



HEALTH E1 HOMELESS MEDICAL CENTRE



OPENING HOURS AND WALK-IN CLINICS

Patient survey

July 2012

Pathway is a model of integrated healthcare for single homeless people and rough sleepers. Its aim is to put the patient at the centre of their own care pathway and transform health outcomes for one of the most vulnerable and deprived groups in our society. Pathway believes that models of healthcare developed for and with homeless people will also help improve access to healthcare for other multiply excluded groups.

Pathway is based on a set of fundamental values. In the Pathway generosity, kindness and compassion combine with a passionate commitment to professional quality to become the defining characters of health services for rough sleepers and single homeless people. Pathway is a small independent charity, formed to champion homeless peoples' health needs within the NHS. Pathway supports the work of the Faculty for Homeless and Inclusion Health.

For more information about Pathway or to make a donation please visit: <http://www.londonpathway.org.uk>

To find out about our services including patient surveys, advisory panels, service evaluation, and homeless health needs assessment please email info@londonpathway.org.uk

This report was written and researched by Stan Burridge.

Stan Burridge spent most of his childhood in the care system and experienced repeated episodes of physical, emotional and sexual abuse. His life on the streets of London began during the numerous times he absconded from care placements as a child. After leaving "care" and experiencing difficulties settling into mainstream society, he returned to street life, setting off a pattern that continued for many years. His cycle of homelessness-temporary accommodation-resettlement lasted the best part of two decades punctuated by a spell in prison and treatment for extreme depression.

During that time and since, he has moved on from homelessness, and has been at the forefront of many initiatives, lobbying efforts and instances of direct and indirect action so that homeless people have a voice- and with his unique talent ensured that that voice can be heard loudly and eloquently. He is also the writer and presenter of the award winning BBC radio series "Postcards from the Street" an insight into life as a rough sleeper.

Since March 2012 Stan has been employed as Pathway lead researcher on service user and service user involvement.

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About Health E1

Health E1 is a nurse-led primary care surgery on Brick Lane, London, in Tower Hamlets. The local community of Tower Hamlets is one of the most diverse in the UK with more than 100 different languages spoken. Tower Hamlets also has one of the most extreme examples of gaps in terms of economy, it is the second most deprived borough in London and third most deprived in the UK. At the other end of the scale it is also home to Canary Wharf and the centre of the UK's banking and finance industry with all its associated wealth.

The Health E1 practice was set up in 2000 to address the primary, mental health and substance misuse needs of the large number rough sleepers and those in temporary accommodation, such as hostels, in the London Borough of Tower Hamlets.

The Health E1 practice has a full range of health and support services available including:

1. Substance misuse programme, including Methadone and Buprenorphine prescribing
2. Mental Health specialist
3. Clinical Psychologist
4. Blood Borne Virus services
5. Community Alcohol team
6. National Association for the Care and Resettlement of Offenders. (N.A.C.R.O)
7. Advice clinics for housing, benefits etc.

Health E1 has been the recipient of several awards:

- *The Faculty Provost Award, 'Best Practice Innovation'*
- *London region winners 'Home office award, Tackling Drugs, Changing Lives'*
- *Runners-up 'Health and Social Care awards' Improving Health and reducing Inequalities*

One of Health E1's GP's is now leading a "Pathway" in-patient care team as part of a National Institute of Health Research Initiative at the Royal London Hospital, Whitechapel.

The project:

Health E1 commissioned me to explore whether or not their current opening times and mix of walk-in and booked appointments suited their patients.

Opening hours at the practice are

Monday	09:00 - 13:00	14:00 - 17:30
Tuesday	09:00 - 13:00	14:00 - 17:30
Wednesday	09:00 - 13:00	14:00 - 17:30
Thursday	09:00 - 13:00	14:00 - 19:30
Friday	10:30 - 13:00	14:00 - 17:30

These opening times offer an equal mix of pre-booked appointments and walk-in clinics, with the walk-in clinics mainly in the morning. This report is an assessment of those clinics, how they are operating and whether a change in schedule will impede or improve care delivery.

A simple questionnaire was used to conduct this survey (Included.) This was the second draft of questions. I felt after looking at the original version it only allowed for negative comments so in order to allow for a balance some slight changes were made.

Over the course of this project I visited Health E1 on three occasions to ask the patients attending the different surgeries to take part in the survey. It was agreed that no formal method would be used to record individual patient identity, unless they specifically agreed otherwise.

To achieve a balance one morning and two afternoon sessions were arranged. These were chosen to allow me to observe the various sessions working. Whilst conducting the questionnaire I made mental notes and these will also form part of this report.

The first session was the afternoon of Wednesday 18th July; this was for a booked appointment session; the two other sessions were morning of 18th July and the afternoon of Friday 20th July for walk-in clinics. The Friday afternoon was selected as it is normally one of the busiest walk-in sessions of the week; this was also the last of my three planned sessions.

The walk in surgeries attracted more patients who participated in the survey with 23 and 26 surveys conducted respectively; during the booked appointment session I achieved 14 surveys.

Patient survey sample form

This is the version of the questionnaire that was used for the purposes of this project

Patient Survey on Opening Hours and Walk-in Clinics

1. Who have you come to see today?
2. Are you happy with the current opening hours of Health E1?
Please circle: **Yes**
 No
Comments.....
.....
.....
3. Are you happy with the general walk-in clinic at Health E1?
Please circle: **Yes**
 No
Comments.....
.....
.....
What time of day is a walk-in best for you?
.....
4. Are you happy with Steve's mental health clinic walk-in at Health E1?
Please circle: **Yes**
 No
Comments.....
.....
.....
What time of day is a walk-in best for you?
.....
5. Would you prefer that Health E1 had more general walk-in clinics and less booked clinic appointments?
Please circle: **Yes**
 No
6. Would you prefer that Steve had more mental health walk-in clinics and less booked clinic appointments?
Please circle: **Yes**
 No

