

Islington Patient Group meeting

Wednesday 13th June 2018, 6.15 to 7.45pm

Resource for London, 356 Holloway Road, London, N7 6PA

<http://www.healthwatchislington.co.uk/resources/islington-patient-group>

Update on Community Services

- At the November 2017 meeting participants had given feedback on a wide range of community-based health services. Following on from the meeting Healthwatch Islington took the survey out to further residents. On the whole, residents were satisfied with the services provided but found waits were both stressful, because of poor communication around what to expect and when, and in some cases impacted on their well-being.
- Healthwatch Islington contacted the service provider, Whittington Health and they are following up. Initially work has focussed on podiatry services, and now patients with an urgent need (for an appointment in 6 weeks of less) will be given their next appointment when they are seen. We will chase up what changes are being made for people who are not seen within six weeks.
- Deaf service users at the November meeting had raised concerns about lack of access to interpreting. Healthwatch Islington continues to raise this issue and the commissioners are also considering how to ensure these needs are met. All 'service specifications' for new services (this means an outline of what potential providers will need to provide) will now include a requirement to outline how they will provide interpreting support. Healthwatch will help to make sure this happens.

Presentation: Same day GP access

- **What does this cover?**
- **What are the options?**

Questions

1. How will you ensure there is access to video BSL interpreting for those who need it?
 - a. We will be considering the different options to incorporate into the specification.

HWI. The CCG have assured us that interpreting will be in every specification going forward and we will ensure this is not forgotten.

2. Services need to have a visual display in the waiting rooms, remember this when thinking about where this service will be based.
 - a. This is challenging but something we will need to work on.
3. Health visitors centre closed down, I was not informed of this. (deaf service user).
 - a. HWI to follow this up with the CCG
4. Pay attention to equality of access in both options (eg. Age, ethnicity, disability etc.)
 - a. People like to access appointments in different ways and the specification needs to reflect this. We might need to do some more work around this.
5. Please can you clarify the numbers of additional same day appointments for each option?
 - a. The Hub option - 72 same day appointments per day
 - b. The GP practice option - 2 to 5 same day appointments per week. Allocations would depend on the size of the practice.
6. If you spread the appointments over all GP practices would this be more difficult? Would they go too quickly or could patients access these appointments at another practice?
 - a. It would be much easier for the CCG to manage appointments if they are in fewer locations. But, GP's are starting to record all their appointments in a more measureable way. The opening hours are also more likely to be more flexible in the Hub option.
7. Would the locations for the Hub(s) use existing premises, would this option be more expensive? Who will staff such a service? Would it mean additional travelling for patients?
 - a. Currently there are 3 Hubs in Islington, these would not have to stay in the same location. Currently these are all based at existing GP practices and incur no additional cost). Extra travelling is difficult, so it would be something to weigh up.
8. What about unregistered patients?
 - a. The current Hub system does have a process for registering patients who use the service (this hasn't yet been used).
9. Have you done any work with Health Economists to research this stuff and find out overall how this would work?

- a. We have looked at similar models across England and consulted our finance team. We could consider this.
10. Currently there are 3 Hubs (as part of the iHub service) which offer GP appointments couldn't we have some A&E budget for this to offer more walk in appointments?
- a. We are thinking about ideas like this to ensure we spend this money in the best way.
11. How did you get this down to these two options? Did you consider keeping the service the same, or having more GPs in A&E?
- a. This is about a same day primary care service and the Hub model would look quite similar to the service staying the same.
12. Is the fact that the walk in is at a centre separate from people's usual GP which is important to them? (eg. Ensures a level of anonymity).
- a. We need to think about the balance of appointments reserved for walk in appointments and people could not give consent for their primary records to be accessed.

Comments

Halls of residents could be a good location for a Hub to be located, looking at the demographics of who uses the current walk-in centre.

Ritchie Street has never really been a walk in centre, because you get given an appointment.

Table discussion summary:

- Tables discussed how important it is to be able to access the appointments via a range of methods including telephone and online booking as well as walk-in booking.
- One table mentioned that it is important that you are able to choose or at least know the gender of your GP or nurse before you book a same day appointment.
- It was important that the locations of the 'Hubs' had been considered to make them easily accessible via public transport and easy to find for patients.
- One table highlighted that perhaps we should be asking why GP's don't have enough capacity to manage more same day appointments.
- It's important that patients are made aware of this same day appointment service no matter what form it takes.