

**REPORT FOR: HEALTH AND SOCIAL  
CARE SCRUTINY SUB-  
COMMITTEE**

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<b>Date of Meeting:</b>	29 June 2011
<b>Subject:</b>	Review of Primary Care Urgent Care in Harrow – Progress Update
<b>Responsible Officer:</b>	Thirza Sawtell, NHS Harrow Borough Director
<b>Scrutiny Lead Member area:</b>	Councillor Ann Gate Policy Lead Member – Health and Social Care  Councillor Vina Mithani Performance Lead Member – Health and Social Care
<b>Exempt:</b>	No
<b>Enclosures:</b>	None

**Section 1 – Summary and Recommendations**

This report sets out the steps being taken by NHS Harrow to ensure that patients are able to access the service appropriate to their clinical need. The effect of these changes will be to reduce service duplication and exert downward pressure on A&E attendance.

**FOR INFORMATION**

## Section 2 – Report

### Background

In addition to 36 GP practices, Harrow currently hosts a number of Primary Care-led Urgent Care services:

- Three **Walk-In Centres**: Alexandra Avenue, Pinn Medical Centre, Harness Harrow;
- An **Urgent Care Centre (UCC)** located at Northwick Park Hospital;
- The **GP Out-of-Hours service**, run by Harmoni on behalf of local GPs.

In January 2011, NHS Harrow commissioned a review of Primary Care Urgent Care services in the borough. The objectives of the review are:

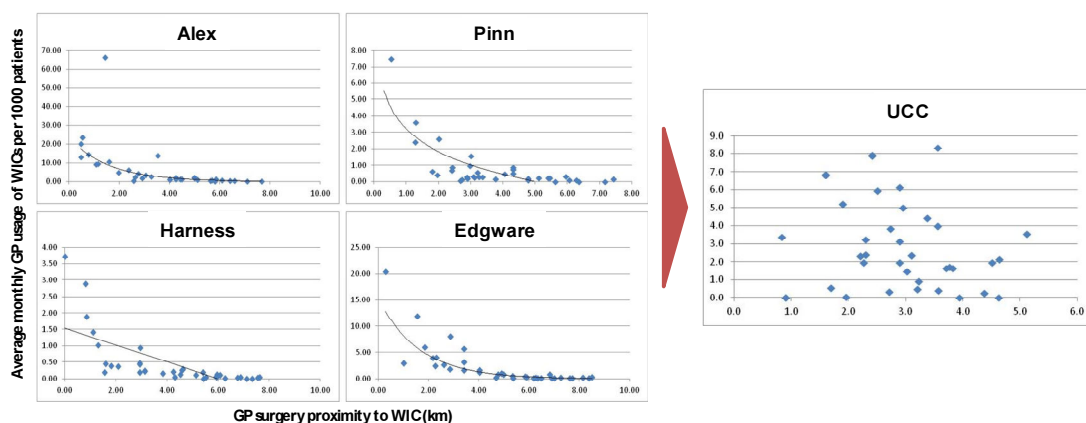
- To explore the **reasons why patients use Primary Care Urgent Care services** in the way that they do;
- To develop proposals for improving **patient outcomes**;
- To identify the ways in which Primary Care Urgent Care services could be made more **efficient**.

The review is now nearing completion, and the outcomes will be taken to the NHS Harrow July Board for a decision on how to proceed. This paper sets out the **review's findings** and the **key principles** underpinning the recommendations that will ultimately be made to the Board.

### Why do patients choose to use Urgent Care?

Analysis of Walk-In Centre activity data indicates that geographical proximity is a key motivation behind the use of Walk-In Centres. The graph below shows that patients from GP practices located near a Walk-In Centre make far greater use of walk-in services than patients from GP practices located some distance away. In contrast, no such pattern can be identified for the UCC. This implies that **many Walk-In Centre patients use Walk-In Centres for convenience**, rather than because they require urgent treatment.