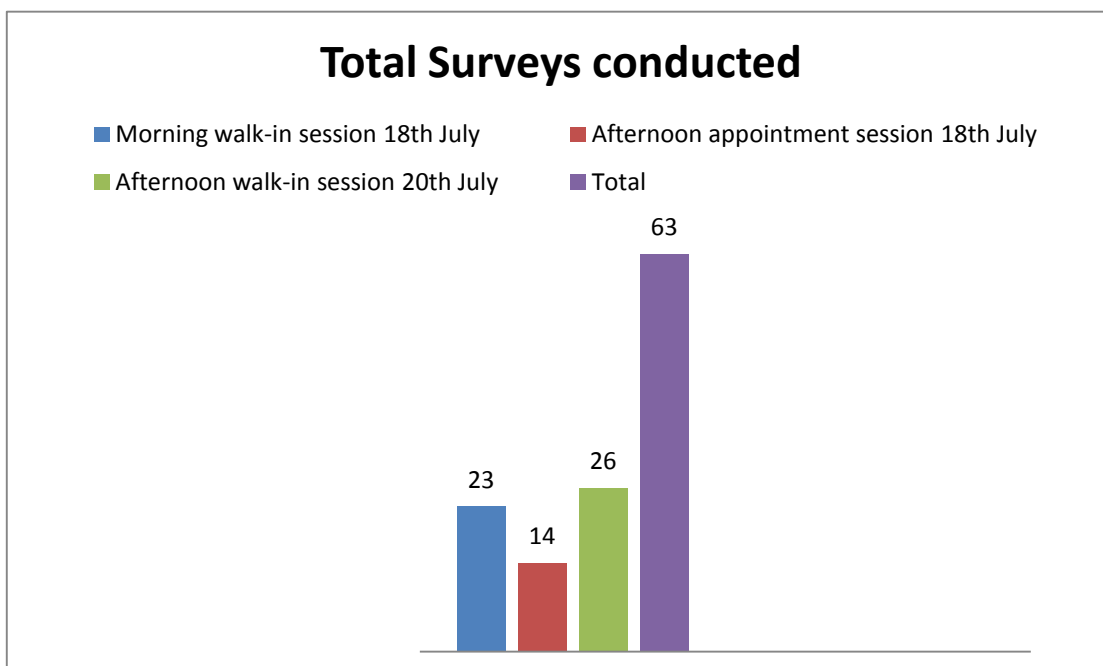
Thank you for taking part

Patient survey data charts

Please note:

The data which is contained within the following charts show only those who completed the patient questionnaire. At no stage was participation compulsory and no formal head count was conducted. Reviewing the number of patients who according to the register attended the sessions, and comparing that figure with those who completed the questionnaire I managed to achieve an approximate average of 50% across the three sessions. The data contained within this report does not reflect the attendees for each individual clinic, as only about half of all those who attended the surgery participated in this report, therefore no comparison between the data and the attendees of an individual clinic is implied.

Chart one



In total I questioned 63 patients. I have shown the breakdown of the individual surgery times above.

This chart indicates that during my visits the walk-in surgeries saw more patients than the booked appointment session. A closer inspection of attendance record for that day and a look back historic data may give a clearer indication of whether walk-in sessions are generally busier or this was a one off event.

Chart two

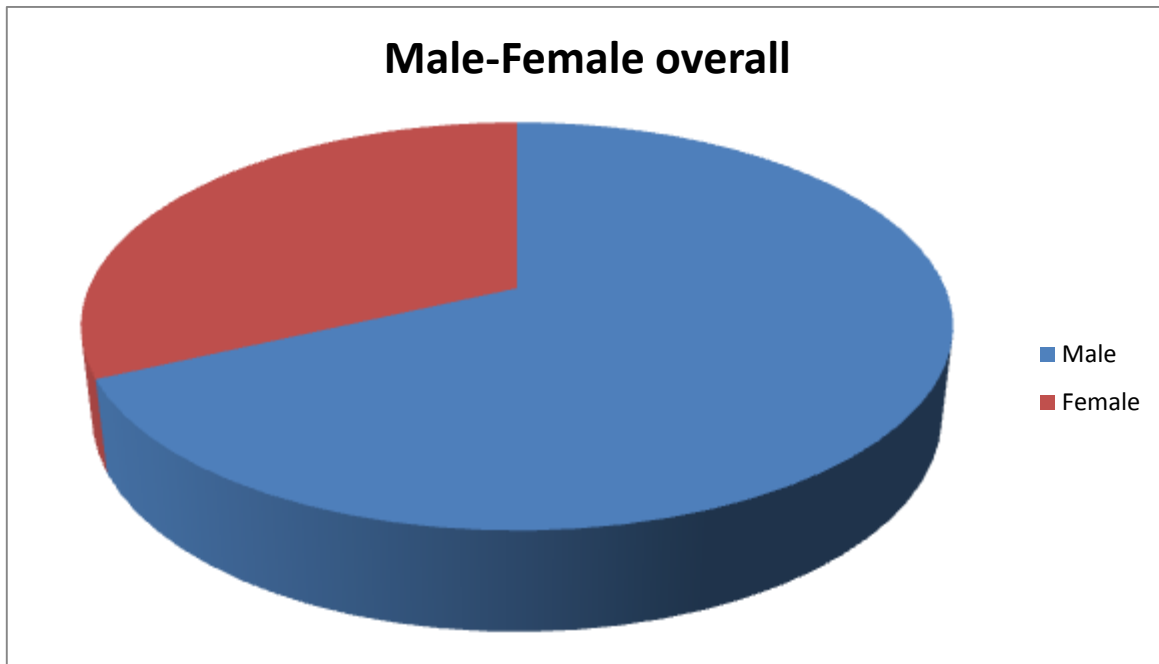
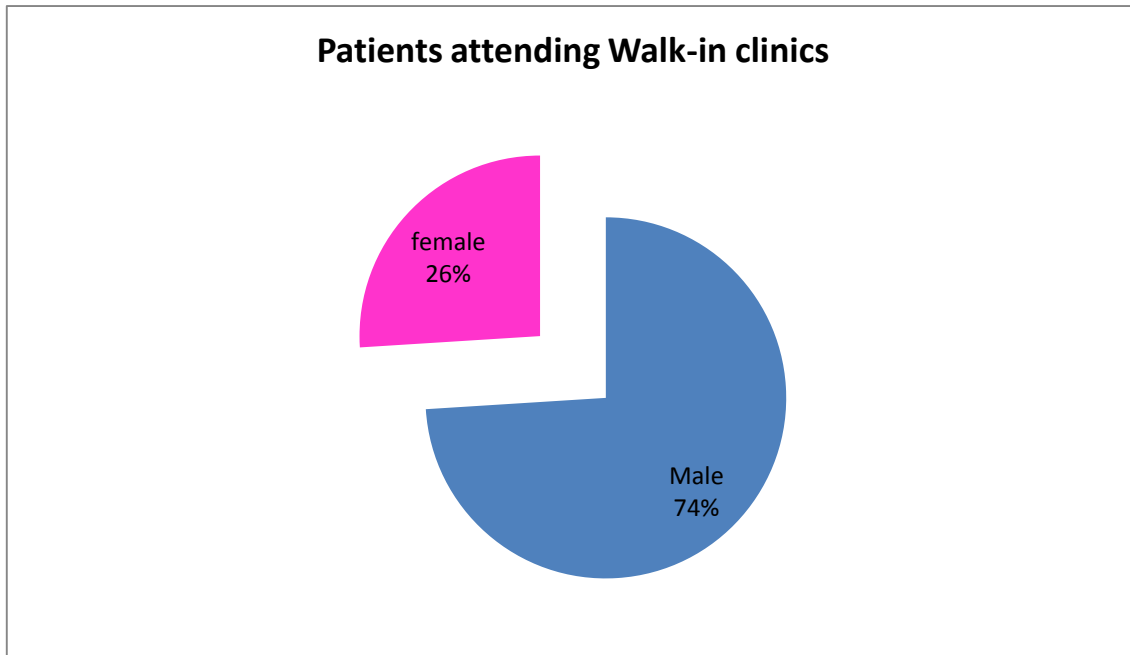


