



*Southern Derbyshire
Clinical Commissioning Group*

CONSULTATION REPORT

**2nd September 2013 to
30th November 2013**

Review of Derby Walk-In Services:

**Derby Open Access Centre &
Derby Walk-In Centre**

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Website: www.southernderbyshireccg.nhs.uk

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1. Introduction

1.1 The Review

A review of walk-in services in Derby began in May 2013. The contracts for the following Walk-In Centres are due to expire on the 31st March 2015:

Derby Open Access Centre (DOAC) St Thomas' Road, Normanton.	Derby Walk-In Centre (WIC) – Osmaston Road, Derby.
Current Provider: One Medicare	Current Provider: Derbyshire Health United
Service: GP led walk-in service (managed by SDCCG) and GP registered service (managed by the Local Area Team).	Service: Nurse led walk-in service (managed by SDCCG)
Opening hours: 8.00am until 8.00pm 365 days a year.	Opening hours: 8.00am – 7.30pm 365 days a year.
Provides a walk-in service for all patients including patients that are registered at DOAC.	Provides a walk-in service for all patients.
Approximately 35,000 walk-in attendances per year.	Approximately 43,500 walk-in attendances per year

The contracts are for 3-5 years, we have a duty as commissioners to review the contracts and follow a strict procurement process in order to implement a new contract. This ensures that the services provided are regularly reviewed and they continue to meet the needs of the public.

The key factors to consider for this review are as follows:

- Check that the services fit the patient need.
- Higher expectations of patients.
- General increase in demand for urgent care services in Derby City and nationally.
- Emergency Department pressures.
- Legal process of re-procurement.

The funding for the walk-in services is to remain the same, therefore any future walk-in services are required to be within the current budget.

1.2 Plans

The process began with the development of a comprehensive Project Plan which identified the detailed timescales for the review and procurement process in order to award the contract within a timely manner to enable smooth implementation of the new contract from 1st April 2015.

At the beginning of the review the Project Lead worked closely with the Engagement Manager and Communication Team to develop a Communication and Engagement Plan. This outlines the plan for engagement throughout the project, to ensure communication is undertaken effectively and progress is logged and monitored.

The Project Lead also worked alongside the Equality and Human Rights Lead to develop a Community Plan to ensure that the SDCCG involve the Community in the whole process.

Effective communication and engagement throughout the review is imperative to ensure that we remain patient focused throughout the review, and involve the community in the whole process.

1.3 Walk-In Service Steering Group

In order to take the review forward a Walk-In Service Steering Group was convened and has met on a monthly basis since June 2013. This is attended by a range of health professionals: Commissioning Managers, Communication Team, Engagement Manager, Human Resources, Procurement, Quality Manager and Equality Manager.

1.4 Service Review

To form part of the service review we requested a suite of detailed data to analyse the activity going through the centres, and also required feedback from service users which was collated via the pre-consultation questionnaire.

The pre-consultation questionnaire was available between the 15th July 2013 and the 18th August 2013 and requests for data from both Centres were requested for January to December 2012.

The outcome of this highlighted that the demand for the services is high, between January and December 2012 DOAC had 35,070 attendances and WIC had 43,632 attendances.

The pre-consultation questionnaire conducted had 1365 responses within the 4 week period from users of the DOAC and WIC. The overall response was very good, and the feedback was very positive on the service that is provided at the two centres.

A report on the outcome of the Pre-Consultation Questionnaire and Service Review for DOAC and WIC is available on the SDCCG website: www.southernderbyshireccg.nhs.uk.

1.5 Consultation

The formal Public Consultation was undertaken between the 2nd September 2013 and the 30th November 2013. Throughout this period we undertook many methods of collating feedback and discussing options for the future with the public and organisations across Southern Derbyshire.

Public Engagement Events – October and November 2013

Two Public Engagement Events were arranged as part of the consultation:

- *Wednesday 9th October 2013*
Options were developed and discussed at the event. The public had the opportunity to access further information from the current Providers, Procurement Team, Human Resources, Communication and Equality.
- *Tuesday 12th November 2013*
The outcome resulting from the consultation was shared and the public had the opportunity to discuss this along with the other options, and were able to ask any questions they may have.

Public Questionnaires

The questionnaires were split into three sections throughout the consultation process:

- *First – 2nd September 2013 until 8th October 2013*
This was developed to gain public feedback to help form options.
- *Second – 9th October 2013 until 8th November 2013*
This was developed to request what the public's preferred options are and an opportunity to comment.
- *Third – 13th November 2013 until 30th November 2013*
This was developed to ask the public for further feedback on the options and the final recommendation.

Further information on the outcome of the consultation is outlined in further detail within this report. Full detailed reports have been developed for the three questionnaires and are available on the SDCCG website: www.southernderbyshireccg.nhs.uk.

1.6 Next Steps

The report will conclude with the recommendation to SDCCG for the future of Derby Walk-In Services, and the next steps for the review.

