

Lambeth CCG Walk-In Centre Review

Summary

This paper details our review of GP access services in Lambeth. It looks at options the CCG has been considering and our preferred option that we are minded to take forward.

The Walk in Centre at Gracefield Gardens, Streatham, has been in operation since 2009 and currently has separate weekday and weekend providers, however, the patients that use this service are mainly registered with practices in the south west of Lambeth. In 2015, NHS Lambeth Clinical Commissioning Group (CCG) also commissioned the GP Federations to provide extended GP Access Hubs which provide some overlap with the Walk in Centre. SELDOC, the provider which provides weekend appointments at the Walk in Centre, has given notice that it will stop providing the service from 31 March 2017. Therefore, this is an opportune time to review our GP access services.

Current national guidance says commissioners such as CCGs should consider whether GP access services can be delivered in a more joined up way. The London Transforming Primary Care Strategic Commissioning Framework recommends that access to GP services 12 hours a day, seven days a week, should be delivered by groups of practices working together. Recently commissioned Walk in Centres are staffed by both GPs and experienced nurses and provide access to GP services for registered and unregistered patients. In 2014, NHS Southwark CCG closed its walk in service and replaced it with a new service providing same or next day appointments with access through GP practices.

A review of current services in Lambeth, including the Walk in Centre, the GP Diversion Scheme, GP Access Hubs and walk in centres in adjacent boroughs, has been undertaken and has looked at how these services are used and how much they cost. We've also talked with patients using the Walk in Centre and GP Diversion Scheme.

This showed:

- The Walk in Centre mainly serves patients registered in the south west of Lambeth, in particular those registered at practices located south of Brixton Hill, and practices in the south west of the south east part of Lambeth, eg. those within 1.5 miles of Gracefield Gardens.
- The number of patients using the Walk in Centre has reduced since the opening of the GP Access Hubs. The greatest impact on attendances at the Walk in Centre has been from those patients living in south east Lambeth. This suggests that the impact was greatest where patients had access to an alternative service, closer to home.
- Weekend use of the Walk in Centre is approximately 50 per cent higher on Saturdays compared with Sundays.
- 77 per cent of patients attend the Walk in Centre for a wide range of minor medical problems which would normally be dealt with by self care or by consulting a GP or nurse practitioner.

- Patient engagement supported the picture that the Walk in Centre is being used by practices in south west Lambeth. The majority of Walk in Centre patients are in their 20s to 40s and 62 per cent of these lived in the south west of the borough. This rose to 77 per cent at weekends. Prior to their arrival at the Walk in Centre, over 50 per cent of patients had first tried to get an appointment with their GP. This figure was slightly higher at the weekend. Forty per cent of these were then sent to the Walk in Centre by their GP practice and almost all of these were from practices in the south west of Lambeth.
- The uptake of GP Access Hub appointments at weekends is much lower than during the week. This could be due to too many appointments being provided or because it is difficult for patients to be directed to the hubs at weekends, particularly for emergency appointments.

The review identified that the GP Diversion Scheme was established to support St Thomas's Hospital to achieve their four hour wait target rather than to support GP access. Work has taken place to help Lambeth patients attending St Thomas who can more appropriately be seen by a GP to use the GP Access Hubs rather than the GP Diversion Scheme arrangements at Waterloo Health Centre. It is therefore suggested that the GP Diversion Scheme should be considered separately from the review of GP access services and any decisions on its future should be based purely on its contribution to the A&E four hour target.

Four options have been considered as part of our review:

1. Continuing to provide GP Access Hubs and using the Walk in Centre for weekday appointments only
2. Continuing to provide GP Access Hubs and reprocurring the Walk in Centre weekend service
3. Continuing to provide GP Access Hubs and reprocurring both weekday and weekend services at the Walk in Centre through one provider organisation
4. Discontinuing the Walk in Centre and increasing the use of the GP Access Hubs.

To assess the availability of appointments for each of the four options, we looked at the number of people using the services for August and September 2016. This is the period covering the current services since the GP Access Hubs were reduced from four to three on 1 August 2016. We worked out the number of appointments needed based on the number of Lambeth patients currently accessing the Walk in Centre and GP Access Hubs. This also included Lambeth patients who weren't registered with a GP. Mapping the daily need against the number of appointments available under each of the options showed any of the options could be taken forward without the need to provide additional appointments at either the Walk in Centre or GP Access Hubs. However, it is suggested that consideration should also be given to opening the hubs from 11am Monday to Friday, under Option 4 in order to maintain the same opening time as the Walk in Centre.

We have analysed the benefits and opportunities, and disbenefits and risks of each option. We've also looked at the costs of each option.

As a result of this analysis, the CCG's preferred option is Option 4. This means the CCG is minded to close the Walk in Centre and increase the use of the GP Access Hubs.

Introduction

This paper details the review that has been undertaken into current GP access services and provides an option appraisal with a recommended option to take forward.

Reasons for change

There are a number of issues with the current set up of GP access services:

- SELDOC, the weekend Walk in Centre provider, has given notice on the weekend service as they do not believe that it is financially viable to continue on the current terms and they will cease to provide the service from 31 March 2017.
- In 2015, NHS Lambeth CCG commissioned the GP Federations to provide extended access hubs delivering a seven -day GP service access between the hours of 12 noon and 8pm during the week and 8am-8pm at weekends and on public holidays. There is unused capacity within the GP Access Hubs and the uptake of appointments at weekends is significantly lower than during the week, particularly on Sundays and bank holidays.
- There are issues with equal access to the current Walk in Centre as it is located in the south of the borough and the patients that use it are mainly registered with practices in the south west of Lambeth.

These issues suggest that there is potential for improvement in the commissioning of GP access services in order to:

- Remove overlap in the care provided by current services
- Achieve a more equal distribution of services
- Gain better value for money for the residents of Lambeth.

What this review set out to do and how

This report is a review of current GP access services. This includes the Gracefield Gardens NHS Walk in Centre (both weekday and weekend services), the Accident and Emergency (A&E) GP Diversion Scheme that operates from Waterloo Health Centre and the recently commissioned GP Access Hubs.

The method we have used to produce the report included:

- A review of national policy and relevant recent initiatives
- A review of current and previous documentation relating to the three services
- Analysis of the use and costs for the Walk in Centre, the GP Diversion Scheme and GP Access Hubs
- Interviews with key stakeholders to identify issues with current services and potential improvements
- Focused patient engagement with patients at the Walk in Centre and at the Waterloo Health Centre to understand why they have accessed these services and the barriers to using their GP
- Comparing data on costs and how the services are used with information gathered from patients to develop potential options
- Identifying critical success factors for a future service
- Development of options and an options appraisal

- Engagement with patients to discuss potential options and generate feedback
- Modelling the potential activity and financial impact of each option
- Identifying a preferred option together with associated risks
- Identifying potential next steps.

