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Journal:	*BMJ Open*
Manuscript ID:	bmjopen-2015-008286
Article Type:	Research
Date Submitted by the Author:	23-Mar-2015
Complete List of Authors:	Arain, Mubashir; The University of Sheffield, School of Health and Related Research Baxter, Susan; The University of Sheffield, Nicholl, Jon; The University of Sheffield,
Primary Subject Heading:	Health services research
Secondary Subject Heading:	Emergency medicine
Keywords:	HEALTH SERVICES ADMINISTRATION & MANAGEMENT, Health policy < HEALTH SERVICES ADMINISTRATION & MANAGEMENT, Organisational development < HEALTH SERVICES ADMINISTRATION & MANAGEMENT, Organisation of health services < HEALTH SERVICES ADMINISTRATION & MANAGEMENT, Quality in health care < HEALTH SERVICES ADMINISTRATION & MANAGEMENT

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Perceptions of healthcare professionals and managers regarding the effectiveness of GP-led walk-in centre in the UK

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Abstract

Background

In the past few years there has been a particular concern about an increase in the use of Emergency Department (ED) services provided by the National Health Service (NHS) and part of the rationale for introducing the new GP led walk-in centres has been to stem this increase. This study aimed to identify the perceptions of healthcare professionals regarding the effectiveness and the impact of a new general-practitioner-led (GP-led) walk-in centre in the UK.

Method

This qualitative study was conducted in a large city in the North of England. Semi-structured interviews were conducted between August 2012 and December 2012. Interviews were conducted with healthcare providers at an emergency department at a large city hospital, an emergency department at a children's hospital, a minor injuries unit, a GP-led walk-in centre, GPs from surrounding surgeries and GPs from an Academic Unit of Primary Medical Care. Data were coded using thematic analysis to identify key recurring themes within the data.

Results

Eleven healthcare professionals or managers were interviewed. Seven key themes were identified in the data relating to: the clinical model of the GP-led walk-in centre; public awareness about the services; appropriate use of the centre; the impact of the centre on other services; demand for healthcare services; choice and confusion; and views of the walk-in services. There were some discrepancies between the managers and healthcare professionals regarding the usefulness of the GP-led walk-in centre in the current urgent care system.

Conclusions

Participants reported not having noticed any decline in the demand of accident and emergency

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services as a result of the opening of the GP-led walk-in centre in the locality. Patient confusion for choosing the right healthcare service was considered as the most important barrier to achieving any reduction in demand.

Strengths and Limitations

- This is the first study to explore the perceived impact of GP led walk-in centres in the UK on other urgent care services. The study included a wide range of stakeholders who could identify some potential issues emerged as a result the establishment of these centres.
- This study provides valuable information regarding stakeholders' perspectives and organisational implications of establishing GP led walk-in centres
- While this is a small sample size, the achievement of data saturation indicates that the sample was adequate to address the research question in this context. The impact of these centres on emergency departments over a period of time that could be expected with this new service were beyond the scope of this study.
- The qualitative findings from our purposive sample are not intended to be representative, but highlight important insights into barriers and enablers to conduct large scale future research on the impact of GP led walk-in centres on other NHS services.

Keywords

Primary health care, family practice, general practice, Health services, walk-in centres, urgent care services, emergency care

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Introduction

The rise in emergency department (ED) attendances has been of particular concern in the UK for the past few years [1]. In order to address this there have been a number of efforts to further strengthen the primary healthcare services and to decrease unnecessary attendances at EDs. Multiple urgent care services have been introduced in the last decade such as National Health Service (NHS) direct, urgent dental services, walk-in centres and GP out-of-hours services to decrease unnecessary patient load on EDs.

The nurse led walk-in centres were established in the early 2000's. The aim was to improve patient access to healthcare services for minor illness and injuries by having long opening hours – 7 a.m. to 11 p.m. 7days a week [2]. Some of these centres also employed GPs but centres were mainly led by nurse practitioners [3]. A survey of GPs, however, suggests that many are opposed to nurse led walk-in services, with concerns for treatment continuity and safety [4]. This study also found that GPs identified the need for better communication between nurse led walk-in service providers and registered GPs. In contrast to these concerns from GPs, it has been reported that patient satisfaction with the quality of service is greater in nurse led walk-in centres as a result of easy access and much shorter waiting times compared to GP practices [5]. A qualitative study explored users' preferences of choosing nurse led walk-in centres, which included 23 semi-structured interviews of patients who had recently used a nurse led walk-in centre [6]. The study found that the nurse led walk-in centre improved access for patients to healthcare as perceived by the services users [6].

The new GP-led walk-in centres were introduced in the UK following a report by the department of Health on the situation of urgent care services in London [7]. It was expected that some of the concerns about nurse-led walk-in centres would be addressed by GP-led walk-in centres.

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However, it was not clear whether these centres were going to replace the nurse-led centres or established in parallel to the nurse-led centres. Also the new service might be a business competitor to the GP surgeries in the localities where these services have been established. The new model was different than the nurse led model as some of these centres were operated by private healthcare providers. These new GP centres were also able to deal with chronic diseases as well like diabetes, asthma and heart disease, and the centres also provide the opportunity to access medical record of the patients if requested by the patient. Moreover, patients could also register with the GPs working at these centres. Every primary care trust (PCT) in England was informed to open one GP-led centre, and around 150 such clinics were first planned to open [8]. Although patient satisfaction is reported to be high with the services at these centres [9], some of the centres already closed after only a few years of operation due to a lack ofevidence for reductions in ED attendances [10]. One report found that 25% of GP led walk-in centres disappeared due to budget cuts in 2012 [11]. A report by the King's Fund highlighted the urgent need to evaluate the impact of GP-led walk-in centres [12]. There were other calls for a greater understanding of the potential role of GP-led walk-in centres in the urgent care system [13]. It was unclear whether the centres are closing down because of they were unable to have any impact on Emergency Departments or the lack of the collaboration with the local healthcare providers made these centres misfit in the current healthcare system.

The literature search found several studies of the impact of various types of nurse led walk-in centres [4, 5], but no evaluations of the impact of GP led walk-in centres. Considering the literature on the topic, it was found that critiques against walk-in centres often came from health care professionals [4]. It was, therefore, considered that the perspective of other local healthcare

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providers needs to be understood about the role of GP led walk-in centres. The objective of this study was to determine the perception of the local healthcare providers regarding the effectiveness and impact of GP-led walk-in centres in the UK.

Methods

This qualitative exploratory study was designed under the domain of phenomenological approach to determine the perceptions of healthcare professionals regarding the effectiveness and impact of a GP-led walk-in centre on other local NHS services in a single primary care trust. Semi-structured interviews were conducted from August 2012 to December 2012.

Healthcare providers and healthcare managers were purposively sampled to achieve diversity in professional groups and the range of service locations within a single locality including: an ED at a large city hospital; an ED at a children's hospital; a minor injuries unit; the GP led walk-in centre; GPs from surrounding surgeries; and GPs from an Academic Unit of Primary Medical Care. Participants were contacted through the centre manager (in case of GP-led walk-in centres), through the GP surgery manager (for GPs and nurse practitioners working in the nearby GP surgery), and directly via email for centre managers and PCT managers. Participants were recruited until no new themes emerged (i.e., data saturation).

MA conducted hour-long individual interviews in the participants' officesusing a semi-structured interview guide based on a search of themes in existing literature [4] and after informal discussions with the local primary care trust (PCT) and GP-led walk-in centre managers. The

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3 interview guide covered the following topics: introduction of the participants' role in the NHS
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5 and any role in relation to the GP-led walk-in centre; perceptions about the services provided at
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8 the GP-led walk-in centre; perceived effectiveness and impact of the GP-led walk-in centre on
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10 other services; and awareness of the general public about the services provided at the GP-led
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12 walk-in centre. All interviews were digitally audio-recorded and then transcribed into Word
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15 format.Field notes were also taken.
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20 The coding was primarily carried out by MA, with input from SB to discuss emerging codes and
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22 data within each theme, prior to discussing data with other members of the research team to
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24 establish consensus. Data were coded by hand using thematic analysis to identify recurring
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27 themes. Thematic analysis has been increasingly used in health services research [14]. Each
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29 interview was read line-by-line to identify ideas or concepts within the text. Similar ideas or
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32 concepts across the transcripts were brought together and given a descriptive code. Each code
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34 was then further examined to develop themes and subthemes within the data set.
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39 Ethical approval was obtained from the NHS Ethics Research Ethics Committee. Informed
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41 written consent was obtained from all participants.
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47 # Results
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50 Eleven participants were interviewed. The participants were broadly from two categories: first,
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52 healthcare professionals (consultants, GPs, nurses); and second, managers (GP-led walk-in
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54 centre managers, PCT managers). All the participants from the managerial group were either
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57 directly or indirectly involved in managing or commissioning the GP-led walk-in centre services.
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Of the non-manager group, two healthcare professionals were from a minor injuries unit, two GPs were from surgeries near the walk-in centre, one participant was a GP practice coordinator/manager working within a mile radius of the walk-in centre, and three were doctors from the ED of the local hospital. Table 1 details the characteristics of participants.

Upon exploration of the perceptions, seven recurring themes were identified that were directly or indirectly related to how local healthcare providers and managers perceive the role of the GP-led walk-in centre in the urgent care system. The themes include uncertainty regarding the clinical model of the GP-led walk-in centre; lack of public awareness about the services provided; uncertainty regarding the impact of the GP-led walk-in centre on other NHS services; increasing demand for healthcare services; concerns regarding appropriate use of the centre; the creation of choice and confusion; and mixed views of the services provided. See Figure 1 for a diagram illustrating themes and subthemes within the data.

In the following presentation of data, some quotes have been subject to minor editing to clarify the meaning of the extracts and to maintain the anonymity of the participants. Furthermore, the source has been referred to only by the group to that the participant belonged in order to preserve anonymity.

1. Uncertainty regarding the clinical model

The participants described differing understandings regarding the existing model of the local GP-led walk-in centre, and their preferred model.