2. Communication and Engagement

To ensure that we remain patient focused throughout the whole review, we have undertaken many methods of communication to ensure that we have involved the public in the whole process, and will continue to do so to ensure that the services that we provide meet the needs of the public.

2.1 Communication and Engagement Plan

At the beginning of the walk-in service review we worked alongside the Communication Team and Engagement Manager to develop a Communication and Engagement Plan. This ensured that we had a planned timeline throughout the review and consultation for communicating and engaging with key stakeholders. This is regularly reviewed and revised, and the latest version is available on the SDCCG website.

The Plan outlines the Project Team involved in the monthly Walk-in Service Steering Group, and identifies the main areas for communication and engagement through to the end of the consultation and specification stage.

The Plan included a communication campaign to promote the two Public Engagement Events and questionnaires available throughout the consultation period, this included press releases, information on SDCCG website, distribution of posters and leaflets to: all GP Practices and Patient Participation Groups in SDCCG, Key Stakeholders and Community Groups, both Walk-In Centres, and other key public places within Derby City.

We have also developed a Stakeholder Plan within our Walk-In Service Steering Group, this highlights the key stakeholders and the plan for communication and engagement where necessary. This is also reviewed and revised regularly, and the latest version is available on the SDCCG website.

2.2 Community Plan

Throughout the review, we have also worked closely with our Equality and Human Rights Lead to develop a Community Plan to ensure that we involve the whole Community in the review, consultation and specification development. This is regularly reviewed and revised, and the latest version is available on the SDCCG website.

We have over 50 Groups within the Plan, and we have communicated with these Groups throughout each stage of the consultation. We have offered Meetings with all Community Groups, in which a presentation was given to the Deaf Association and very useful feedback was received on future walk-in services.

Following the consultation we are currently working with our Equality and Human Rights Lead to undertake some targeted work with particular Community Groups to

ensure that we incorporate the needs of these patients into the development of the new service specification.

2.3 Attendance/Presentations at other Events and Meetings

We have gained feedback and presented the stages of the review and consultation with the public through many Events and Meetings, and will continue to do so in order to keep all stakeholders up to date with progress and next steps.

Some examples of the Events and Meetings attended include:

- SDCCG Health Panel on 30/07/13 which included over 80 members of the public, including patients, representatives from voluntary sector organisations, governors of local hospital Trusts, and Patient Participation Groups
- Presentation was given to the Health Panel on the review and next steps.
- SDCCG Practice Engagement Event on 19/09/13 which included GPs and Practice Managers in Southern Derbyshire.
– Presentation on the review, consultation and next steps.
- Derby City Overview and Scrutiny Committee on 23/09/13 which included Derby City Councillors.
- Presentation to the Councillors on the review, consultation and next steps.
- Healthwatch Public Event on 22/10/13 which included members of the public and other organisations.
– Display stand with the review and consultation information.
- 50+ Forum on 24/10/13 which included members of the public.
- Display stand with the review and consultation information.

3. Public Questionnaire – Part One 2nd September 2013 until 8th October 2013

The first questionnaire available to the public was developed to gain feedback on the walk-in services provided, from the service users and the general public to ask what ideas we should be thinking of for the future of Derby walk-in services and how they could be improved.

This was available to the public on the SDCCG website, and was circulated to: all key stakeholders and Community Groups, GP Practices and Patient Participation Groups in Southern Derbyshire and was publicised through other events that took place within this period. All information available via the internet was available in hard copy on request from the Patient Advice and Liaison Service.

A press release was circulated informing the public of the questionnaire and the future Public Engagement Events.

A summary of the results are identified below, the full report is available via: www.southernderbyshireccg.nhs.uk.

3.1 Summary of Results

A total of 126 questionnaires were completed between the 2nd September 2013 and the 8th October 2013.

Demographics

- The majority of respondents were female and largely in the 40 to 59 years age range.
- 81% of the respondents were identified as British/Welsh/Scottish/Northern Irish/British, the remaining were Indian, Pakistani or Specified Other.
- The majority of respondents did not have any long term health conditions.
- 55% of respondents did not provide a caring role for a family member or friend. There were 19% of respondents who cared for a family or friend who suffered problems related to old age, followed by 13% of respondents with long-term physical or mental-ill health/disability.

