceedings members of the public are asked:

- ✓ to respect the right of others to view and hear debates without interruption;
- ✓ to ensure that the sound on any device is fully muted and intrusive lighting avoided;
- ✓ where filming, to only focus on those people actively participating in the meeting;
- ✓ where filming, to (via the Chair of the meeting) ensure that those present are aware that they may be filmed and respect any requests to not be filmed.

Further information

If you have any queries about any of the above or the business to be discussed, please contact Graham Carey, **Democratic Support on (0116) 454 6356** or email graham.carey@leicester.gov.uk or call in at City Hall, 115 Charles Street, Leicester, LE1 1FZ.

For Press Enquiries - please phone the **Communications Unit on 454 4151**

PUBLIC SESSION

AGENDA

FIRE / EMERGENCY EVACUATION

If the emergency alarm sounds, you must evacuate the building immediately by the nearest available fire exit and proceed to the area outside the Ramada Encore Hotel on Charles Street as directed by Democratic Services staff. Further instructions will then be given.

1. APOLOGIES FOR ABSENCE

2. DECLARATIONS OF INTEREST

Members are asked to declare any interests they may have in the business on the agenda.

3. MINUTES OF PREVIOUS MEETING

The minutes of the meeting held on 14 January 2016 have been circulated and the Commission will be asked to confirm them as a correct record.

The minutes can be found on the Council's website at the following link:-

<http://www.cabinet.leicester.gov.uk:8071/ieListDocuments.aspx?CId=737&MId=7013&Ver=4>

4. PETITIONS

The Monitoring Officer to report on the receipt of any petitions submitted in accordance with the Council's procedures.

5. QUESTIONS, REPRESENTATIONS, STATEMENTS OF CASE

The Monitoring Officer to report on the receipt of any questions, representations and statements of case submitted in accordance with the Council's procedures.

6. PRIMARY CARE WORKFORCE TASK GROUP REVIEW Appendix A (Page 1)

The Chair to update Members on the work of the Task Group and to receive any evidence that has been submitted prior to the meeting. An extract of the Minute of the Health and Wellbeing Board held on 2 February 2016 relating to the issue is attached for information.

7. HEALTH AND WELLBEING BOARD UPDATE

The Deputy City Mayor to outline the current work of the Health and Wellbeing Board.

8. ANCHOR CENTRE UPDATE

**Appendix B
(Page 3)**

To receive an update report on the Anchor Centre.

9. HEALTHWATCH URGENT CARE REPORT

**Appendix C
(Page 7)**

To receive a report from Healthwatch Leicester providing an overview of a number of visits to the Urgent Care Centre at Leicester Royal Infirmary that were carried out in November 2015. A copy of Healthwatch Leicester's Report "Using Urgent Care Services in Leicester City" is also attached.

10. NHS 111- UPDATE

To receive an update on the NHS 111 service previously considered at the Commission's meeting on 29 October 2015. (Minute 41 refers)

11. ARRIVA PATIENT TRANSFER SERVICE

To receive a presentation from the Leicester City Clinical Commissioning Group on the recent issues relating to the service.

12. HEALTH MESSAGING SCRUTINY REVIEW - UPDATE

To receive an update on the work of the Task Group in relation to this scrutiny review.

13. LPT SCRUTINY REVIEW TASK GROUP

To receive an update on the work of the Task Group in relation to this scrutiny review.

14. WORK PROGRAMME

**Appendix D
(Page 31)**

The Scrutiny Policy Officer submits a document that outlines the Health and Wellbeing Scrutiny Commission's Work Programme for 2014/15. The Commission is asked to consider the Programme and make comments and/or amendments as it considers necessary.

15. ANY OTHER URGENT BUSINESS

Appendix A

EXTRACT OF THE MINUTES OF THE HEALTH AND WELLBEING BOARD HELD ON 2 FEBRUARY 2016

PRIMARY CARE WORKFORCE PLANNING

The Chair requested an update following the concerns that had been expressed around the two recent closures of GP practices at Marples Surgery and Queens Road Surgery.

Professor Farooqi commented that both practices had been single GP practices and both GPs had submitted their notices to resign from their contracts. Once it became clear to the CCG that the Marples Surgery premises would not be available for future use as a surgery; the only option available was to disperse patients to other GP practices in the area. The decision of the GP to resign from his contract at the Queens Road Surgery was unexpected and the patients registered at that practice came from all parts of the City and the county. There were approximately 2,000 patients involved and these were being dispersed amongst other GP practices within the City.

It was generally acknowledged that there were significant pressures on GP practices particularly as recent changes in the national funding formula had resulted in practices in the City receiving less funding. The CCG were working collaboratively with practices in the City to promote forming federations and offering 'golden hello schemes' in an attempt to address issues of recruitment and retention.

It was suggested that a 6 month period of notice would be useful to allow more time to make alternative arrangements for patients affected by the closure of a practice. In response, Professor Farooqi stated that the CCG contract with GPs had a 6 month period of notice. However, GPs general contracts were negotiated nationally and were subject to a 3 month notice period and could not be changed without further national negotiation and agreement. However, the CCG would be prepared to explore whether a voluntary agreement could be negotiated locally with single handed GP practices in order to help future planning of services to patients. This would enable more time to consider alternative options for the continued care of patients, especially in instances where there was a cumulative effect arising from more than one practice closing in the same area of the City within a short time span.

A further suggestion was made to undertake a survey/audit of GP practices to identify any plans to assist future planning provision for GP services, particularly if this was conducted on an annual or biannual basis. It was also noted that the number of single handed GP practices in the City was gradually diminishing through the promotion of initiatives such as co-operation and federation working.

The Chair of the Council's Health and Wellbeing Scrutiny Commission stated that the Commission was currently undertaking a Task Group Review of Primary Care Workforce Planning which included both GP and practice nurses recruitment and retention.

RESOLVED:

- 1) That the update be noted.
- 2) That the CCG's willingness to explore a voluntary local extension to single handed GPs giving more than the national 3 months' notice period to resign be welcomed.
- 3) That the suggestion to undertake an general audit/survey of GPs to better inform future planning provision of services be supported.

Health and Wellbeing Scrutiny Commission Briefing

10th March 2016

Anchor Centre/ Recovery Hub update
Lead directors: Ruth Tennant /Tracie Rees



City Mayor

Ward(s) affected: Castle
Report author: Julie O'Boyle Consultant in Public Health
Kate Galoppi Head of Commissioning Adult Social Care
Report Presented by: Ruth Tennant
Author contact details: Julie.oboyle@leicester.gov.uk

1.0 Purpose of Briefing

To update the Health and Wellbeing Scrutiny Commission on plans to re-develop the city's Recovery Hub.