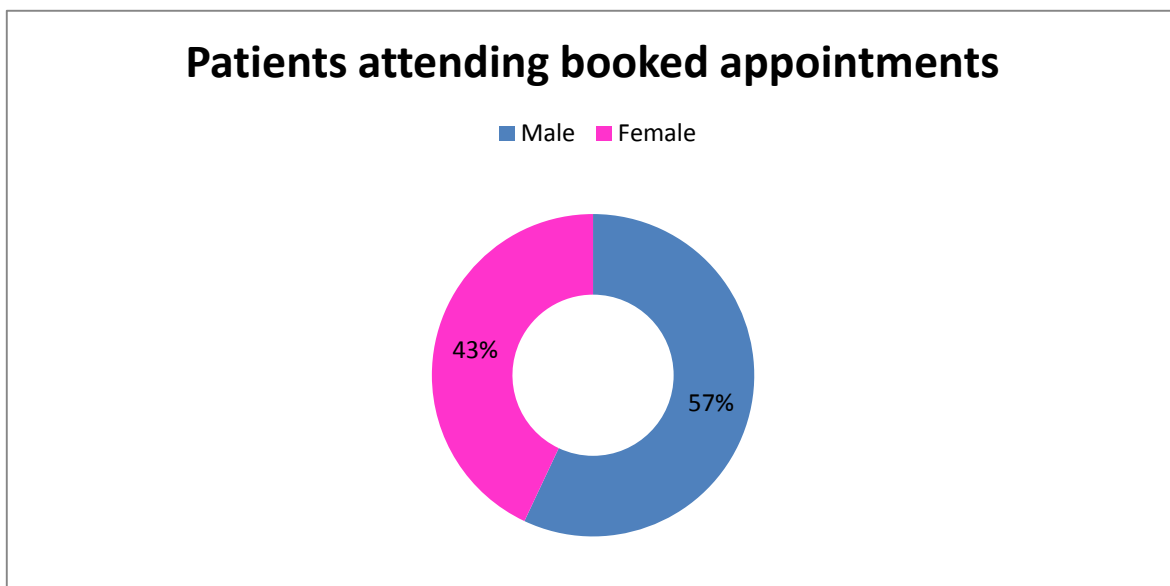
Chart two shows the male-female split of the patients who completed the questionnaire during my visits. I observed the sessions as a whole and made a mental note of those who completed the questionnaire and those who didn't. The 68% - 32% male-female balance seems to fairly reflect the ratio of male-female patients who visited the practice over the three sessions. I feel that if I had conducted a head count including those who didn't take part in this project I would have reached the same average percentage.

Chart three



In charts 3 & 4 I look a little closer at the male-female ratio (who participated) and compared these two figures with the session they attended. I noticed that the figures for the walk-in clinic compared very closely with the male-female patients on the register, however when I looked at the statistics for the booked in appointment session there was a marked difference in that females accounted for 43%. I have addressed this in the summary.