Questions

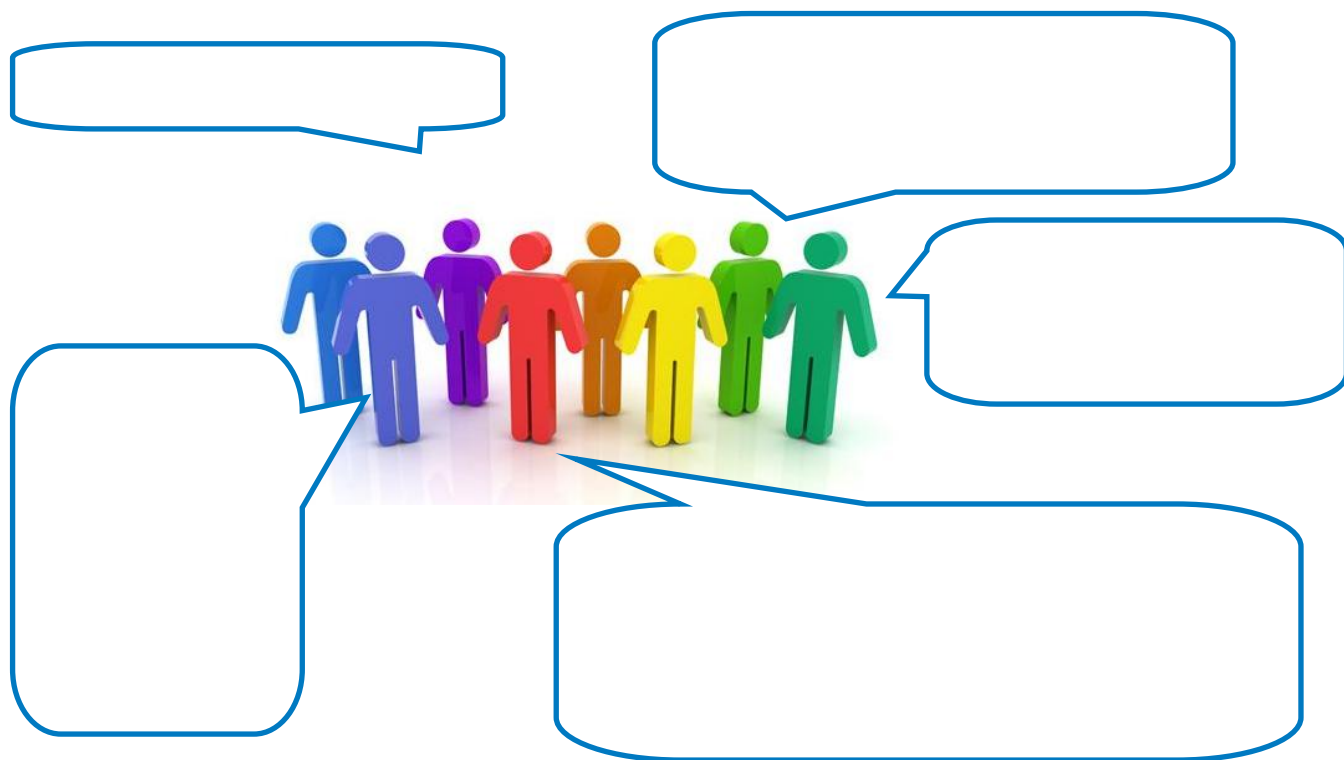
- 1. The public were asked where they would go if they were unable to go to a Walk-In Centre. (they were able to tick more than one option)**

The highest proportion was to attend A&E, see results below:

Attend GP	Attend A&E	Ring 111
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45%	49%	32%
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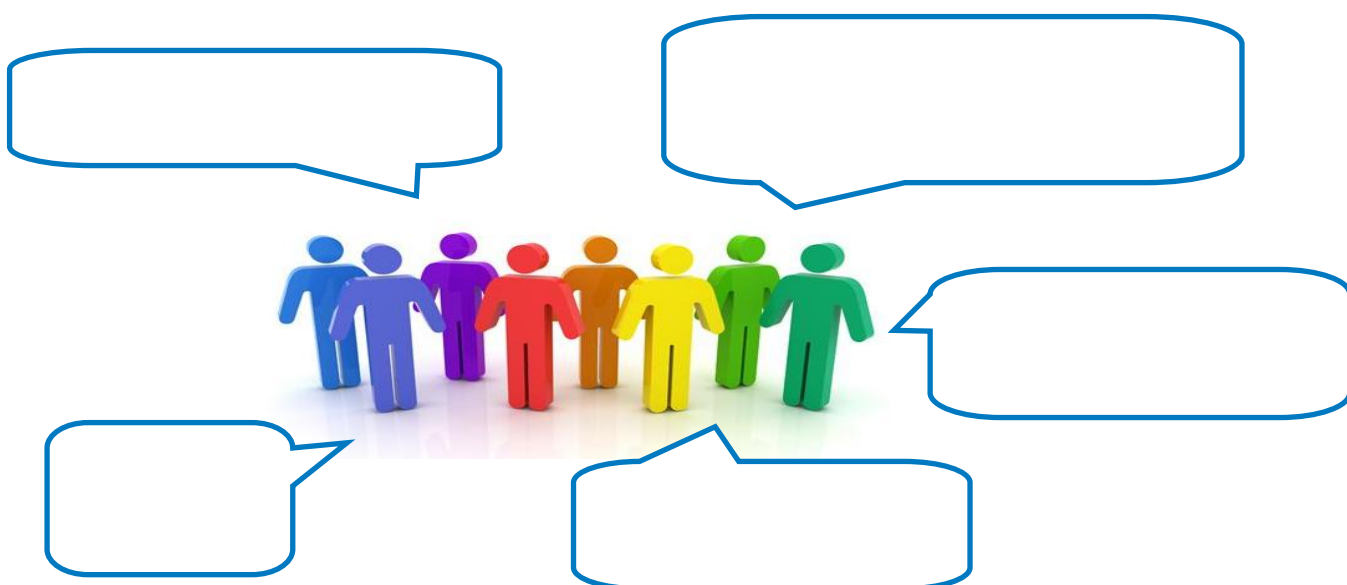
Examples of some of comments from the public on where they would go if a Walk-In Centre was not available are identified below:



