

# **Dudley Clinical Commissioning Group Urgent Care Consultations**

**Questionnaire Survey  
Dudley Borough Walk-in Centre  
Russells Hall Hospital Accident and Emergency  
Second Report**

**Healthwatch Dudley  
January 2014**

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**Acknowledgements**

Healthwatch Dudley would like to thank everyone who helped with the questionnaire survey at Dudley Borough Walk-in Centre and Russells Hall Hospital Accident and Emergency including staff, patients and volunteer helpers.

## **Summary**

Healthwatch Dudley undertook a questionnaire survey at the Dudley Borough Walk-in Centre and Russells Hall Hospital Accident and Emergency on behalf of the Dudley Clinical Commissioning Group (DCCG) as part of its review of Urgent Care services. In total 943 patients (or their representatives) participated in the questionnaire survey that included 395 male and 417 female patients where their sex was known. In turn, the ethnicity of 829 patients was recorded with the majority, 677 patients, being British. Information was obtained that showed 839 patients indicated that they were registered with a doctors surgery and 546 patients indicated that they travelled straight to the Walk-in Centre or Accident and Emergency without getting any medical advice. Patterns in the numbers of patients coming to the Dudley Borough Walk-in Centre and the Russells Hall Hospital Accident and Emergency from different surgeries are shown for 630 patients. When patients were asked about whether they had tried to contact a doctors surgery before coming to the Walk-in Centre or Accident and Emergency 847 patients gave details and 487 of them said they had not tried to contact a doctors surgery. When patients who had obtained medical advice (320 in number) were asked how they were referred on to the Walk-in Centre or Accident and Emergency 98 said they had been referred by a doctors surgery.

Patients were concerned about the proposal to close the Walk-in Centre which is popular and fills a gap in primary care service provision (especially for patients unable to get an appointment at a doctors surgery). Any new facility to replace the Walk-in Centre would need to consider patient issues relating to its location and accessibility, the types of services provided, and car parking issues. It is a mixed picture regarding patient perceptions of whether a doctors surgery could have helped them if they had been able to get an appointment and in terms of patients past experience of getting into a doctors surgery. Nevertheless, 449 patients said they would be happy to be referred back to a doctors surgery for treatment after assessment at the Walk-in Centre or Accident and Emergency. Meanwhile, there is a demand from particular patients groups for seven day opening of doctors' surgeries, longer opening hours, shorter waiting times for appointments, and more same day appointments. Questions arise about how to get patients who are using the Walk-in Centre and where it is appropriate Accident and Emergency to use doctors surgeries and avoid simply shifting patients around without dealing with underlying problems around access to doctors' surgeries.

## **Introduction**

Prime Minister Tony Blair established the first walk-in centres in 1999 to provide convenient access to basic primary care services without the need for an appointment. In the decade from 2000-2010, the NHS opened more than 230 walk-in centres across England. The aim was to improve patients' access to primary care, modernise the NHS to be more responsive to patients' busy lifestyles, and offer patients more choice. There were 6.8 million attendances at walk-in centres and minor injury units in 2012/13, and activity at these facilities has increased by around

12 per cent annually since the data was first recorded a decade ago.<sup>1</sup> Around 50,000 patients accessed the Dudley Borough Walk-in Centre from April 2012 to March 2013.

Healthwatch Dudley undertook a questionnaire survey at Russells Hall Hospital Accident and Emergency and the Dudley Borough Walk-in Centre over a period of seven days between Friday 29 November and Thursday 5 December 2013. It was undertaken on behalf of the Dudley Clinical Commissioning Group (DCCG) as part of their review of Urgent Care services and consultations taking place between 17 October and 24 December 2013 on proposals to improve the design of primary and community urgent care services, out-of-hours services and close the Walk-in Centre and provide a different service based at the Russells Hall Hospital site. Walk-in Centre opening times are from 8.00am to 8.00pm on Tuesday, Wednesday and Thursday and from 8.00am to 10.00pm on Friday, Saturday, Sunday and Monday. Questionnaire survey sessions were from 8.00am to 8.00pm (with an extension to 10.00pm at Accident and Emergency on Tuesday, Wednesday, and Thursday to assess any impact of changed Walk-in Centre opening times on demand for Accident and Emergency services). There were four Healthwatch Dudley members of staff and fifteen volunteer helpers who had attended an induction event to learn more about the project involved in undertaking the questionnaire survey work. At each questionnaire survey location there was a Healthwatch Dudley member of staff and either one or two volunteers covering four hour questionnaire survey interview sessions. Their role was to approach patients in each of the facilities and ask them for their help to answer some questions (designed to take up no more than five minutes of their time) on why they were using the Walk-in Centre or Accident and Emergency.

In the main computer tablets and Survey Monkey online questionnaire survey software were used to collect patient responses to questions (and sometimes the responses of a representative to questions on a patient's behalf in instances where, for example, they were an infant or young child). Some paper questionnaire surveys were completed at times when WiFi internet access to the online questionnaire survey was problematic or an interviewer was not comfortable using a computer tablet. No patient medical details were collected and confidentiality was ensured to the extent that only aggregated patient information would be used in any report and patient anonymity would be maintained. All questions were optional to answer (except for the question to get a patient's consent to continue with the questionnaire survey). There were closed questions (requiring a yes or no response) that sometimes directed the interviewer to another relevant part of the questionnaire survey, questions requiring one or more boxes to be ticked from a list, and questions requiring a response on a scale of 1 to 6 where 1 is strongly disagree and 6 is strongly agree with a particular statement. In addition, there were some questions on

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<sup>1</sup> NHS England, 'Transforming urgent and emergency care services in England, Urgent and Emergency Care Review, End of Phase 1 Report, High quality care for all, now and for future generations, November 2013.

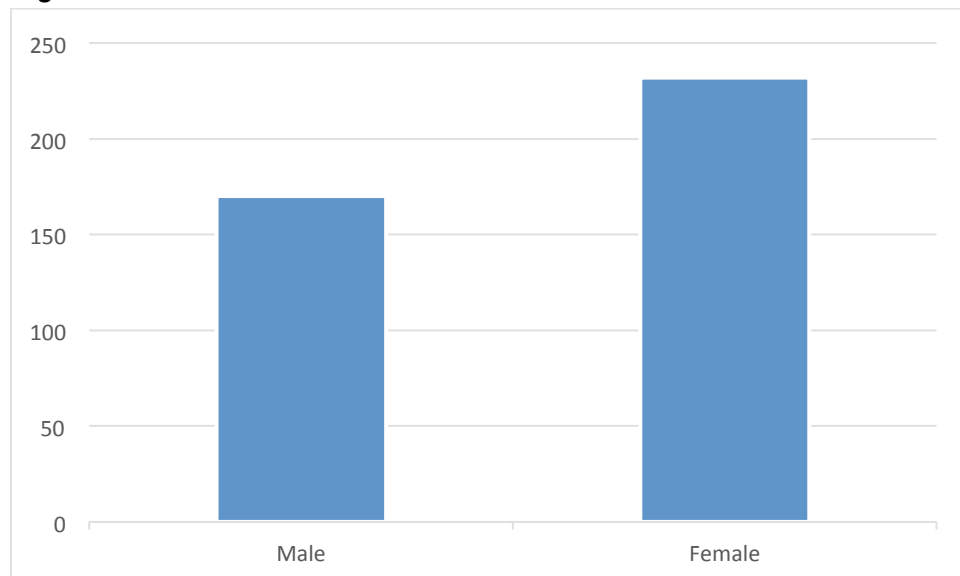
patient gender, age, ethnicity, home address post code, and work arrangements. Patients also had the opportunity to make any other comments. Finally, non-response rates were recorded where a patient declined to continue with the questionnaire survey or an interviewer decided that it was not appropriate to continue with a questionnaire survey. The aim was to produce a summary report for the DCCG board meeting scheduled to be held on the 9 January 2014.