Scatterplot showing correlation between GP usage of and proximity to Walk-in Centres and the UCC

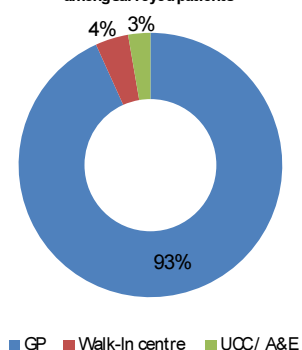


From February 2011 onward, NHS Harrow has been engaging with patients, clinicians, providers and patient representative groups in order to build a picture of why Urgent Care services are used in the way that they are. A range of approaches to **stakeholder engagement** has been employed to ensure that the exercise is as comprehensive as possible. These approaches include: a stakeholder engagement event, focus groups, surveys, Q&A presentations and specific engagement with groups that make disproportionate use of Urgent Care services.

Stakeholder feedback has provided NHS Harrow with some key insights, which have been used to shape proposed changes to the Urgent care system. These are:

## 1. Patients demonstrate a strong preference for receiving care from their own GP

Chart showing preferred first choice of service among surveyed patients



Feedback from stakeholders underlines the value patients place on **continuity of care**. We found that the overwhelming majority of patients would rather use their own GP if possible, and only seek alternative services if this option is not available.

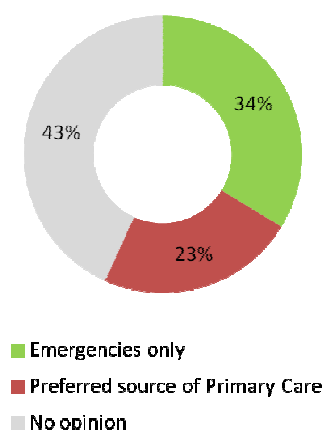
When asked to elaborate on why they preferred to use their own GPs, patient responses included:

- *"I'm very happy with the service my GP provides"*
- *"My GP has my notes"*
- *"I find it frustrating to have to explain my condition to a new doctor every time"*
- *"I never see the same doctor twice"*
- *"The service could be improved if all clinicians had access to my notes"*

In contrast to both Walk-In Centres and the UCC, a local GP is able to provide comprehensive **continuity of care** to their patients. They have access to patient notes and in many cases have long-standing relationships with both patients and their families. This provides them with a level of familiarity which is invaluable for the management of **long-term conditions** and improves the **quality of diagnosis**. From the patient's perspective, continuity of care allows them to build a **relationship of trust** with their clinician. It also means that they do not have to explain their **medical history** every time they receive treatment, which can be highly frustrating.

## 2. Most patients believe that Walk-In Centres, the UCC and A&E should be for urgent cases only

Chart showing patient opinion on use of A&E, UCC and Walk-In Centres

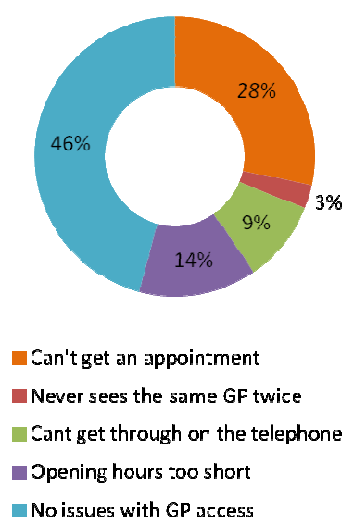


A significant proportion of patients felt that Urgent Care services, such as Walk-In Centres, the UCC and A&E, should be **used in emergencies only**.

However, a significant sub-set of patients indicated that they use Urgent Care services as their **main source of non-urgent Primary Care**, or as an alternative to the GP Out of Hours service.

## 3. Many patients use Urgent Care services because they have difficulty accessing their own GP

Chart showing proportion of respondents who have difficulty accessing GP services



Stakeholder feedback indicated strongly that many patients turn to Urgent Care services because they **have difficulty accessing services from their own GP**. Though patients demonstrate a clear preference for using GP services where possible, many feel unable to access the services they believe they require, and turn to Urgent Care as an alternative.