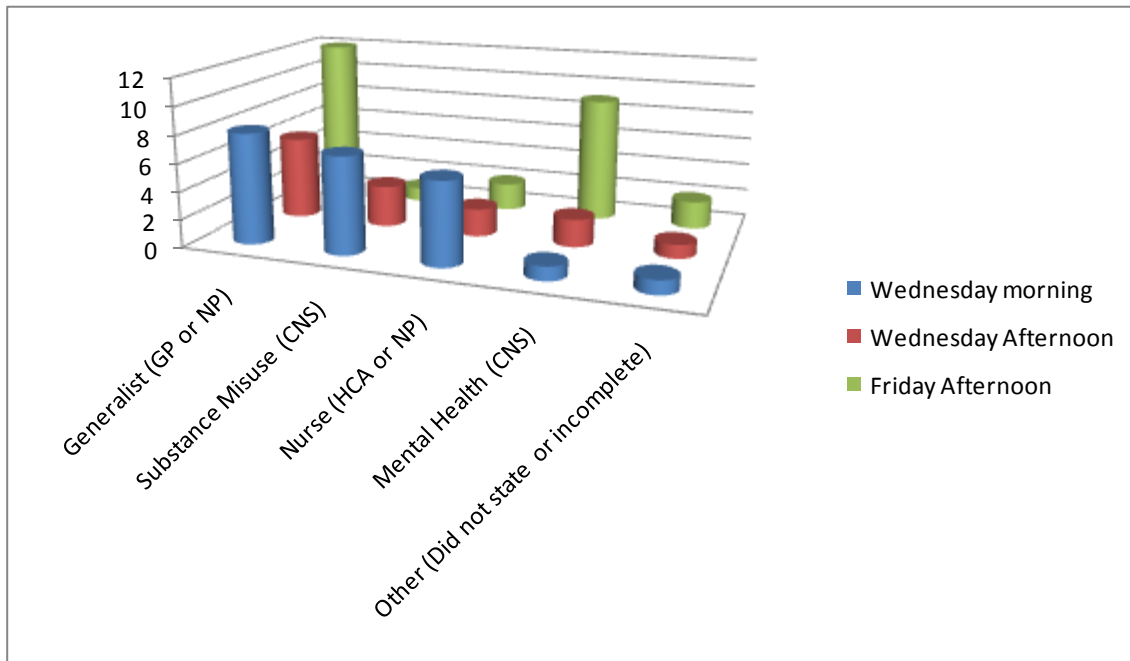
Chart four



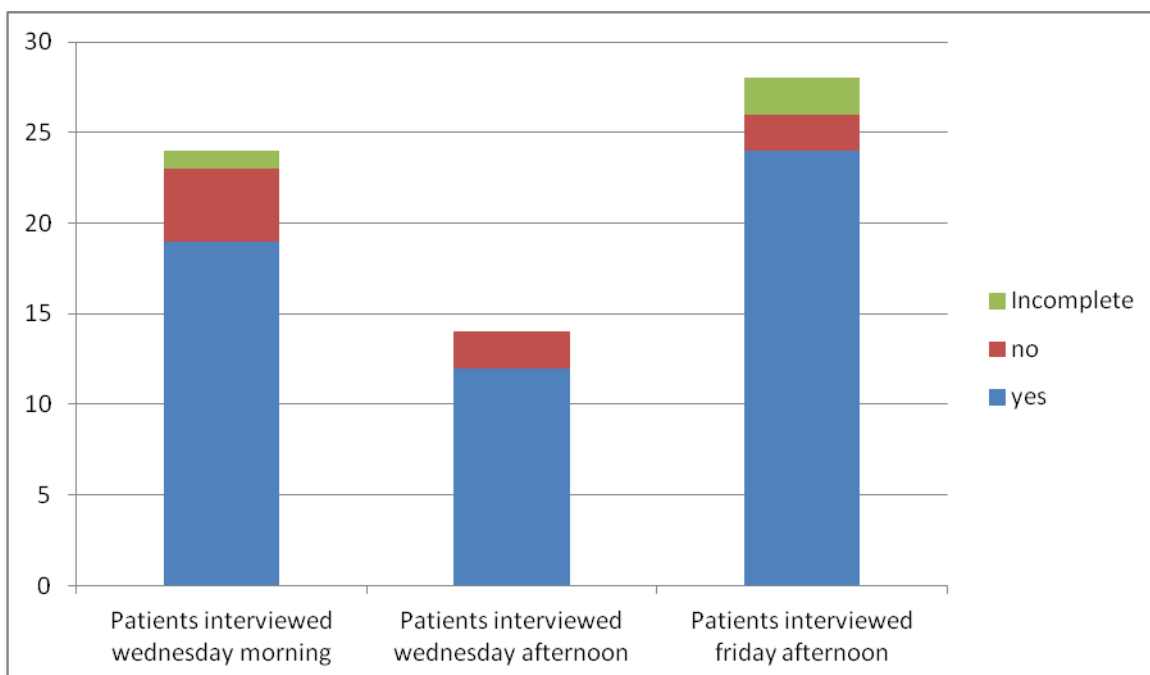
Questionnaire responses

The following charts relate to the answers given on the questionnaire. Each question has been compiled into a chart and the comments which were made have been added on separate pages.

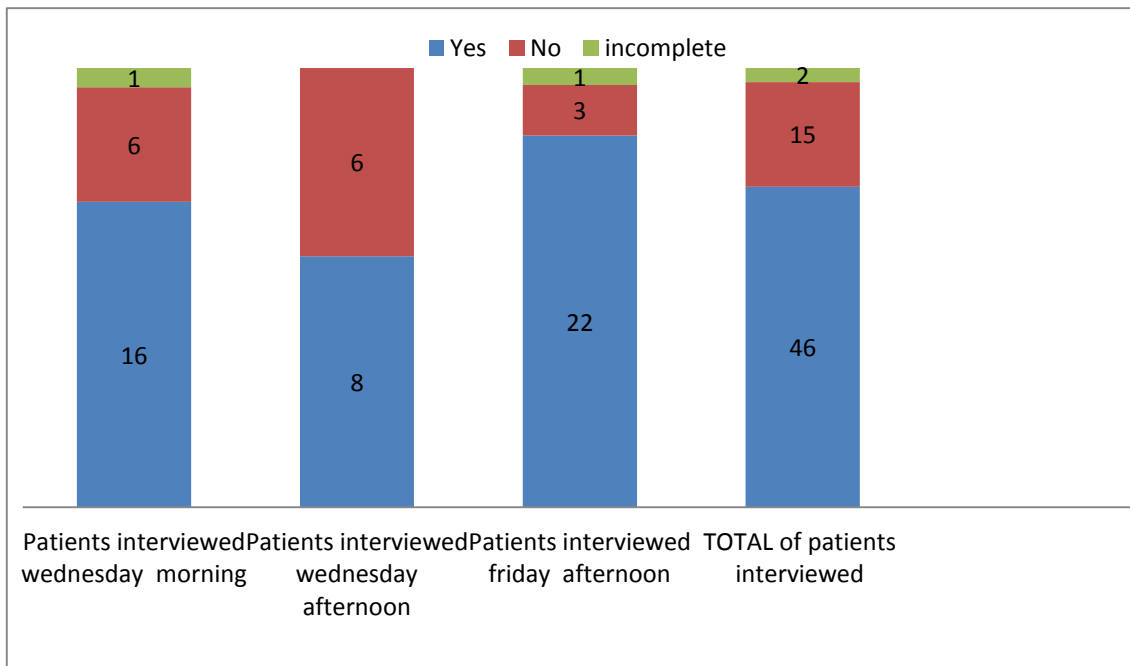
Question 1, who have you come to see today?