Background

National context

Prime Minister's Challenge Fund

In early October 2013, the Prime Minister announced a proposal to introduce seven day 8am-8pm GP access to "help thousands who struggle to find GP appointments that fit in with their family and work life". Under the proposal, at least nine GP groups would operate pilots to provide extended and flexible access with a £50 million fund being set up for support for the pilots. In Lambeth, this funding was used to set up the GP Access Hubs in 2015.

Monitor Walk in Centre Review

In February 2014, Monitor produced a report entitled *Walk-in centre review: final report and recommendations* which reviewed the provision of walk in centres in England. More than 230 walk in centres had been opened in England between 2000 and 2010, including nurse led centres. The reasons for opening walk in centres included: improving access to GP services, particularly for groups such as commuters, the homeless, tourists and travellers; modernisation to make services, through location and extended hours including weekends, more responsive to patients' lifestyles; and offering more choice to patients. However, while walk in centres were largely established under national initiatives, local commissioners often tailored the centres to reflect local needs and priorities. As a result, many key features of walk in centres, such as where they are sited, opening hours, skill-mix of staff, the range of services provided, and how they work alongside other health and social care services, vary by walk in centre.

Between 2010 and 2014 over 50 walk in centres closed so Monitor decided to review the provision of walk in centre services in England in order to understand:

- Why walk in centres were closing
- The potential impact of closures on patients
- Whether commissioning arrangements and practices related to walk in centres were working in patients' interests
- Whether payment mechanisms for walk in centres and GP services were generating benefits for patients.

The report found that where walk in centres were closing, commissioners often had concerns that the centres were generating extra demand for services; that they led to duplication because some patients used them in addition to other services for the same problems; and that they caused confusion among patients about where to go for care. Commissioners also commonly said they felt they were "paying twice" for patients who attend walk in centres. This was because most patients attending a walk in centre are registered with a GP practice elsewhere that is already being paid to provide GP services under the current payment system. Unequal access to the walk in centres was also identified as a reason for closure as centres were mostly used by people who lived close by, rather than by groups from areas of high deprivation or those with significant health need.

It was found that people routinely reported difficulties, and perceived difficulties, in getting an appointment with their GP practice or being seen at a convenient time as a reason for attending walk in centres. In some cases, walk in centre closures could affect access to GP appointments in a negative way for some patients by making it more difficult for them to access GP services where they already have problems with access to local GP practices; and limiting the ability of GP services to reach particular groups of people who find it difficult to use GP services.

In terms of payment, the report found that the current payment arrangements do not encourage GP practices to improve the quality and efficiency of their services so that their patients are more likely to choose the GP's services rather than a walk in centre. Walk in services generally are paid for by each attendance or through a block contract, although demand, in many cases, has exceeded contract targets.

The report identified that:

- Younger people are the main users of the Walk in Centre, with people between 16 and 45 years attending more than other age groups
- There are slightly higher proportions of women attending compared to men at most centres
- People from lower socio-economic groups tend to be the most common users of walk in centres
- Populations served often depend on locations.

Patterns of walk in attendances by time of day and week varied by walk in centre but most reported that Mondays or Saturdays were their busiest days.

A number of factors that commissioners should consider when deciding whether to continue to offer walk in centre services were identified in the report, including considering whether services can be delivered in a more joined up way. The report also suggested that commissioners work with any GP practices that have a high number of patients using a walk in centre to identify and correct any access or other problems.

NHS Five Year Forward View

The *NHS Five Year Forward View*, published by NHS England in October 2014, identified a need for evening and weekend access to GPs or nurses working from community bases and equipped to provide a much greater range of tests and treatments.

Better Health for London

Also in October 2014, the London Health Commission launched *Better Health for London* which included an aspiration to ensure that every Londoner is able to see a GP when they need to and at a time that suits them and an ambition to transform general practice in London by 2020 so Londoners have access to their GP teams from 8am-8pm. There was a recommendation that NHS England and CCGs should promote and support GPs working in groups to reduce professional isolation, to provide a wider range of services and to provide more appointments at more convenient times.

The *London Transforming Primary Care Strategic Commissioning Framework* was published in March 2015. The framework describes 17 ways to deliver accessible, proactive and coordinated care. The framework sets out a new patient offer. This includes accessible care – providing a personalised, responsive, timely and accessible service. The framework notes that:

- Patients who cannot access their practice because it is closed or they are unable to get an appointment are more likely to attend A&E with issues that their GP could have resolved
- Less than half of patients wanting an appointment in London are seen by the next working day
- For many patients, access to weekend and evening appointments is limited
- Often patients concerned about a new health problem want to be seen as quickly as possible but are less concerned about who they see.

The framework therefore recommends that:

- All patients should be able to access a consultation with a GP or senior nurse from their own practice on the same day during routine opening hours and on Saturday mornings
- Patients should be able to access a primary care health professional (GP services) seven days a week, 12 hours a day in their local area, including for emergency appointments. It is suggested that this service should be delivered by groups of practices working together. In most cases a larger practice in the local community would take the lead to provide this service on behalf of other practices
- Practices should have systems in place and skilled staff to ensure that patients with urgent or emergency needs are effectively identified and responded to in the right way.

Implications

Reviews and initiatives relating to walk in centres specifically and GP services more generally suggest a number of things that should be addressed when reviewing GP access services:

- There should be a clear route to using the services so that patients do not access a number of services for the same problem
- GP access services should be available seven days a week, 12 hours a day in a patient's local area
- GP access services should reach particular groups of people who find it difficult to engage with the traditional model of GP services
- Unequal access should be avoided particularly for groups from areas of high deprivation or those with significant health need
- Payment should reduce or remove double payments and strengthen incentives for GP practices to improve the quality and efficiency of their services so that their patients are more likely to choose the GP's services rather than a walk in centre
- The CCG should work with any GP practices that have a high number of patients using a walk in centre to identify and correct any access or other problems.

Local context

GP access services in Lambeth have developed gradually and not necessarily through taking a system wide approach. Of the current services, the Walk in Centre was developed first as part of the Polyclinic that was established in 2009 at Gracefield Gardens in Streatham. This seven day a week service is now delivered by two providers, one providing a weekday service and the other weekends. The Walk in Centre sees both Lambeth and patients from out of the area.