### **Descriptive Information**

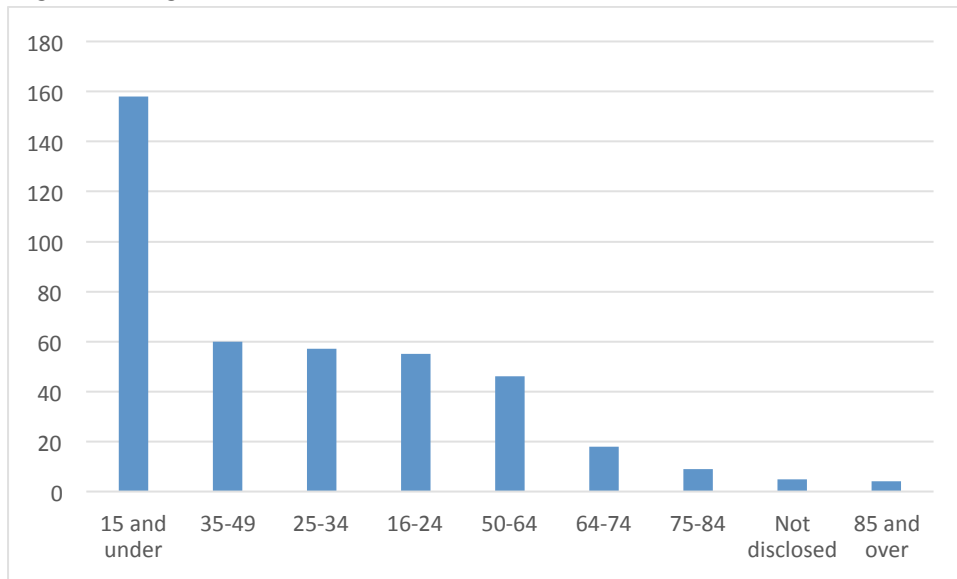
At the Walk-in Centre and Accident and Emergency a total of 1,074 patients (or their representatives) were approached and asked for their help to answer some questions on why they were using the facility. After this initial contact 943 patients (or their representatives) agreed to take part in the questionnaire survey. In terms of non-response there were 131 patients (or their representatives) that declined to participate in the questionnaire survey. A breakdown of the patient information gathered at each location shows that at Accident and Emergency there were 459 patients and at the Walk-in Centre there were 440 patients (with 44 patients for whom there was no interview location recorded).

At the two locations there were a total of 395 male and 417 female patients, one transgender patient, and 130 patients where their sex was not recorded. The question on age was answered by 819 patients with 280 being aged 15 or under, 113 aged 65 or over (see Figure 1 to 4 below).

*Figure 1: Patients at the Walk-in Centre*



**Figure 2: Age**



**Figure 3: Patients at Accident and Emergency**

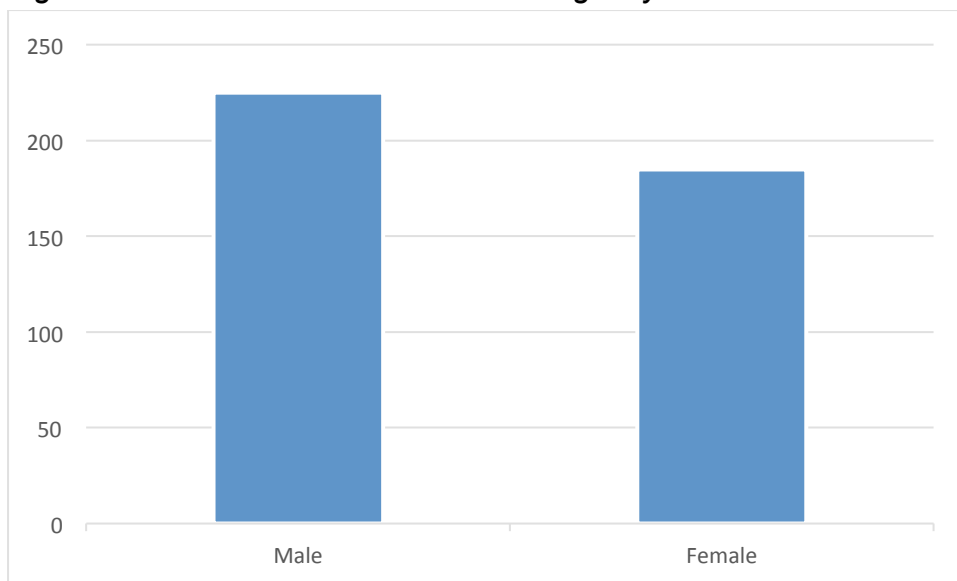
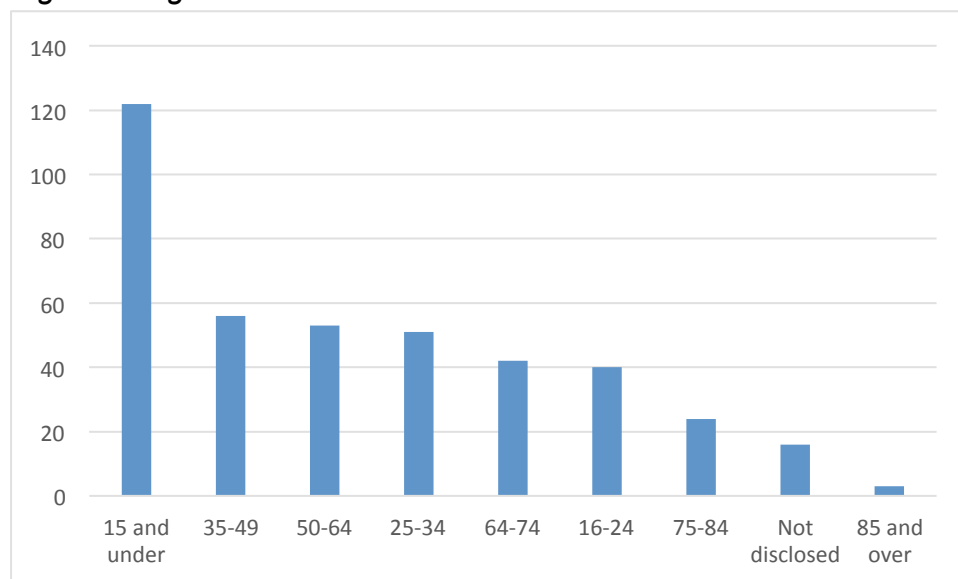




Figure 4: Age



A large number of people aged 15 or under used the Walk-in Centre and Accidents and Emergency and there seemed to be some issues around the access to services and advice available to parents and the guardians of infants and young children. In addition the Walk-in Centre and Accident and Emergency brands are trusted by the public and, despite increasing pressure, continue to provide a very responsive service. Therefore there will be a task of work to undertake to persuade patients that any changes to services are in their best interests.<sup>2</sup>

In turn, 829 patients ethnicity was recorded with 677 being British and smaller numbers from White and Black Caribbean, Indian, and Pakistani ethnic groups. Information on the working patterns (or not) of 809 patients was recorded. For 480 patients the question was not applicable because they were an infant or young person, not in employment, or retired. For the other patients the majority, 250 of them, said they worked days. There was information on 883 patients on how they travelled to the Walk-in Centre or Accident and Emergency. Of these patients 622 travelled in their own or a family car, 110 got a lift from someone, 47 came by bus, 34 came by taxi, 35 came by ambulance, and 29 came on foot.

Information on seeking medical advice before attending the Walk-in Centre or Accident and Emergency was collected for 859 patients. The figures show that 546 patients travelled straight to the Walk-in Centre or Accident and Emergency without first seeking medical advice and 310 patients travelled to the Walk-in Centre or Accident and Emergency after first seeking medical advice.