2.0 Update

At the last scrutiny commission meeting (January 2016) the Commission were made aware that the Anchor Centre has remained open during the winter period and that the necessary ongoing maintenance had taken place. Members were also informed about a capital bid to Public Health England to fund longer-term investment to develop suitable accommodation for the service and to support people using the service towards recovery.

It has recently been announced that this bid has been successful and the City Council, with Inclusion Healthcare who run the service have been awarded £267,861 to develop this hub in a suitable location in the city.

3.0 The new model

The hub will provide a range of daily services and activities that will support and encourage individuals to stabilise their alcohol use, engage and maintain contact with treatment services and mutual aid, improve their physical and mental health; and learn new skills.



The new premises for the Anchor Recovery Hub will transform the Anchor Centre into a vital and fully integrated part of Leicester’s recovery community. It will provide a physical space in which Leicester’s innovative multi-agency approach to street drinkers and homeless substance users can flourish. The project will also enable the recommendations in Alcohol Concern’s Blue Light Project to be fully implemented for change resistant drinkers, increasing the likelihood of change and recovery for this complex group who cause such significant burden and financial cost to public services.

This project will create an environment and culture of hope; providing often a first, but vital step towards recovery. The project will ensure that the environment welcomes service users onto their recovery journey and instils hope for those who are often the most entrenched and furthest from change.

This will be contributed to by:

- A welcoming, safe, clean environment which values the service users, encouraging them to value themselves. This environment will enable increased peer mentor presence to provide a visible role model of change.
- Facilities to support improvements in physical health for those service users who often have the most significant health needs. This will include on-site clinical space, enabling enhanced onsite clinical interventions. Additional facilities to improve nutrition and hygiene including a fully equipped kitchen, washing and shower facilities will act as a hook into engagement.
- Kitchen facilities to enable provision of food, but also provide opportunities for

life skills developments delivered by the ex-service user health trainers.

- Group and 1-2-1 intervention space to enable increased delivering of psychosocial and recovery support interventions. This will increase the engagement of service users in meaningful activities alongside the provision of the wet room.
- An IT suite to practically support service users with activities which will support progress towards recovery such as supporting with finding and maintaining accommodation and education, training and employment opportunities.
- A modern, safe wet room to enable the controlled consumption of alcohol for those homeless service users with an alcohol dependency. The wet room will no longer be the central aspect of the Anchor Recovery Hub. Its presence will serve the required purpose of enabling the safe consumption of alcohol and a reduction in street drinking within Leicester city. However, individuals will be supported to safely reduce their alcohol consumption within an environment which motivates towards change.

The Recovery Hub will be measured against the following indicators:

- Numbers of attenders that are referred to substance misuse services
- Number of attenders that engage in treatment and length of treatment
- Number of attenders that achieve successful completions and non-representations.
- Drinking levels and drug use on assessment and ongoing review
- Take up of range of activities provided at the centre
- User satisfaction with range of services provided.
- Levels of street drinking/rough sleeping at risk of these activities.

4.0 Next steps

Now that the capital resources for this project have been secured, a project team has also been set up to draw up detailed plans to develop the new service. The first step will be to complete an options appraisal for the Executive for possible sites for the Recovery Hub in a suitable and appropriate location.

In addition a waiver has been obtained to extend the current contract for one year (30th June 2017). This will allow time to get the new service model in place before the service is recommissioned.

Details of Scrutiny

Appendix C

HEALTHWATCH LEICESTER CITY

REPORT FOR THE LEICESTER CITY COUNCIL'S HEALTH & WELLBEING SCRUTINY COMMISSION, 10th March 2016

In the autumn 2015, Healthwatch decided to undertake a number of visits to the Urgent Care Centre (UCC) at Leicester Royal Infirmary, to ascertain why it was that patients and the public were making the Centre their first place to go when feeling poorly or unwell, despite the widespread publicity about only using the Emergency Department at the hospital for emergencies.

The UCC was at that time run by George Elliot Hospital NHS Trust, Nuneaton. We decided to visit either side of the August Bank Holiday weekend, on the Thursday beforehand when many GP Practices close and hand over to the GP Out of Hours Service and on the Tuesday immediately after when it was anticipated that there would be heavy demand.

The report of our visit to the UCC is attached as Appendix 4 to this report.

Some of the headline findings were:

- Most people attending came from the City
- Most were registered with a GP
- Most were from the indigenous population
- Most had made a conscious decision to visit the UCC
- Many had been unable to obtain an appointment with their own GP Practice
- Some had obtained an appointment but for the following day but didnt want to wait
- A number came because they couldnt afford to take off time from work
- A few had been recommended to come by 111 and a handful by other health professionals
- The overwhelming majority of those attending spoke positively of the UCC

As a follow up to the visits to the UCC, we decided to carry out a similar exercise at the Merlyn Vaz Walk in Centre, Uppingham Road in the City run by SSAFA, which operates from 8am-8pm 7 days a week. We planned our visits to coincide with the Wednesday afternoon in the month when GP Practices close for Protected Learning Time, the Thursday afternoon for the same reasons as above and on a Saturday.

(When GP Practices close either for Protected Learning Time or on Thursday afternoons they hand over GP cover to the Out of Hours Service)

The report of our visits to the Merlyn Vaz Walk in Centre is attached as Appendix 5 to this report.

Some of the headline findings were:

- Most people attending were from the neighboring Post Code areas
- Many were familiar with the existence of the Walk in Centre and some had used it before
- The ethnic mix of those attending reflected the local community
- Most were registered with a City GP
- Many had been unable to obtain an appointment with their own GP Practice
- Very few people had heard of the four City GP Out of Hours Hubs which had only opened that week but a number would have used them as being nearer to where they lived
- On all visits, but especially on Saturday (when the Centre was very busy) there were many parents attending with children*
- Almost everyone attending spoke very positively of their experience

* In conversations with parents, many said they had come for reassurance which for the majority had been the outcome.

There have been a number of significant developments since our visits to the UCC in August of last year. A new Front Door triage at the LRI run by Lakeside (a Social Enterprise) and incorporating the UCC, has been put in place to assess ambulatory patients arriving at the hospital, respond directly to minor injuries and divert inappropriate attendances back to community facilities eg making appointments with their GP, encouragement to use Pharmacists.

This has gone a long way to easing some of the pressures upon the Emergency Department. However, we know that the real challenges there result from inadequate space (hence the building of the new Emergency Department) and the unprecedented recent increase in the number of very poorly patients, especially elderly people, needing hospital care.

Huge efforts - both national and local - have been made to promoting the message that Accident & Emergency Departments are ONLY for emergencies. Nevertheless, as yet, this has either fallen on deaf ears or not reached a significant number of the population.

Perhaps we can speculate why this might be?