In 2012, an A&E GP Diversion Scheme was started at two practices in the borough: Waterloo Health Centre and Lambeth Walk. The aim of this service was to relieve pressure on the A&E department at St Thomas' Hospital by screening out patients who could more appropriately be seen by a GP or practice based nurse. A review of the service in 2013/14 identified the service wasn't being used enough at Lambeth Walk and the scheme was subsequently amended to one location, Waterloo

Health Centre, in 2014/15. The GP Diversion Scheme deals with both Lambeth and out of area patients; however, the A&E department at St Thomas' Hospital does try to divert only out of area patients into this service, sending Lambeth patients to the GP Access Hubs where possible.

In 2015, NHS Lambeth CCG, utilising funding from the Prime Minister's Challenge Fund, commissioned the borough's GP Federations to provide extended GP Access Hubs delivering additional access to GP services seven days a week. The GP Access Hubs opened in October 2015. Developed primarily to relieve pressure on GP services, the hubs will only see Lambeth patients and as a consequence, while the A&E department at St Thomas' Hospital does try to send Lambeth patients whose needs could more appropriately be seen by GP services to the hubs, the Federations are not willing to see out of area patients from the GP Diversion Scheme.

In the summer of 2016, SELDOC, the weekend Walk in Centre provider, gave notice that it would stop providing this service. As a consequence, NHS Lambeth CCG decided this was the right time to review the Walk in Centre service in the context of other, similar services that have been developed since the Walk in Centre first opened. It was therefore decided to give notice to the provider of weekday Walk in Centre services to open up the possibility of re-commissioning these services.

Recently commissioned services

In the last year procurements have been run to re-commission a number of walk in centres, including those in Harrow, Portsmouth and Norwich. Common features of these walk in centres include:

- Experienced GPs and practitioners lead the walk in centres, but they are staffed by both GPs and experienced nurses
- The walk in centres provide access to GP services for registered and unregistered patients without the need for a booked appointment
- Extended hours - generally between 8am and 8pm, seven days a week
- Services joined up with current GP services, including urgent care and available extended hours services (as well as social care, voluntary and community resources).

In late 2014, NHS Southwark CCG closed its walk in service at the Lister Primary Care Centre and replaced it with a new service providing same or next day appointments, 8am to 8pm, seven days a week, in order to make GP practices the first port of call. Access was through GP practices in order to support people to more easily and quickly find the service that would be right for them. This service also ran from the Lister Centre. Unregistered patients could also use the service by contacting a nearby practice who would help them to register.

Current service review

Walk in Centre

Overview

In 2008/09, Primary Care Trusts were asked by the Department of Health to commission at least one GP health centre in their area that would be open 8am-8pm, seven days a week. The Walk in Centre service at Gracefield Gardens was established in 2009, initially as a weekday service, as part of the then Polyclinic model. The service is currently delivered by AT Medics (Streatham High Practice) on weekdays when it is open from 11am to 8pm for appointments and by SELDOC at weekends when it is open from 8am to 8pm. SELDOC has given notice on the weekend service and will cease to provide the service from 31 March 2017. NHS Lambeth CCG has given notice to AT Medics on the weekday service.

Reviews of the weekday and weekend walk in service at Gracefield Gardens were undertaken in 2012 and 2014. Following the 2012 review, funding for the weekday service was reduced to the current level.

Use

The Walk in Centre has seen a steady increase in use during the week since it was established in 2009, rising by 50 per cent between 2010 and 2016, although the increase was only 10 per cent from 2013 to 2016. For the weekend service there was an increase in use of 34 per cent between 2013/14 and 2015/16. Attendances during the year 2015/16, the last full year, for the weekday service (not including patients from Streatham High Practice) are shown in the table below:

Weekday Service 15-16			
Month	Days	Attendances	Average/Day
April	20	1715	86
May	19	1451	76
June	22	1656	75
July	23	1666	72
August	20	1431	72
September	22	1636	74
October	22	1567	71
November	21	1463	70
December	21	1415	67
January	20	1463	73
February	21	1647	78
March	21	1680	80
Total	252	18790	75

Data is available for the first six months of 2016/17. Attendances for this period are shown in the table below together with the reduction in attendance in comparison to the comparable period in 2015/16:

Weekday Service 16-17				
Month	Days	Attendances	Average/Day	Reduction
April	21	1363	65	24 %
May	20	1276	64	16 %
June	22	1342	61	19 %
July	21	1312	62	14 %
August	22	1331	61	15 %
September	22	1394	63	15 %
Total	128	8018	63	16 %

It is clear that there has been a reduction in weekday attendances at the Walk in Centre since the opening of the GP Access Hubs.

Weekend service data at this level of detail is only currently available for December 2015 to September 2016. Weekend attendances, broken down into Saturdays, Sundays and bank holidays are shown in the table below:

Weekend Service									
Month	Saturday			Sunday			Bank Holidays		
	Days	Attendance	Average /Day	Days	Attendance	Average /Day	Days	Attendance	Average /Day
2015-16									
December	4	356	89	4	257	64	2	97	49
January	5	492	98	5	312	62	1	50	50
February	4	392	98	4	285	71			
March	4	389	97	4	251	63	2	183	92
15-16 Total	17	1629	96	17	1105	65	5	330	66
2016-17									
April	5	461	92	4	218	55	0	0	
May	4	357	89	5	302	60	2	173	87
June	4	357	89	4	249	62			
July	5	402	80	5	274	55			
August	4	304	76	4	240	60	1	76	76
September	4	339	85	4	231	58			
16-17 Total	26	2220	85	26	1514	58	3	249	83
10 Months Total	43	3849	90	43	2619	61	8	579	72

The provider of the service at weekends does not believe that the opening of the hubs has had a significant impact on activity at the Walk in Centre at weekends and on bank holidays. Earlier data does not exist to do a full year on year comparison; however, it could be argued that given the weekday data in April 2015 was a yearly high, the fact that in April 2016 the weekend data was lower than previous months suggests a general reduction in attendances at the weekends, to mirror what has happened with the weekday service. It would be a reasonable assumption that this reduction in the use of the Walk in Centre is as a consequence of the opening of the GP Access Hubs.

Attendances during 2015/16 can also be identified by CCG and a breakdown of this, including percentage figures for those patients with CCG identifiable data, is in the table below:

CCG	Weekday	Weekend	Total	Percentage
Lambeth	13772	5838	19610	76.39 %
Croydon	1598	500	2098	8.17 %
Wandsworth	974	447	1421	5.54 %
Merton	707	238	945	3.68 %
Southwark	393	155	548	2.13 %
Lewisham	146	80	226	0.88 %
Bromley	83	21	104	0.41 %
Sutton	44	12	56	0.22 %
Greenwich	45	10	55	0.21 %
Other London	311	99	410	1.60 %
Other	5	192	197	0.77 %

Lambeth patients make up 75 per cent of the people seen at the Walk in Centre and there is evidence of high numbers of patients using the service from certain practices.