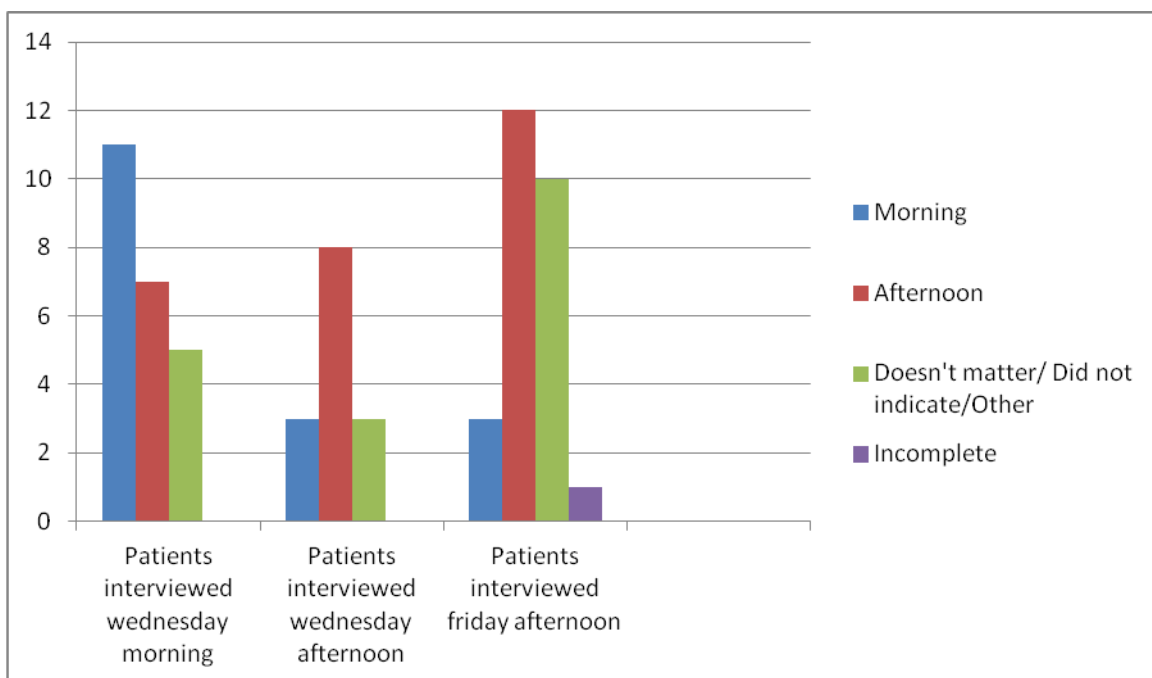
Question two, Are you happy with the opening times of Health E1?



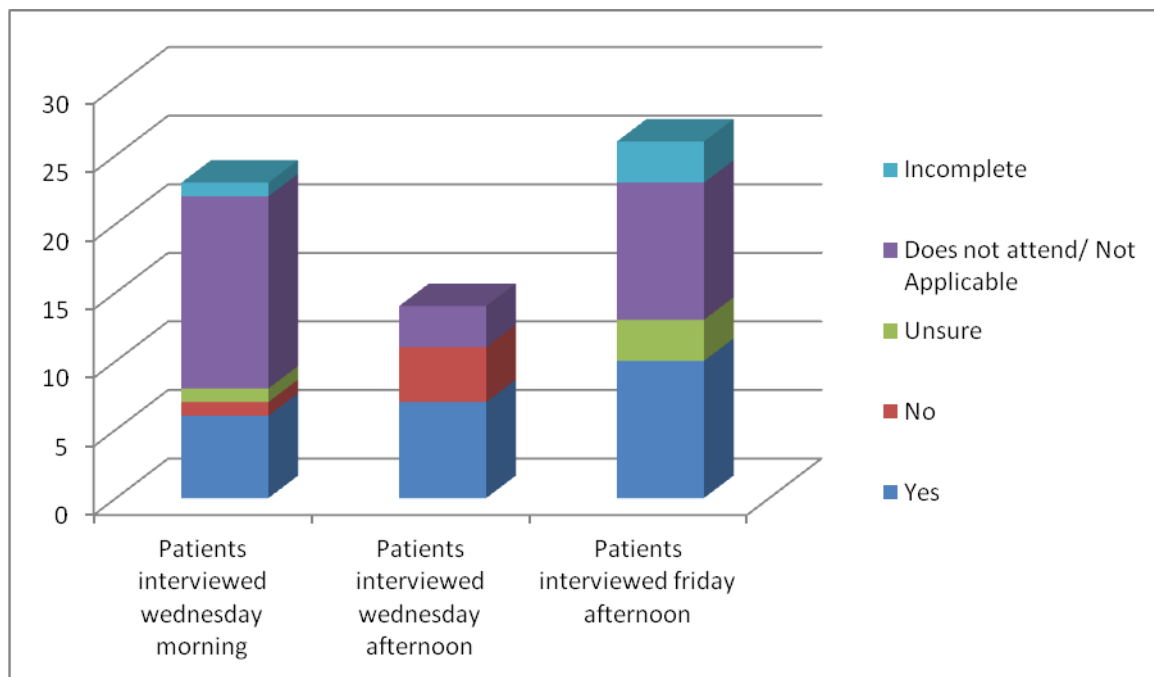
Question 3a, Are you happy with the general walk-in clinic at Health E1?