- Most people do not give health a thought until they or someone close to them needs it
- Then, when they do, they want it NOW
- Many of the key audiences (locally) may not listen to BBC Radio Leicester or read the Mercury
- Literacy levels amongst huge swathes of the City population may exclude them from key messages
- There are clearly problems with SOME (not all) GP Practices in obtaining an appointment
- The widely held perception however is that this is or may be the case - especially if a patient hasn't needed to contact the Practice for some time
- Information in English may be a deterrent too but counter intuitively BME communities and new arrivals quickly learn how to use the system - if, in the case of ED, the wrong bits!
- Some of today's Parents are perhaps less confident in dealing with their children's health

Using Urgent Care Services in Leicester City

The patient experience of getting to and using the SSAFA Walk in Centre in Leicester City



Contents

Acknowledgments.....	3
Summary	4
Introduction	5
Methodology.....	6
Planning	6
Results.....	7
Survey Results.....	7
Demographic information.....	11
Sex of patient	11
Age of patient.....	11
Ethnicity of patient.....	12
Analysis	13
The patients	13
Accessing Health care	13
Using the Walk in Centre	14
Conclusions	15
Parents seeking reassurance.....	15
Accessing GP services.....	15
Health Hubs.....	16
The Walk in Centre.....	16
Recommendations	17
Next steps	18
Appendix A – Patient Survey.....	19
Appendix B – Full list of Which GP practice patients presenting to the Walk in Centre were registered to.....	21

Acknowledgments

Healthwatch Leicester City would like to thank the following people for their help and support in completing this work:

- Lisa Philips - Group Practice Manager
- All the staff at the SSAFA Care (Community Interest Company) Health and Walk In Centre Leicester
- Healthwatch Volunteers and Staff - Brian Wheeler, Sue Mason, Philip Parkinson, Pat Hobbs, Kim Marshal-Nichols, Moraig Yates, John Bryant, Barbara Czyznikowska, David Barsby, David Henson, Gillian Jillett and Micheal Smith

Summary

The pressures on the NHS are well known particularly in urgent care which is a particular cause for concern for patients. This survey was undertaken to support and understand the patient experience and the cause of any points of pressure and perhaps find indications of where improvements might be needed around Urgent Care Services.

As part of this project to gather the patient experience Healthwatch has previously visited the Urgent Care Centre, based at the Leicester Royal Infirmary. To complete gathering the patient experience we approached patients using the SSAFA Walk in Centre, asking them to complete a patient survey.

A report on the findings from the Urgent Care Centre can be found at - <http://www.healthwatchleicester.co.uk/?q=about/docs> or requested from the Healthwatch office.

161 patients were surveyed over three days (Saturday 14th November 8am - 8pm/Wednesday 18th November 2pm - 8pm and Thursday 19th November 2pm - 8pm) at the SSAFA Walk in Centre.

Key findings

- Parents using the Walk in Centre seeking reassurance - A high percentage of the patients surveyed, were parents with young children, seeking reassurance about their child's health.
- Greater consideration of patient options if GP appointments unavailable - When patients are contacting their GP for an appointment, our findings suggest they are advised to try another day, if no appointments are available more often than not.
- Lack of local awareness of new GP services - Most patients were unaware of the new GP service, offering GP appointments "out of hours".
- Patients were very happy with the service provided by SSAFA - Patient satisfaction with the SSAFA Walk in Centre was very high.

Introduction

In August and September of 2015, Healthwatch Leicester City completed a number of surveys with patients presenting (150) at the Urgent Care Centre which is located in the Leicester Royal Infirmary. This was a part of a larger project looking to capture the patient experience of using Urgent Care services in Leicester City.

Our initial reason for looking to capture the patient experience of Urgent Care services in Leicester City was because until then, we felt there was not a significant amount of evidence captured on what reasons the public had for using these services, rather than accessing primary care services, such as GP's and other primary care support.

Going to the SSAFA Walk in Centre, was the second step in capturing the patient experience between Primary Care Services and the Acute Emergency Services based in Leicester.

There have been a number of initiatives taken in 2014 and earlier this year to capture the experiences of people who come to the Emergency Department (ED) and we supported our colleagues in Healthwatch Leicestershire when they undertook "A Week in LRI", including time in the Adult and Children's Accident & Emergency Department. Their interviews with patients made a valuable contribution to our knowledge of why people come directly to the hospital, however we wanted to specifically understand the UC service experience. This would help complete a picture of all the emergency and urgent care services. - Exert from "Using Urgent Care Services in Leicester City" -Healthwatch Leicester Nov 2015.

The SSAFA Walk In centre is located within the Merlyn Vaz Health and Social Care Centre, which is situated in the East of the City. Members of the public are able to walk into the centre and receive treatment for minor illnesses and minor injury. The contract for the Walk in Centre (as part of the Urgent Care Services contract) is commissioned on behalf of the three Clinical Commissioning Groups (CCGs) in Leicester, Leicestershire and Rutland.

Methodology

As this is a continuation of our visit to the Urgent Care Centre at Leicester Royal Infirmary, the format of completing patient surveys was largely kept the same.

Planning

When reviewing our visit to Urgent Care Centre, there was a need to look at how we could capture the patient feedback of the service better. By separating our survey into two distinct parts and asking the patient to come back to see us after their treatment, we felt we would be able to capture the patient feedback on the Walk in Centre more effectively.

We also felt it was important to reflect on the questions we had asked in the Urgent Care Centre, looking to highlight the questions where the feedback captured had not been as usable as we had hoped. Whilst some questions were removed due to only being relevant for the time of our visit, we wanted to ask a question about the new pilot of “Health Hubs”, which had recently been launched in four GP practices in Leicester City, under the Prime Minister’s challenge fund.

When considering when we wanted to visit the SSAFA Walk in Centre this was decided in a very similar way to when our visit to the Urgent Care Centre was agreed. It was decided to visit the Walk in Centre when we would be able to observe the impact of GP protected learning time, as this would mean GP practices would be closed, which is on a Wednesday afternoon. We also wanted to capture patient feedback on a Saturday given the recent national agenda of 7 days a week service. It was decided to visit the SSAFA Walk in Centre on a Thursday afternoon, when a significant number of GP practices close, with telephone calls directed to the out of hours telephone service or NHS 111. This led to our visit being held on Saturday 14th November (8am - 8pm), Wednesday 18th November (2pm - 8pm) GP Protected Learning Time and Thursday 19th November (2pm - 8pm).

Each day of the visit was broken down into three hour shifts for each volunteer and staff member, with one member of staff and two volunteers (Board member or Authorised Representative) being present.

Results

Overall results

Over the three days at the Walk in Centre we surveyed 161(153 walk in patients) members of the public. Over the three days the Walk in Centre saw 205 walk in patients. So over the 3 days we spoke to 74.6% of walk in patients, who presented to the Walk in Centre.