In order to assess any changes in patterns of use of the Walk in Centre by GP practice since the opening of the GP Access Hubs, a comparison of the weekday data for months one to five of 2015/16 and 2016/17 has also been made.

Overall, across Lambeth GP practices, there has been a 21 per cent reduction in the use of the Walk in Centre by registered patients. While, there has been an increase in use by patients from north Lambeth, it is considered that given the relatively low numbers of patients from the north using the Walk in Centre, this is not statistically significant. In the south west of the borough, there has been a 19 per cent reduction in use of the Walk in Centre; however, the most significant reduction (32 per cent) has been seen in the south east of Lambeth, particularly as those practices in this area which have increased use are again those with low use in the first place.

The data suggests a number of things:

- The Walk in Centre mainly serves patients registered in the south west of Lambeth, in particular those registered at practices located south from Brixton Hill, and practices in the south west part of south east Lambeth, eg those within 1.5 miles of Gracefield Gardens. This is demonstrated in the table below which also shows that this imbalance is even more pronounced at the weekends:

Locality	Annual Attendance per 1000 Patients (Weekday)	Annual Attendance per 1000 Patients (Weekend)
North	4	3
South East	17	9
South West	40	26
Total	25	16

- Use of the Walk in Centre has reduced since the opening of the GP Access Hubs with the greatest impact on attendances at the Walk in Centre being seen in the south east of the

borough. The impact in north Lambeth, where low numbers attended the Walk in Centre anyway, was negligible and while a reduction was seen in the south west of the borough, this was less than the south east. This suggests that the impact was greatest where patients had access to a new service closer to home. While this offer was available in south west Lambeth, ease of access to the Walk in Centre made it less likely that behavioural change would be achieved.

- Weekend use of the Walk in Centre is approximately 50 per cent higher on a Saturday compared with Sunday (the December Saturday figure appears to have been skewed by 26 December falling on a Saturday and attendances being significantly lower than any other Saturday).
- Weekday attendances are running consistently above the budgeted level even since the GP Access Hubs have opened. Therefore, it is unrealistic to expect annual costs to remain within the current budget.

Clinical review

The reviews of the weekday and weekend Walk in Centre which were undertaken in 2014 included an audit of approximately 50 sets of patient notes.

It was identified that for the weekday service, 77 per cent of patients attended for a wide range of acute minor medical problems which would normally be dealt with by self care or by consulting a GP or nurse practitioner. There were many infections including upper respiratory tract, chickenpox, cystitis, conjunctivitis; aches and pains and sprains; skin conditions and occasional minor trauma and burns. Small numbers of patients attended for medication related problems (most frequently request for repeat medications), ongoing conditions and potentially serious conditions which were transferred to A&E.

The mix of cases was very similar at the weekend. In terms of patient treatment:

- Treatment was completed at the Walk in Centre for 90 per cent of patients
- Seven per cent of patients were referred back to their GP
- Two per cent of patients were advised to attend A&E
- One per cent of patients attended for a repeat prescription.

A clinical audit has not been undertaken for this review; however, it is not believed that the case mix has altered substantially, with approximately three quarters of patients attending for a wide range of minor medical problems.

Patient views

Interviews were conducted with 61 users of the Walk in Centre of which 31 took place during the week and 30 at the weekend. Two thirds of the patients were female (slightly higher at the weekend) and ethnicity was mainly white, black or mixed. Only five per cent were Asian; however, the ethnicity of patients was broadly in line with representation in the Lambeth population. Patients also tended to be from the younger age groups with only small numbers in their 50s or above. The most common age group was the 20s.

We found 62 per cent of patients lived in south west Lambeth. This rose to 77 per cent at the weekends. Patients from outside of Lambeth were the next highest grouping at 21 per cent across the whole week although there were less at the weekend. About 15 per cent of patients came from the south east of Lambeth, a figure that remained constant across the week, but only one patient was from north Lambeth. Research showed 89 per cent of patients were registered with a GP and of

these, 54 per cent were with a south west Lambeth practice and 33 per cent were with an out of borough GP. Of these, over 50 per cent had moved to Lambeth but had not registered with a GP locally; although, many had tried to do so on the day of their visit to the Walk in Centre.

Before their arrival at the Walk in Centre, over 50 per cent of patients had tried to get an appointment with their GP first. This was slightly higher at the weekend (patients who had either telephoned their GP practice and got an out of hours message or had not tried on this occasion because they believed it would be closed). Nearly 40 per cent had not tried anywhere else before arriving at the Walk in Centre with very small numbers having approached NHS 111, A&E, an out of hours service or a pharmacy. Of those who gave a response to the question of why they had come to the Walk in Centre rather than their GP (53), over 50 per cent said that they could not get an appointment; 40 per cent of these were then sent to the Walk in Centre by their GP practice, with almost all of these coming from south west Lambeth practices.

Patients were also asked where they might have gone if the Walk in Centre was not available as an option. Thirty per cent said they would have gone to A&E, while 25 per cent said they would have used another Walk in Centre and 23 per cent said they would have gone back to their GP. The remainder indicated NHS 111, a pharmacy or the out of hours service while 8 per cent did not know and 7 per cent would not have gone anywhere else.

Patient engagement reinforced the picture that was highlighted in the review of data about use in that the Walk in Centre is being mainly used by patients registered with practices in the south west of Lambeth, most notably at the weekends. Many patients were turning to the Walk in Centre at the weekend because they believed that their practice would either be shut or they would not be able to get an appointment and as such were not afforded the opportunity of a GP Access Hub appointment. However, a significant number of patients (18 per cent) were also being sent to the Walk in Centre by their GP practice, suggesting that some practices are not using the hubs as the first port of call when the practice has no appointments available.

GP Diversion Scheme

Overview

The GP Diversion Scheme, which diverts patients from St Thomas' Hospital to the nearby Waterloo Health Centre, was established to support the trust with achievement of their four hour target by streaming out clinically appropriate patients with primary care needs to a safe alternative service rather than supporting primary care access. Fourteen appointments are available per day, Monday to Friday, between the hours of 10am and 6pm. Initially, for patients whose needs could be met by GP services, a PALS member of staff will contact the patient's registered GP practice to try and secure a same day appointment. Another service also operates within the A&E department for unregistered patients. These patients are helped to register with a GP practice close to where they live.

Since the opening of GP Access Hubs in Lambeth in 2015, patients are given a choice as to whether they would like to be seen at a hub or at the Waterloo Health Centre. St Thomas' Hospital endeavours to stream Lambeth registered patients to the hubs, reserving appointments at Waterloo Health Centre for non-Lambeth patients.

