

Derby City Walk-In Service Review

Consultation

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| Organisation responsible for the consultation | Southern Derbyshire Clinical Commissioning Group |
| Target audience | All Southern Derbyshire residents and local organisations |
| Closing date | 8 th November 2013 |
| Enquiries regarding the consultation | catherine.bainbridge@southernderbyshireccg.nhs.uk |
| Return address | Catherine Bainbridge Southern Derbyshire Clinical Commissioning Group First Floor, Cardinal Square 10 Nottingham Road Derby DE1 3QT |
| Alternative formats | If you would like some help in accessing this document please call Patient Advice and Liaison Service on 0800 032 32 35 |

Derby City Walk-In Service Review Consultation

1. Southern Derbyshire Clinical Commissioning Group

NHS Southern Derbyshire Clinical Commissioning Group (CCG) has commissioned this service. The CCG brings together the combined expertise of 57 local GP practices to commission/buy health services on behalf of over 525,000 patients in Southern Derbyshire.

Their vision is to 'continuously improve the health and wellbeing of the people of Southern Derbyshire, using all resources as fairly as possible'.

Within Derby, both the Walk-in Centre (WIC) and Derby Open Access Centre (DOAC) provide a wide range of primary care services.

2. Overview of the Existing Centres/Services

The Derby Open Access Centre (DOAC)

St Thomas Road

Normanton

Derby

Open 8am until 8pm, 365 days a year.

DOAC is an independently run service providing both walk-in access and appointments. It was set up with the main aim of providing extended access to healthcare. It also has a registered population of approximately 4500 patients, this is managed by the Local Area Team.

The number of walk-in attendances in 2012 was 35,070.

The Derby Walk-in Centre (WIC)

Osmaston Road

Derby

Open 8am until 7.30pm, 365 days a year.

The WIC was set up mainly to provide healthcare for the local population on the former Derby Royal Infirmary site following the move of A&E.

The number of walk-in attendances in 2012 was 43,632.

3. Principles

The Southern Derbyshire Clinical Commissioning Group have agreed some guiding principles for the reconfiguration of services:

- Patients must continue to have access to a primary care service 24 hours per day, 7 days per week (between walk-in services and OOH services).
- Additionally, patients will be provided with a direct/open access service 7 days per week, with hours and or services which correspond to demand.
- The service offering/model should be consistent and clear.
- Any impact other services should be clear and managed appropriately.
- There will be clear quality standards agreed for any model proposed.
- Access issues will need to be clear for and equitable for all groups: vulnerable groups; people working in the city; people having difficulty with access.
- Any significant proposed change will require consultation and appropriate public, provider and staff engagement.
- Changes need to be in line with current or proposed health policy, including the need to address health inequalities.
- Future changes and demographics relative to the service must be identified and understood.

4. Options

The options below have been developed for the future of Derby walk-in services, in which we would like the public to give their comments and ideas. You will have the opportunity to complete a Consultation Questionnaire highlighting your preferred option and further comments and ideas.

Option 1 - No Change

Specification for WIC and DOAC to remain broadly the same as now, but there may be opportunities to improve services if there are low associated costs (no additional budget available).

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

GP and walk-in services available in one single location, this would need to be sufficient capacity to serve the population.

One of the advantages of this option is that the funding for the two services would be used as one service, which may help to develop the walk-in service to a higher specification.

However, there are a number of factors which need to be considered if this step is taken.

- Redundancy/closure cost implications.
- Effect on the population of a different geographic location for alternative service provision.
- Savings could be made through combining both services, however new premises may be required which may negate savings.

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

Primary Care walk-in services could be located at A&E with patients being streamed to the most appropriate service.

One of the advantages to this option is the increased joint working between Primary and Secondary Care.

However, there are a number of factors which need to be considered if this step is taken.

- Redundancy/closure cost implications.
- Effect on the population of a different geographic location for alternative service provision.
- A proportion of the available budget would have to be used in building/adapting suitable accommodation.