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Nurse-led vs. GP-led

Some participants perceived that the GP-led walk-in centre was typically nurse-led and only made referrals to a GP when needed. Others believed that a triage nurse decides if a patient is going to see a doctor or a nurse. One participant reported that the payment received by the GP-led walk-in centre was to run a nurse-led service; however, if nurses were unavailable, the service would provide GPs without adding any extra cost to the PCT.

Service provided

Most of the participants viewed the GP-led walk-in centre model as a GP service with extended hours.

> *"They [the GP-ledwalk-in centre] usually provide GP services. So all the general GP services really... but walk-in….in a sense that really they are there for people who don't have access to GP whether because of problems with their appointments of by virtue of whether they are within or they are not within reach of GP"*(healthcare professional)

One participant provided an example showing the lack of understanding of GPs about the services provided at the GP-led walk-in centre.

> *"GP practice sent patient here for some blood results on a Saturday; we have people sending for ear syringing, those kind of things, which are not appropriate for a walk-in setting"* (Manager)

The model of private providers

The GP-led walk-in centre in the study area was operated by a private healthcare provider and participants were unhappy about this private provision.

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> *"I think NHS services taken on by private industry are destined to then become money oriented."* (healthcare professional)

2. Lack of public awareness about the services provided

The GP-led walk-in centre had advertised its services in several places such as newspapers, magazines, flyers, and local radio; however, most of the participants reported that the publicity was not enough to create awareness in the general public.

In contrast, other participants believed that advertisement is not optimal for creating awareness in the general public regarding the appropriate use of healthcare services.

> *"I think nobody reads the back of buses or reads pamphlets"* (healthcare professional)

The GPs' role was mentioned to be important in terms of creating awareness in the general public to use the right service in case of an urgent health problem.

> *"I think GP surgeries certainly have a role in educating people about what services are appropriate"* (healthcare professional)

3. Uncertainty regarding the Impact on other NHS services

The majority of participants were unclear about any impact of the GP-led walk-in centre on reducing patient load in EDs. One GP reported for example that the problem of unnecessary attendances at ED had not been resolved as a result of GP-led walk-in centres.

> *"It is still a problem even if [the GP-led walk-in centre] has reduced it [unnecessary patient load at ED], which I don't know. It has certainly not oversubscribed ED attendance because the problem is still there."* (healthcare professional)

However, participants from the managerial group reported that the centre may have had an

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impact on unscheduled care services.

"[it has] probably a combination of impact… on other GP practices and their out-of-hours GP services and the A and Es [accident and emergency departments]."(Manager)

While being uncertain regarding any positive impact, some participants voiced concerns regarding a potential increase in patient load if the GP-led walk-in centre closed down.

"The ED buildings are not big enough to cope with the numbers. Remember the GP walk-in centre has around 200 patients per day; that's an awful a lot of extra people for A and E waiting rooms." (Manager)

"I think if you take it out then their will have no choice but to go and see the GP" (healthcare professional)

The role of the GP-led walk-in centre in treating minor injuries seemed to be a grey area. Participants were unclear whether the GP-led walk-in centre provided care to patients with minor injuries.

4. Increased demand for healthcare services

One concern mentioned by several participants was the possibility of increased demand for healthcare services resultingfrom opening alternative services such as the GP-led walk-in centre. Participants perceived that the GP-led walk-in centres might have created a demand and would only be fulfilling the demand it created, rather than meeting unmet needs.

"A andE has not seen any reduction in their patients. If there is a service, patient[s] will use it. You could have three walk-in centres in the city and all three would be used and you may still not see any dropping in A and E counts." (Manager)

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Another ED consultant mentioned that

> *"It creates an artificial need and probably does more harm in long term."* (healthcare professional)

Similarly, it was reported that the GP-led walk-in centre only duplicates the services that were already there at general practices.

> *"I think it probably duplicates what a general practice, urgent surgery or emergency surgery would see and what the GP out-of-hours would see."* (healthcare professional)

5. Concerns regarding appropriate use of the centre

Participants described the difficulty in labelling a patient visit as an appropriate or inappropriate attendance. It was highlighted that use of the GP-ledwalk-in centremay be appropriate if a patient was diverted from ED, whilst inappropriate if the patient could have managed the problem without going to any service but only used the centre because it was there.

> *"Patients turning up to the GP walk-in centre wanting ear syringing, which is not something the walk-in bit does"* (Manager)

6. Choice and confusion

Patient confusion

Most of the participants perceived that patients get confused about choosing the right healthcare service for their urgent health problems.

> *"I think it's often confusing and difficult for people to decide what service they need; they*

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need some assistance with that." (healthcare professional)

The need for a "one front door" service

Almost all healthcare providers were in the favour of moving all urgent care services to one place and having a "one frontdoor" service.

> *"I personally would like to see one front door in A and E and patients filtered into primary care stream, minor injury stream, or the main A and E department"* (healthcare professional)

A doctor mentioned that it would useful if all services moved to the ED. If all facilities are available at the hospital, it would be easy to manage, and the issue of patients' confusion about choosing the right service could be resolved.

> *"If they [patients] go to one single place, they can be dealt with because of the availability of nurses, doctors, x-rays, blood tests all that kind of thing. I personally would advocate a single place, one door and one single point of access."* (healthcare professional)

7. Mixed views of the GP-led walk-in centre

Healthcare providers had positive as well as negative views about the GP-led walk-in centre service, but a common perspective was that the service should not continue in the future in the same way.

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Positive views

The GP-led walk-in centre was regarded as having improved access to healthcare because of its convenient location.

> *"I think it is easier for patients who are living here [near city centre] to go to GP walk-in centre than to go to GP collaborative or ED, which is at [one] hospital, and is less preferable for patients."* (healthcare professional)

It was also reported that the centre provides a good alternative to ED if a patient does not have an access to a GP.The centre was also perceived to have some positive impact on the local EDs.

> *"Obviously there would be patients who historically would go to an A and E are now going to the GP walk-in centre. I couldn't get appointment for my daughter and I know she doesn't need to go to children A and E for conjunctivitis so I chose to go to the GP walk-in centre."* (Manager)

Negative views

Healthcare providers had different reasons for having negative views about the GP-led walk-in centre. GPs, for example, reported that they would like to see a service that would complement a GP services by providing a walk-in only service, but not a service where patients can register. Healthcare professionals at the minor injuries unit preferred a clearer policy that the centre should not be treating minor injuries cases. ED doctors tended to be more in favour of closing down alternative services and bringing urgent care services the ED, to reduce complication in provision.

> *"The service [GP-ledwalk-in centre] should not be continuing in the future. I think for several reasons, mainly in the interest of simplifying access to unscheduled care"*

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(healthcare professional)

GPs were particularly concerned about their list size since the opening of the GP-led walk-in centre.

"It [the GP-led walk-in centre] had a negative effect on us. The PCT have established a healthcare provider within a one hundred and fifty meter radius of the one which is there for thirty years. Patient can also register there. It definitely has an effect on our registration. Our registration has gone down." (healthcare professional)

Cost-effectiveness concerns

Most of the healthcare professionals had concerns regarding the service in terms of value for money—what the service was achieving and the cost involved.

"I think that it's [GP-led walk-in centre] a very expensive service and as far as I understand it, they are paid on a sort of a patient-contact or arrived-on-service basis, which means every time a patient walks in they receive a payment for that which is very different to GPs paid in primary care. I don't think it provides good value for money." (healthcare professional)

Discussion

This examination of the views of the healthcare professionals provides insight into the perceived effectiveness and model of care provided by a walk-in centre in one PCT locality. There were some discrepancies between the managers and healthcare professionals regarding the usefulness of the GP-led walk-in centre in the current urgent care system. Managers perceived that it was an

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important service that needs to be continued in the future to prevent any additional burden of patients on EDs. Most of the healthcare professionals, however, were not in support of the idea of alternative urgent services. Previous studies have shown that alternative services in the UK have failed to produce any impact on reducing unnecessary patient load at EDs [15, 16]. It has also been reported that alternative healthcare services confuse patients, and patients may not be able to decide which service to choose in case of minor injury/illness [17]. It is, therefore, important to address the concerns of all stakeholders before expecting the success of a walk-in service [18].

The healthcare professionals were clearly in favour of "one front door" service, which would move all unscheduled care services to the ED. This model has been used elsewhere in the UK where patients are redirected with minor problems from ED to the co-located nurse led walk-in centre [19]. In contrast, one study has shown that co-location of nurse led walk-in centres with ED do not reduce patient load at EDs [20].

A number of studies have shown that alternative services may not reduce patient load at EDs [21, 22]. However, one study conducted on the new model of GP-led walk-in centreshas shown a significant reduction in minor illness/injury attendances at the adult ED after the opening of the centre [23]. Improved access to health care has been shown to decrease unnecessary hospital admissions for patients with chronic disease [24]. Thus, it could be anticipated that the improved access to primary care services would reduce patient visits to emergency departments. In case of the GP led walk-in centre, another quantitative study has also shown that GP led walk-in centres improve patient access [25]. The centres are located in the centre of the city/town so the geographical access to healthcare services might have improved. In addition, functional

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accessibility has been improved as a result of longer opening hours. Moreover, the opening of the centres on weekends and bank holidays improved accessibility for those who otherwise were less likely to access their own GPs.

Studies have reported that unawareness of alternative services is a major reason for not impacting the patient load at EDs. One study reported that only a few patients at ED were aware of the alternative urgent care centre co-located with ED [26]. Another paper has shown that around half of the patients at an ED were unaware of the existence of the GP out-of-hours or walk-in centre services [21]. Publicity material about the GP led walk-in centre needs some improvement and be made available to a wider population through GP surgeries, hospitals, and other healthcare services. Publicity material can be improved by clearly indicating the purpose of establishing the GP led walk-in centre, focusing on the difference between the nurse led centre and GP led walk-in centre. It might be more convincing for other health care professionals if the centre clearly states that the GPs are also available to pick up fairly serious health conditions which need immediate referral to EDs.