2. The public were asked what is good about the service now.

The majority of respondents advocate that Walk-In Centres are useful when unable to see their GP. They also highlighted that convenient opening times, location and quick service was also good about the service

Examples of other comments received are identified below:



3. The public were asked whether they thought the current services could be improved and whether there is anything we should be thinking about for the future.

46% of the respondents believe that the current walk-in services could be improved. 29% believed that there is no need for improvement, and 25% were unsure whether further improvements were required.

We received many comments on how we could improve and what to think about for the future, a review of the frequently occurring words took place, and identified the following suggestions:

- Additional/extended services.
- Additional staff.
- Advertising/communication.
- Improve GP services.
- Opening hours.
- Waiting time.
- Staff attitude.
- Parking.
- Display waiting times.
- Improved location.

Some examples of the comments received are identified below:



4. The public were then asked whether they had any general comments for SDCCG.

Some examples of the comments received that were in relation to the walk-in services are identified below:



4. Public Engagement Event – Wednesday 9th October 2013

The first Public Engagement Event took place on Wednesday 9th October 2013 in the Assembly Rooms, Derby. Two sessions were available:

- Afternoon session - 1.30pm until 4.30pm.
- Evening session - 5.30pm until 8.30pm.

4.1 Attendance

Lower numbers than expected attended the event:

- Afternoon session - 10 members of the public.
- Evening session - 6 members of the public.

However this enabled detailed discussions with the public and was supplemented by the high level of responses received online via the public questionnaire.

4.2 Event Details

We repeated the same programme for the afternoon and evening session:

- Andy Layzell, Chief Officer for SDCCG welcomed the public and explained the role of the CCG and the reasons for the review of the walk-in services.
- Catherine Bainbridge, Commissioning Manager for Urgent Care, the Project Lead for the review of Derby Walk-In Services gave a presentation on the review to date, next steps and the aim of the event.
- 5 options were developed prior to the event from feedback and the options available for the future of Derby walk-in services; these were open for discussion and comments from the public.
- A display stand with information was available to the public from: the current Providers, Procurement Team, Human Resources, Communication and Equality. Detailed information on the Service Review and outcome of the Pre-Consultation Questionnaire was also available.

4.3 Feedback

The public were asked to give comments and feedback on the five options, please see below the comments from both sessions:

Option 1 –Maintain Walk-In Services in both areas
<ul style="list-style-type: none">➤ No change seems not to be an option.➤ Are existing services able to cope with increased usage arising from the elderly population?➤ Option 2-5: All suggest – costs of setting up revised/amended service.

Option 1 – Maintain Walk-In Services in both areas (continued)

- Both centres are slightly different and provide good facilities. They are conveniently located (Sinfin/Alvaston Normanton near to DOAC)
- Both centres suit the needs. If DOAC is closed patients would struggle if they have to travel to WIC. I opt to keep it the same. So serving the City Centre.
- DOAC: Good for community.
- Need phlebotomy.
- Good service.
- DOAC: Good location for community.
- Assess capacity and expansion over quality.

Option 2 –Combine WIC and DOAC walk-in services in a single location

- Where is this location going to be?
- Impact on staffing?
- Will option 2&3 have sufficient parking and/or access for all by public transport from the whole area covered?
- This option will only work if demand is managed by the use of triage and signposting people i.e. to pharmacy which could be co-located.
- If you combine both it won't work.
- Will ease congestion.
- Will increase demand.
- If you are having one centre, resources need to be increased.
- A single location needs to have bigger premises, parking. It will have additional financial implications.
- New location needs to accommodate 75,000 people.
- Parking is an issue.
- Central location with more services.
- Could give you savings to give better services.
- Need big facility for 70,000 patients.

Option 3 –Co-locate walk-in services to A&E

- Impact on staffing.
- Too far to travel.
- Cost of travel.
- Ambulance will take you to hospital, but don't have money to get back.
- Public might seek ambulance transport to A&E. Options elsewhere have got to be sought.
- Multiple bus journeys needed for majority of users.
- Difficult and costly to access i.e. parking costs.
- Parking at premium at A&E.
- Need to have separate location. Smaller A&E satellite would be great.
- Should have a triage system.
- WIC/DOAC should be close to community.
- Definitely need a centre in the City.
- Understand the reasons and could see the potential.
- Location not easy to get to.
- Only 1 bus to current service.
- Needs to be City based.
- Harder for communities with difficulty accessing transport.