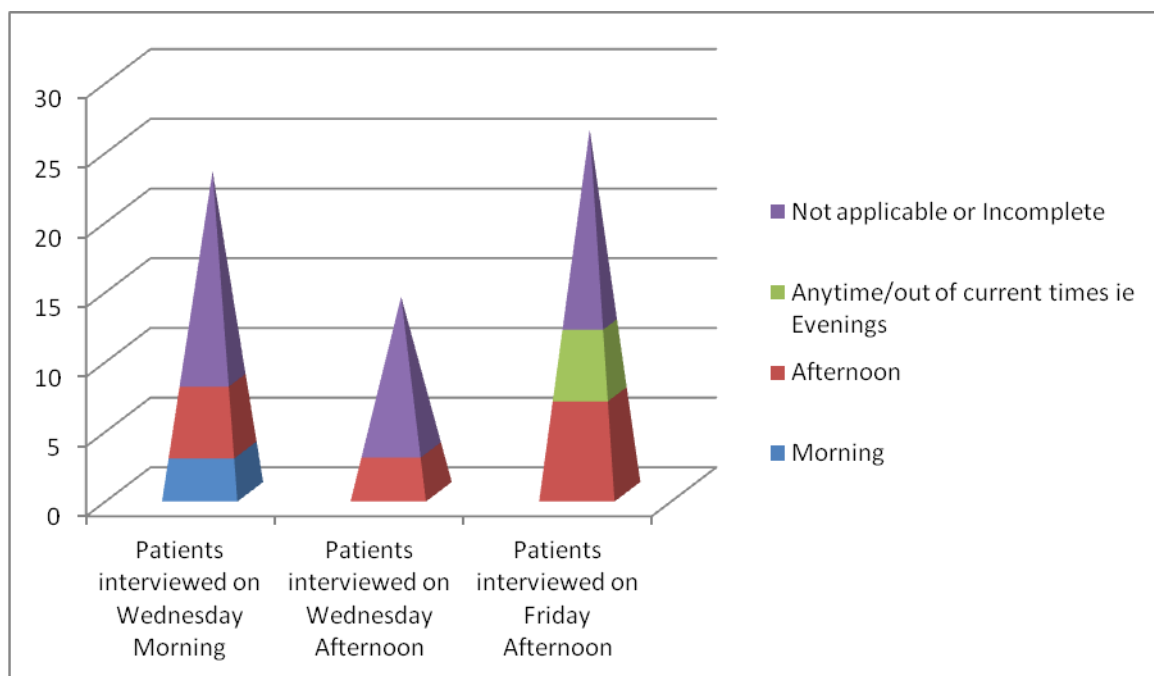
Question 3b, What time of day is a general walk-in clinic best for you?



Question 4a, Are you happy with Steve’s mental health clinic at Health E1?

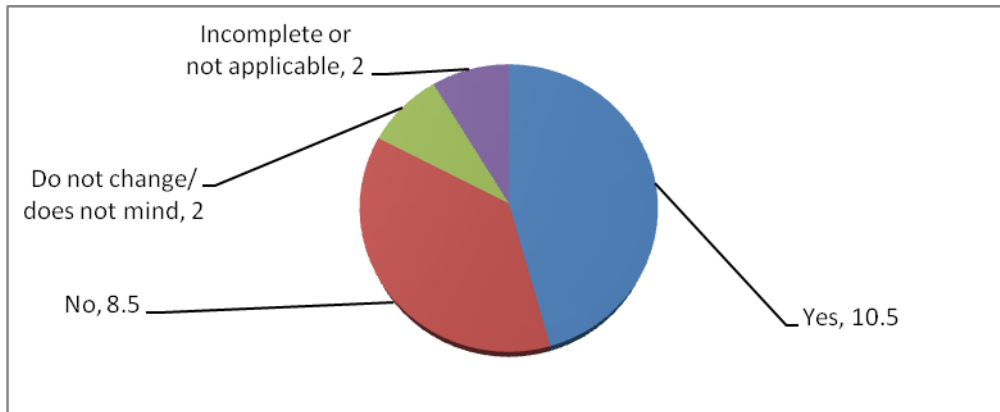


Question 4b What time of day is a mental health clinic walk-in best for you?



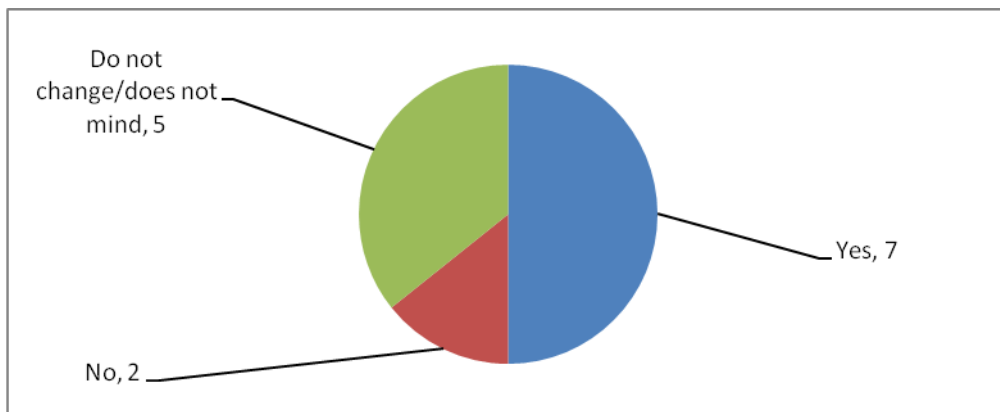
Question 5, Would you prefer that Health E1 had more general walk-in clinics and less booked appointments?