Healthcare professionals were unaware of the activity data at the GP-led walk-in centre. There are two possible reasons for this. First, the suboptimal communication between the GP-led walk-in centre and other healthcare providers regarding the services available at the centre. Second, the GP-led walk-in centre does not have an active role in the urgent care service provision, which is why most of the healthcare professionals were unaware of their services. Studies have shown that GPs are mostly against the concept of walk-in centre services [4]. Most of them believe that

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it only duplicates GP services and may not have any role in urgent care services provision. Other studies have also reported the possibilities of some duplication in the healthcare services because of the establishment of the nurse led walk-in centres in England [27]. In addition, all participants reported that some patients use the GP-led walk-in centre inappropriately.

Participants were also concerned about the service being provided by the private sector. However, the service was free of cost for users and GP led walk-in centre charged the National Health Services (NHS) for every patient visit. Yet, this was particularly an important concern because the GP led walk-in centre was placed in the centre of the city where other GP surgeries were also operating in the surrounding. It was reported by a few participants that the centre was potentially attracting patients who otherwise would attend a GP in the surrounding. This could create a competitive environment between GP led walk-in centre and other GP surgeries which was not aim of establishing the centre. The services provided by a private healthcare provider created further wariness about the competition between standard GP surgeries and the newly established GP led walk-in centre.

There were some limitations. First, interviews were only conducted in one city and, therefore, may not be applicable to other health service locations. However, the findings may resonate with other similar settings, as the interviews focused more on the general use of GP-led walk-in centre rather than a specific centre. Second, only GPs from a surgery near the GP-led walk-in centre were included in the study and other healthcare professionals, such as dental practices and urgent dental care services, were not included.

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Conclusion

Participants did not notice declines in the demand for EDs after the GP-led walk-in centre opened in the locality. Most of the healthcare professionals believed that the GP-led walk-in centre duplicated existing healthcare services. It was a common belief of healthcare professionals that the public was unaware of the existing alternative healthcare services, and patients often struggled to decide which healthcare service to go when GP appointment is unavailable. There is a need to have a better communication system between the GP led walk-in centres and other health care providers working in the same region to have an integrated system of the delivery of unscheduled care.

It was also noticed that the GP led walk-in centre had a potential to attract patients from the surrounding GP surgeries. We recommend that future large scale studies need to examine the impact of GP led walk-in centres on surrounding GP surgeries as well as the impact on emergency departments.

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List of abbreviations

NHS: National Health Service; GP: general practitioner; ED: emergency department; PCT: primary care trust; A and E: accident and emergency departments

Competing interests

The authors declare that they have no competing interests

Data sharing statement

No additional data available

Contributors

JN and MA planned the overall evaluation project. JN participated in the design of the study. MA carried out the data collection for the study. SB and MA coded data and performed thematic analysis. All authors read and approved the final manuscript.

Ethics approval

Ethical approval for the study was obtained by the Yorkshire and Humber NHS Ethics Committee (reference number: 10/H1304/31)

Acknowledgements

We highly acknowledge the support of the institutes that participated in this research and enabled us to carry out data collection at these sites. We also acknowledge Jill Norris, Faculty of Nursing, University of Calgary, for her support in editing the manuscript.

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Tables

Table 1 Participant Characteristics

Characteristic	**n (%)**
Female	4 (36.4)
Experience	
0-5 years	3 (27.3)
5-10 years	3 (27.3)
>10 years	5 (45.5)
Organization of work	
GP-led walk-in centre	1 (9.1)
PCT	2 (18.2)
ED minor injuries unit	2 (18.2)
ED	3 (27.3)
GP surgeries near the walk-in centre	3 (27.3)
Role	
Operational manager (GP-led walk-in centre)	1 (9.1)
PCT manager	2 (18.2)
ED nurse practitioner	2 (18.2)
ED registrar	1 (9.1)
ED consultant	2 (18.2)
GP	2 (18.2)
GP practice manager	1 (9.1)

GP = general practitioner; PCT = primary care trust

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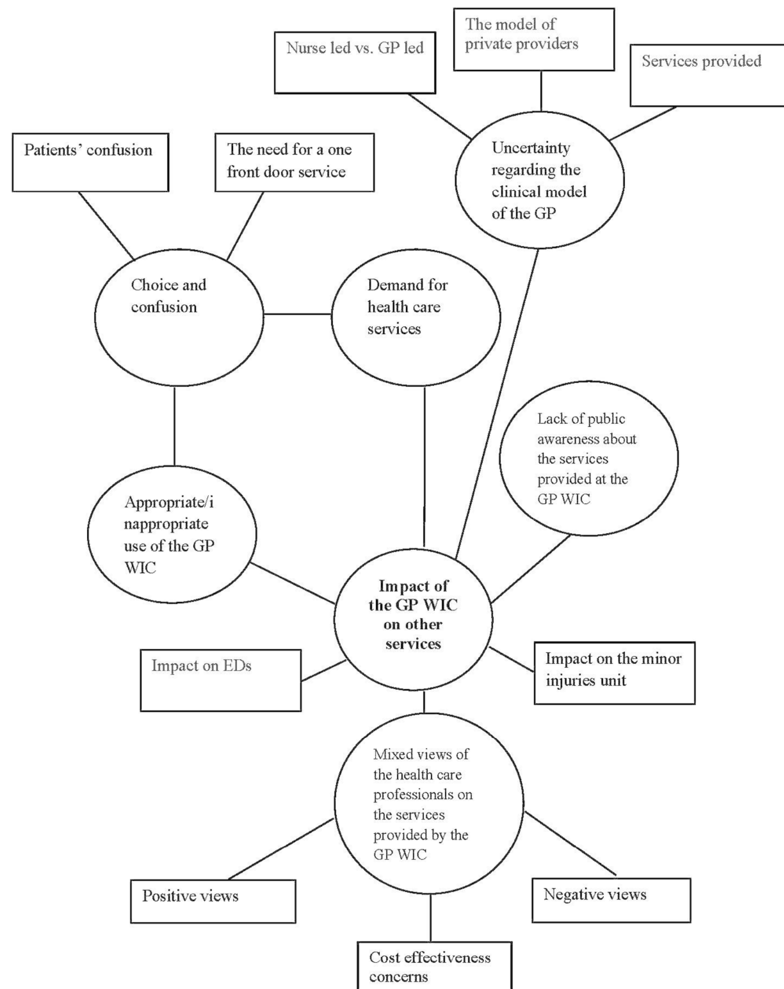

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Perceptions of healthcare professionals and managers regarding the effectiveness of GP-led walk-in centre in the UK

Journal:	*BMJ Open*
Manuscript ID:	bmjopen-2015-008286.R1
Article Type:	Research
Date Submitted by the Author:	29-Apr-2015
Complete List of Authors:	Arain, Mubashir; The University of Calgary, Baxter, Susan; The University of Sheffield, Nicholl, Jon; The University of Sheffield,
Primary Subject Heading:	Health services research
Secondary Subject Heading:	Emergency medicine
Keywords:	HEALTH SERVICES ADMINISTRATION & MANAGEMENT, Health policy < HEALTH SERVICES ADMINISTRATION & MANAGEMENT, Organisational development < HEALTH SERVICES ADMINISTRATION & MANAGEMENT, Organisation of health services < HEALTH SERVICES ADMINISTRATION & MANAGEMENT, Quality in health care < HEALTH SERVICES ADMINISTRATION & MANAGEMENT

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Perceptions of health care professionals and managers regarding the effectiveness of GP-led walk-in centre in the UK

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Abstract

Objectives:

This study aimed to identify the perceptions of health care professionals regarding the effectiveness and the impact of a new general-practitioner-led (GP-led) walk-in centre in the UK.

Setting:

This qualitative study was conducted in a large city in the North of England. In the past few years there has been a particular concern about an increase in the use of Emergency Department (ED) services provided by the National Health Service (NHS) and part of the rationale for introducing the new GP-led walk-in centres has been to stem this increase. The five institutes included in the study were emergency departments, a minor injuries unit, a primary care trust, a GP-led walk-in centre and GP surgeries.

Participants:

Semi-structured interviews were conducted with health care providers at an emergency department at a large city hospital, an emergency department at a children's hospital, a minor injuries unit, a GP-led walk-in centre, GPs from surrounding surgeries and GPs from an Academic Unit of Primary Medical Care.

Results:

Eleven health care professionals or managers were interviewed. Seven key themes were identified within the data: the clinical model of the GP-led walk-in centre; public awareness of the services; appropriate use of the centre; the impact of the centre on other services; demand for health care services; choice and confusion; and views of the walk-in services. There were some discrepancies between the managers and health care professionals regarding the usefulness of the GP-led walk-in centre in the current urgent care system.

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Conclusions:

Healthcare providers do not perceive any decline in the demand for accident and emergency services as a result of the opening of the GP-led walk-in centre. Patient confusion for choosing the right health care service is the most important barrier to achieving any reduction in demand.

Strengths and Limitations

- This is the first study to explore the perceived impact of GP led walk-in centres in the UK on other urgent care services. The study included a wide range of stakeholders who could identify some potential issues emerged as a result the establishment of these centres.
- This study provides valuable information regarding stakeholders' perspectives and organisational implications of establishing GP led walk-in centres.
- While this is a small sample size, the achievement of data saturation indicates that the sample was adequate to address the research question in this context. The impact of these centres on emergency departments over a period of time that could be expected with this new service was beyond the scope of this study.
- The qualitative findings from our purposive sample are not intended to be representative, but highlight important insights into barriers and enablers to conduct large-scale future research on the impact of GP led walk-in centres to other NHS services.

Keywords

Primary health care, family practice, general practice, Health services, walk-in centres, urgent care services, emergency care

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Introduction

The rise in the emergency department (ED) attendances has been of particular concern in the UK for the past few years [1]. In order to address this there have been a number of efforts to further strengthen the primary health care services and to decrease the unnecessary attendances at EDs. Multiple urgent care services have been introduced in the last decade such as National Health Service (NHS) direct, urgent dental services, walk-in centres and GP out-of-hours services to decrease unnecessary patient load on EDs. Patients' choice of using a service is highly dependent on their satisfaction with the service which depends on accessibility issues as well as the consultation given by the professional. Creating awareness of the available services is also important to help patients in making the best decision for them [2].