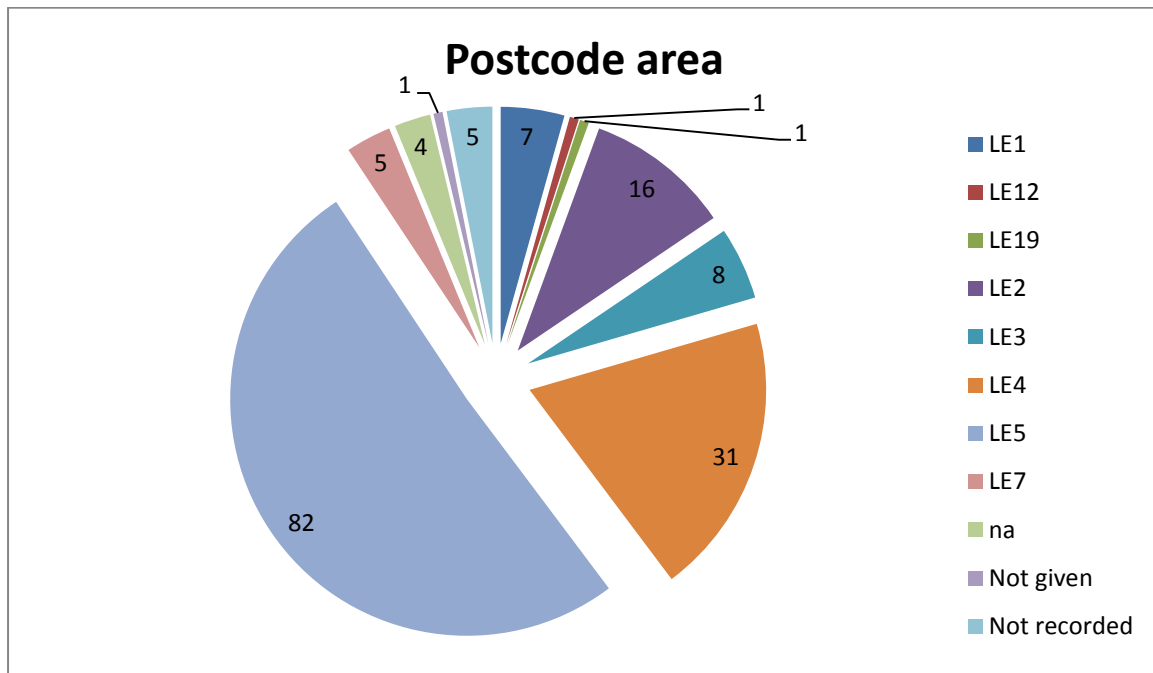
In total 161 surveys were completed however not every survey was fully completed. All figures quoted are based on the total responses collected for each survey question and may not total 161.

Survey Results

Q1 - Do you live in Leicester City?

Response given	Number of responses	Percentage of responses
Yes	151	93.8%
No	10	6.2%
Total	161	100%

Q1 a - Postcode area patient was from.



Q2 - Registered with a City GP

Response given	Number of responses	Percentage of responses
Yes	143	88.8%
No	16	9.9%
NA	2	1.2%

Q2 a - Registered at which GP practice?

In total we were advised of Forty Seven different GP practices (A full list of all the GP practices can be found in Appendix B) below is the Eleven GP practices with the most patients attending the Walk in Centre.

Response given	Number of responses	% of responses
SSAFA registered GP Practice	22	18.1%
Spinney Hill Medical Centre	10	6.3%
East Leicester Medical Practice	8	5.0%
Charnwood Practice	7	4.4%
St Elizabeth Medical Centre	7	4.4%
St Matthews Medical Centre	7	4.4%
Humberstone Medical Centre	6	3.8%
Downing Drive Surgery	5	3.1%
St Peters Health Centre	5	3.1%
East Park Medical Centre	4	2.5%
Highfield Medical Centre	4	2.5%

Seven patients responded that they were registered to the Merlyn Vaz Health Centre, however we have been unable to assign these to one of the three specific GP practices located in the Merlyn Vaz Centre.

Q3 - Had you tried GP before coming to the Walk in Centre today?

Response given	Number of responses	Percentage of response
Yes	73	45.3%
No	77	47.8%
Na	11	6.8%

Eight responses of Na were recorded due to being registered patients of the SSAFA GP practice

Q3 a - If you had contacted GP before coming to the Walk in Centre, when were you offered an appointment for? (Out of the 73 Yes responses received)

Response given	Number of responses	% of response
No appointment available - Not offered another time	39	53.4%
GP Closed	10	13.7%
Unable to contact GP	7	9.6%
Next Week	6	8.2%
Already seen GP	4	5.5%
Next Day	2	2.7%
Not able to book appointment - have tried for several days	1	1.4%

Was offered a walk in appointment but refused	1	1.4%
Offered appointment	1	1.4%
New to the area	1	1.4%

Q4 - Why did you come down to the Walk in Centre today?

Reason given	Number of responses	% of responses (of the 160 responses)
GP not available	71	44.4%
Used it before	31	19.4%
I'll be seen quicker	21	13.1%
My practice advised me to go to Walk in Centre	12	7.5%
Na	8	5%
Other	5	3.1%
Visiting area	4	2.5%
Referred by NHS 111	4	2.5%
New to the area	2	1.3%
Internet search	1	0.6%
Tried Health Hub but no answer	1	0.6%

Q5 - Before coming to the Walk in Centre had you heard of the "Health Hubs"?

Response given	Number of responses	% of responses (of the 160 responses)
Yes	18	11.3%
No	135	84.4%
Na	7	4.4%

Q5 a - Would you have used the "Health Hubs" rather than the Walk in Centre, had you known before?

Response given	Number of responses	% of responses
Yes	73	47.1%
No	66	42.6%
Na	16	10.3%

Q6 - After being seen by the Walk in Centre reception, did you understand what would happen?

Response given	Number of responses	% of responses
Yes	128	97.7%
No	3	2.3%

Q7 - After being seen by a clinician, did you feel involved in the discussion about your treatment?

Response given	Number of responses	% of responses
Yes	117	97.5%
No	2	1.7%
Na	1	0.8%

Q8 - Do you have any special requirements, which were supported whilst at the Walk in?