Option 4 – Decommission WIC, DOAC walk-in remains (could amend DOAC walk-in specification)

- Preferable to option 5 because of access to GP.
- Only if GP practices offer services at weekends (which the government is proposing). It may be cheaper and save replication.
- It is understandable to have a centre in an area with poverty.
- Parking very difficult. Difficult to expand.

Option 5 – Decommission DOAC walk-in, WIC remains (could amend WIC specification)

- Location better than DOAC.
- Only if GP services offer services at weekends.
- This might be the local option for people?
- It is cheaper and saves replication of another layer to the NHS.
- What about patients who live in Mackworth & Littleover - Both areas have poverty in some areas with council estates.
- Urgent Care model will help to see more patients.
- X-ray facilities.
- Bigger car park.

Other ideas

- Option 6: Another WIC in Oakwood & Chaddesden.
- Look at trends at A&E? Can we provide more to ease the pressure?
- Develop robust triage to signpost people who do not need 'Urgent' services.
- For all options: Perform triage at point of entry.
- Carefully agree what 'Urgent Care' means and stick to it.
- Empower ambulance services to route patients appropriately.
- Look again at GP surgeries. It may be an opportunity to save money overall. Will also help with seamless service provision to ease pressure on A&E.
- Paramedics to divert people who due to excel alcohol consumption need overnight supervision and so ease pressure on A&E.
- Commissioners to consider opportunities to ease pressure on A&E.

The public were also given the opportunity to complete the second public questionnaire, identifying their option of preference and any further comments they may have.

5. Public Questionnaire – Part Two

9th October 2013 until 8th November 2013

The second questionnaire available to the public was produced to gain feedback on the 5 options developed for the future of Derby Walk-In Services– Identified in Question 1.

This was circulated to the public via:

- Public Engagement Event on the 9th October 2013.
- SDCCG website.
- Circulated to: all key stakeholders and Community Groups, GP Practices and Patient Participation Groups in Southern Derbyshire.
- Both Walk-In Centres had copies available.
- Publicised through other events that took place within this period.
- All information available via the internet was available in hard copy on request from the Patient Advice and Liaison Service.

A summary of the results are identified below, the full report is available via: www.southernderbyshireccg.nhs.uk.

5.1 Summary of Results

A total of 1218 questionnaires were completed between the 9th October 2013 and the 8th November 2013. Of which all but 46 respondents, had used walk-in services at either WIC or DOAC.

Demographics

- The majority of respondents were female and the highest age range was between 25 and 34 years.
- 74% of the respondents were identified as British/Welsh/Scottish/Northern Irish/British, the second highest response was “other”, in which there were 12 different ethnicities.
- A small proportion of respondents identified that one of the reasons that they attend the walk-in services is due to their long term condition or illness.

Questions

1. The public were asked what their preferred option would be for the future of Derby walk-in services, the results are below (respondants were able to tick more than one option):

		% response
Option 1	Maintain walk-in services in both areas with possible changes to the current model dependant on affordability.	82%
Option 2	Combine WIC and DOAC walk-in services in single location	12%
Option 3	Co-locate services at A&E	4%
Option 4	Decommission WIC, DOAC walk-in remains (Could amend DOAC walk-in specification)	1%
Option 5	Decommission DOAC, WIC remains (could amend WIC specification)	7%

2. The public were asked if they had any comments or suggestions around the 5 options, some examples are highlighted below:



6. Public Engagement Event – Tuesday 12th November 2013

The second Public Engagement Event took place on Tuesday 12th November 2013 in the Assembly Rooms, Derby. Two sessions were available:

- Afternoon session - 1.30pm until 4.30pm.
- Evening session - 5.30pm until 8.30pm.

We undertook further work to communicate the date of this event, through another press release and repeated the distribution of the details for this event and questionnaire to all stakeholders.

6.1 Attendance

Attendance was marginally higher than the first event, the attendance was as follows:

- Afternoon session - 33 members of the public.
- Evening session - 11 members of the public.

6.2 Event Details

We repeated the same programme for the afternoon and evening session:

- Andy Layzell, Chief Officer for SDCCG welcomed the public and explained the role of the CCG and the reasons for the review of the Walk-In Services.
- Catherine Bainbridge, Commissioning Manager for Urgent Care, the Project Lead for the review of Derby Walk-In Services and Chrissy Tucker, Senior Commissioning Manager for Urgent Care gave a presentation on the review to date, next steps and the aim of the Event.
- Display stands were available to the public on the review to date, which included results from the: Pre-Consultation Questionnaire, Service Review and the first and second Consultation Questionnaire.

The final recommendation was shared and the public had the opportunity to discuss this along with the other options, and able to ask any questions that they may have.

6.3 Feedback

The public had discussions as a group, and the following comments and questions were noted:

Comments:
<ul style="list-style-type: none">➤ Accessibility for partially sighted patients.➤ Chiropody services should be more central.➤ Use RightCare in WIC. Already used in DOAC.