The nurse led walk-in centres were established in the early 2000's. The aim was to improve patient access to health care services for minor illness and injuries by having long opening hours – 7 a.m. to 11 p.m. 7days a week [3]. Some of these centres also employed GPs but centres were mainly led by nurse practitioners [4]. A survey of GPs, however, suggests that many are opposed to nurse led walk-in services, with concerns for treatment continuity and safety [5]. Moreover, GPs identified the need for better communication between nurse led walk-in service providers and registered GPs. In contrast to these concerns from GPs, it has been reported that patient satisfaction with the quality of service is greater in nurse led walk-in centres as a result of easy access and much shorter waiting times compared to GP practices [6].

The new GP-led walk-in centres were introduced in the UK following a report by the department of Health on the situation of urgent care services in London [7]. After implementation in London, centres were rolled out throughout the England to improve patients' access to GPs and to reduce unnecessary patients' visit to Emergency Departments. It was also expected that some

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of the above-mentioned concerns about nurse-led walk-in centres would be addressed by GP-led walk-in centres. However, it was not clear whether these centres were going to replace the nurse-led centres or established in parallel to the nurse-led centres. Also the new service might be a business competitor to the GP surgeries in the localities where these services have been established. The new model was different than the nurse led model as some of these centres were operated by private health care providers. Moreover, patients could also register with the GPs working at these centres. Thus, every primary care trust (PCT) in England was informed to open one GP-led centre, and around 150 such clinics were first planned to open [8]. Although patient satisfaction is reported to be high with the services at these centres [9], some of the centres already closed after only a few years of operation due to a lack ofevidence for reductions in ED attendances [10]. One report found that 25% of GP led walk-in centres disappeared due to budget cuts in 2012 [11]. A report by the King's Fund highlighted the urgent need to evaluate the impact of GP-led walk-in centres [12]. There were other calls for a greater understanding of the potential role of GP-led walk-in centres in the urgent care system [13].

The literature search found several studies of the impact of various types of nurse led walk-in centres [5, 6], but no evaluations of the impact of GP led walk-in centres. Considering the literature on the topic, it was found that critiques against walk-in centres often came from health care professionals [5]. Thus, the perspective of other local health care providers about the role of GP led walk-in centres was important to investigate. The objective of this study was to determine the perception of the local health care providers regarding the effectiveness and impact of GP-led walk-in centres in the UK.

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Methods

This qualitative exploratory study was designed under the domain of phenomenological approach to determine the perceptions of health care professionals regarding the effectiveness and impact of a GP-led walk-in centre on other local NHS services in a single primary care trust. Semi-structured interviews were conducted from August 2012 to December 2012.

Health care providers and health care managers were purposively sampled to achieve diversity in professional groups and the range of service locations within a single locality including: an ED at a large city hospital; an ED at a children's hospital; a minor injuries unit; the GP led walk-in centre; GPs from surrounding surgeries; and GPs from an Academic Unit of Primary Medical Care. We contacted the participants through the centre manager (in case of GP-led walk-in centres), through the GP surgery manager (for GPs and nurse practitioners working in the nearby GP surgery), and directly via email for centre managers and PCT managers. Participants were recruited until no new themes emerged (i.e., data saturation).

MA conducted hour-long (on average) individual interviews in the participants' offices using a semi-structured interview guide based on a search of themes in existing literature [4] and after informal discussions with the local primary care trust (PCT) and GP-led walk-in centre managers. The interview guide covered the following topics: introduction to the participants' role in the NHS and any role in relation to the GP-led walk-in centre; perceptions about the services provided at the GP-led walk-in centre; perceived effectiveness and impact of the GP-led walk-in centre on other services; and awareness of the general public about the services provided at the GP-led walk-in centre. All interviews were digitally audio-recorded and then transcribed

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into Word format. Field notes were also taken.

The coding was primarily carried out by MA, with input from SB to discuss emerging codes and data within each theme, prior to discussing data with other members of the research team to establish consensus. Data were coded by hand using thematic analysis to identify recurring themes. Thematic analysis has been increasingly used in health services research [14]. Each interview was read line-by-line to identify ideas or concepts within the text. Similar ideas or concepts across the transcripts were brought together and given a descriptive code. Each code was then further examined to develop themes and sub-themes within the data set.

Ethical approval was obtained from the NHS Ethics Research Ethics Committee. Informed written consent was obtained from all participants.

Results

Eleven participants were interviewed. The participants were broadly from two categories: first, health care professionals (consultants, GPs, nurses); and second, managers (GP-led walk-in centre managers, PCT managers). All the participants from the managerial group were either directly or indirectly involved in managing or commissioning the GP-led walk-in centre services. Of the non-manager group, two health care professionals were from a minor injuries unit, two GPs were from surgeries near the walk-in centre, one participant was a GP practice coordinator/manager working within a mile radius of the walk-in centre, and three were doctors from the ED of the local hospital. Table 1 details the characteristics of participants.

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Upon exploration of the perceptions, seven recurring themes were identified that were directly or indirectly related to how local health care providers and managers perceive the role of the GP-led walk-in centre in the urgent care system. The themes include uncertainty regarding the clinical model of the GP-led walk-in centre; lack of public awareness about the services provided; uncertainty regarding the impact of the GP-led walk-in centre on other NHS services; increasing demand for health care services; concerns regarding appropriate use of the centre; the creation of choice and confusion; and mixed views of the services provided. See Figure 1 for a diagram illustrating themes and subthemes within the data.

In the following presentation of data, some quotes have been subject to minor editing to clarify the meaning of the extracts and to maintain the anonymity of the participants. Furthermore, the source has been referred to only by the group to that the participant belonged in order to preserve anonymity.

1. Uncertainty regarding the clinical model

The participants described differing understandings regarding the existing model of the local GP-led walk-in centre and their preferred model.

Nurse-led vs. GP-led

Some participants perceived that the GP-led walk-in centre was typically nurse-led and only made referrals to a GP when needed. Others believed that a triage nurse decides if a patient is going to see a doctor or a nurse. One participant reported that the payment received by the GP-led walk-in centre was to run a nurse-led service; however, if nurses were unavailable, the

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service would provide GPs without adding any extra cost to the PCT.

Service provided

Most of the participants viewed the GP-led walk-in centre model as a GP service with extended hours.

> *"They [the GP-ledwalk-in centre] usually provide GP services. So all the general GP services really... but walk-in….in a sense that really they are there for people who don't have access to GP whether because of problems with their appointments of by virtue of whether they are within or they are not within reach of GP"*(health care professional)

One participant provided an example showing the lack of understanding of GPs about the services provided at the GP-led walk-in centre.

> *"GP practice sent patient here for some blood results on a Saturday; we have people sending for ear syringing, those kind of things, which are not appropriate for a walk-in setting"* (Manager)

The model of private providers

The GP-led walk-in centre in the study area was operated by a private health care provider and participants were unhappy about this private provision.

> *"I think NHS services taken on by private industry are destined to then become money oriented."* (Health care professional)

2. Lack of public awareness about the services provided

The GP-led walk-in centre had advertised its services in several places such as newspapers,

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magazines, flyers, and local radio; however, most of the participants reported that the publicity was not enough to create awareness in the general public.

In contrast, other participants believed that advertisement is not optimal for creating awareness in the general public regarding the appropriate use of health care services.

> *"I think nobody reads the back of buses or reads pamphlets"* (health care professional)

The GPs' role was mentioned to be important in terms of creating awareness in the general public to use the right service in case of an urgent health problem.

> *"I think GP surgeries certainly have a role in educating people about what services are appropriate"* (health care professional)

3. Uncertainty regarding the Impact on other NHS services

The majority of participants were unclear about any impact of the GP-led walk-in centre on reducing patient load in EDs. One GP reported for example that the problem of unnecessary attendances at ED had not been resolved as a result of GP-led walk-in centres.

> *"It is still a problem even if [the GP-led walk-in centre] has reduced it [unnecessary patient load at ED], which I don't know. It has certainly not oversubscribed ED attendance because the problem is still there."* (Health care professional)

However, participants from the managerial group reported that the centre may have had an impact on unscheduled care services.

> *"[it has] probably a combination of impact… on other GP practices and their out-of-hours GP services and the A and Es [accident and emergency departments]."*(Manager)

While being uncertain regarding any positive impact, some participants voiced concerns regarding a potential increase in patient load if the GP-led walk-in centre closed down.

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"The ED buildings are not big enough to cope with the numbers. Remember the GP walk-in centre has around 200 patients per day; that's an awful a lot of extra people for A and E waiting rooms." (Manager)

"I think if you take it out then their will have no choice but to go and see the GP" (health care professional)

The role of the GP-led walk-in centre in treating minor injuries seemed to be a grey area. Participants were unclear whether the GP-led walk-in centre provided care to patients with minor injuries.

4. Increased demand for health care services

One concern mentioned by several participants was the possibility of increased demand for health care services resulting from opening alternative services such as the GP-led walk-in centre. Participants perceived that the GP-led walk-in centres might have created a demand and would only be fulfilling the demand it created, rather than meeting unmet needs.

"A and E has not seen any reduction in their patients. If there is a service, patient[s] will use it. You could have three walk-in centres in the city and all three would be used and you may still not see any dropping in A and E counts." (Manager)

Another ED consultant mentioned that

"It creates an artificial need and probably does more harm in long term." (Health care professional)

Similarly, it was reported that the GP-led walk-in centre only duplicates the services that were already there at general practices.

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"I think it probably duplicates what a general practice, urgent surgery or emergency surgery would see and what the GP out-of-hours would see." (Health care professional)

5. Concerns regarding appropriate use of the centre

Participants described the difficulty in labelling a patient visit as an appropriate or inappropriate attendance. It was highlighted that use of the GP-ledwalk-in centremay be appropriate if a patient was diverted from ED, whilst inappropriate if the patient could have managed the problem without going to any service but only used the centre because it was there.