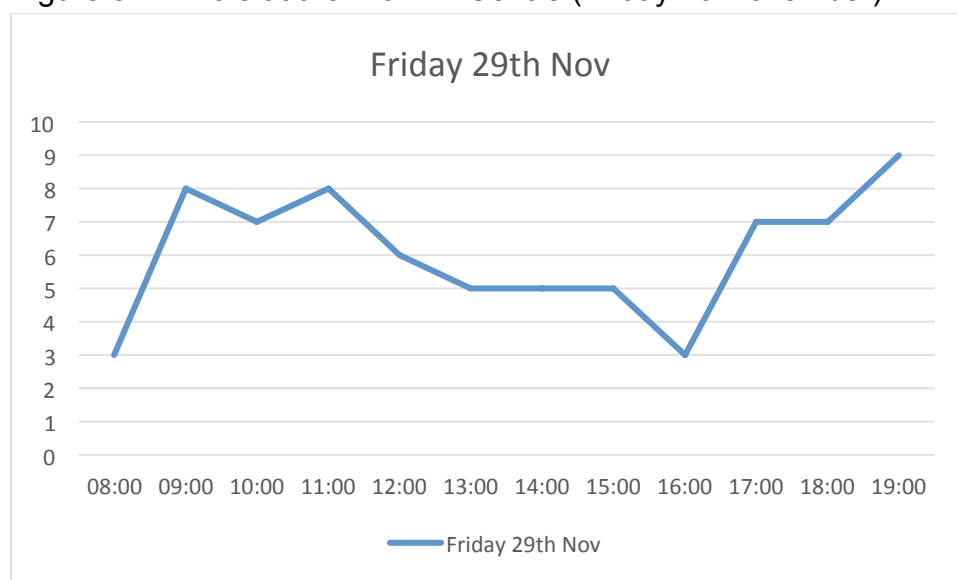
<sup>2</sup> NHS England, 'Transforming urgent and emergency care services in England, Urgent and Emergency Care Review, End of Phase 1 Report, High quality care for all, now and for future generations, November 2013

### **Doctors Surgery Access Issues**

Professor Stephen Field, Care Quality Commission, Chief Inspector of Primary Care, says access to GP's 'Should be brilliant, but currently it's patchy. A lot of patients are dissatisfied with current access and think it's inadequate. It seems to be a huge source of frustration'.<sup>3</sup> At the same time, Professor Sir Bruce Keogh, National Medical Director, has commented that 'We must provide highly responsive urgent care services outside of hospital ... this will mean providing faster and consistent same-day and every-day access to general practitioners, primary care and community services such as local mental health teams and community nurses for patients with urgent care needs'.<sup>4</sup> It will also mean harnessing the skills, experience and accessibility of a range of healthcare professionals including community pharmacists and ambulance paramedics. Prime Minister, David Cameron, announced, at the 2013 Conservative party conference in Manchester, a pilot scheme, financed with a £50 million 'Challenge Fund', to support GP surgeries to open from 8.00am to 8.00pm, thereby improving access for working people unable to get to or attend appointments during their own working hours.

Information was obtained on 868 patients regarding registration with a doctors surgery. It shows that 839 patients were registered with a doctors surgery. On arrival times, information was collected on 881 patients across the Walk-in Centre and Accident and Emergency study locations. Sample graphs show that a number of patients are using the facilities even when doctors surgeries are open (see figures 5 to 8 below).

Figure 5: Arrivals at the Walk-in Centre (Friday 29 November)



<sup>3</sup> Professor Stephen Field, Care Quality Commission's Chief Inspector of Primary Care, Guardian Newspaper 27 September 2013, <http://www.theguardian.com/society/2013/sep/27/gps-better-closure>

<sup>4</sup> Professor Sir Bruce Keogh, National Medical Director, in NHS England, 'Transforming urgent and emergency care services in England, Urgent and Emergency Care Review, End of Phase 1 Report, High quality care for all, now and for future generations, November 2013

Figure 6: Arrivals at the Walk-in centre (Saturday 30 November)

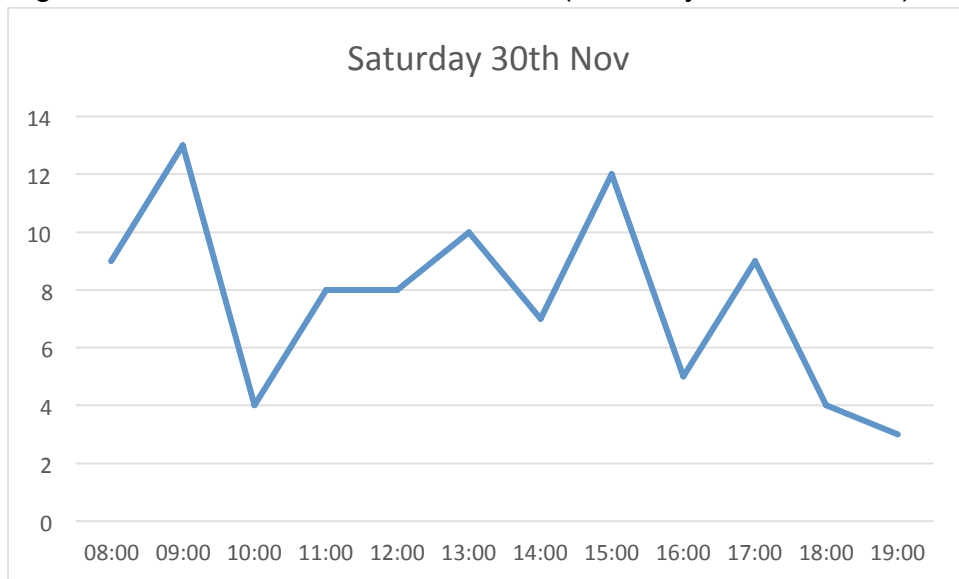


Figure 7: Arrivals at Accident and Emergency (Friday 29 November)

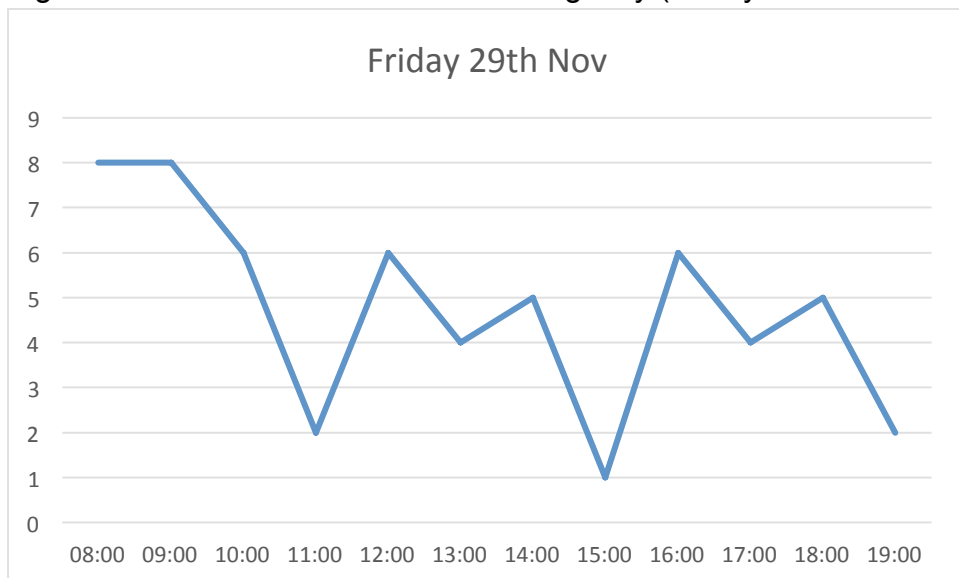
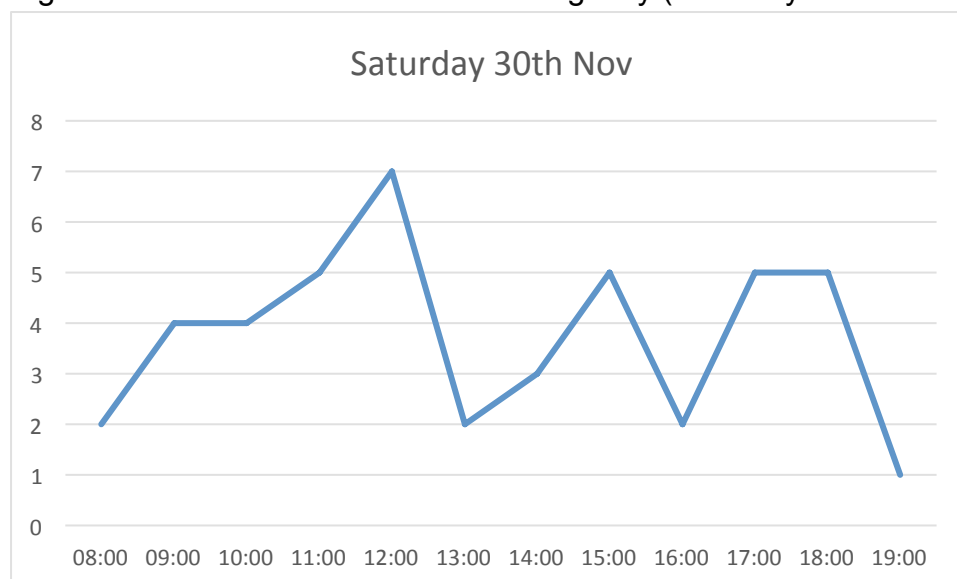


