

29/03/2020

Healthwatch Birmingham' Response: Birmingham and Solihull CCG's Review of Boots Walk-in Centre

Healthwatch Birmingham welcomes the opportunity to respond to Birmingham and Solihull CCGs *review of Boots Walk-in Centre*. Our key role is to make sure that patients, the public, service users, and carers (PPSuC) are at the heart of service improvement in health and social care.

We welcome that the CCG is reviewing this service to ensure that it is still meeting the needs of its population effectively. It is important that walk-in centres are safe, high-quality, easily accessible, appropriate, integrated and responsive.

Patient and Public Involvement

We are pleased to see that feedback gathered through this engagement will feed into decisions about the future of the centre. We note that the feedback from this engagement, alongside other sources of data, will inform the options on the future of the service which might then go out to a public consultation. It is therefore very important to Healthwatch Birmingham that the CCGs engagement plan is effective in engaging with various stakeholders, patients, the public and carers.

We are pleased to see that the CCG has made available different routes for service users, members of the public and stakeholders to engage and share their views. We note that there are various ways people can give their feedback including face-to-face, over the phone and online. We would like to read in the review report the range of people that the CCG was able to reach through these methods. This will make clear how the feedback collected has influenced the options that the CCG will adopt or consult on following this review. This also increases confidence amongst service users that their views are taken into consideration in the development of proposals and makes them feel part of the decision-making process.

A key concern for Healthwatch Birmingham is the time period for the review. We note that the CCG has had to cancel plans for some face-to-face engagement due to the situation with COVID-19. In addition, we can assume that people's attention has been overtaken by concerns about the virus. Therefore, this might have impacted the numbers and diversity of people engaged. We welcome that the CCG outlined on your website alternative ways of engaging to address some of the issues brought about by COVID-19. We would like to read in the report how the situation has impacted the CCG's engagement plans, the solutions developed and the numbers of people engaged following the implementation of these solutions.

Key issues that the CCG should consider

We understand that the CCG has not made a decision about the future of Boots Walk-in-centre. However, should the CCG decide to either:

- Continue to commission Boots WiC; or

29/03/2020

- Expand the service to meet NHS Guidance or ensure better integration with other services; or
- relocate or reconfigure the service; or
- close the service and enhance provision through pharmacies or by procuring additional services from GP practices

then there are some issues that the CCG needs to consider when deciding on options for the future of the service.

Generally, some of the feedback that Healthwatch Birmingham receives from patients and the public on their experience of accessing walk-in centres have been positive. Particularly highlighted has been the understanding, care and compassion of staff.

I was seen very quickly by a nurse practitioner. She was very friendly, reassuring and efficient. Was going to give me one treatment, but after examining me thoroughly and listening to my symptoms, gave me a more suitable treatment. Asked about how I was generally, as well as about the problem I came in for, and treated me like a human being. Made such a difference to be treated with compassion.

they are well aware of my special needs

the nurse was nice and easy to talk to, she showed genuine care and attention not just for my foot but to other problems I was experiencing, I wish all nurses could be like this one today, sometimes when people are in distress all they need is to feel that someone has listened and showed care, because it makes all the difference to people who are anxious.

I am really happy with the walk in. I was seen on time and were good staff. I had an emergency and they saw me on the day

Some of the feedback has also highlighted issues that service users face when they access walk in centres as indicated in the experiences below:

Long waits in the afternoon. Need more doctors. Always one or two hours to be seen. Lots of people especially on Saturday and Sunday.

The waiting times are long, first thing in the morning is best.

Upon arrival, the waiting rooms were crammed with people, several were standing and more were waiting in the exit lobby. I was informed by the reception staff that the wait would be in excess of 2 hours. I asked if there was any system of triage as my daughter was feeling extremely unwell at the time and was unable to sit down due to the lack of space - as there was no way of avoiding a 2 hour + wait, I made the difficult decision to leave. The building was over heated, patients were having to sit too close to each other and I estimated that it may have been an hour before a chair became available.

29/03/2020

Some service users have told us that they are more likely to use a walk-in centre over attending A&E or trying to get an appointment with a GP. For some, it is the inability to get a GP appointment that leads them to attend a walk-in centre.

Good as can get appointments at the weekend. Rather than sitting in A&E for hours.

Had to access walk in clinic. GP booked up weeks in advance.

As my regular GP, could only offer me a telephone consultation with a nurse on the following day my husband took me to the nearest walk in centre.

Went to the Urgent Care Centre as I had a worsening problem and couldn't get in to see my GP

Walk-in centre in very convenient. Sometimes better than my GP as the GP is very crowded most of the time. Late time appointment is available and not very crowded, so very good

Healthwatch Birmingham believes that walk-in centres continue to play a critical role in meeting the health needs of those who access it. Therefore, the CCG needs to consider the following issues in whatever decision the CCG makes.