"Patients turning up to the GP walk-in centre wanting ear syringing, which is not something the walk-in bit does" (Manager)

6. Choice and confusion

Patient confusion

Most of the participants perceived that patients get confused about choosing the right health care service for their urgent health problems.

"I think it's often confusing and difficult for people to decide what service they need; they need some assistance with that." (Health care professional)

The need for a "one front door" service

Almost all health care providers were in the favour of moving all urgent care services to one

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place and having a “one frontdoor” service.

“I personally would like to see one front door in A and E and patients filtered into primary care stream, minor injury stream, or the main A and E department” (health care professional)

A doctor mentioned that it would useful if all services moved to the ED. If all facilities are available at the hospital, it would be easy to manage, and the issue of patients’ confusion about choosing the right service could be resolved.

“If they [patients] go to one single place, they can be dealt with because of the availability of nurses, doctors, x-rays, blood tests all that kind of thing. I personally would advocate a single place, one door and one single point of access.” (Health care professional)

7. Mixed (positive and negative) views of the GP-led walk-in centre

Health care providers had positive as well as negative views about the GP-led walk-in centre service, but a common perspective was that the service should not continue in the future in the same way.

Positive views

The GP-led walk-in centre was regarded as having improved access to health care because of its convenient location.

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"I think it is easier for patients who are living here [near city centre] to go to GP walk-in centre than to go to GP collaborative or ED, which is at [one] hospital, and is less preferable for patients." (Health care professional)

It was also reported that the centre provides a good alternative to ED if a patient does not have an access to a GP.The centre was also perceived to have some positive impact on the local EDs.

"Obviously there would be patients who historically would go to an A and E are now going to the GP walk-in centre. I couldn't get appointment for my daughter and I know she doesn't need to go to children A and E for conjunctivitis so I chose to go to the GP walk-in centre." (Manager)

Negative views

Health care providers had different reasons for having negative views about the GP-led walk-in centre. GPs, for example, reported that they would like to see a service that would complement a GP services by providing a walk-in only service, but not a service where patients can register. Health care professionals at the minor injuries unit preferred a clearer policy that the centre should not be treating minor injuries cases. ED doctors tended to be more in favour of closing down alternative services and bringing urgent care services the ED, to reduce complication in provision.

"The service [GP-ledwalk-in centre] should not be continuing in the future. I think for several reasons, mainly in the interest of simplifying access to unscheduled care" (health care professional)

GPs were particularly concerned about their list size since the opening of the GP-led walk-in centre.

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> *"It [the GP-led walk-in centre] had a negative effect on us. The PCT have established a health care provider within a one hundred and fifty meter radius of the one which is there for thirty years. Patient can also register there. It definitely has an effect on our registration. Our registration has gone down."* (Health care professional)

Cost-effectiveness concerns

Most of the health care professionals had concerns regarding the service in terms of value for money—what the service was achieving and the cost involved.

> *"I think that it's [GP-led walk-in centre] a very expensive service and as far as I understand it, they are paid on a sort of a patient-contact or arrived-on-service basis, which means every time a patient walks in they receive a payment for that which is very different to GPs paid in primary care. I don't think it provides good value for money."* (Health care professional)

Discussion

This examination of the views of the health care professionals provides insight into the perceived effectiveness and model of care provided by a walk-in centre in one PCT. There were some discrepancies between the managers and health care professionals regarding the usefulness of the GP-led walk-in centre in the current urgent care system. Managers perceived that it was an important service that needs to be continued in the future to prevent any additional burden of patients on EDs. Most of the health care professionals, however, were not in support of the idea of alternative urgent services. Previous studies have shown that alternative services in the UK

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have failed to produce any impact on reducing unnecessary patient load at EDs [15, 16]. It has also been reported that alternative health care services confuse patients, and patients may not be able to decide which service to choose in case of minor injury/illness [17]. It is, therefore, important to address the concerns of all stakeholders before expecting the success of a walk-in service [18].

The health care professionals were clearly in favour of “one front door” service, which would move all unscheduled care services to the ED. This model has been used elsewhere in the UK where patients are redirected with minor problems from ED to the co-located nurse led walk-in centre [19]. In contrast, one study has shown that co-location of nurse led walk-in centres with ED do not reduce patient load at EDs [20].

A number of studies have shown that alternative services may not reduce patient load at EDs [21, 22]. However, one study conducted on the new model of GP-led walk-in centres has shown a significant reduction in minor illness/injury attendances at the adult ED after the opening of the centre [23]. Improved access to health care has been shown to decrease unnecessary hospital admissions for patients with chronic disease [24]. Thus, it could be anticipated that the improved access to primary care services would reduce patient visits to emergency departments. In case of the GP led walk-in centre, another quantitative study has also shown that GP led walk-in centres improve patient access [25]. The centres are located in the centre of the city/town so the geographical access to health care services might have improved. In addition, functional accessibility has been improved as a result of longer opening hours. Moreover, the opening of the centres on weekends and bank holidays improved accessibility for those who otherwise were less likely to access their own GPs.

Studies have reported that unawareness of alternative services is a major reason for not

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impacting the patient load at EDs. One study reported that only a few patients at ED were aware of the alternative urgent care centre co-located with ED [26]. Another paper has shown that around half of the patients at an ED were unaware of the existence of the GP out-of-hours or walk-in centre services [21]. Publicity material about the GP led walk-in centre needs some improvement and be made available to a wider population through GP surgeries, hospitals, and other health care services. Publicity material can be improved by clearly indicating the purpose of establishing the GP led walk-in centre, focusing on the difference between the nurse led centre and GP led walk-in centre. It might be more convincing for other health care professionals if the centre clearly states that the GPs are also available to pick up fairly serious health conditions which need immediate referral to EDs.

Health care professionals were unaware of the activity data at the GP-led walk-in centre. There are two possible reasons for this. First, the suboptimal communication between the GP-led walk-in centre and other health care providers, regarding the services available at the centre. Second, the GP-led walk-in centre does not have an active role in the urgent care service provision, which is why most of the health care professionals were unaware of their services. Studies have shown that GPs are mostly against the concept of walk-in centre services [4]. Most of them believe that it only duplicates GP services and may not have any role in urgent care services provision. Other studies have also reported the possibilities of some duplication in the health care services because of the establishment of the nurse led walk-in centres in England [27]. In addition, all participants reported that some patients use the GP-led walk-in centre inappropriately.

Participants were also concerned about the service being provided by the private sector.

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However, the service was free of cost for users and GP led walk-in centre charged the National Health Services (NHS) for every patient visit. There was a major difference in commission a standard GP surgery and GP led walk-in centre; standard GPs were paid yearly on the number of registered patients whilst the GP led walk-in centre was paid per patient visit. The other important concern was that the GP led walk-in centre was placed in the centre of the city where other GP surgeries were also operating in the surrounding. It was reported by a few participants that the centre was potentially attracting patients who otherwise would attend a GP in the surrounding. This could create a competitive environment between GP led walk-in centre and other GP surgeries which was not aim of establishing the centre. The services provided by a private health care provider created further wariness about the competition between standard GP surgeries and the newly established GP led walk-in centre. A number of patients might have registered at the GP centre because of the longer opening hours and easy access. The other GP surgeries were unable to offer 12 hours a day service to compete with the facility that GP walk-in centre was offering. Thus, measures need to be taken to prevent any decline in the number of registered patients in the surrounding GP surgeries wherever such a centre has been established.

There were some limitations. First, interviews were only conducted in one city and, therefore, may not be applicable to other health service locations. However, the findings may resonate with other similar settings, as the interviews focused more on the general use of GP-led walk-in centre rather than a specific centre. Second, only GPs from a surgery near the GP-led walk-in centre were included in the study and other health care professionals, such as dental practices and urgent dental care services, were not included. Third, there was small representation from each professional group. However, we made two groups; one was health professionals' group and the

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other was a managerial group. Thus, their individual profession was less important than the group they belonged to. Our conclusions are not going beyond what data could support. The findings do not quantitatively determine that how many or how much proportion of physicians or nurses believed what this paper says but it adds the general perceptions about the centre.

Conclusion

Participants did not notice declines in the demand for EDs after the GP-led walk-in centre opened in the locality. Most of the health care professionals believed that the GP-led walk-in centre duplicated existing health care services. It was a common belief of health care professionals that the public was unaware of the existing alternative health care services, and patients often struggled to decide which health care service to go when GP appointment is unavailable. There is a need to have a better communication system between the GP led walk-in centres and other health care providers working in the same region to have an integrated system of the delivery of unscheduled care.

It was also noticed that the GP led walk-in centre had a potential to attract patients from the surrounding GP surgeries. We recommend that future large-scale studies need to examine the impact of GP led walk-in centres on surrounding GP surgeries as well as the impact on emergency departments.

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List of abbreviations

NHS: National Health Service; GP: general practitioner; ED: emergency department; PCT: primary care trust; A and E: accident and emergency departments

Competing interests

The authors declare that they have no competing interests

Data sharing statement

No additional data available

Contributors

JN and MA planned the overall evaluation project. JN participated in the design of the study. MA carried out the data collection for the study. SB and MA coded data and performed thematic analysis. All authors read and approved the final manuscript.

Ethics approval

Ethical approval for the study was obtained by the Yorkshire and Humber NHS Ethics Committee (reference number: 10/H1304/31)

Acknowledgements

We highly acknowledge the support of the institutes that participated in this research and enabled us to carry out data collection at these sites. We also acknowledge Jill Norris, Faculty of Nursing, University of Calgary, for her support in editing the manuscript.

