Review of Direct Access Services

Notes of meeting held with the NHS Derby City on 17 February at Saxon House

Attendance
Councillors Ruth Skelton, Fareed Hussain, Robin Turner, Frank Leeming, Brian Lowe

NHS Derby City – Angus Maitland, Jacky Eades, Gary Stokes, Trish Thompson, Valerie Winn

Councillor Skelton welcomed representatives from NHS Derby (PCT) to the meeting.

Angus Maitland explained that they will be providing evidence from both as commissioners of services and also as providers of the walk in centre services as this service currently is run by the PCT. From 1 April 2011 the PCT will no longer be directly delivering any services and the Walk in Centre will be managed by Derby Health United who also run community services for the Derbyshire County area including out of hours and walk in centre services.

Mr Maitland briefly explained the reasons for carrying out a review of Direct Access Services and why the PCT is proposing to reduce from two walk in services to one. The financial situation within the PCT is that they need to save £50-60 million over the next 4- 5 years and therefore they reviewing all services. Some pressures are inflationary and some are real cost increases such as pay and drugs. The PCT is facing financial challenges similar to the local authorities. The PCT is also reviewing Direct Access Services because it wants to know whether the service it commissioned is achieving the outcomes it was intended to achieve.

Mr Maitland stated that the two centres cost £2.8m per year to run out of a total PCT budget of approximately £450m. There were more than 70,000 visits to the two walk in health centres but we are less clear on whether there have been changes to health outcomes. Access to these services has improved not only through shorter walking distances but also increased opening times. However, it is also not clear whether making access easier and improving supply has induced demand. Looking at who accesses the two centres shows a that a lot of use has been very localised by cohort of practices. There is fair amount of duplication on local practices.

Mr Maitland explained that the PCT believes it can meet access through one centre and ensuring other primary care providers meet their access requirements. From 1st April the PCT is requiring all primary care medical providers to deliver services over 5 full days that are Monday to Friday 08.00 to 18.30. The out of hours scheme will provide access to GPs giving 24 hour coverage.

The proposal is therefore to reduce from two centres to one. The PCT is trying to determine which would meet most suit needs of Derby.

Mr Maitland stated that the specification for the two services, WiC and DOAC is virtually identical. The PCT is looking at affordability and will consider which would achieve better value for money. The WiC uses a block contract whilst DOAC is based on a national contract and pays per case when the contract exceeds its indicative activity. This is similar to Accident and Emergency.

There are nurse prescribers at the WiC and a mixture of nurse practitioners and doctors at DOAC. The advance nurse practitioners have gone through rigorous training and can prescribe medication. There are protocols and policies to enable them to diagnose problems and prescribe medication.

The DOAC delivers full primary care medical services to patients who are fully registered, those unregistered patients have access to a reduced level of service to meet minor ailments/injuries requirements. (does not deliver all the services to unregistered patients as they would to their patient registered with their practice.) They will however carryout full examination and provide treatment required on the day.

On the question of outcomes, there was no list of health outcomes expected from both services as they were established to improve access to health services. They have delivered to their expectations. They provide easier access to treatment for minor ailments and minor illness. Between them they provide choice and flexibility for patients who can't get an appointment with their own GP. Patients who may have difficulty in attending their GP in normal hours (i.e. those working) also use the service for easier access. They are also able to plug the gap in service such as working people who want to see a GP outside normal work hours.

It was stated that access to GP is available 24 hours a day, through the walk in services, at GP practices and through the out of hours services. People also have access to A&E for emergencies.

It was mentioned that the walk in centres provide a service to people who wish to see a medical professional but don't feel it is an emergency and do not want to bother their GP. It was stated that on the balance one centre can provide all the services.

Cllr Hussain recalled his experience of recent visit to the DOAC centre where he noticed many of the patients were younger people in their early 20's. He felt that if the centre did not exist, these people may not see a GP.

Ms Eades said she noticed other groups visiting the WiC which included homeless people and those with drug and alcohol addiction.

Cllr Hussain said most people get more reassured from seeing a GP than a nurse.

Ms Eades confirmed that of the 27000 patient who had visited the WiC approximately 1000 were referred to a GP.

Mr Maitland stated that there has not been a marked change in the number of people visiting A&E since the opening of the two centre. During the last 12 months, approximately 30,000 people have used the Wic and 42,000 DOAC. There are further 1000 patients registered with the DOAC

The PCT did not have information on the number of doctors working at DOAC. However, there is always a doctor at site during their opening hours.

The annual cost of running the two centre is similar, approximately £1.4m each although there are subtle differences between the two which makes direct comparisons difficult. The WiC provided other services such as phlebotomy to further 20,000 patients.

The DOAC contract has further three years to run however the PCT has the option to terminate the contract at any time by giving one years notice. since they need to give one year's notice they would be saving two years costs.

Derby Health United will co-locate at the walk in centre and provide out hours GP services.

The PCT gave assurances that although they prefer to close the DOAC, they will listen to what people have to say about the proposals and take their views seriously before making the decision.

It was stated that there is a perception that the DOAC provides more services than WiC although in reality they both provide similar diagnoses and treatment services.

The DOAC contract is with One Medicare whose headquarters are in Leeds. It was set against nationally agreed parameters and is set for five years. They share the building with Lister House and a pharmacy. The building is owned and managed by a third party. DOAC is run by a private organisation and free to patient at the point of need.

Mr Maitland stated that there are no differences in the ailments presented by patients between WiC and DOAC.

In terms of publicity, there was substantial media campaigns at the launch of both services including radio, flyers and leaflets. The best promotion for the service is through word of mouth.

Ms Eades mentioned that there was noticeable difference in the groups of people using the WiC before and after the opening of the DOAC with noticeable changes in the ethnicity of people accessing the service.

Access to GP is not expected to change as people should be able to get an appointment with the GP within 48 hours. There is good distribution of GPs n

the city for services in hours and DHU cover the out of hours periods giving appropriate levels of care 24 hours a day. There is duty doctor on call 24 hours a day for urgent requirements.

Mr Maitland explained that the financial landscape has changed recently which is affecting PCT's decisions. The PCT appreciates the depth of the review carried out by the Commission.