➤ Consider DOAC having access to SystmOne (A&E Module).

Comments (continued):

- Don't put a GP at the WIC, use 111 to triage patients to DOAC if GP opinion needed.
- Get A&E to use SystmOne, so they can view GP records. They have to share records with GPs manually.
- WIC service at Spondon?
- WIC to provide: Citizen Advice Bureau, Social Services, 24 hour Chemist.
- Bus links to LRCH.
- Service to drug addicts.
- GP account for what can do/can't do.
- Triage system.
- Lack of transport after 6pm to WIC.
- Establish if patients are using services at Coleman Street & Village Street.
- X-ray service.
- GP provision at WIC.
- Communication of Urgent Care.
- Name of WIC needs changing i.e. NHS Centre, Urgent Care Centre.
- Communication around accessing NHS Services needs to be improved.
- SDCCG mainly concentrating big towns: Should also be looking at services for people in rural areas.
- Communication of Urgent Care should be improved and should reach rural areas, some suggestions were:
 - Each District Council has a list of Parish Councils. Communication can be channelled through Parish Council newsletters.
 - Use Community Centres to distribute information.
 - Your Derbyshire is a good source to publicise information.
- Look into reasons for high demand at GP service.
- Improve/educate GP reception staff skills to let public know what other services are available.
- Use of DVD's to promote services at GP surgeries.

Questions:

- What additional services are provided by GPs? Difficult to know who provides what? Could some of these services be provided more centrally at WICs?
- Patient confidentiality – How can we improve?
- Could both centres mirror each other for the new specification and to avoid confusion for the public?
- Are we paying double amount for patients?
- Where do they access the WIC in rural area (communication)? i.e. can we publish NHS information through Parish Council newsletters?
- Could we use sponsorship to enhance communication?
- How is £1000 per patient proportioned? Are rural patients getting value for money?

All of the comments and questions will be taken into account with the future specification of Derby Walk-In Services.

7. Public Questionnaire – Part Three

13th November until 30th November 2013

The third questionnaire available to the public was developed to gain feedback on the following 5 options developed for the future of Derby Walk-In Services, as well as the final recommendation which was identified as option 1 that was taken from the feedback to date.

Option 1: Maintain services in both areas with possible changes to the current model dependant on affordability.

Option 2: Combine WIC and DOAC walk-in services in a single location.

Option 3: Co-locate services at A&E.

Option 4: Decommission WIC, DOAC walk-in remains (Could amend DOAC walk-in specification)

Option 5: Decommission DOAC walk-in, WIC remains (could amend WIC specification)

This was available to the public on the SDCCG website, circulated to all key stakeholders and Community Groups, GP Practices and Patient Participation Groups in Southern Derbyshire and was publicised through other events that took place within this period. All information available via the internet was available in hard copy on request from the Patient Advice and Liaison Service.

A press release was circulated following the Public Engagement Event on 12th November 2013, thanking the public for their involvement in the consultation and informing them that a questionnaire is available until the end of the consultation. The questionnaire was open and available to the public on the internet until the 6th December 2013.

A summary of the results are identified below, the full report is available via: www.southernderbyshireccg.nhs.uk.

7.1 Summary of Results

A total of 28 questionnaires were completed between the 13th November 2013 and the 6th December 2013.