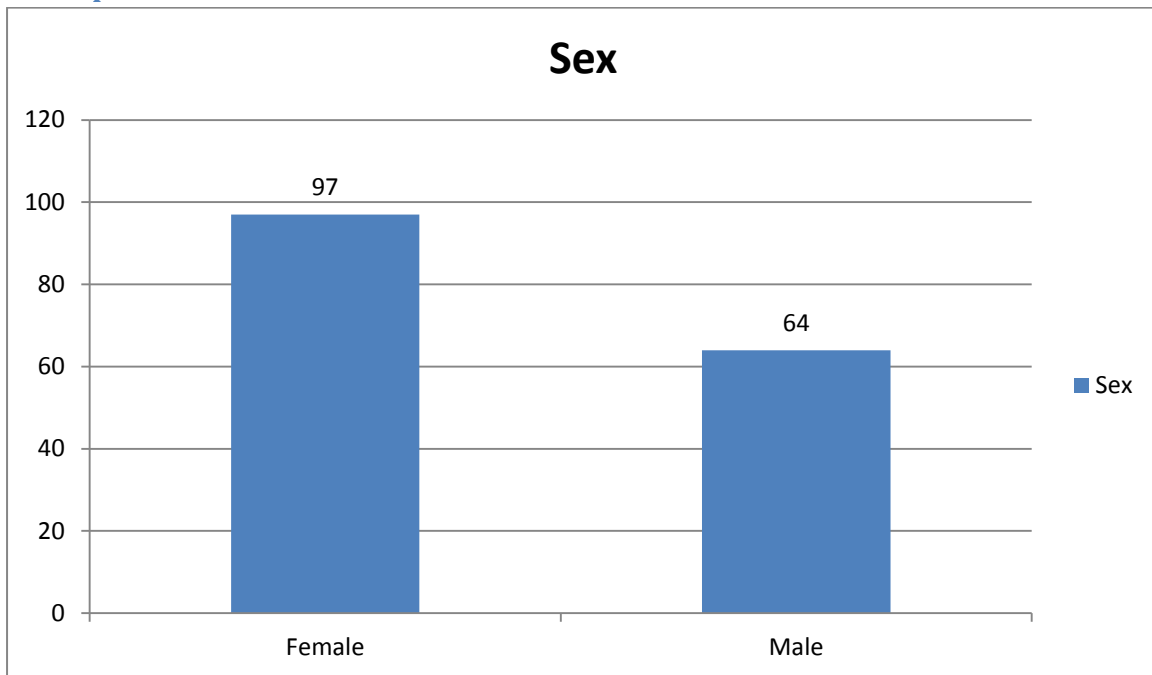
Response given	Number of responses	Percentage of responses
Yes	11	8.5%
No	1	0.8%
Na	117	90.7%

Q9 - How would you rate your experience of the Walk in Centre today?

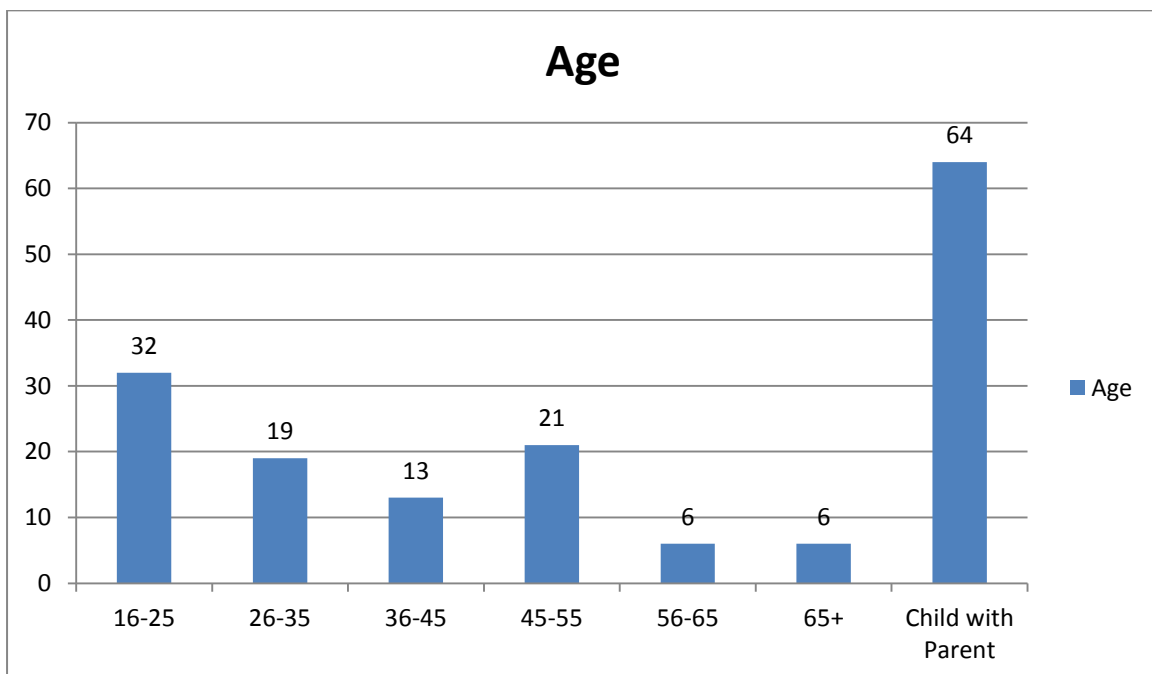
Response given	Number of responses	Percentage of responses
Very Good	67	55.8%
Good	40	33.3%
OK	12	10%
Poor	1	0.8%