Figure 8: Arrivals at Accident and Emergency (Saturday 30 November)



Monitor, the health services evaluation body, interviewed 1,886 patients using 20 walk-in centres and found that nearly seven in ten (69%) patients registered with a GP practice (1160) had not tried to contact their GP practice before attending the walk-in centre. This differed significantly by whether the visit to the centre was during the week (63%) or at the weekend (82%). The main reasons were that they felt they wouldn't be able to get an appointment that was at a convenient time to them (36%) or they simply did not think about it (28%). Nearly three in ten (29%) of patients had tried to contact their own GP before attending the walk-in centre with one in five (22%) trying but encountering difficulty with making an appointment with their GP.<sup>5</sup> NHS England has suggested that patients contacting their GP's surgery with an urgent problem receive a very variable response, it is therefore essential that we find ways to improve access to primary care.<sup>6</sup> NHS England found that for a sample of 5310 Dudley CCG patients asked about access to GP services 29% said getting through on phone 29% was not very easy or not at all easy. In turn, for 5119 patients 14% said getting an appointment was possible but they had to call back closer to or on the day they wanted whilst 12% said they were unable to get an appointment. For 797 patients there reasons for not getting an appointment were there was none on the day they wanted (52%) or none at the time they wanted (20%). For 1156 patients the additional opening hours that would make things easier were after 6.30pm (75%) and Saturday (73%).

<sup>5</sup> Monitor, *Making the health sector work for patients, Walk-in centre review: preliminary report 2013*

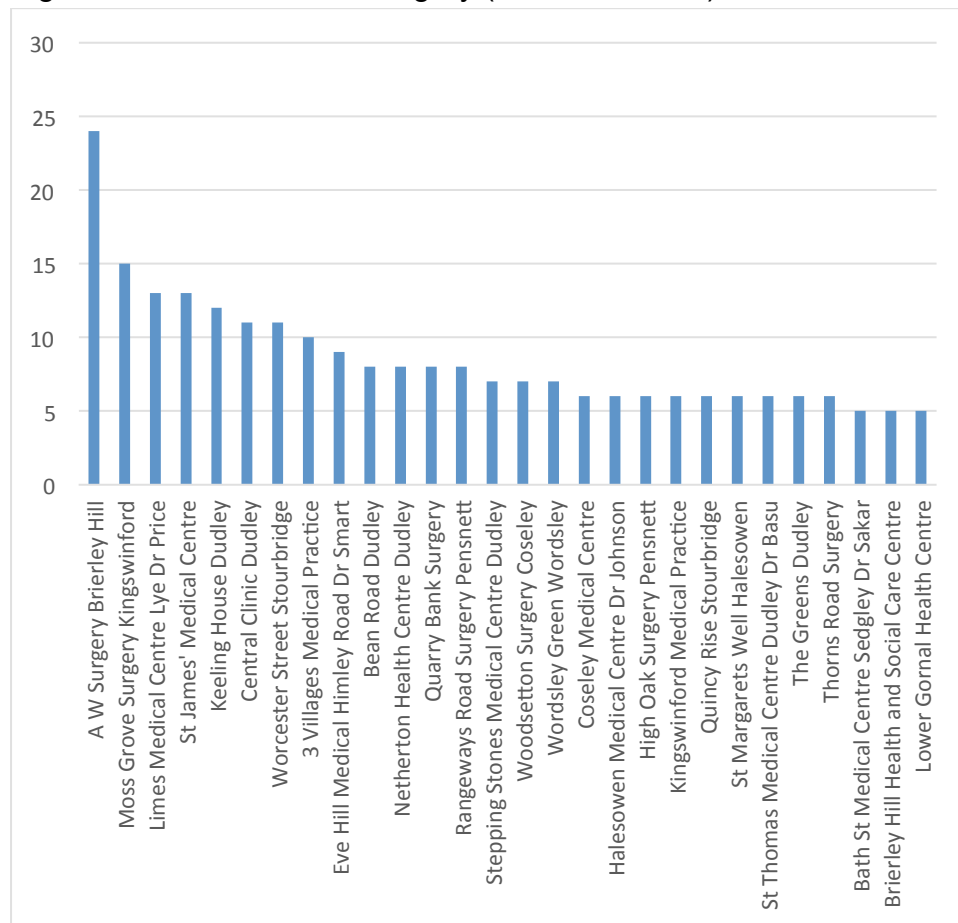
<sup>6</sup>NHS England, *'Transforming urgent and emergency care services in England, Urgent and Emergency Care Review, End of Phase 1 Report, High quality care for all, now and for future generations, November 2013*

Dudley Clinical Commissioning Group, urgent care task and finish group, raised the issue that the CCG needs to make sure that those people who are accessing the Walk-in Centre can get appointments within primary care before any significant changes are made.<sup>7</sup> The CCG says: 'Its proposals for a new urgent care facility 'include increasing access to GP Primary Care ... we need to offer more appointments in primary care'.<sup>8</sup> The new Urgent Care Centre would include the re-provision of the existing primary care out-of-hours service and so would operate 24 hours a day, 7 days a week.

### *Patient and surgery information*

Patterns in the numbers of patients coming to the Walk-in Centre and Accident and Emergency from different surgeries was collected on 630 people about whom the name of the doctors surgery that they used was known (see Figures 9 and 10 below).

Figure 9: Patient doctors surgery (Walk-in Centre)

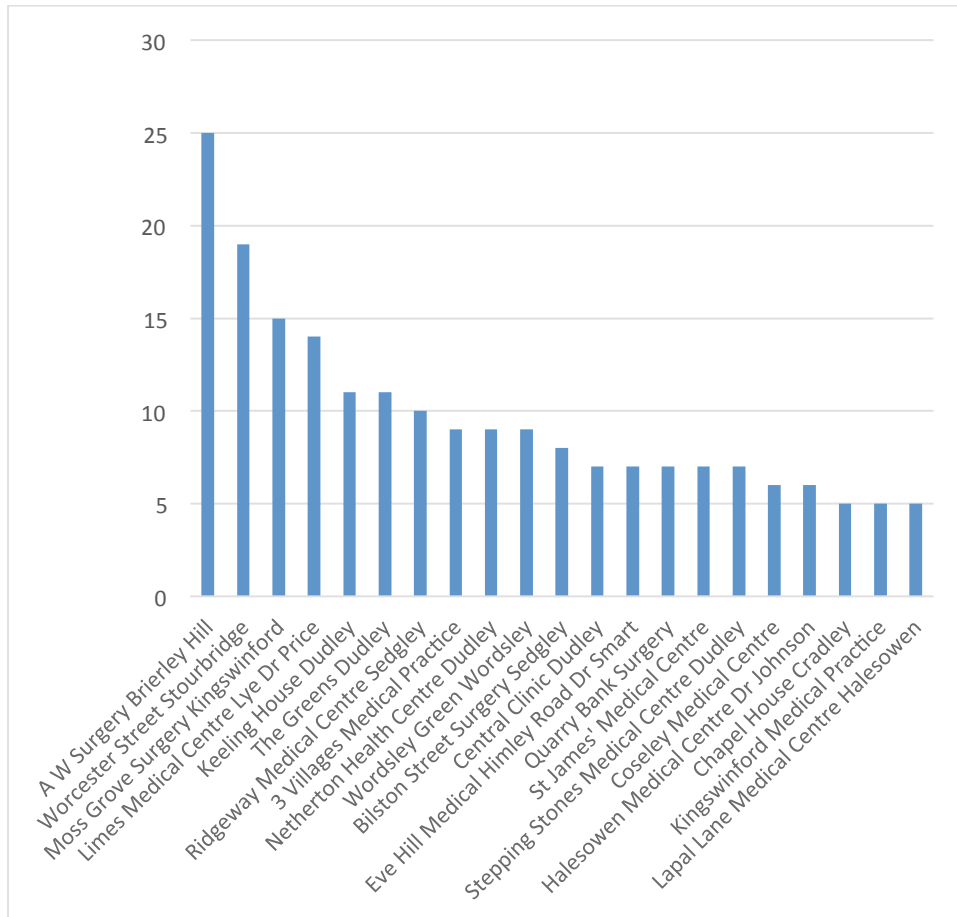


<sup>7</sup> Dudley Clinical Commissioning Group Urgent care task and finish group Monday 25 November 2013

<sup>8</sup> Dudley Clinical Commissioning Group, 'A new vision for urgent care in Dudley', public consultation, 1 October – 24 December 2013

Patients attending the Walk-in Centre for whom their doctors surgery was known show a higher number coming from a range of larger (AW Surgeries, Moss Grove Surgery and Worcester Street) and smaller practices (Limes Medical Centre, St James Medical Centre and Central Clinic).