When asked to elaborate, patient responses included:

- *I go to the Walk-In Centre if I cannot get a next-day GP appointment;*
- *It is very difficult to get through to my GP on the phone;*
- *I work full time, so I can never get a GP appointment that is convenient for me;*
- *I never see the same GP twice;*
- *I find it difficult to get an appointment with my GP.*

## Why change is needed

### *Service duplication*

The range of services available provides Harrow residents with considerable freedom of choice, but it also has a number of drawbacks. Most significantly, analysis indicates that it would be **clinically more appropriate** for a significant proportion of the patients who currently use Urgent Care services to be treated by their own registered GP. This interpretation is borne out by the outcome of the stakeholder engagement exercise, which suggests that some patients are using Urgent Care services as a source of non-urgent Primary Care because they have limited access to GP services.

The use of Urgent Care as a source of non-urgent Primary Care has resulted in significant service duplication within Harrow's Primary Care Urgent Care system. Duplication on this scale has a number of negative **clinical and financial consequences** for Harrow:

- As a result of seeking treatment via an Urgent Care pathway, patients miss out on the **continuity of care** that local GPs are able to provide;
- NHS Harrow already funds GP practices through their GMS/ PMS contracts to provide urgent and non-urgent primary care services in the borough. As such, the treatment of non-urgent cases at Walk-In Centres is a clear example of where, in effect, **NHS Harrow pays for the same service twice**. In view of the current financial climate, this is clearly not a situation that can persist indefinitely.

### *Urgent Care Centre capacity*

A further limitation of the current system concerns the efficacy of the Urgent Care Centre. To date, this service has not had the impact on A&E attendance that was initially anticipated. It is true that, against a back-drop of rapidly increasing A&E attendance nationally, the UCC has contributed towards reducing the rate of growth at Northwick Park Hospital A&E. However, analysis indicates that much more could be achieved. The UCC is currently constrained by **limited space, curtailed opening hours and narrow clinical scope**. As a result, it is operating at well below its potential capacity.

## **Proposed changes**

After detailed analysis of the available data and a comprehensive programme of engagement with both patients, clinicians and the public, NHS Harrow proposes improvements to the Primary Care Urgent Care system in the borough, based on the following principles:

### **1. Walk-In Centres and UCC/A&E should be for urgent cases only**

Routine treatments like travel vaccinations, blood pressure tests, cervical smears and lifestyle advice will no longer be available at the Walk-In Centres or the UCC. Patients will be supported to see their own GP for this type of care.

### **2. Better access to GPs**

NHS Harrow will work with local GPs to ensure patients have appropriate access to services. This means making it easier to book appointments (by telephone and other channels), ensuring all GPs are open during core hours and ensuring that the right skills are available consistently.

### **3. UCC expanded to reduce pressure on A&E**

In practice, this means increasing capacity, lengthening opening hours and broadening the clinical scope of the service to ensure that it is able to treat a wider range of patients. It is anticipated that a significant proportion of current A&E activity could then be transferred across to the UCC, freeing up space for more serious cases, improving clinical outcomes for patients and reducing costs.

### **4. Access to Urgent Care consistent across Harrow**

The level of care a patient receives should be the same, irrespective of where they access the Primary Care Urgent Care system. This means asking providers to work together to develop consistent approaches to triage and care.

### **5. Value for money**

NHS Harrow will work with providers to ensure that the services delivered represent the best possible value for money.

Negotiations are ongoing to translate these principles into detailed proposals for each service. During this process, NHS Harrow will continue to ensure that patients, public and clinicians are actively engaged, and that their views are incorporated into the proposals taken forward.

The outcomes of the review will be taken to the **NHS Harrow Board on 28<sup>th</sup> July 2011** for a final decision on implementation.

## **Section 3 - Contact Details and Background Papers**

**Contact:** Thirza Sawtell, NHS Harrow Borough Director

**Background Papers:** None.