Demographic information

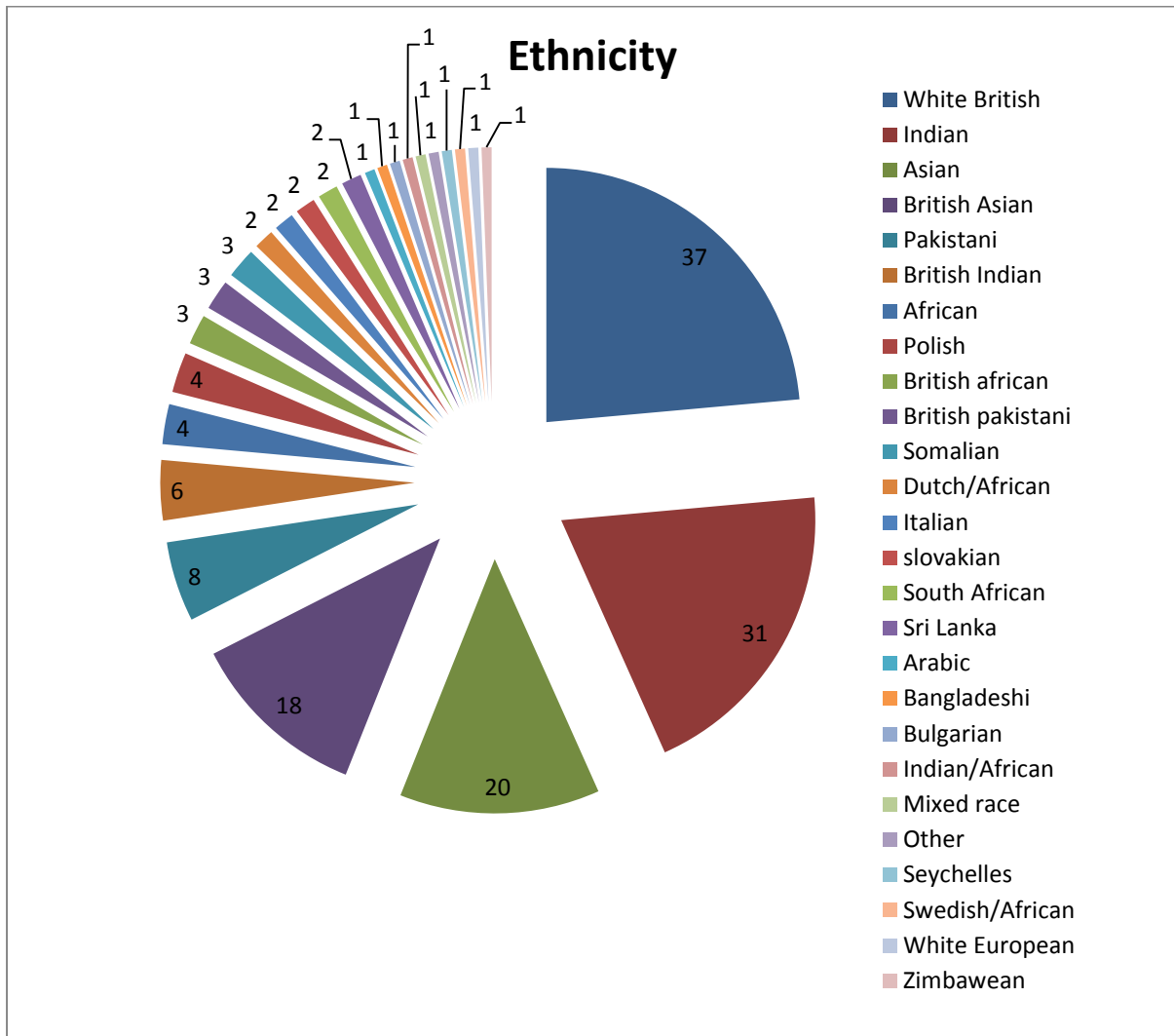
Sex of patient



Age of patient



Ethnicity of patient



Analysis

The patients

In reviewing the information captured over the three days in the Walk in Centre there are a number of factors which jump out at you, some expected and some not so much.

- Parents and Children. - There were a significantly higher number of young children brought in by their parents to the Walk in Centre, than any other age group.
- From nearby. – The postcode areas of LE5 and LE4 were the most common postcode for patients presenting to the Walk in Centre. This would be expected as the Walk in Centre is in the LE5 area. But patients were not exclusively from this area.
- Registered with a GP – With only a few exceptions, nearly all of those who presented to the Walk in Centre were registered with a GP. You can also observe that the GP practices with higher patient numbers presenting to the Walk in Centre, are quite geographically close to the Walk in Centre.
- Highly Diverse Ethnicity – There is clearly a very wide spectrum of Ethnicity of those using the Walk in Centre, but with a few ethnic groups making up a significant percentage of those surveyed.

Accessing Health care

Whilst it is important to note that our visits to the Walk in Centre were conducted during times when a lot of GPs would not be open. Nearly half of the respondents to the survey had, at least, tried to use their GP for treatment. Over half of those respondents were not able or not offered the chance to book an appointment at a future date.

When patients were asked about the new Primary Care service “Health Hubs”, a significant number had not heard of them before coming to the Walk in Centre. When asked if it would have changed their decision to use the Walk in Centre, if they had known about it before hand, 47.1% of the respondents would have tried the “Health Hub” first. At times when the Walk in Centre was busy, reception staff would inform patients of the “Health Hub”, this resulted in a number patients leaving the centre, presumably to attempt to access the “Health Hub” service. However, in one case, a young mother tried to access the nearest “Health Hub” through the telephone number given on the leaflet but was not able to get through.

In a couple of instances, patients explained being passed back and forth between GP services and the Urgent Care Centre at Leicester Royal Infirmary.

“I’ve been to the GP with illness but was advised to go to Urgent Care Centre (at LRI). They advised me to go back to GP practice. Had problems for several weeks but don’t know where to go, so came here”

An observation made by Healthwatch volunteers and staff was in relation to 3 respondents, who were attending the Walk in Centre with a friend, who were acting as an advocate on their behalf. In

one case a patient who spoke no English had lived in Leicester for 2 years and had yet to register with a GP.

Using the Walk in Centre

From the initial greeting from the reception staff to the treatment by the clinical staff, the patient feedback was overwhelmingly positive. Patient felt, mostly, they understood how to use the service, that any special needs were taken into account and that they were involved in the discussion about their treatment with the clinician.

89.2% of the patients who rated their experience of the Walk in Centre said it was either Good or Very Good. For the 10% of patients who rated their experience as OK, their feedback mentions the length of waiting time at the Walk in Centre but is also largely positive.

Waiting time was an issue but overall grateful the service is available as I would have been worrying/anxious

The feedback captured through our survey, evidences a service that patients appreciate. Whilst for some the wait was an issue, there was a lot more patients who felt they were seen very quickly. Some of the most common comments about why they rated their experience either Good or Very Good were:

I felt reassured

Very helpful

Dealt with quickly

Helpful and efficient

Fast and efficient

Conclusions

Parents seeking reassurance

During our visits to the Walk in Centre, a significant portion of the patients we surveyed were parents bringing their children in with a wide variety of chest infections, coughs, rashes and other ailments. They came looking for reassurance, as a common comment after being seen was feeling reassured. Given the responses from parents about their treatment by the clinician (i.e. “Was hoping for prescription but advised to use Calpol”), we can conclude that not every child needed to be brought to the Walk in Centre.

The problems accessing GP services are well known and this is no different if a parent is ringing for an appointment for their child.

In our previous report about the Urgent Care Centre, we discussed a possible lack of knowledge for self-care in younger people. It is only logical to extend the lack of knowledge of self-care in younger people to any children they have.

From feedback from parents who attended the Walk-in Centre, there is an awareness of being seen as a priority patient, if you are a small child. If parents are seeking medical assurance about their child, they know they’ll be seen quickly at the Walk-in Centre.

Accessing GP services

As previously mentioned, our visits to the Walk in Centre, took place at times we know GP practices would not be open but that did not mean a patient would not have tried to access their GP before going to the Walk in Centre. Of the 73 Walk-in Patients who had tried to access their GP’s before going to the Walk in Centre, 39 were not offered an appointment at another time. Most commonly they were advised to ring back or try another day. Rather than try again they came to the Walk in Centre. We are aware of the problems accessing the GP appointment systems, with criticism of only being able to get through early in the morning. If patients have to experience this and then to be told to go through it again, another day, it is not difficult to believe they would look to another service for assistance.