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Tables

Table 1 Participant Characteristics

Characteristic	n (%)
Female	4 (36.4)
Experience	
0-5 years	3 (27.3)
5-10 years	3 (27.3)
>10 years	5 (45.5)
Organization of work	
GP-led walk-in centre	1 (9.1)
PCT	2 (18.2)
ED minor injuries unit	2 (18.2)
ED	3 (27.3)
GP surgeries near the walk-in centre	3 (27.3)
Role	n/total*
Operational manager (GP-led walk-in centre)	1/1
PCT manager	2/2
ED nurse practitioner	2/5
ED registrar	1/unknown
ED consultant	2/6
GP	2/4
GP practice manager	1/1

GP = general practitioner; PCT = primary care trust
* total shows the denominator, which was the number of potential participants available in each professional group

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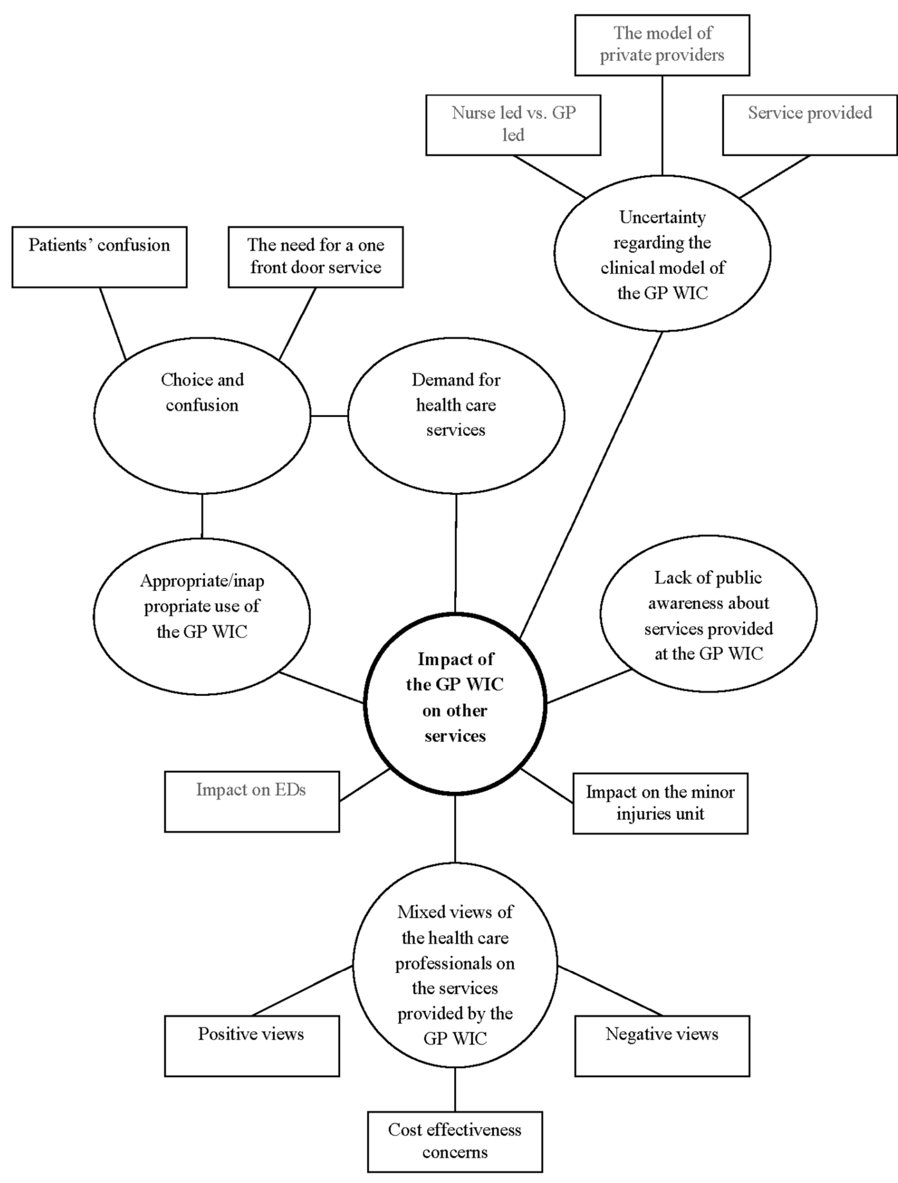

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BMJ Open

Perceptions of health care professionals and managers regarding the effectiveness of GP-led walk-in centres in the UK

Journal:	*BMJ Open*
Manuscript ID:	bmjopen-2015-008286.R2
Article Type:	Research
Date Submitted by the Author:	27-May-2015

Complete List of Authors:	Arain, Mubashir; The University of Calgary, Baxter, Susan; The University of Sheffield, Nicholl, Jon; The University of Sheffield,

Primary Subject Heading:	Health services research
Secondary Subject Heading:	Emergency medicine
Keywords:	HEALTH SERVICES ADMINISTRATION & MANAGEMENT, Health policy < HEALTH SERVICES ADMINISTRATION & MANAGEMENT, Organisational development < HEALTH SERVICES ADMINISTRATION & MANAGEMENT, Organisation of health services < HEALTH SERVICES ADMINISTRATION & MANAGEMENT, Quality in health care < HEALTH SERVICES ADMINISTRATION & MANAGEMENT

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Perceptions of health care professionals and managers regarding the effectiveness of GP-led walk-in centres in the UK

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Abstract

Objectives:

This study aimed to identify the perceptions of health care professionals regarding the effectiveness and the impact of a new General-Practitioner-led (GP-led) walk-in centre in the UK.

Setting:

This qualitative study was conducted in a large city in the North of England. In the past few years there has been a particular concern about an increase in the use of Emergency Department (ED) services provided by the National Health Service (NHS) and part of the rationale for introducing the new GP-led walk-in centres has been to stem this increase. The five institutes included in the study were emergency departments, a minor injuries unit, a primary care trust, a GP-led walk-in centre and GP surgeries.

Participants:

Semi-structured interviews were conducted with health care providers at an emergency department at a large city hospital, an emergency department at a children's hospital, a minor injuries unit, a GP-led walk-in centre, GPs from surrounding surgeries and GPs from an academic unit of primary medical care.

Results:

Eleven health care professionals and managers were interviewed. Seven key themes were identified within the data: the clinical model of the GP-led walk-in centre; public awareness of the services; appropriate use of the centre; the impact of the centre on other services; demand for health care services; choice and confusion; and mixed views (positive and negative) of the walk-

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in services. There were discrepancies between the managers and health care professionals regarding the usefulness of the GP-led walk-in centre in the current urgent care system.

Conclusions:

Participants did not notice declines in the demand for EDs after the GP-led walk-in centre.Most of the health care professionals believed that the GP-led walk-in centre duplicated existing health care services. There is a need to have a better communication system between the GP-led walk-in centres and other health care providers to have an integrated system of the delivery of urgent care.

Strengths and Limitations

- This is the first study to explore the perceived impact of GP-led walk-in centres in the UK on other urgent care services. The study included a wide range of stakeholders who could identify some potential issues emerged as a result of the establishment of these centres.
- This study provides valuable information regarding stakeholders' perspectives and organisational implications of establishing GP-led walk-in centres.
- While this is a small sample size, the achievement of data saturation indicates that the sample was adequate to address the research question in this context. The impact of these centres on emergency departments over a period that could be expected with this new service was beyond the scope of this study.
- The qualitative findings from our purposive sample are not intended to be representative, but highlight important insights into barriers and enablers to conduct future large-scale research on the impact of GP-led walk-in centres to other NHS services.

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Keywords

Primary health care, family practice, general practice, health services, walk-in centres, urgent care services, emergency care

Introduction

The rise in the Emergency Department (ED) attendances has been of particular concern in the UK for the past few years [1]. There have been many efforts to strengthen the primary health care services and to decrease the unnecessary attendances at EDs. In the last decade, multiple urgent care services have been introduced such as National Health Service (NHS) Direct, urgent dental services, walk-in centres and GP out-of-hours services to decrease the unnecessary patient load on EDs.

The nurse led walk-in centres were established in the early 2000's. The aim was to improve patient access to healthcare services for minor illness and injuries by having long opening hours – 7 a.m. to 11 p.m. 7days a week [2]. Some of these centres also employed GPs but centres were mainly led by nurse practitioners [3]. However, there were concerns about treatment continuity and safety [4]. Moreover, GPs identified the need for better communication between nurse led walk-in service providers and registered GPs. In contrast to these concerns from GPs, it has been reported that patient satisfaction with the quality of service is greater in nurse-led walk-in centres as a result of easy access and much shorter waiting times compared to GP practices [5].

The GP-led walk-in centres were introduced in the UK following a report by the Department of Health on the situation of urgent care services [6]. GP-led walk-in centres aimed to improve patients' access to GPs and to reduce unnecessary patients' visit to Emergency Departments. It was also expected that GP-led walk-in centres would address some of the concerns mentioned above about nurse-led walk-in centres. However, it was not clear whether these centres were

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going to replace the nurse-led centres or established in parallel to the nurse-led centres. The new model was different than the nurse led model as private health care providers operated some of these centres. Moreover, patients could also register with the GPs working at these centres. Around 150 such clinics were planned to open in England [7]. Although patient satisfaction is reported to be high with the services at these centres [8], some of the centres have already been closed down after only a few years of operation due to a lack of evidence for reductions in ED attendances [9]. One report stated that 25% of GP-led walk-in centres disappeared due to budget cuts in 2012 [10]. A report by the King's Fund highlighted urgent need to evaluate the impact of GP-led walk-in centres [11]. There were other calls for a greater understanding of the potential role of GP-led walk-in centres in the urgent care system [12]. Therefore, we conducted a mixed method evaluation study of a GP-led walk-in centre in the UK. This paper focuses on the qualitative findings. The aim of the qualitative part was to to determine the perceptions of health care professionals regarding the effectiveness and impact of a GP-led walk-in centre on other local NHS services in a single primary care trust.

Methods

This qualitative exploratory study was designed under the domain of phenomenological approach [13]. Semi-structured interviews were conducted from August 2012 to December 2012. Health care providers and health care managers were purposively sampled to achieve diversity in professional groups and the range of service locations within a single locality including: an ED at a large city hospital; an ED at a children's hospital; a minor injuries unit; the GP-led walk-in centre; GPs from surrounding surgeries; and GPs from an academic unit of primary medical care.