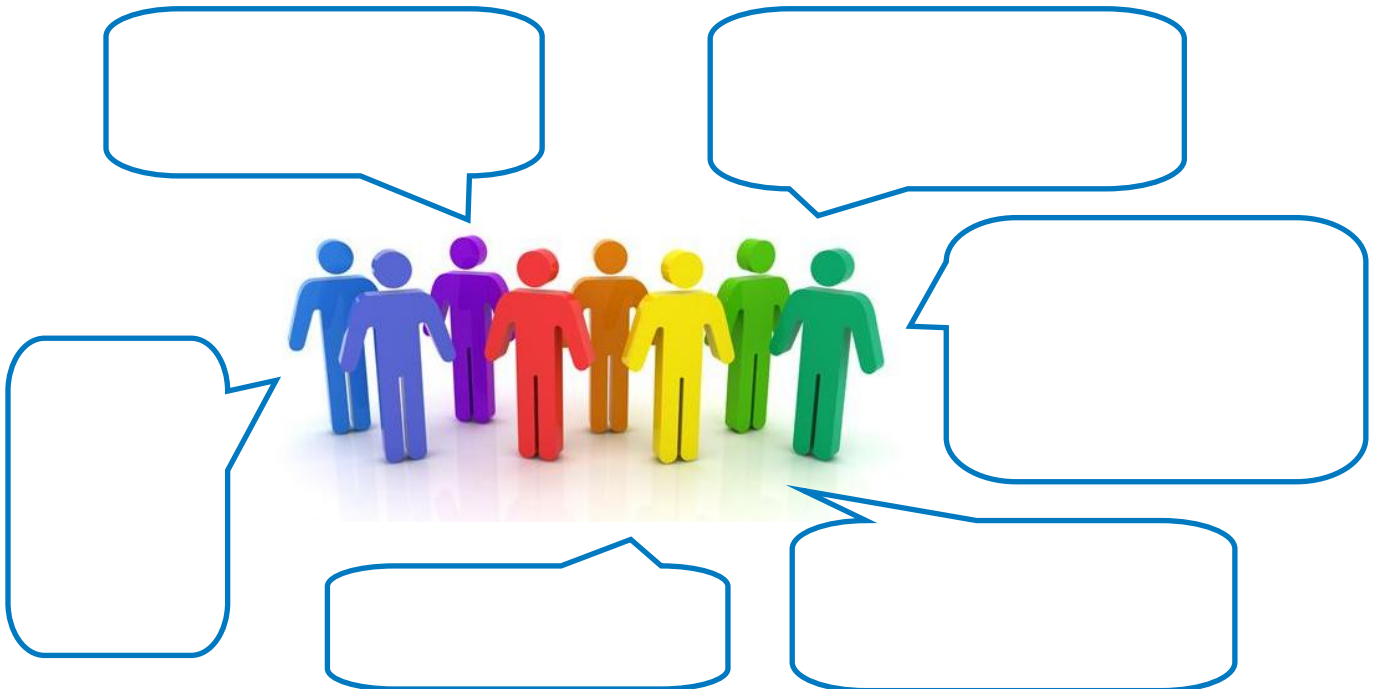
Demographics

- The majority that completed the questionnaire were female and the highest age range was 65 years and over.
- 93% of the respondents were identified as British/Welsh/Scottish/Northern Irish/British, with a small proportion being Indian and Caribbean.

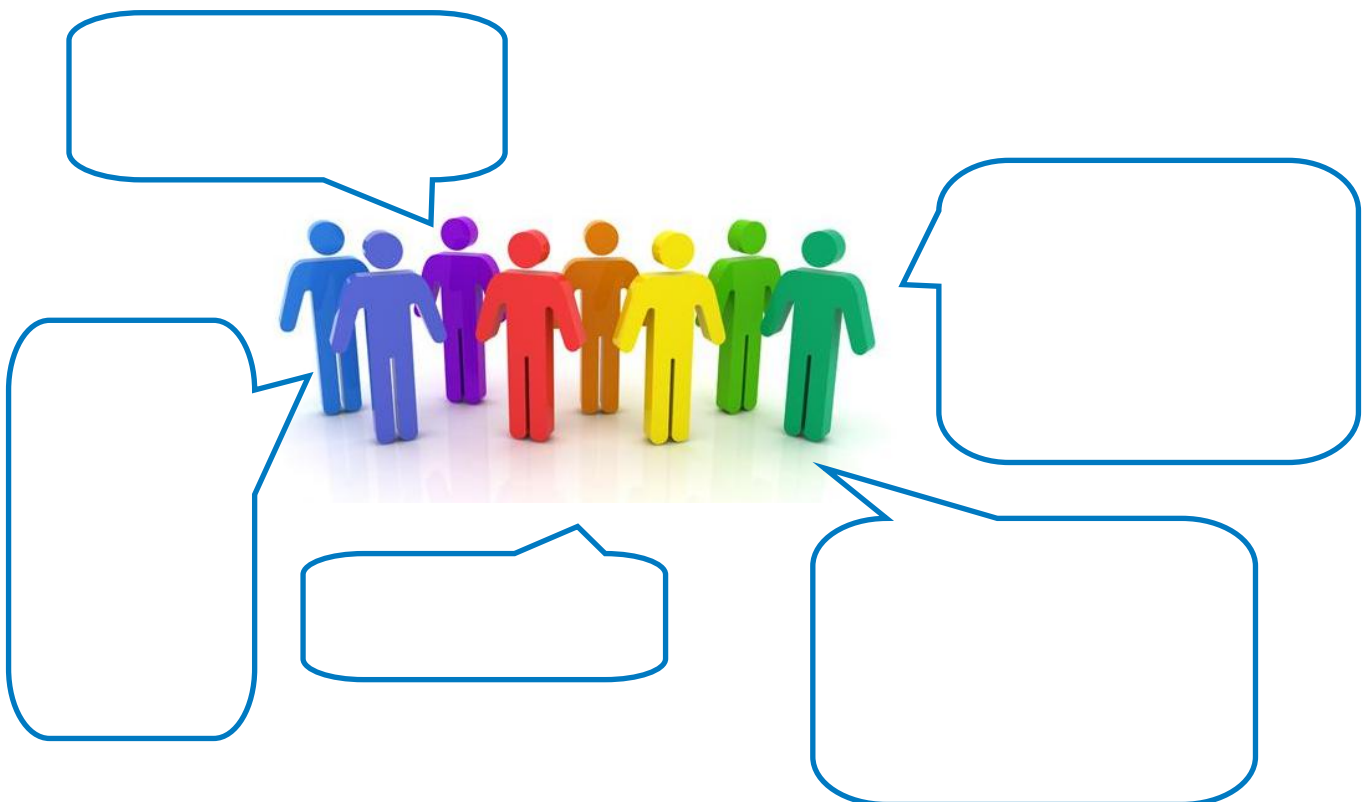
- A small proportion of patients that completed the questionnaire identified that one of the reasons that they attend walk-in services is due to their long term condition or illness.