Given that a number of patients brought friends to translate and support their appointment, we thought to ask their knowledge of translation support available in the NHS. None questioned were aware of this.

Health Hubs

Very few people knew about the four out of hours “Health Hubs” but this was not surprising as this is a service which was only launched a short time ago and we are aware of the current media campaign.

Whilst we saw a number of patients leave the Walk in Centre, once they were aware of the service, we did observe one individual, who was not able to access their local “Hub”, when they rang through to the next nearest, they were signposted back to the “Hub” they had been unable to access, advised to go as a walk in patient.

A key reason patients would have used the “Health Hub” rather than the Walk-in Centre was getting an appointment, this was seen as a key difference.

The Walk in Centre

Patient feedback on all the questions asked about the SSAFA walk in centre, was overwhelming positive. However there are some areas which we would like to highlight to the Centre as “food for thought”.

Whilst there, we became aware of the priority given to children and young people and those presenting with serious illnesses. In conversation with some patients, they were not aware of this happening, but could quite see why when it was explained to them.

We noticed a lack of understanding on the part of some patients attending the walk in centre, that other people with appointments, were regular patients of the SSAFA GP practice

Again, whilst a patient gave positive feedback of their experience, a possible area for improvement was around language. As our results show the Centre would not be able to support all the languages spoken by those using it but some patients did comment that language was an issue.

Recommendations

- 1. Greater focus on self-care education and support** - Clearly many parents with young children are worried when their children become poorly and want to seek reassurance that all is well. Whereas in earlier generations, there may have been Mum or Grandma on hand to give advice, without the confidence to know what to do with a poorly child, seeking professional help is a first option.

Whilst it will do little to ease the current pressure on primary care or the Emergency Department, even greater support for self-care education programme for parents is worthy of consideration. We are not being presumptuous in suggesting that none of this is taking place just that it requires even greater emphasis going forward. Utilising such services as Children's Centres, Sure Start or Home start.

- 2. Greater signposting to Urgent Care services, if GP appointments unavailable** - So much has already been written about the problems some patients have in getting appointments at their GP practice. Our visit to the SSAFA Walk in Centre is further confirmation. It becomes, daily, harder to break the perception that this is the case. It might certainly help during normal working practice opening hours (i.e. 8am - 6.30pm) if, when there are no available appointments, patients could be positively made aware that they could use the SSAFA Walk in Centre.
- 3. Review of planned periods of GP practice closures** - Clearly, two times when some GP practices currently close or offer skeleton service i.e. every week on Thursday afternoons and once a month on a Wednesday afternoon, when protected learning time takes place, should be reviewed.
- 4. Raise awareness of NHS Language support** - Whilst there have been great strides in offering patients the support they require to access health services, it is important to ensure patient (and staff) awareness of those support services are maintained. It is not enough to assume a patient will bring a family member or a friend to translate for them. We would recommend that a campaign informing patients of translation services be considered.

Next steps

As reported in our first report *“Using Urgent Care Services in Leicester City - The patient experience of getting to and using the Urgent Care Centre in Leicester City”* the next steps remain: -

To support our recommendations we would take the following steps, with help and support from our NHS partners locally:

- a) Repeat targeted direct communication to every household in the city articulating -
 - I. Range of services available
 - II. When they are available
 - III. How to access them
 - IV. What they can provide/ what they can't provide
- b) Suggest this is targeted (supported) with NHS logo
- c) As the National winter pressure/look after yourself campaign incorporates local messages too there needs to be a link with local leads in - UHL, LPT, CCG. To ensure the general messaging is right.
- d) Support the above with :
 - I. An action plan with clear objectives/dates
 - II. Circulate to all stakeholders
 - III. Review actions/publish in 1 month
- e) Monitor and review the changes to Primary Care Services in Leicester City - Health Needs Neighbourhoods and its impact on Urgent Care Services
- f) Report findings to: CCG, LPT, UHL and HWB Board.

In addition to this we will:

- g) Identify and review local, current parent education programmes focused on child health and care.

Primary Care and Urgent Care services are undergoing significant development, locally, and Healthwatch will continue to work with our NHS partners to highlight the patient experience.

Appendix A - Patient Survey



Survey Number: _____ Time: _____

To be able to examine who is using the Walk in Centre today, we would like to begin with a few questions about you.

Patient Questions

1. Do you live in Leicester City? Yes No
- a. If yes what are the first 4 digits of your postcode : _____
2. Are you registered with a GP? Yes No
- Name of Practice: _____

Next, we want to ask about why you came to the Walk in Centre today.

3. Before you came to the Walk in Centre, Did you try and get an appointment at your GP?
- Yes No

If Yes, when was the appointment for? _____

4. If you didn't see or speak to your GP before coming to the Walk in Centre, why did you decide to come here?

- Used it before I'll be seen quicker GP not available
- Prefer to use New to the area had to fit around Work
- Visiting area Other: _____

5. Have you heard about the Health Hubs?

- Yes No (Answer question a.)
(If No, please refer to leaflet)

- a. If you had known about a Health Hub near you would that have changed your decision to come here today?

- Yes No

Demographic questions

To allow us to see how the patient experience might be different for different communities, please let us know the following personal information. All responses to the survey will be anonymised.

Do you identify as: Male Female Neither

Which age band are you?

Under 16 16 - 25 26 - 35
 36 - 45 45 - 55 56 - 65
 65+

What is your Ethnicity? _____

Thank you for taking your time to complete this survey, if you would like to be informed of our results please leave your contact information: _____

Contact us at : Healthwatch Leicester, Clarence House, 46 Humberstone Gate, Leicester. LE1 3PJ Tel No. - 0116 251838

-----THIS WAS PRINTED ON A SEPARATE SHEET-----

Survey Number: _____

As a second part to our survey we would like to know about your experience at the Walk in Centre today.

6. After being seen by the reception staff at the Walk in Centre, did you understand what was going to happen next?

Yes No

7. Did the clinician (Dr/Nurse/HCA) involve you in deciding your treatment today?

Yes No

8. Did the Walk in Centre, support you with any special needs you have? (Translation, Physical or Sensory Disability)

Yes No

9. How would you rate your experience at the Walk in Centre today?

Very Good Good OK Poor

Why did you give this rating?

Appendix B - Full list of Which GP practice patients presenting to the Walk in Centre were registered to.