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Participants were recruited until no new themes emerged (i.e., data saturation).

MA conducted hour-long (on average) individual interviews in the participants' offices using a semi-structured interview guide developed by the authors, based on a previous study [4] and also from informal discussions with the local primary care trust (PCT) and GP-led walk-in centre manager. One-hour appointment for the interview was requested so the duration of interviews were predetermined. The interview guide covered the following topics: introduction to the participants' role in the NHS and any role in relation to the GP-led walk-in centre; perceptions about the services provided at the GP-led walk-in centre; perceived effectiveness and impact of the GP-led walk-in centre on other services; and awareness of the general public about the services provided at the GP-led walk-in centre. All interviews were digitally audio-recorded and then transcribed into word format. Field notes were also taken.

The coding was primarily carried out by MA, with input from SB to discuss emerging codes and data within each theme, prior to discussing data with other members of the research team to establish consensus. Data were coded by hand using thematic analysis to identify recurring themes. Thematic analysis has been increasingly used in health services research [14]. Each interview was read line-by-line to identify ideas or concepts within the text. Similar ideas or concepts across the transcripts were brought together and given a descriptive code. Each code was then further examined to develop themes and sub-themes within the data set.

Ethical approval of the study was obtained from an NHS ethical review committee (REC reference number 10/H1304/31). Informed written consent was obtained from all participants.

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Results

Eleven participants were interviewed. The participants were broadly from two categories: first, health care professionals (consultants, GPs, nurses); and second, managers (GP-led walk-in centre managers, PCT managers). All the participants from the managerial group were either directly or indirectly involved in managing or commissioning the GP-led walk-in centre services. Of the non-managerial group, two health care professionals were from a minor injuries unit, two GPs were from surgeries near the walk-in centre, one participant was a GP practice coordinator/manager working within a mile radius of the walk-in centre, and three were doctors from the ED of the local hospital. Table 1 details the characteristics of participants.

Upon exploration of the perceptions, seven recurring themes were identified that were directly or indirectly related to how local health care providers and managers perceived the role of the GP-led walk-in centre in the urgent care system. The themes include uncertainty regarding the clinical model of the GP-led walk-in centre; lack of public awareness about the services provided; uncertainty regarding the impact of the GP-led walk-in centre on other NHS services; increasing demand for health care services; concerns regarding appropriate use of the centre; the creation of choice and confusion; and mixed views of the services provided. See Figure 1 for a diagram illustrating themes and subthemes within the data.

Some quotes have been subject to minor editing (edits shown in brackets) to clarify the meaning of extracts and to maintain the anonymity of the participants. Furthermore, the source has been referred to only by the group in order to preserve anonymity.

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1. Uncertainty regarding the clinical model

The participants described differing understandings regarding the existing model of the local GP-led walk-in centre and their preferred model.

Nurse-led vs. GP-led

Some participants perceived that the GP-led walk-in centre was typically nurse-led and only made referrals to a GP when needed. Others believed that a triage nurse decides if a patient is going to see a doctor or a nurse. One participant reported that the payment received by the GP-led walk-in centre was to run a nurse-led service; however, if nurses were unavailable, the service would provide GPs without adding any extra cost to the PCT.

Service provided

Most of the participants viewed the GP-led walk-in centre model as a GP service with extended hours.

> *"They [the GP-led walk-in centre] usually provide GP services. So all the general GP services really... but walk-in….in a sense that really they are there for people who don't have access to GP whether because of problems with their appointments of by virtue of whether they are within or they are not within reach of GP"* (Health Care Professional)

One participant provided an example showing the lack of understanding of GPs about the services provided at the GP-led walk-in centre.

> *"GP practice sent patient here for some blood results on a Saturday; we have people sending for ear syringing, that kind of things, which are not appropriate for a walk-in setting"* (Manager)

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The model of private providers

The GP-led walk-in centre in the study area was operated by a private health care provider and participants were unhappy about the service being provided by a private company.

"I think NHS services taken on by private industry are destined to become then money oriented." (Health Care Professional)

2. Lack of public awareness about the services provided

The GP-led walk-in centre had advertised its services in several places such as newspapers, magazines, flyers, and local radio; however, most of the participants reported that the publicity was not enough to create awareness in the general public.

In contrast, other participants believed that the advertisement is ineffective for creating awareness in the general public regarding the appropriate use of health care services.

"I think nobody reads the back of buses or reads pamphlets" (Health Care Professional)

The GPs' role was mentioned to be important in terms of creating awareness for the general public to use the right service in case of an urgent health problem.

"I think GP surgeries certainly have a role in educating people about what services are appropriate" (Health Care Professional)

3. Uncertainty regarding the Impact on other NHS services

The majority of participants were unclear about any impact of the GP-led walk-in centre on reducing patient load in EDs. One GP reported for example that the problem of unnecessary attendances at ED had not been resolved as a result of GP-led walk-in centres.

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> *"It is still a problem even if [the GP-led walk-in centre] has reduced it [unnecessary patient load at ED], which I don't know. It has certainly not oversubscribed ED attendance because the problem is still there."* (Health Care Professional)

However, participants from the managerial group reported that the centre may have had an impact on unscheduled care services.

> *"[GP-led walk-in centre has] probably a combination of impact… on other GP practices and their out-of-hours GP services and the A and Es [accident and emergency departments]."*(Manager)

While being uncertain regarding any positive impact, some participants raised concerns regarding a potential increase in the patient load if the GP-led walk-in centre closed down.

> *"The ED buildings are not big enough to cope with the numbers. Remember the GP walk-in centre has around 200 patients per day; that's an awful a lot of extra people for A and E [ED] waiting rooms."* (Manager)

> *"I think if you take it [GP-led walk-in centre] out then there will have no choice but to go and see the GP"* (Health Care Professional)

4. Increased demand for health care services

One concern mentioned by participants was the possibility of increased demand for health care services resulting from the opening of alternative services such as the GP-led walk-in centre. Participants perceived that the GP-led walk-in centres might have created a demand and would only be fulfilling the demand it created, rather than meeting unmet needs.

> *"A and E [ED] has not seen any reduction in their patients. If there is a service, patient[s] will use it. You could have three walk-in centres in the city and all three would*

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be used and you may still not see any dropping in A and E [ED] counts." (Manager)

Another participant mentioned that

"It creates an artificial need and probably does more harm in the long term." (Health Care Professional)

Similarly, it was reported that the GP-led walk-in centre only duplicates services that were already there.

"I think it probably duplicates what a general practice, urgent surgery or emergency surgery would see and what the GP out-of-hours would see." (Health Care Professional)

5. Concerns regarding appropriate use of the centre

Participants described the difficulty in labelling a patient visit as an appropriate or inappropriate attendance. It was reported that use of the GP-led walk-in centre may be appropriate if a patient was diverted from ED, whilst inappropriate if the patient could have managed the problem without going to any service and only used the centre because it was there.

"Patients turning up to the GP walk-in centre wanting ear syringing, which is not something the walk-in bit does" (Manager)

6. Choice and confusion

Patient confusion

Most of the participants perceived that patients get confused about choosing the right health care service for their urgent health problems.

"I think it's often confusing and difficult for people to decide what service they need; they need some assistance with that." (Health Care Professional)

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The need for a "one front door" service

Health care professionals were in the favour of moving all urgent care services to one place and having a "one front door" service.

> *"I personally would like to see one front door in A and E [ED] and patients filtered into primary care stream, minor injury stream, or the main A and E department"* (Health Care Professional)

Another participant mentioned that it would useful if all services moved to the ED. If all facilities are available at the hospital, it would be easy to manage, and the issue of patients' confusion about choosing the right service could be resolved.

> *"If they [patients] go to one single place, they can be dealt with because of the availability of nurses, doctors, x-rays, blood tests all that kind of thing. I would advocate a single place, one door and one single point of access."* (Health Care Professional)

7. Mixed (positive and negative) views of the GP-led walk-in centre

Participants had positive as well as negative views about the GP-led walk-in centre service as well as some views about the cost effectiveness of the service.

Positive views

The GP-led walk-in centre was regarded as having improved access to health care because of its convenient location.

> *"I think it is easier for patients who are living here [near city centre] to go to GP walk-in*

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centre than to go to GP collaborative or ED, which is at [one] hospital, and is less preferable for patients." (Health Care Professional)

It was also reported that the centre provides a good alternative to ED if a patient does not have access to a GP.The centre was also perceived to have some positive impact on the local EDs.

"Obviously there would be patients who historically would go to an A and E [ED] are now going to the GP walk-in centre. I couldn't get an appointment for my daughter and I know she doesn't need to go to children A and E for conjunctivitis so I chose to go to the GP walk-in centre." (Manager)

Negative views

Health care providers had different reasons for having negative views about the GP-led walk-in centre. GPs, for example, reported that they would like to see a service that would complement GP services by providing a walk-in only service, but not a service where patients can register. Health care professionals at the minor injuries unit preferred a clearer policy that the centre should not be treating minor injuries cases as it would then only duplicate the services of minor injuries unit. ED doctors tended to be more in favour of closing down all alternative services and bringing all services at EDs to reduce patients' confusion.

"The service [GP-ledwalk-in centre] should not be continuing in the future. I think for several reasons, mainly in the interest of simplifying access to unscheduled care" (Health Care Professional)

GPs were particularly concerned about their list size since the opening of the GP-led walk-in centre.

"It [the GP-led walk-in centre] had a negative effect on us. The PCT have established a

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health care provider within a one hundred and fifty-meter radius of the one that is there for thirty years. Patients can also register there. It definitely has an effect on our registration. Our registration has gone down." (Health Care Professional)

Cost-effectiveness concerns

Most of the health care professionals had concerns regarding the service in terms of value for money.