Option 4 – Decommission the Walk-in Centre, Derby Open Access Centre remains

WIC could be completely closed. One of the advantages of this option is that it would result in the saving of most of the current costs of one of the two services, which would help to develop the DOAC service to a higher specification.

However, there are a number of factors which need to be considered if this step is taken.

- The likely transfer of the current patient activity at the WIC elsewhere in the healthcare system and its resultant cost.
- Redundancy/closure cost implications.
- Effect on the population of a different geographic location for alternative service provision.
- Re-provision of the phlebotomy service.

The registered patient list at DOAC would also need to be addressed as part of any service change.

Option 5 – Decommission the Derby Open Access Centre, Walk-In Centre remains

DOAC could be completely closed. One of the advantages of this option is that it would result in the saving of most of the current costs of one of the two services, which would help to develop the WIC service to a higher specification.

However, there are a number of factors which need to be considered in any decision taken.

- The likely transfer of the current patient activity at the DOAC elsewhere in the healthcare system and its resultant cost.
- Redundancy/closure cost implications.
- Effect on the population of a different geographic location for alternative service provision.

The registered patient list at DOAC would also need to be addressed as part of any service change.

5. Consultation questions

Please answer the questions below. When the consultation closes we will look at the responses alongside clinical views and affordability in deciding which option to take forward. You can also complete the survey on-line at www.southernderbyshireccg.nhs.uk.

Following the consultation period the responses will be considered by the Southern Derbyshire Clinical Commissioning Group and the final proposal will be publicised on our website and for discussion at our second Public Event on Tuesday 12th November 2013.

1. Have you or a close friend or family used the Walk-in Centre and/or Derby Open Access Centre in the past 12 months? (tick all that apply)

DOAC ☐ WIC ☐ None ☐

2. Please indicate which of the options you support - please tick only one option.

(NB, if you wish to support more than one option please indicate this in the box on question 3 below).

Option 1 – No Change

☐

Option 2 – Combine WIC and DOAC services in single location

☐

Option 3 – Co-locate services at A&E

Option 4 – Decommission WIC (could amend DOAC specification)

Option 5 – Decommission DOAC (could amend WIC specification)

3. Do you have any comments or suggestions about the options?

Please continue on a separate sheet if necessary.

Send your response to this address:

Catherine Bainbridge
Southern Derbyshire Clinical Commissioning Group
First Floor, Cardinal Square
10 Nottingham Road
Derby
DE1 3QT

The closing date for the options is 8th November 2013, in order to have appropriate feedback on the final proposal by the end of the Consultation on 30th November 2013

Thank you for responding to this consultation. We will report the outcome on **www.southernderbyshireccg.nhs.uk**.

6. About you

We ask these questions to understand who has been involved in the Consultation.

1. Are you: (please tick box)

Male

☐
☐

2. Which age group are you?

16 -24

☐

25 -34

☐

35 - 44

☐

45-54

☐

65

☐
☐

3. What is your postcode?

(The first four digits i.e. DE24)

4. Are your day-to-day activities limited because of a health condition or illness which has lasted, or is expected to last, at least 12 months?

Yes No

☐
☐

If yes, is this the reason you choose to use the walk-in services?

Yes

☐

No

☐

5. Would you describe your ethnic group as:

(please tick, or leave blank if you prefer not to say)

White

British

☐

Irish

☐

Mixed

White & Black Caribbean

☐

White & Black African

☐

White & Asian

☐

Asian or Asian British

Indian

☐

Pakistani

☐

Bangladeshi

☐

Chinese

☐

Black or Black British

Caribbean

☐

African

☐

Other

All replies will be anonymous and analysed by Southern Derbyshire CCG, and will only be used for the purpose of this review and for improving primary care services. Results will be presented and the final proposal discussed at the next Public Event on the 12th November 2013.

For further information on the Public Event and to book a place please call: **01332 868732** or e-mail **communications.north@gemcsu.nhs.uk**

For any questions or feedback regarding this form please contact Claire Haynes, Engagement Manager, either by Phone: 01332 868 677 or Email: claire.haynes@southernderbyshireccg.nhs.uk.

***Southern Derbyshire
Clinical Commissioning Group***

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