SSAFA registered GP practice	29
Spinney Hill Medical Centre	10
East Leicester Medical Practice	8
Charnwood Practice	7
na	7
St Elizabeth Medical Centre	7
St Matthews Medical Centre	7
Humberstone Medical Centre	6
Downing Drive Surgery	5
St Peters Health Centre	5
East Park Medical Centre	4
Highfield Medical Centre	4
Ar-Razi Medical Centre	3
Beaumont Leys Health Centre	3
Belgrave Medical Centre	3
Canon Street Medical Centre	3
Evington Medical Centre	3
Johnson Medical Practice	3
Parker Drive Medical Centre	3
Willows Medical Centre	3
Melbourne Road Medical Centre	3
Manor Medical Centre	2
Merridale Health Centre	2
Rushey Mead	2
The Maples Surgery	2
Al-Waqas Medical Practice	2
Thurmaston Health Centre	2
Applying to SSAFA	1
Birstall Medical Centre	1
Border Drive	1
Brandon Street Surgery	1
Fosse Medical Centre	1
Groby Road Medical Centre	1
Jubilee Practice, Syston	1
Kingsway Surgery	1
Loughborough Road Medical Centre	1
Not recorded	1
Not registered	1
Oakmeadow Surgery	1
Sayed Medical Centre	1

Shefa Medical Practice	1
Silverdale Medical Centre	1
The Banks	1
The Parks Medical Centre	1
Willowbrook Medical Centre	1
Greengate Medical Centre	1
Beaumont Lodge Medical Practice	1
Heatherbrook Surgery	1
The Limes Medical Centre	1
Westcotes Medical Practice	1

Health and Wellbeing Scrutiny Commission

Work Programme 2015 – 2016

31

Meeting Date	Topic	Actions Arising	Progress
6 Aug 2015	<ul style="list-style-type: none"> 1) Healthwatch briefing 2) Reduction in Public Health budget and impact on service delivery 3) LPT – CQC Quality Report 4) Scrutiny Review of LGBT communities – Consider issues raised in the review 5) Update on Anchor Centre 6) Substance Misuse Services – re-procurement 7) Local Health Messages 	<ul style="list-style-type: none"> 2) Organise a further meeting to look at the budget once the cuts are known (maybe joint with ASC) and write a letter to Secretary of State. 3) A review to be done to look at the LPT improvement plan. 4) Mental/sexual health issues relating to LGBT to be added to the work prog. 5) Further report on the proposals for the future venue of the wet day centre to come back. 6) Further report on the outcome of the consultation and future proposals re substance misuse to come to the next meeting. 7) Scoping document for a review to be completed. 	<ul style="list-style-type: none"> 2) Letter sent 3) Scoping doc at next mtg – 28/9 4) Added to work prog 5) Added to next mtg – 28/9 6) Added to next mtg – 28/9 7) Scoping doc at next mtg – 28/9
28 Sep 2015	<ul style="list-style-type: none"> 1) Fosse Arts Presentation 2) Better Care Together Consultation 3) Health and Wellbeing Survey 4) Update on Substance Misuse Review incl. decision on Wet Day Centre 5) Health Messaging – Scoping Document 6) LPT Quality Monitoring following CQC report – Scoping Document 	<ul style="list-style-type: none"> 2) Private briefing to be arranged. Report on consultation to come back to commission 3) Add information on people having 5 fruit a day for a future meeting 4) Report back to a future meeting on the decision of the site. 	<ul style="list-style-type: none"> 2) Briefing on 3/11 3) Added to next mtg – 28/9 4) Update at next mtg – 29/9

Appendix D

Meeting Date	Topic	Actions Arising	Progress
29 Oct 2015	1) Mesothelioma 2) Ambulance Handovers to LRI 3) Anchor Centre – Update 4) Health and Wellbeing Board – Update 5) NHS 111 Service 6) Performance Reporting 7) Healthy Eating 8) Health Messaging Review – Update 9) Primary Care Workforce Planning e.g. GP surgeries - Briefing and Scoping Document	1) Distribute information leaflets at Ward meetings. Council staff be made aware of the condition. The Commission write to representatives of the local DIY trade to encourage them to take part in publicity campaigns with the Charity. 2) UHL and EMAS give an update to the January Commission meeting on the outcomes of the Unipart initiative and the measures put in place to reduce the impact upon patients 3) Further update at the next meeting 5) Update on the outcomes of the two investigations into recent events to come to the next meeting 6) Quarterly monitoring reports to be added to the work programme. 7) Further update at the next meeting 9) Scoping document agreed	1) Leaflets sent on. Letter to be written. 2) Added to next mtg – 14/1 3) Added to next mtg – 14/1 5) Added to next mtg – 14/1 6) Added to work prog – 10/3 7) Added to next mtg – 14/1
14 Jan 2016	1) Intermediate Care 2) Budget 3) UHL/EMAS Update - Outcomes of the Unipart initiative and the measures put in place to reduce the impact upon patients. 4) Anchor Centre - Update 5) Food Bank Provision 6) Substance Misuse Services – Update on decision of site	1) Monitoring of budgets to continue as review progresses by Chair and ASC scrutiny Chair. 4) Further update at next meeting. 5) Cllr Alfonso to take up issue of fresh fruit being donated to food banks with Markets Forum. 6) Further report at May meeting	
10 Mar 2016	1) Primary Care Workforce Scrutiny Review 2) Health and Wellbeing Board – Update 3) Anchor Centre – Update 4) Healthwatch – Urgent Care Services 5) NHS 111 Service – Update 6) Arriva Patient Transfer Service 7) Health Messaging Scrutiny Review – Update 8) LPT Scrutiny Review – Update		

Meeting Date	Topic	Actions Arising	Progress
5 May 2016	1) Epilepsy - awareness presentation 2) UHL Quality Account 3) EMAS Quality Account 4) Public Health Performance Report 5) Substance Misuse – update		

Forward Plan Items

Topic	Detail	Proposed Date
Better Care Together	Regular updates on progress to the plan	June/July 2016
Dementia, Dental Care, Diabetes, GPs, Obesity, Smoking, COPD and substance Misuse	Progress to individual strategies/services	
Health and Wellbeing Board	Protocol between scrutiny and the board and update on work of the board.	Standing item
Health and Wellbeing of staff	Monitoring of sick days and support services	
Health Visitors and School Nurses	Understanding of the transfer of services to the Council	
Mental Health Services for Black British Men	Review progress to recommendations made by scrutiny	
Mental Health and Sexual Health of the LGBT Community	Continue to understand and monitor the issues that impact on LGBT community	
Substance Misuse Review, including Anchor Centre issue	Standing item to receive regular updates on progress made.	Standing item
Performance Reporting	Regular performance reports to relevant indicators	Standing item
Reduction in Public Health budget	Impact on service delivery and the commission to be consulted on the proposals to achieve the in-year savings.	