Use

Use of the GP Diversion Scheme for 2015/16 is shown in the table overleaf:

2015-16	Month Total Available	DNA	Used	Total Redirected	per cent Utilised
April	264	29	152	181	58 %
May	252	25	128	153	51 %
June	264	51	154	205	58 %
July	276	32	168	200	61 %
August	240	30	152	182	63 %
September	264	25	155	180	59 %
October	264	24	171	195	65 %
November	252	9	180	189	71 %
December	252	33	155	188	62 %
January	240	17	178	195	74 %
February	252	51	175	226	69 %
March	252	42	195	237	77 %
Total	3072	368	1963	2331	64 %

Data for 2016/17 was only available up to July; however, this shows an increase in use of 12 per cent compared to the same period in 2015/16.

GP practice data for patients attending Waterloo Health Centre through the GP Diversion Scheme is not collected so it is not possible to identify whether there is a pattern of Lambeth patients from particular GP practices attending A&E and then Waterloo Health Centre.

Patient views

Given that there is an average of only eight to nine patients per day who are redirected under the GP Diversion Scheme and arrival times cannot be predicted, it was not viable to conduct patient interviews face to face. Therefore, a questionnaire was produced which was handed to patients by reception staff. A total of 44 questionnaires were completed by patients.

The majority of patients were in the 20s to 50s range with very few older or younger patients. It was also notable that ethnicity was mainly white (61 per cent).

A total of 77 per cent of these patients lived outside the London Borough of Lambeth. Eighty per cent of patients were registered with a GP practice and only 16 per cent of patients were registered with a Lambeth GP practice (seven patients); four from the north of Lambeth, two from the south west and one from the south east. Of these seven patients, five had tried to get an appointment with their GP and three had been told they would have to wait for an appointment so had gone to A&E while two said that their call had not been answered. Another felt that they would be unlikely to get an appointment so had telephoned NHS 111 and been advised to go to A&E. One person felt that A&E was most appropriate for their needs so had gone straight there.

Across the whole group of 44 patients, 43 per cent had tried to get a GP appointment before going to A&E, nine per cent tried NHS Direct and a similar proportion tried NHS 111. Seven per cent of

patients called an out of hours service, while 41 per cent did not try to access any other services before going to A&E.

Of those patients who tried other services first, 50 per cent were offered a GP appointment but not within a timeframe that they felt was acceptable. A quarter were advised to attend A&E and the remainder were advised to go to either a Walk in Centre or Waterloo Health Centre.

Those patients who said that they had not contacted their GP were asked why not. Of these, 42 per cent said that their GP was not nearby, 16 per cent felt that they needed A&E, 16 per cent were not registered with a GP, 11 per cent did not think that they would get an appointment and 11 per cent said that it was outside of their surgery's normal opening hours.

GP Access Hubs

Overview

In 2015, NHS Lambeth CCG commissioned the GP Federations to provide extended access hubs delivering seven day GP service access between the hours of 12 noon and 8pm during the week and 8am-8pm at weekends and on public holidays. The hubs opened in October 2015. This initiative was initially funded by the Prime Minister's Challenge Fund.

The aim of the hubs included increasing access to GP services, therefore reducing the number of patients attending A&E because they could not get an appointment at their GP practice. The north hub based in Vauxhall is nearest to St Thomas' A&E and could also provide a service to patients diverted from A&E who required GP services; however, the hubs will only see Lambeth registered patients.

The access hubs were originally located at the following GP practices:

- South Lambeth Road Practice in the north locality area
- The Clapham Family Practice in the south west locality area
- Streatham High Practice in the south west locality area
- The Knights Hill Surgery in the south east locality area.

Since 1 August 2016, the GP Access Hubs have been located at the following GP practices, with those in the south east and south west opening either noon to 4pm or 4pm-8pm on alternate months and on alternate weekends to cover the full opening hours between them:

- The Vauxhall GP Access Hub located at the South Lambeth Road Practice in the north locality
- The *Clapham GP Access Hub located at the Clapham Family Practice in the south west locality
- The Streatham GP Access Hub located at Streatham High Practice in the south west locality.
- The Oval GP Access Hub located at the Vassall Medical Centre in the south east locality.
- The Herne Hill GP Access Hub located at Herne Hill Group Practice in the south east locality.

*The GP Access Hub at Clapham Family Practice is no longer operating (December 2016), however, the GP Access Hub at Streatham High Practice is now open seven days a week, including 12 noon – 8pm Monday to Friday.

It has been noted that this arrangement does place services mainly in the north of the borough; although, in the south east, locations have been chosen for ease of access across the locality using

public transport. At the time of writing, the hub locations in the north and south west were being reviewed.

It is not thought that the hubs should be a walk in service where patients arrive and queue, although exceptions may be made. Most consultations at the hubs are booked appointments through a patient's home practice, if the practice does not have available appointments at suitable times (unless a patient walks up to a hub after 3pm or at weekends in which case they can seek an appointment in person on the same day, but this is not promoted). Most bookings on the day will happen Monday-Friday via the practice while out of hours SELDOC can, after triage, book urgent patients appointments on the day. NHS 111, Guys & St Thomas', King's College Hospital) and St Georges A&E departments are also able to book appointments directly at the hubs.

Use

The use of appointments at the GP Access Hubs for the period April to July 2016 is shown in the table below:

		North		South East		South West Streatham		South West Clapham		Total	
		Doctor	Nurse	Doctor	Nurse	Doctor	Nurse	Doctor	Nurse	Doctor	Nurse
Weekday	Available	4387	1349	4496	2208	4226	346	4609	502	17718	4405
	Seen	3349	976	3348	1395	3357	266	3872	355	13926	2992
	DNA	580	211	564	332	558	77	578	53	2280	673
	Unused	458	162	584	481	311	3	159	94	1512	740
	Utilisation Exc DNA	76%	72%	74%	63%	79%	77%	84%	71%	79%	68%
	Utilisation Inc DNA	90%	88%	87%	78%	93%	99%	97%	81%	91%	83%
Weekend	Available	1637	732	1634	646	1623	850	1621	256	6515	2484
	Seen	752	525	633	394	924	641	1043	181	3352	1741
	DNA	194	132	138	100	246	182	256	31	834	445
	Unused	691	75	863	152	453	27	322	44	2329	298
	Utilisation Exc DNA	46%	72%	39%	61%	57%	75%	64%	71%	51%	70%
	Utilisation Inc DNA	58%	90%	47%	76%	72%	97%	80%	83%	64%	88%
Total	Available	6024	2081	6130	2854	5849	1196	6230	758	24233	6889
	Seen	4101	1501	3981	1789	4281	907	4915	536	17278	4733
	DNA	774	343	702	432	804	259	834	84	3114	1118
	Unused	1149	237	1447	633	764	30	481	138	3841	1038
	Utilisation Exc DNA	68%	72%	65%	63%	73%	76%	79%	71%	71%	69%
	Utilisation Inc DNA	81%	89%	76%	78%	87%	97%	92%	82%	84%	85%
	Available/week	66	14	83	37	44	2	28	8	222	60