Wednesday morning interviews

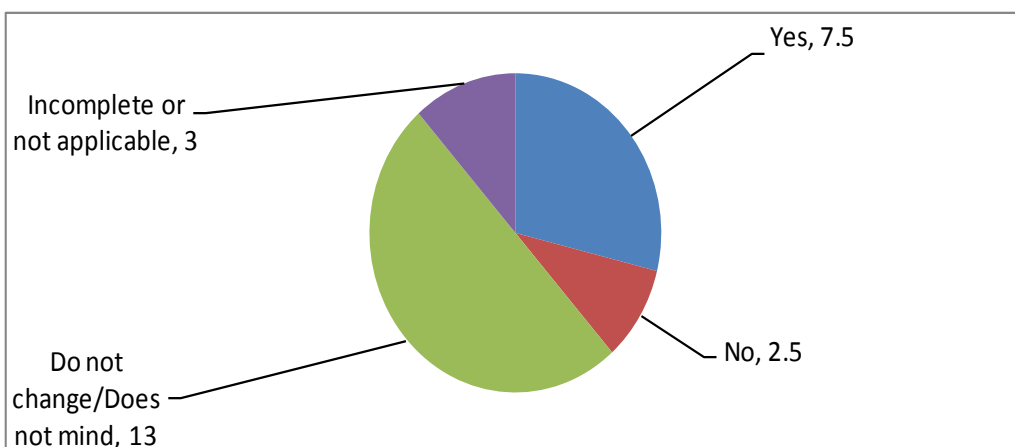


Half points given to yes/no or 50/50 answers

Wednesday afternoon interviews



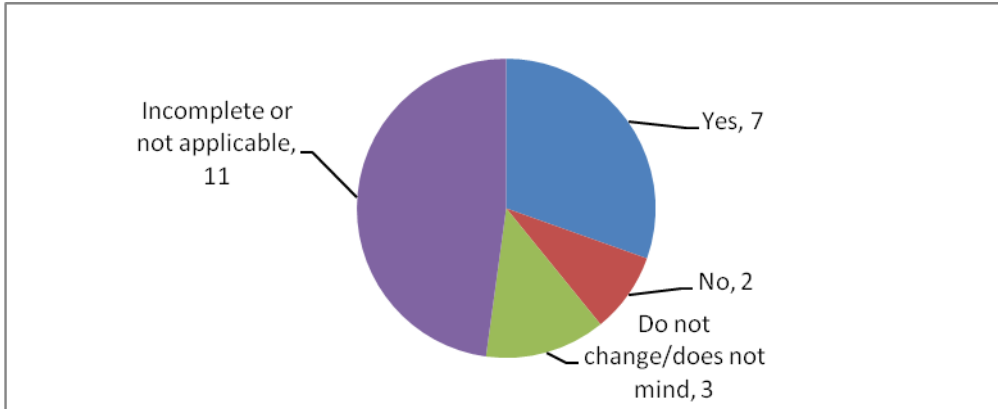
Friday afternoon interviews



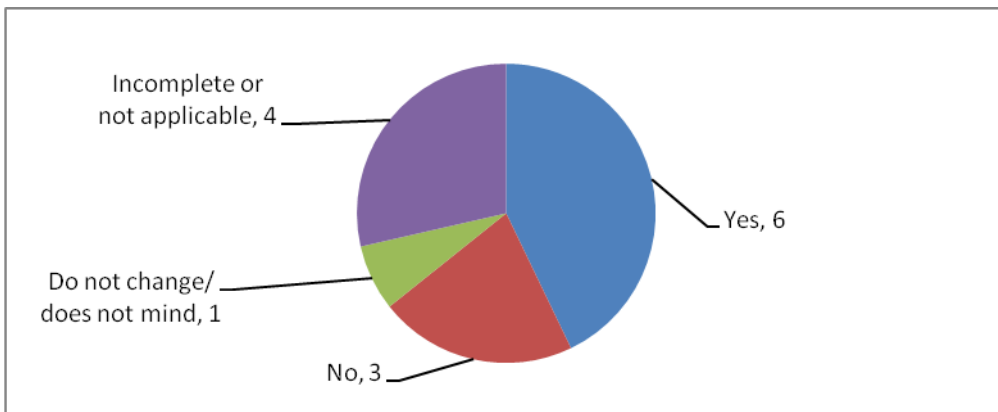
Half points given to yes/no or 50/50 answers

Question 6, Would you prefer that Steve had more mental health walk-in clinics and less booked clinic appointments?

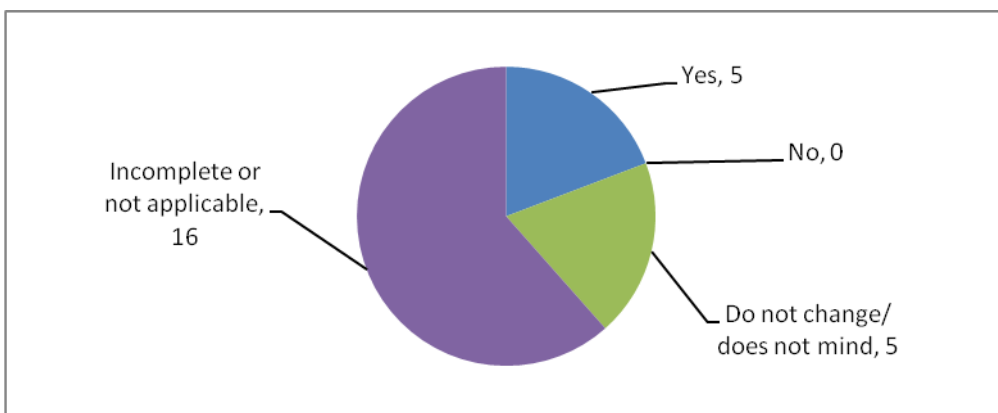
Wednesday morning interviews



Wednesday afternoon interviews



Friday Afternoon interviews



Half points given to yes/no or 50/50 answers

What was said!