Figure 10: Patient doctors surgery (Accident and Emergency)



In turn, it was possible to collect information on 740 patients about their home address postcode (see Figure 11 below).

Figure 11: Patient home address postcode (Walk-in Centre)

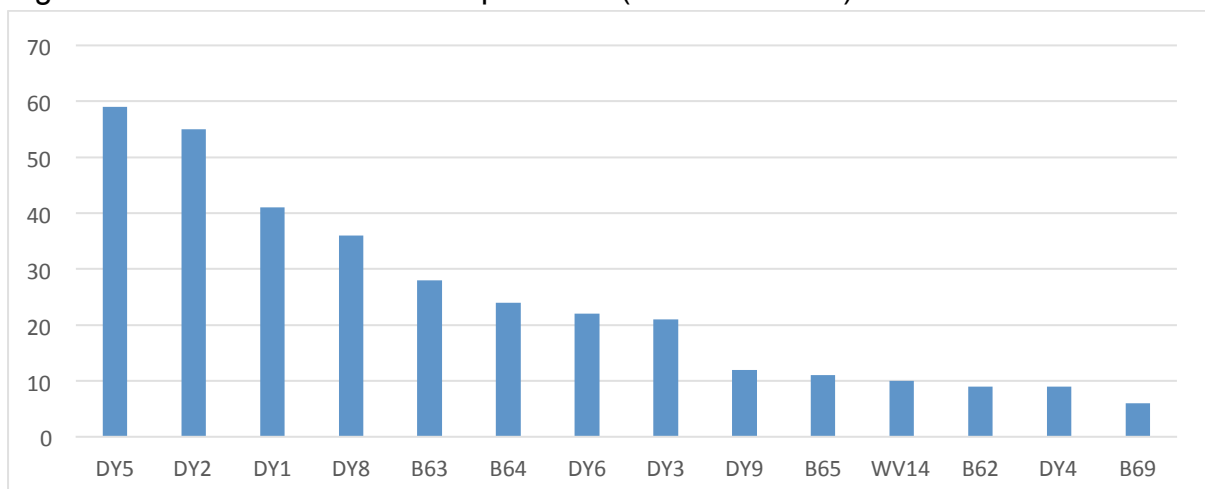
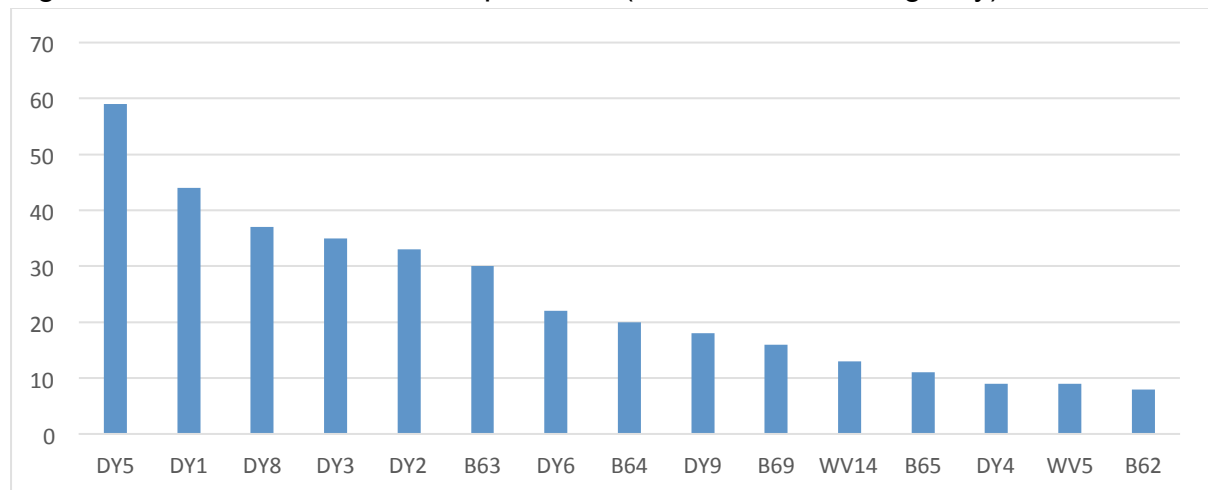


Figure 12: Patient home address postcode (Accident and Emergency)



There were larger numbers of patients coming to the Walk-in Centre from the DY 5 (Brierley Hill) and DY 1 and DY 2 (Dudley) postcodes. Some patients will live close to the centre but are also likely to be disadvantaged. At Accident and Emergency again there were higher numbers of patients coming from DY 5 and DY 1 postcodes. Monitor remarks that people from lower socio-economic groups tend to be the most common users of walk in centres with 36% of patients attending walk-in centres from social grade DE, with a further 19% from C2 and 30% from C1 social grades.<sup>9</sup>

### Getting medical advice

When patients who had obtained medical advice (320 in number) were asked how they were referred on to the Walk-in Centre or Accident and Emergency 98 said they had been referred by a doctors surgery (*spread across 49 surgeries meant no pattern could be discerned*). A total of 117 patients were referred on by a pharmacy, a work, leisure facility or school based first aider, community nurse or health visitor. There were 56 patients who had been referred on by the NHS 111 telephone advice line, and 19 patients who were taken to a facility by the ambulance service (see figures 13 and 14 below). There were 118 patients who gave their surgery name who came to the Walk-in Centre from the DY 5 postcode, 85 patients from the DY1 postcode, and 88 patients from the DY2 postcodes. Meanwhile, there were 73 patients from the DY 8 postcode and fewer numbers of patients from the DY 6, DY9, and B 63 postcodes.

<sup>9</sup> Monitor patient survey report, p.24-25

Figure 13: Patient referrals (Walk-in Centre)

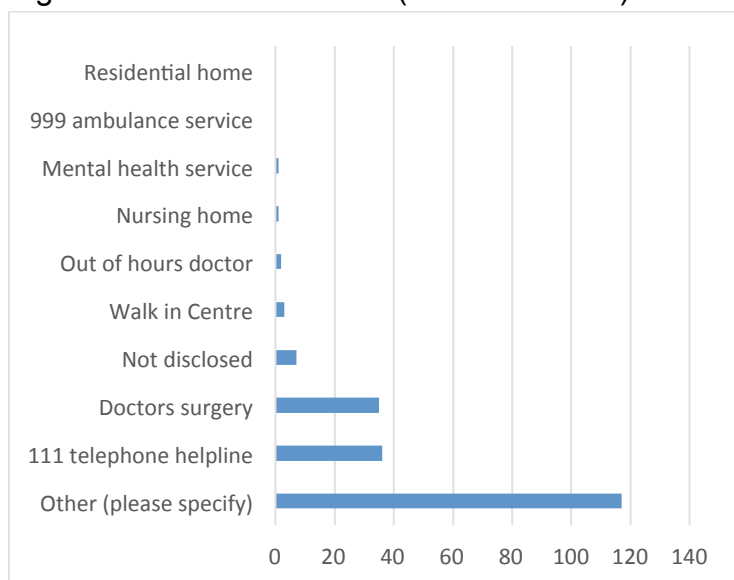
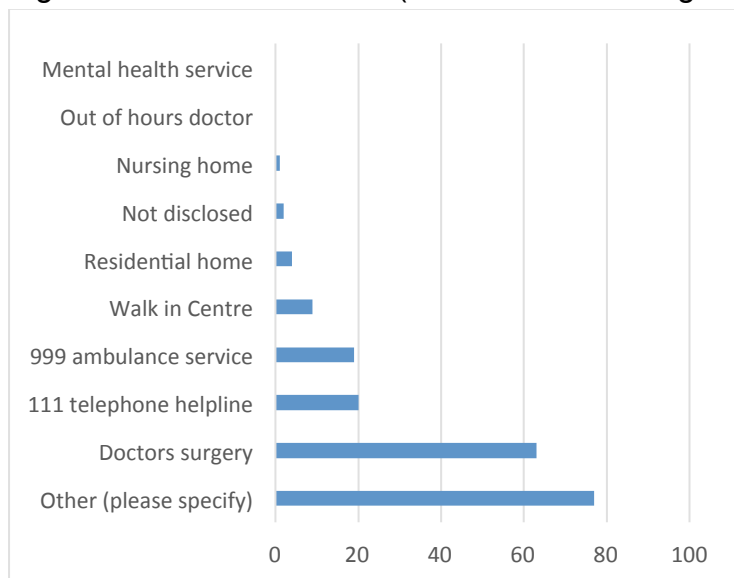