The practices that were the heaviest users of the GP Access Hubs in terms of referrals per 1,000 patients over the period August-September 2016 were as follows:

North Locality	South East Locality	South West Locality
South Lambeth Road (Host) Hurley Clinic Grantham	The Corner Surgery Crown Dale Akerman Centre Herne Hill Vassell Medical (Host)	Grafton Square Clapham Family (Host) Edith Cavell Pavilion Brixton Hill

Of these practices, Brixton Hill and Edith Cavell were also high users of the Walk in Centre. Overall, other than the host practices, only four practices in August and seven practices in September made full use of their appointment allocation.

Of the practices that had a low percentage of patients using the hubs, The Vale, Streatham High and Palace Road featured in the top 10 practices for use of the Walk in Centre by the practices' patients. Those practices with higher numbers of patients using the Walk in Centre generally have lower numbers of patients using the hubs. Half of the practices with low patient numbers using the hub are situated in the south west area of Lambeth and this locality as a whole made slightly lower use of the hubs. (Lambeth GP practices are split into three localities: North, South East, South West).

The data suggests a number of things:

- A greater proportion of nurse appointments are filled than doctors' appointment in all hubs with the exception of Clapham. This suggests that a rebalancing of availability between doctor and nurse appointments should be considered.
- The uptake of appointments at weekends is significantly lower than during the week. This could be due to too many appointments or because it is difficult for patients to be directed to the hubs at weekends, particularly for emergency appointments. This is even more marked on a Sunday.
- While hub appointments are available, patients continue to choose to use the Walk in Centre even though their needs could be met at the hubs.

Services in other boroughs

Overview

The following facilities are available to Lambeth patients in nearby boroughs:

- Westminster (NHS Central London CCG): Soho NHS Walk in Centre in Frith Street (W1D 3HZ) which is open 8am-8pm Monday to Friday and 10am-8pm at the weekend and on bank holidays (except Christmas Day)
- Croydon: Edridge Road Community Health Centre in Edridge Road (CR9 1PJ) which is open 8am-8pm every day of the year
- Merton: Wilson Health Centre in Cramer Road (CR4 4TP) which is open 8am-8pm every day of the year
- Wandsworth: The Junction Health Centre in Grant Road (SW11 2NU) which is open 8am-8pm every day of the year

- Southwark: The Lister Health Centre in Peckham Road (SE15 5LJ) closed at the end of 2014 and has been replaced by a new service where appointments can be booked through GP practices (including for non-registered patients).

In addition, the following walk in centres see significant use by Lambeth patients:

- Greenwich:
 - Woolwich Walk in Centre in General Gordon Place, Woolwich (SE18 6AB) which is open 8am-8pm every day of the year
 - Thamesmead Walk in Centre in Thames Reach, Thamesmead (SE28 0NY) which is open 8am-8pm every day of the year
- Lewisham:
 - The New Cross Walk in Centre in Amersham Vale (SE14 6LD) which is open 8am-8pm every day of the year
- Tower Hamlets:
 - St Andrews Health Centre in Hannaford Walk (E3 3FF) which is open 8am-8pm every day of the year
 - The Barkantine Walk in Centre, Westferry Road (E14 8JH) which is open 8am-8pm every day of the year
- Hammersmith & Fulham:
 - Parsons Green NHS Walk in Centre, Parsons Green (SW6 4UL) which is open 8am-8pm Monday to Friday and 9am-3.30pm at the weekend and 8am-5pm on bank holidays (except Christmas Day, New Year's Day and Easter Sunday).

Critical success factors

Based on national guidance, recently commissioned GP service models and stakeholder and patient feedback, the following critical success factors for system wide approach to GP access are proposed:

- GP access services should form part of an urgent and emergency care system (one system, multiple facilities) that is able to deliver equal access to the right care, first time for patients
- GP access services should, wherever possible, not be duplicated so that patients do not access different services for the same problem
- GP practices should signpost patients to alternative GP access services in a consistent manner across the borough
- GP access services should work with GPs, NHS 111, London Ambulance Service , community services, GP out of hours services and hospital emergency centres (A&Es)
- Patients in Lambeth must be able to access GP services, either through their GP or via NHS 111 or the out of hours provider, seven days a week, including bank holidays, from 8am to 8pm
- GP access services should provide both GP and nurse appointments
- At least 90 per cent of appointments should be used across all GP access services
- The service should deliver equal access geographically, so that services are not used just by patients who live locally and are from younger age groups. Services should be accessible to groups from areas of high deprivation, the homeless, those with significant health needs and patients who find it difficult to engage with the traditional model of GP services
- Payment mechanisms should strengthen incentives for GP practices to improve the quality and efficiency of their services so that their patients are more likely to choose the GP's services rather than alternatives such as walk in centres or A&E departments.

Options

The remit of this review was to review current GP access services including the Walk in Centre, the GP Diversion Scheme, and the GP Access Hubs. However, it has been identified that the GP Diversion Scheme was established to support St Thomas's Hospital with the achievement of its four hour target by directing patients who should be treated by GP services to a safe alternative service rather than supporting GP access. Relatively small numbers of patients, eight to nine per day or 10 per cent of those accessing the Walk in Centre, use this service and attempts have been made to direct Lambeth patients to the GP Access Hubs. Less than a quarter of patients who filled in questionnaires as part of this review lived in Lambeth and only 16 per cent were registered with a Lambeth practice.

It is therefore suggested that the GP Diversion Scheme should be addressed separately from the other GP access services and any decisions on its future should be based purely on its contribution to the A&E four hour target.

The following options have been considered:

1. Continue with the Walk in Centre as a weekday only service

Once SELDOC withdraw from providing the weekend service, the Walk in Centre would become a weekday only service.

It has been identified that use of the GP Access Hubs is significantly lower at the weekends than during the week, running at 50 per cent on Saturdays and 25 per cent on Sundays. Over the first five months of 2016/17, there were an average of 144 patient visits to the Walk in Centre each weekend while 360 appointments are currently available in the hubs at the same time which suggests that there is the capacity within them to cope with the increase in patients should the Walk in Centre be closed at the weekends.