1. What is the potential impact of closure or relocation on service users?

Any plans for closure, relocation or changes to the services could potentially impact some groups that access the service leading to inequality. A BMG Research report¹ into walk-in centres in Birmingham found that the Boots walk-in centre serves a young population, a majority of whom are female. It also serves a high percentage of black and Asian communities.

Although, the 45% of the 40,000 service users who attended the service in 2019 were registered with a GP in Solihull and Birmingham; and 30% in the Black Country, 15% were not registered with a GP. Possibly, this grouping might include people who find it difficult to access GP services or indeed register with a GP. These could be asylum seekers, travellers, homeless people, refugees etc. How will decisions about the future of the service impact access for people who are not registered with a GP?

The diversity of Birmingham presents challenges that need to be considered in the development of future options for the service. Birmingham has one of the highest populations with more than 1 million residents. There are over a hundred different languages spoken in Birmingham. Some areas of the city are mainly (at least 80%) populated by residents from Black, Asian and Minority Ethnic groups. More than half of Birmingham's population is under the age of thirty. Forty-six percent of Birmingham's population live in the 10% of most deprived areas in England, which accounts for some very poor health outcomes. The city has a level of homelessness that is more than three times the national average, long-term unemployment two and a half times higher, and one in three children live in poverty. One in four people live with a mental health condition that started in childhood. There is a prosperity gap of 10 years between the most affluent and least affluent people living in Birmingham.

¹ Report link: <https://www.birminghamandsolihullccg.nhs.uk/about-us/publications/get-involved/consultations-and-engagement/urgent-care/144-2013-01-30-wic-ucc-final/file>

It is therefore important that the CCG's needs assessment should go beyond the information gathered in this survey to include other data (i.e. Joint Strategic Needs Assessment) in order to develop a clear understanding of the health needs and the role of the service in meeting these needs.

2. The CCG should consider the extent to which the service helps resolve some of the issues that Healthwatch Birmingham hears about in relation to access to GP services. One of the main reasons people cite for accessing a walk-in centre is failure to get a GP appointment and the inability to access the GP at the weekend or out of hours.

Over the past year (April 2019 to the present) people have told us about increasingly long waiting times, poor quality of examination by GPs mostly due to time constraints which in turn reduces the time the GP can spend with the patient, poor assessments and long waiting times for referrals, inability to book appointments due to high demand and a reduction in opening hours of some practices.

It is therefore important that should one of the options be to close the service, for instance, then the CCG should look into making sure that concerns many patients raise about GP access are addressed. This includes issues patients face when using digital means to access services. As noted below:

- *Never get an appointment. Receptionist are rude with attitude along with doctors who don't care. Everything online, I am finding it complicated, how you are supposed to get an OAP to logon.... With no computer or Internet?*
- *It's incredibly difficult to get through on the phone to request an appointment. The phone line goes from being closed to a statement about the queue being full, goodbye, and it automatically hangs up on you, in seconds at opening time. You end up dialling multiple times to even get in the queue to be on hold to speak to a receptionist, which is very frustrating. They clearly need a phone system that offers much more capacity for callers. I've also experienced the system automatically hanging up on me if I've been in the queue for more than 15 minutes without speaking to someone!*
- *The online appointment system used to work well, but they are switching systems so it's been down for weeks, making the only option to get an appointment fighting to get in the queue on the phone!*
- *They used to offer telephone consultations with a Dr, so if you couldn't get an appointment you'd been assessed on the phone, but the receptionists don't offer you this option anymore. I rang recently to ask for a telephone appointment and was told to ring 111 or go to a walk in centre. Very unhelpful and offered no continuity of care.*

There are also some issues concerning the readiness of community pharmacies providing care for minor issues, as highlighted by the feedback below:

I took my daughter back home after this, called 111 and was advised to attend the pharmacist (on the understanding that he would be able to prescribe). We attended at 3.40, he was very helpful but unable to prescribe and he escalated her case back to 111 for further assessment. I was called back by 111 who reassessed her and eventually advised attendance at another walk in centre. She was eventually seen at 5.20 pm and prescribed antibiotics.

29/03/2020

they don't give you appointments with GP, to my surprise they send you to healthcare assistant or community pharmacist for minor health issues. Which is rubbish they don't know anything and its waste of time & effort

Staff are very friendly pharmacy are very knowledgeable I always talk to pharmacist before GP. Staff do seem stressed at times due to poor management on rota I think as there needs to be more staff on pharmacy

3. The CCG also needs to consider whether some of the concerns with walk-in centres as regards to meeting NHS guidance on opening times, and addressing issues around integration with other services could potentially be resolved through service specifications when commissioning services.

We are pleased that the CCG is carrying out this exercise and decisions made regarding the future of this service will be one that best meets their needs

Yours Sincerely,



Chipiliro Kalebe-Nyamongo
Research and Policy Manager



Andy Cave
Chief Executive Office