Figure 14: Patient referrals (Accident and Emergency)



When patients were asked about whether they had tried to contact a doctors surgery before coming to the Walk-in Centre or Accident and Emergency there were details provided for 847 patients. The information collected shows that for 487 patients no attempt had been made to contact a doctors surgery and for 356 patients there had been an attempt to contact a doctor’s surgery (see Figures 15 and 16 below).



Figure 15: Contact with a doctors surgery (Walk-in Centre)

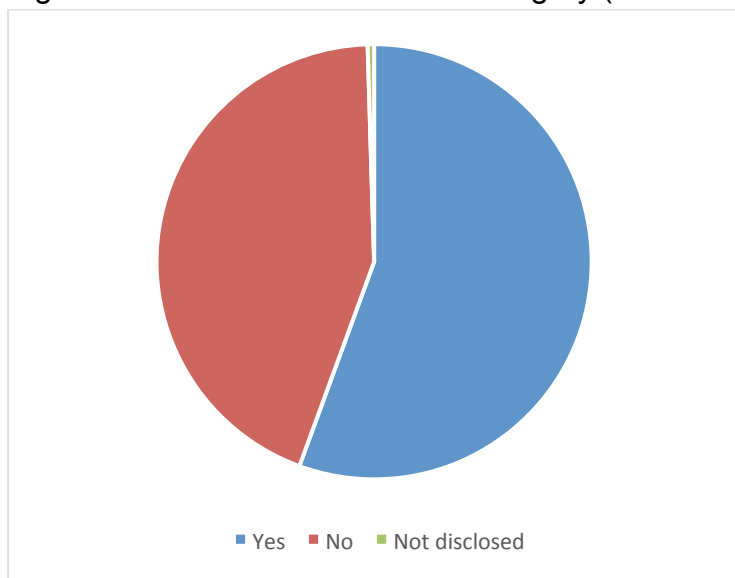
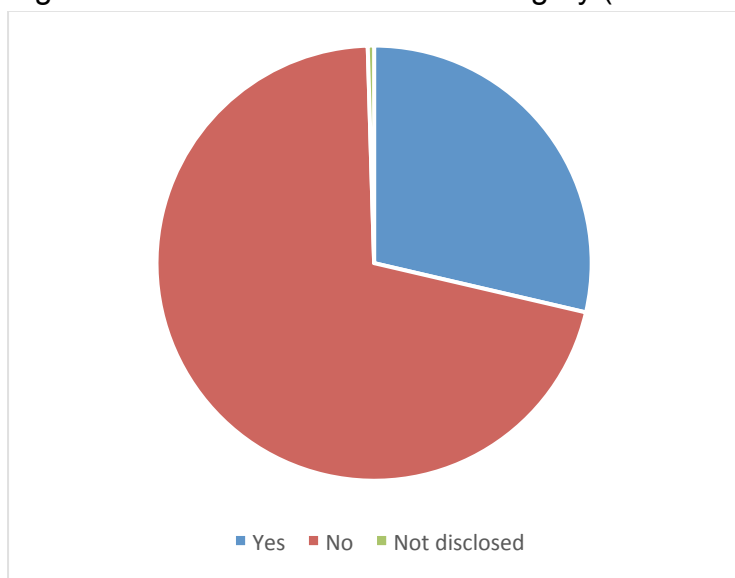


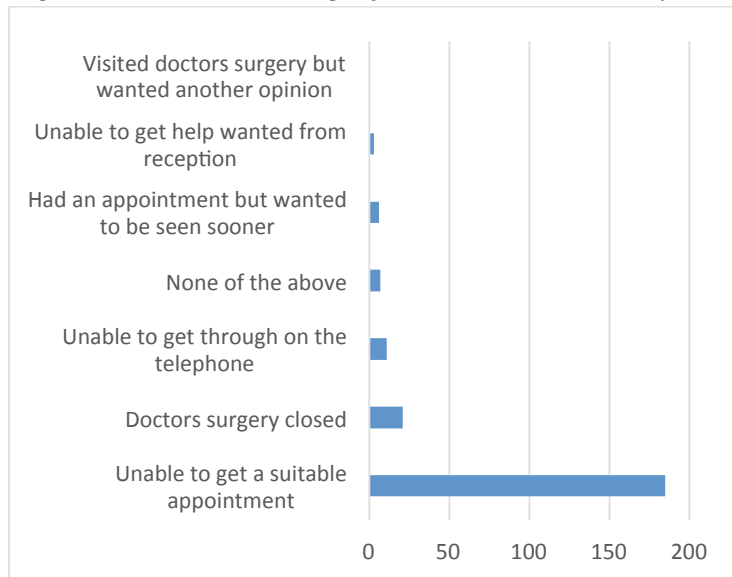
Figure 16: Contact with a doctors surgery (Accident and Emergency)



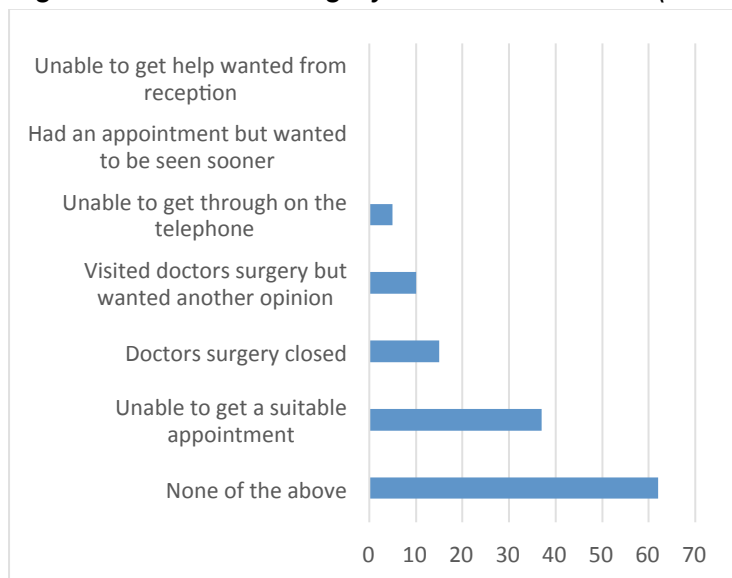
A question on the outcome for patients following an attempt to contact a doctors surgery show that for the 362 patients that details were collected there were 222 patients that were not able to get a suitable appointment. Other issues include the doctors surgery being closed (36 patients), and not being able to get through on the telephone (16 patients). There were 10 patients who had been to a doctor's surgery

but wanted another opinion, 6 patients who had had an appointment but wanted to n surgery reception (see Figures 17 and 18 below).