Hub appointments would only be available for Lambeth patients; therefore, patients registered to practices in other boroughs or not registered with a GP would have to access services elsewhere.

If this option were to be taken forward, it would require support from across the health system to use it well, and clear signposting so that patients were offered a hub appointment and encouraged to take this up to minimise use of alternative services such as another Walk in Centre or A&E. Telephone messages at practices during closing hours should direct patients to a hub and patients should be able to make an appointment by telephone. An easy way of booking appointments at weekends would be needed, either through receptionists or possibly NHS 111.

2. Reprocure the Walk in Centre weekend service

Continue with the current provider of the weekday Walk in Centre and tender for a new provider of the weekend service (which could be the weekday provider).

This option would provide a 'like for like' repurchase of the existing service; however, it would not address the potential over capacity within the system which would continue to exist. Potentially, there would still be multiple providers of the Walk in Centre across the week.

3. **Reprocure both the weekday and weekend Walk in Centre service through one provider**

A single procurement process which rules out separating the weekday and weekend providers.

As the weekend provider has given notice to the CCG and the CCG has given notice to the weekday provider, there is an opportunity to reprocure both the weekday and weekend service from one provider. This option has the potential to reprocure the service at lower cost than Option 2 and to ensure a consistency of service provision. However, like Option 2, this option would not address the potential over capacity within the system.

4. **Discontinue the Walk in Centre and increase the use of the GP Access Hubs**

Close the Walk in Centre and increase the use of the GP Access Hubs to cater for Lambeth patients who might have previously attended the Walk in Centre. This would include nurse appointments and the ability for NHS 111/A&E/London Ambulance Service to book appointments.

This option would be similar to Option 1 except that the Walk in Centre would close completely with the GP Access Hubs providing the capacity for an alternative service. As with Option 1, hub appointments would only be available for Lambeth patients; therefore, patients registered to practices in other boroughs or not registered with a GP would have to access services elsewhere unless this issue was addressed. The issues identified within Option 1 relating to ensuring access for patients, particularly at weekends, would also apply to this option.

While it is believed that there is capacity within the system to absorb the additional activity from the Walk in Centre, consideration should also be given to opening the hubs from 11am, Monday to Friday so the current time range of appointments across all GP access services is maintained.

Given that notice has been served by the weekend provider, a do nothing option is not appropriate; Option 2 is the minimum change option.

Patient feedback

The four options have been discussed with a staff member and two volunteers from the Lambeth Patient Participation Group Network (from the north and south west localities). There was general agreement that it would be sensible to simplify GP access services, particularly since the development of the GP Access Hubs; however, the following points were also made:

- The walk in centres were set up several years ago and before the current drive towards 24/7 services and so initiatives such as the GP Access Hubs duplicate services
- Should the Walk in Centre not be recommissioned either at weekends or at all it is essential that patients should be able to access appointments at these times
- Flexibility around appointment types would be required
- Many visits to the Walk in Centre are planned around the convenience for the patient, particularly at weekends, so the GP Access Hubs should be a viable alternative to the Walk in Centre

- There need to be clear plans for how to deal with unregistered patients, but particularly the minority, often with mental health issues, and other hard to reach groups who might find it difficult to access routine GP services
- If GP access services are to be focussed in the hubs, communication about the range of services and how to access them is essential, both for patients and practice staff to ensure that patients are given the best opportunity to access appointments
- A clear route to treatment and communication is especially important at weekends when many practices are closed.

Detailed options appraisal

Option 1: Continue with the Walk in Centre as a weekday only service	
Benefits	Disbenefits
<ul style="list-style-type: none"> Reduces unused capacity at weekends – particularly Sundays. Reduce duplication of services - development of a 'single offer' at weekends 	<ul style="list-style-type: none"> Duplication of provision) during weekdays Unused space at Gracefield Gardens (cost to the CCG of £20,200 per annum) Continued unequal provision across the borough Continued multiple providers on weekdays More difficult to co-ordinate with other agencies Finance risk No provision for non-Lambeth patients at weekends
Opportunities	Risks
<ul style="list-style-type: none"> Reduce expenditure 	<ul style="list-style-type: none"> Confusion among patients Patients visit other 'more expensive' walk in centres or A&E at the weekend GP Access Hubs not able to service the weekend demand Providers unwilling to deliver the service within the current cost envelope Loss of revenue from non-Lambeth patients The Walk in Centre currently uses the Ad Astra system which is provided by the weekend provider. EMIS might have to be used instead. (These are systems used by GPs)

Option 2: Reprocare the Walk in Centre weekend service	
Benefits	Disbenefits
<ul style="list-style-type: none"> Stability of services for patients 	<ul style="list-style-type: none"> Duplication of provision throughout the week Continued unequal provision across the borough More difficult to co-ordinate with other agencies Multiple providers
Opportunities	Risks
<ul style="list-style-type: none"> Include nurse appointments at potentially reduced cost Potentially reprocare at reduced cost (potential savings on overheads) 	<ul style="list-style-type: none"> Nurse recruitment Providers unwilling to deliver the service within the current budget The Walk in Centre currently uses the Ad Astra system which is provided by the weekend provider. EMIS might have to be used instead. Possible non-utilisation of space at Gracefield Gardens (cost to the CCG of £20,200 per annum)

Option 3: Reprocare the Walk in Centre both the weekday and weekend service through one provider

Benefits	Disbenefits
<ul style="list-style-type: none"> • Stability of services for patients • Reduced number of providers • Reduction in overheads 	<ul style="list-style-type: none"> • Duplication of provision throughout the week • Continued unequal provision across the borough • More difficult to co-ordinate with other agencies • The Walk in Centre currently uses the Ad Astra system which is provided by the weekend provider. EMIS might have to be used instead.
Opportunities	Risks
<ul style="list-style-type: none"> • Include nurse appointments at potentially reduced cost • Potentially reprocare at reduced cost 	<ul style="list-style-type: none"> • Nurse recruitment • Providers unwilling to deliver the service within the current budget • Possible non-utilisation of space at Gracefield Gardens (cost to the CCG of £20,200 per annum)

Option 4: Discontinue the Walk in Centre and increase the use of the GP Access Hubs

Benefits	Disbenefits
<ul style="list-style-type: none"> • Match provision to need • Reduce duplication of services - development of a 'single offer' throughout the week • Single (lead) provider for primary care access services • Design one system with greater co-ordination with other agencies • Reduction in overheads 	<ul style="list-style-type: none"> • Loss of revenue from out of area patients visiting the Walk in Centre • Unused space at Gracefield Gardens (cost to the CCG of £20,200 per annum)
Opportunities	Risks
<ul style="list-style-type: none"> • Greater use of nurses • Locate services to achieve equity • Potentially reprocare at reduced cost • Use of payment mechanisms to incentivise GPs to use the system 	<ul style="list-style-type: none"> • Nurse recruitment • Requires agreement from GP Access Hubs – additional entry routes • Patients visit other 'more expensive' Walk in Centres or A&E • GP Access Hubs not able to service the demand • No provision for non-Lambeth patients and loss of revenue