Questions

- 1. The public were asked for ideas or recommendations that we should consider with the recommendation of maintaining services in both areas. Some examples of the comments received are identified below:**



- 2. The public were asked for further comments on option 2 to 5, please find below some examples of the comments received:**



3. The public were then asked whether they had any general comments for SDCCG.

Some examples of the comments received in relation to the walk-in services are identified below:



8. Final Recommendation

Throughout the consultation we have received feedback via:

- Walk-In Service Public Questionnaires.
- Walk-In Service Public Engagement Events.
- Other Public Engagement Events and Meetings.
- Community Groups.
- Letters have been received from GPs, Councillors and MPs expressing their thoughts on the future of Derby Walk-In Services.

This has given us a lot of useful and informative information that has helped us to shape our recommendation, and will also be used as part of the development of the new service specification which is currently underway.

The recommendation made to SDCCG is that we maintain walk-in services in the Derby City Centre and Normanton areas. The service model is yet to be agreed, but the overwhelming evidence proves that a service is required in both areas.

In order to shape the new service model, we have to take into account the likely changes within the health community and the new housing that is planned around Derby City and Southern Derbyshire to ensure that we meet the needs and demand of the public. Further information on this is highlighted in section 9.

9. Research

9.1 Walk-In Centres across England

As part of the review we have researched other Walk-In Centres across England, which has also included Urgent Care Centres and MIUs. We have reviewed consultation methods, the different services provided and service specifications.

This has helped us to plan more effectively for the consultation and will also help to identify any additional services we should be thinking about for the future and help to develop the new service specification.

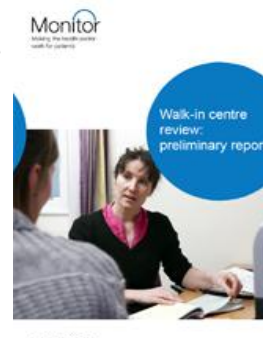
9.2 Possible impact on future walk-in services

During the review we have identified changes in the Health Community and within Southern Derbyshire which may impact on the future of Derby walk-in services. Some of the main areas to highlight are identified below:

Review by Monitor of the provision of walk-in centre services in England

Monitor made the decision to review the provision of walk-in services on 31st May 2013 following reports that there were a number of walk-in centre closures. The aim of this was to identify the possible impact this may have and whether the walk-in centres are of benefit to the patients.

Monitor undertook a survey with patients using the walk-in centres and collated evidence from walk-in centre providers and commissioners. They identified some common themes and preliminary findings were published in November 2013. The full report is available via the monitor website: <http://www.monitor.gov.uk>, and there is also a link to the report via the report header on the right.



The final report due out in January 2014 is likely to have recommendations for commissioners, providers or government relating to walk-in centre provision, therefore the outcome of this may have an impact on the new service specification.

Press Release: Seven day, 8am-8pm, GP access for hard working people

The Prime Minister set out new proposals to make it easier for people to see their family doctor between 8am and 8pm, seven days a week. There is a new Challenge Fund that GP Practices can apply for additional funding to pilot this initiative.

Within the press release, the Prime Minister stated that:

“Millions of people find it hard to get an appointment to see their GP at a time that fits in with their work and family life.”

“We want to support GPs to modernise their services so they can see patients from 8am to 8pm, seven days a week.”

“We also want greater flexibility, so people can speak to their family doctor on the phone, send them an email or even speak to them on Skype.”

Further information on the proposal can be found via the link below:

<https://www.gov.uk/government/news/seven-day-8am-8pm-gp-access-for-hard-working-people>

The outcome of this may impact on the demand for future walk-in services, in which we will need to continue to monitor the progress and possible changes. It may be that this will not impact directly to this contract but may well be something to consider for future provision.

New Housing in Derby City and Southern Derbyshire

Significant volumes of new housing is planned for Derby City and Southern Derbyshire over the next 10 years, and we are ensuring that the new specification identifies this as a potential change for the future should services need to be expanded or improved in some way to meet the increased demand.

10. Next Steps

The next steps following the Consultation is the development of the new service specification, this will include:

- Continuing to work with the Community Groups to ensure that the new specification meets the needs of our diverse population.
- Work closely with colleagues with expertise in Communication and Equality, Quality, Medicines Management, Human Resources and Clinical input to ensure that all information in the specification is up to date and relevant for the new contract.
- Continuing to link with key stakeholders and key meetings to help develop and finalise the service specification.

The final version of the service specification will be ratified by SDCCG in March/April 2014.

The procurement process will then begin in order to award the new contract in 2014, and implement on the 1st April 2015