**Figure 17: Doctors surgery contact outcomes (Walk-in Centre)**



**Figure 18: Doctors surgery contact outcomes (Accident and Emergency)**



Being unable to get a suitable appointment was a significant issue for patients

**Views and experiences**

[There were] thirty-nine people in the telephone queue ... difficult to get an appointment ... used Walk-in Centre. Appointments hard to get... Called twice for an

emergency appointment but couldn't get in, baby has a chest infection ... if the Walk-in Centre closes where will people go? Came to the Walk-in Centre with the same problem two weeks ago, can only get an appointment with GP three days in advance, prefer to be seen at Walk-in Centre ... Can never get an appointment, only one doctor and only works three days each week ... Can't plan illness, no appointments for same day at GP ... Child ill ... it took one and a half hours to get through on the phone to GP, Walk-in Centre provides excellent service. Couldn't get an appointment for another week, can't get appointments for children either so usually go straight to Walk-in Centre ... Lots of people will be lost without Walk-in Centre ... Walk-in Centre is convenient ... Walk-in Centre is fantastic my kids and grand kids use it regularly ... Walk-in Centre is very valuable we have used it, don't know what people will do without them.

*Why patients are using services*

Where no attempt to contact a doctors surgery had occurred prior to attending the Walk-in Centre or Accident and Emergency information collected on 412 patients giving one or more reasons shows that for many it was because it was known that the surgery was closed or there was a feeling that it was a medical emergency situation (see Figures 19 and 20 below).

Figure 19: No prior contact with a doctors surgery (Walk in Centre)

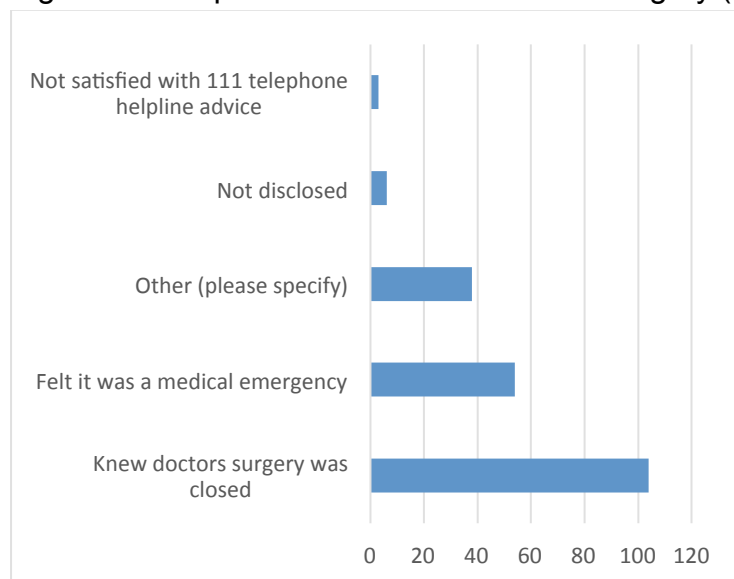
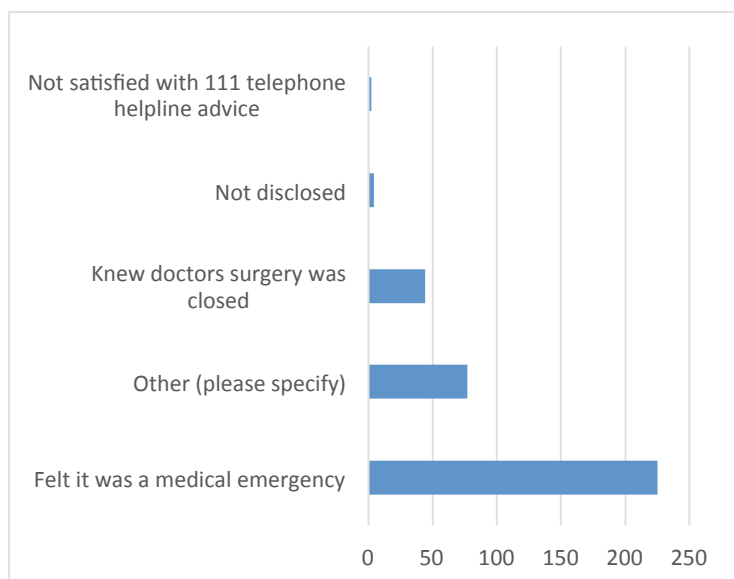


Figure 20: No prior contact with a doctors surgery (Accident and Emergency)



For patients with no prior contact with a doctors surgery attending the Accident and Emergency for many it was because they felt it was a medical emergency whilst in the Walk-in Centre it was because they knew the doctors surgery was closed.

### ***Dudley Borough Walk-in Centre and Patient Concerns***

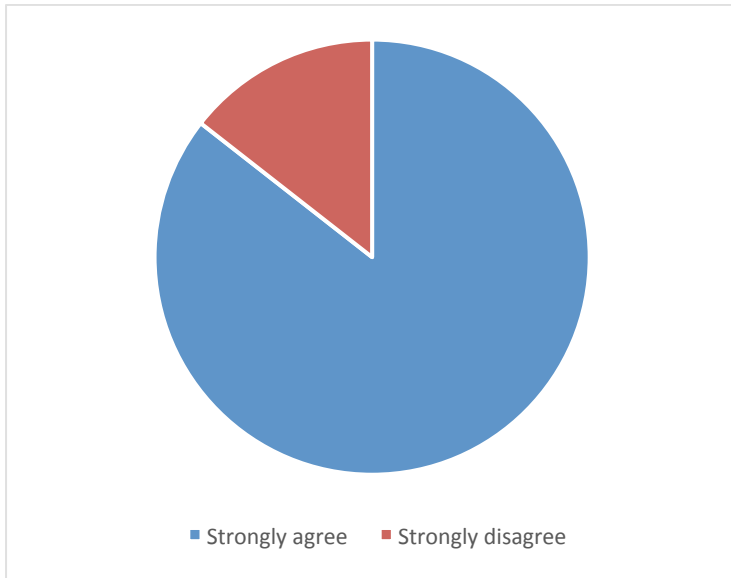
There is a demand for Walk-in Centre services (and opening hours have recently been extended). There is some evidence of people going to Accident and Emergency when the Walk-in Centre reaches capacity and it seems there is some extra burden placed on Accident and Emergency due to the way that some patients are not able to effectively access doctors surgery services.

- Patients are worried by the proposal to close the Walk in Centre
- The Walk in Centre is popular and the number of patients using it each year continues to grow
- A gap in doctors surgery service provision is being filled by the Walk in Centre (when people cannot get into doctors surgeries)
- Any new facility to replace the Walk-in Centre would need to consider location, accessibility, service provision and parking issues.

### ***What patients want***

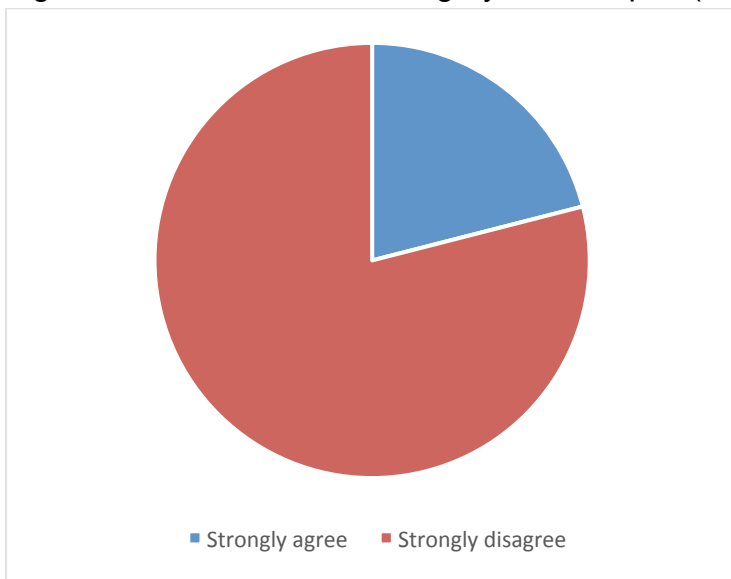
Of 822 patients for whom information about the helpfulness of a doctors surgery was obtained (on a scale of 1 to 6 where 1 is strongly disagree and 6 is strongly disagree) 411 patients were at level 5 or 6 towards the strongly disagree end of the scale and 322 patients were at level 1 and 2 towards the strongly agree end of the scale. A breakdown of the data for the two study locations is provided in Figures 21 and 22 below.