What else was said!

During my visits I found that most of the things which were said were repeated time and again, and when looking back at the questionnaire sheets this was confirmed. It seems that many said more afternoon walk-ins, and the morning for booked appointments. I did ask why on a number of occasions and almost everyone said getting focussed in the morning to attend was a struggle. Some stated they needed a drink, or to get a hit to feel normal.

One thing that did arise from those conversations is that most appeared to be at the session they had chosen rather than attend through lack of choice. I think this answers the question of whether the mix and format of clinic times meets the need when clearly patients are able to select a day and time and know they are going to be seen.

One or two people felt sceptical about the report, indicating that it wouldn't make any difference what they put down, no one would take any notice. In regards to walk-in clinics a small number said they didn't care about them as they always booked an appointment.

Another said, he couldn't get an appointment but it was ok because he could just walk in.

A small number of people commented about the reception staff. All but two said they were helpful and polite. The other two thought there should be more reception staff to stop the free-for-all that comes at opening times for the walk-in

The bulk of the complaints were not about the time the sessions were at, but rather the length of time it took to be seen. I asked them about the booked appointment times most seemed unwilling to be fixed to a time to attend.

One person said there should be bit of grace with the booked appointments, indicating that if they missed the appointment they would either have to hang around until the end or come back another day. They said that if they had to come back, they would use street drugs because they would not be able to get the prescription.

This page may look like there were lots of gripes and moans; in fact on the contrary most people were full of praise. Saying they were happy with the surgery opening times, happy with the surgery.

Boots and braces

I spent three sessions at Health E1 and found the practice generally working well. Patients were milling around outside for much of the time despite the wet weather, and clinicians often found themselves looking for the next patient. Whilst I conducted the questionnaire I also spent some time just chatting to the staff and the patients. I wanted to take time to get a feel for the working relationship between them.

Yes I found a number of people who felt there should be more afternoon walk in sessions but when I delved deeper into that conversation I found that it was merely from an angle which had more to do with busy doing nothing lifestyle than being unable to be seen and treated by a clinician.

When I reviewed the data sheets I also found that when asked if they were happy with the current walk in arrangements most said they were. What was interesting and supports the theory that it is just about right is that, those who said they were happy with morning walk-in's were in fact at the morning walk in, those who said they were happy with the afternoon walk-in were at the afternoon session. Just from this information alone I am able to state quite clearly, if a patient is happy with one session or another, they will make it to the surgery for that clinic.

I observed, on different occasions groups of patients hanging around the front or side of the building, more often than not drinking (albeit attempting to be discreet) and noticed the issues that come with that. At one point, mid way through the afternoon session on Friday, local P.C.S.O officers came and removed the alcohol and dispersed the group. It was clear that the longer the day goes on the more time for alcohol or drugs to be consumed then the more difficult it would be to man-manage the situation. I compared my thoughts to the walk-in on Wednesday and found that the issues surrounding street drinking outside were less obvious. Again I cannot say whether this is a normal pattern or a one off as I have not compiled the data to support or refute it.

I also observed the relationship between the patients. In general they interact with one another fine. On a couple of occasions during my questioning of the patients it was mentioned that there were occasionally some difficulties regarding registration for the walk-in clinic; for example arguing and fighting over position in the queue. I saw no evidence of this. I observed the relationship between the staff and the patients. I thought that this was extremely good. I observed the staff being respectful, courteous, helpful and friendly and at the same time authoritative.

The inter-staff relation is also something which deserves mentioning in that the interactions between them are easy and flowing. As this relationship has a direct impact on the ability to complete a job effectively, having the right balance is important, Health E1 has the right balance.

Summary:

A large number of those who completed this survey suggested that afternoon walk-in surgeries would be better. Despite this I found the feedback gained from the patients did little to suggest changing from mainly morning walk-in clinics to afternoons would achieve very much. My own opinion is that the clamour for afternoon walk-in clinics is primarily because of the desire to sleep longer or engage in drinking or taking drugs prior to attending surgery.

On my final visit to the practice on Friday afternoon, I observed an increase in the level of street drinking taking place outside the premises. I feel that any wholesale changes to the walk-in surgery times given the management difficulties with street drinking during the afternoon sessions would be counterproductive.

I noticed a much closer ratio of male and female patients during the booked appointment session. It may be of interest for the practice to begin compiling figures taking into consideration the following questions:

1. Are female patients better at sticking to fixed appointments?
2. Do female patients feel safer at a fixed appointment session than during a walk-in clinic?
3. Are homeless male patients generally more chaotic therefore requiring a more flexible booking system than their female counterparts?

I feel that if any changes were made then these would be slight. In general the split between walk-in clinics and booked appointment surgeries works well. Ensuring that all patients have the opportunity to be seen by a clinician has been the aim of the current process and I feel that overall this is being met.

As with any care delivery there will be some people who fail to engage at a level which ensures that they can receive all the available benefits, but that will be something which needs the cooperation of the patient. In the case of Health E1, I feel that patients are offered multiple opportunities to overcome any issues relating to a desire for an alternative slot for the various clinics. I feel that to make changes based on the views of minority will vastly impact on the majority who are having their needs met by this service and its current surgery structure.

Recommendations:

I feel it would be inappropriate to compile a list of unnecessary recommendations. I found that the way the appointment process and walk-in clinics have been set up is working extremely well for the vast majority and therefore I recommend no change.

The Health E1 project has demonstrated they wish to listen and take into consideration the views of their patient group; this is supported and encouraged by Pathway. I feel that there is a balance between being able to deliver what is practical and what is desired and it is the former which has to take a precedence to ensure that care delivery at Health E1 continues to deliver to its maximum potential.

Stan Burridge
July 2012.

Acknowledgements:

I would like to take the opportunity to thank the patients and staff of Health E1 who took time to participate in this report.



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