"I think that it's [GP-led walk-in centre] a very expensive service and as far as I understand it, they are paid on a sort of a patient contact or arrived-on-service basis, which means every time a patient walks in they receive a payment for that which is very different to GPs paid in primary care. I don't think it provides good value for money." (Health Care Professional)

Discussion

The views of the health care professionals and managers provide insight into the perceived effectiveness and model of care provided by a GP-led walk-in centre in one PCT. There were some discrepancies between the managers and health care professionals regarding the usefulness of the GP-led walk-in centre in the current urgent care system. Managers perceived that it was an important service that needed to be continued in the future to prevent any additional burden of patients on EDs. Most of the health care professionals, however, were not in support of the idea of alternative urgent services. Previous studies have shown that alternative services in the UK have failed to produce any impact on reducing unnecessary patient load at EDs [15, 16]. It has

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also been reported that alternative health care services confuse patients, and patients may not be able to decide which service to choose in case of minor injury/illness [17]. It is, therefore, important to address the concerns of all stakeholders before expecting the success of a walk-in service [18].

The health care professionals were clearly in the favour of "one front door" service, which would move all unscheduled care services to an ED. This model has been used elsewhere in the UK where patients with minor problems are redirected from an ED to a co-located nurse led walk-in centre [19]. However, one study has shown that co-location of nurse-led walk-in centres with ED do not reduce patient load at EDs [20].

Studies have shown that alternative services may not reduce patient load at EDs [21, 22]. In contrast, one study conducted on the new model of GP-led walk-in centres has shown a significant reduction in minor illness/injury attendances at an ED after the opening of the centre [23].

Improvement in patient access to health care services has been shown to decrease unnecessary hospital admissions for patients with chronic disease [24]. Thus, it could be anticipated that the improved access to primary care services would reduce unnecessary patient visits to EDs. GP-led walk-in centres are mostly located in the centre of the city/town so the geographical access to health care services might have improved. Also, functional accessibility has been improved as a result of longer opening hours. Moreover, the opening of the centres on weekends and bank holidays improved accessibility for those who otherwise were less likely to access their GPs.

Unawareness of alternative services is a major reason for not having reduction in the patient load at EDs. One study reported that only a few patients at an ED were aware of an alternative urgent

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care centre which was co-located with the ED [25]. Another paper has shown that around half of the patients at an ED were unaware of the existence of the GP out-of-hours or walk-in centre services [21]. Publicity materials should be available to a wider population through GP surgeries, hospitals, and other healthcare services. Publicity material can be improved by clearly indicating the purpose of establishing the GP-led walk-in centre and focusing on the differences between different urgent care services.

Health care professionals were unaware of the activity data at the GP-led walk-in centre. There are two possible reasons for this: first, the suboptimal communication between the GP-led walk-in centre and other health care providers regarding the available services at the centre, and second, the GP-led walk-in centre does not have an active role in the urgent care services provision. Participants were also concerned about the service being provided by the private sector. The service was free of cost for users and GP led walk-in centre charged the National Health Services (NHS) for every patient visit. There is a major difference in commission a standard GP surgery and GP-led walk-in centre; standard GPs are paid yearly on the number of registered patients whilst the GP-led walk-in centre is paid for per patient visit. The other important concern was that the GP-led walk-in centre was placed in the centre of the city where other GP surgeries were also operating in the surrounding. A few participants reported that the centre was potentially attracting patients who otherwise would attend a GP in the surrounding creating a competitive environment between GP-led walk-in centre and other GP surgeries. The services provided by a private health care provider created further concern about the competition between standard GP surgeries and the newly established GP-led walk-in centre. Many patients might have registered at the GP-led walk-in centre because of the longer opening hours and easy

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access. The other GP surgeries were unable to offer 12 hours a day service to compete with the facility that GP walk-in centre was offering. Thus, measures need to be taken to prevent any decline in the number of registered patients in the surrounding GP surgeries wherever such a centre has been established.

There were some limitations of this study. First, interviews were only conducted in one city and, therefore, our findings may not be applicable to other health service locations. Second, only GPs from a surgery near the GP-led walk-in centre were included in the study and other healthcare professionals, such as dental practices and urgent dental care services, were not included. Third, there was small representation from each professional group because of the small study sample. However, our conclusions are not going beyond what the data could support. The findings do not quantitatively determine that how many or how much proportion of physicians or nurses believed what this paper says but it adds the general perceptions about the centre. Lastly, there was another limitation that most of the analysis and all interviews were done by one person.

Conclusion

Participants did not notice declines in the demand for EDs after the GP-led walk-in centre opened in the locality. Most of the health care professionals believed that the GP-led walk-in centre duplicated existing health care services. It was also a common believe of health care professionals that the general public was unaware of the existing alternative health care services and patients often struggle to decide which health care service to go when GP appointment is unavailable.

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There is a need to have a better communication system between the GP-led walk-in centres and other health care providers to have an integrated system of urgent care delivery.

GP-led walk-in centre had a potential to attract patients from the surrounding GP surgeries. We recommend that future large-scale studies need to examine the impact of GP-led walk-in centres on surrounding GP surgeries as well as on emergency departments.

List of abbreviations

NHS: National Health Service; GP: general practitioner; ED: emergency department; PCT: primary care trust; A and E: accident and emergency departments

Competing interests

The authors declare that they have no competing interests

Data sharing statement

No additional data available

Contributors

JN and MA planned the overall evaluation project. JN participated in the design. MA carried out the data collection for the study. SB and MA coded data and performed thematic analysis with some input from JN. All authors read and approved the final manuscript.

Ethics approval

Ethical approval for the study was obtained from the Yorkshire and Humber NHS Ethics Committee (reference number: 10/H1304/31)

Acknowledgements

We highly acknowledge the support of the institutes that participated in this research and enabled us to carry out data collection at these sites. We also acknowledge Jill Norris, Faculty of Nursing, University of Calgary, for her support in editing the manuscript.

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Tables

Table 1 Participant Characteristics

Characteristic	n (%)
Female	4 (36.4)
Experience	
0-5 years	3 (27.3)
5-10 years	3 (27.3)
>10 years	5 (45.5)
Organization of work	
GP-led walk-in centre	1 (9.1)
PCT	2 (18.2)
ED minor injuries unit	2 (18.2)
ED	3 (27.3)
GP surgeries near the walk-in centre	3 (27.3)
Role	n/total*
Operational manager (GP-led walk-in centre)	1/1
PCT manager	2/2
ED nurse practitioner	2/5
ED Registrar	1/unknown
ED consultant	2/6
GP	2/4
GP practice manager	1/1

GP = general practitioner; PCT = primary care trust
* total shows the denominator, which was the number of potential participants available in each professional group

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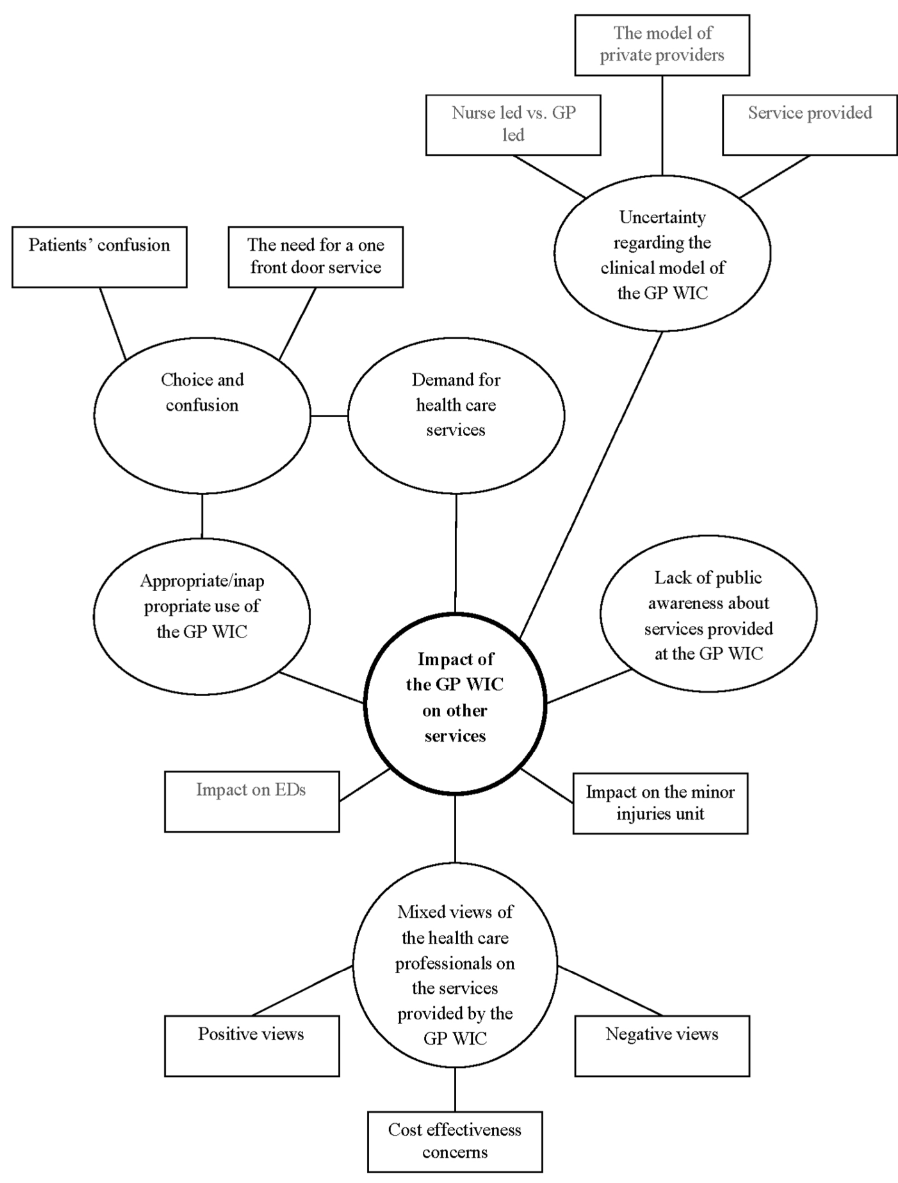

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