Figure 21: Could a doctors surgery have helped (Walk-in Centre)



The point to make for patients saying that a doctors surgery could have helped them is that this depended on them being able to get into the surgery.

Figure 22: Could a doctors surgery have helped (Accident and Emergency)

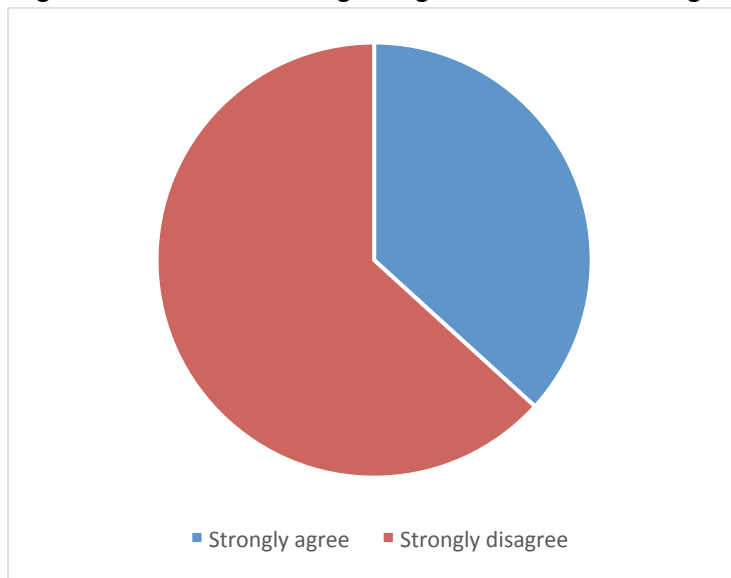


In Accident and Emergency it seems many patients had decided to bypass the doctors surgery because they felt it was a medical emergency and they had to be seen quickly at hospital where there would be a range of facilities that they could access.

On a question about past experience of getting into a doctors surgery the information collected on 819 patients shows that there were 309 patients at level 5 and 6 strongly agree that past experience of getting into a doctors surgery had been satisfactory and 301 patients on level 1 and 2 strongly disagree that past experience of getting into a doctors surgery had been satisfactory. A breakdown of the

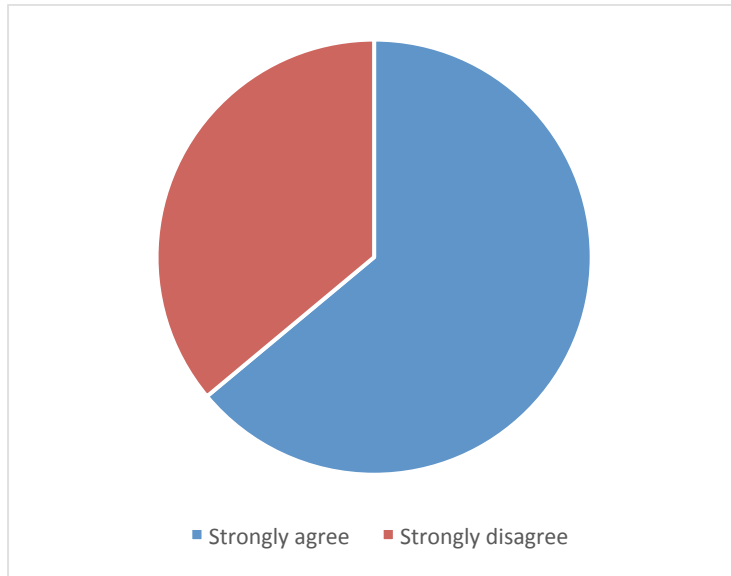
information on past experience of getting into a doctors surgery for the two study locations is provided in Figures 23 and 24 below.

Figure 23: Satisfaction getting into a doctors surgery (Walk-in Centre)



A point to note is that even where satisfied many patients indicated they would prefer to be seen quicker at their GP surgery and were turning up at the Walk-in Centre when they wanted to be seen quickly or the surgery was closed.

Figure 24: Satisfaction getting into a doctors surgery (Accident and Emergency)



On happiness to go back to a doctors surgery for treatment after assessment at the Walk in Centre or Accident and Emergency there were response for 809 patients. Of these response 449 patients were at levels 5 and 6 strongly agree and 190 were at levels 1 and 2 strongly disagree.

### ***Questions for Dudley Clinical Commissioning Group***

There are patient access to doctors surgery issues that are widespread and even impact on patients who can get appointments but are not necessarily happy about the length of time it takes to get to see a doctor. Being unable to get a suitable appointment at the doctors' surgery is a significant issue for many patients. In addition, there are particular issues in getting access to a doctors surgery affecting infants and young people.

- How would any replacement facility for the Walk-in Centre be combined with plans to reduce the difficulties that some groups of patients experience getting access to a doctors surgery?
- How would any replacement facility for the Walk-in Centre avoid simply shifting patients around without dealing with underlying problems around access to doctors' surgeries?
- Would any replacement facility for the Walk-in Centre put more pressure on Accident and Emergency if access to doctors' surgeries did not change?
- Would it be better to retain the Walk-in Centre service and try to make changes in dealing with the patient access doctors' surgeries issues?

General practice access issues are of real importance and improving access will be crucial if the aim is to get more people into doctors surgeries instead of turning up at any new urgent care facility. Otherwise it is just shifting patients about and the numbers using the facility will increase year on year. Much will depend on the final service specification that is decided for any new urgent care service. For example,

some centres have their own beds that they can use to admit patients prior to further investigations, treatment and possible transfer to Accident and Emergency or a hospital ward. In addition, they offer X-ray and ultra-sound scanning facilities. Some original walk-in centre sites targeted high need populations. For example the Walsall GP-led health centre was commissioned to provide special services for homeless patients, violent patients, nursing home patients, alcohol misusers, and people with learning disabilities as well as 'street doctoring' and sexual health services. Monitor has said walk-in centre closures or relocations and reconfigurations can risk increasing health inequality if suitable alternatives are not put in place. In addition, there will need to be a system where general practice, out-of-hours services, community health teams and the NHS 111 service work together, and differently, to ensure that patients with urgent care needs can receive prompt advice and care 24 hours a day, seven days a week.

Meanwhile, the CCG may want to explain how it has considered the issues of competition and choice and how they were dealt with in the process of thinking about, commissioning and providing a new urgent care service. Monitor has commented that when a contract for a walk-in centre expires, commissioners may not always be considering the full range of options available to them when deciding what services to procure and from whom.

## **Conclusions**

The questionnaire survey provides valuable initial insights on the views and concerns of patients using the Dudley Borough Walk-in Centre and Russells Hall Hospital Accident and Emergency. It shows that there is a gap in doctors surgery provision that is being filled by the Walk-in Centre. Information on a representative group of 943 patients was collected and many were keen to talk about their experiences of getting access to a doctors surgery and the future of the Walk-in Centre. A number of patients were fearful about what people would do if the Walk-in Centre was closed and there was much elaboration on peoples difficulties getting access to a doctors surgery and in particular suitable appointments without having to wait days or in a few instances weeks. Patients also had concerns about getting access to primary care services when doctors surgeries were not open in the evenings and at weekends. And some patients said they were unable to easily get time off of work for available doctors surgery appointments, they had infants and young children and found it difficult to get access to a doctors surgery when they needed to, or they were older people that sometimes needed to access a doctors surgery at short notice and this was not always possible. Consideration will need to be given to the question of doctors surgeries opening at weekends and for longer in the evenings as well as making it easier for patients to get access to doctors surgery services, waiting less time to see a doctor and able to more easily get a same day appointment. Any plan for a new medical facility at the Russells Hall Hospital site



intended to replace the Walk-in Centre would need to include a clear strategy to deal with these patient access to doctors surgery services to prevent just simply shifting patients around and not getting more back into using doctors surgeries as their first port of call when they need medical help.

Further research could usefully focus on more specific investigations of how patients view and use primary care services. In particular, qualitative research getting the patient stories would help to highlight the complexity in people's lives that impact on their use of primary care services and their experiences of those services. It would be possible, at the same time, to better empathise with and understand patients, their attachment to or beliefs about services, and why they work (or not) for them.