Activity and financial impact

Current activity

In order to assess capacity issues surrounding each of the four options, data for August and September 2016 has been used as this is the period covering the current arrangement of services (Nov 2016) since the GP Access Hubs were reduced to a three hub model on 1 August 2016. For the weekday Walk in Centre service, the numbers below include Streatham High patients as while they are not paid for by the CCG, they do represent a need within the borough. The current activity levels are shown in the tables below:

WIC Attendances	August 2016	September 2016	Average/Day
WIC Weekday Lambeth GP (Named GP)	634	563	27
WIC Weekday Lambeth (No Named GP)	352	502	19
WIC Weekday Unregistered	76	73	3
WIC Weekday Other CCG	333	305	15
WIC Total Weekday	1395	1443	65
WIC Saturday Lambeth GP (Named GP)	212	228	55
WIC Saturday Lambeth (No Named GP)	31	49	10
WIC Saturday Unregistered	1	2	0
WIC Saturday Other CCG	60	60	15
WIC Total Saturday	304	339	80
WIC Sunday Lambeth GP (Named GP)	163	152	39
WIC Sunday Lambeth (No Named GP)	22	19	5
WIC Sunday Unregistered	2	0	0
WIC Sunday Other CCG	53	60	14
WIC Total Sunday	240	231	59
WIC Bank Holiday Lambeth GP (Named GP)	46	0	46
WIC Bank Holiday Lambeth (No Named GP)	9	0	9
WIC Bank Holiday Unregistered	0	0	0
WIC Bank Holiday Other CCG	21	0	21
WIC Total Bank Holiday	76	0	76

GPAH Attendances	August 2016	September 2016	Average/Day
GPAH Weekday	1896	2252	94
GPAH Saturday	444	626	134
GPAH Sunday	177	173	44
GPAH Bank Holiday (Assumed)	110		110
Total	2627	3151	95

(WIC: Walk in Centre/GPAH: GP Access Hubs)

Capacity

The capacity required has been calculated based upon the number of Lambeth patients currently accessing the Walk in Centre and GP Access Hubs (not total attendances for the Walk in Centre). This also includes unregistered Lambeth patients. In terms of the Walk in Centre, the numbers accessing the service are representative of the numbers accessing the service throughout the current financial year. For the GP Access Hubs, August and September data has been used. The total capacity requirement for Lambeth patients is shown in the table below:

	Current Utilisation per Day (Lambeth Patients)		
	WIC	GPAH	Total
Weekday Service	50	94	144
Saturday Service	65	134	199
Sunday	44	44	88
Bank Holiday Service	55	110	165

Capacity implications of options

Each of the four options detailed above has implications for how need would be dealt with across the current services. The current capacity of the Walk in Centre has been set at 55 patients per day. Current capacity for the GP Access Hubs, across three hubs, is detailed in the table below:

	Hours		Appointments/Hour		Available Appointments		
	Doctor	Nurse	Doctor	Nurse	Doctor	Nurse	Total
Weekday	24	12	6.063	4	146	48	194
Saturday	48	12	6.063	4	291	48	339
Sunday	36	12	6.063	4	218	48	266
Bank Holiday	36	12	6.063	4	218	18	266

The table below details the current levels of over/under provision that would exist on each type of day for each of the options:

Option	Day	Daily Need	Future Provision		Future Capacity	Over/Under Provision
			WIC	GPAH		
1 Weekday Only	Weekday	144	55	194	249	+105
	Saturday	199	0	339	339	+140
	Sunday	88	0	226	226	+138
	Bank Holiday	165	0	226	226	+61
2 New Weekend	Weekday	144	55	194	249	+105
	Saturday	199	55	339	394	+195
	Sunday	88	55	226	281	+193
	Bank Holiday	165	55	226	281	+116
3 New Full Week	Weekday	144	55	194	249	+105
	Saturday	199	55	339	394	+195
	Sunday	88	55	226	281	+193
	Bank Holiday	165	55	226	281	+116
4 No Walk in Centre	Weekday	144	0	194	194	+50
	Saturday	199	0	339	339	+140
	Sunday	88	0	226	226	+138
	Bank Holiday	165	0	226	226	+61

Note: Option 4 does not include the 18 additional appointments that would be available on a weekday should hub opening hours be extended by an additional hour in the morning.

It is clear that any of the options could be taken forward without the need to provide additional capacity at either the Walk in Centre or GP Access Hubs. Opening the hubs from 11am would therefore only take place to maintain current hours of access across the system rather than to ensure capacity.

On the basis of an analysis of the respective benefits/disbenefits and opportunities and risks of each option together with the potential impact of each option on the current budget, it is suggested that Option 4 is the preferred way forward.

While Option 4 does carry the risk that a proportion of the patients currently accessing the service might end up at A&E or another Walk in Centre, it would require 38 per cent of the Lambeth patients currently using the Gracefield Gardens Walk in Centre to do so in order to offset the potential savings. It should also be noted that the CCG and GP Federations are already working with local A&E departments to redirect suitable patients into the hubs; the majority of Gracefield Gardens Walk in Centre patients live within 1.5 miles of the Walk in Centre and they would have a longer journey to an A&E than to alternative GP access providers.

Risks

Risks attributable to each of the options have been identified in the detailed options appraisal above. The risks pertaining to the preferred option, together with possible mitigating actions, are outlined in the table below:

Impact	Likelihood				
	Rare (1)	Unlikely (2)	Possible (3)	Likely (4)	Certain (5)
Very major (5)	5	10	15	20	25
Major (4)	4	8	12	16	20
Moderate (3)	3	6	9	12	15
Minor (2)	2	4	6	8	10
Negligible (1)	1	2	3	4	5

Risk definition and consequence	Impact	Likelihood	Risk	Mitigating Actions	Risk after Mitigation
	Low to High		I x L		
Increased use of A&E and other walk in centres	3	5	15	Ensure that hubs are accessible	8
Legal challenge as hub provision will not be tendered	3	4	12	Engagement with current providers. Plan to retender hubs in 2 years	6
Hubs cannot cope with additional activity	2	4	8	Develop contingency plans to flex staff	3

Recommendation

It is recommended that the CCG pursues Option 4 by discontinuing the Walk in Centre and increasing the use of the GP Access Hubs with effect from 31 March 2017.