NHS Derbyshire County

NHS Derby City

Review of Direct Access Services

1. Background and context

NHS Derby City entered into a public consultation on the provision of direct access services in Derby from 31st January 2011 to 31st March 2011.

Public consultation is an important part of any proposed service reconfiguration, and forms part of the Secretary of State's four key test for service reconfigurations as set out in May 2010:

- Support from GP commissioners;
- Strengthened public and patient engagement;
- Clarity on the evidence base; and
- Consistency with current and prospective patient choice.

The author would like to take this opportunity, on behalf of the PCT, to thank the many members of the public and key stakeholders who have taken the time to contribute to this consultation, and who have had an important role in influencing the proposed outcome and recommendations.

2. Matters for consideration

2.1 Process of Consultation

NHS Derby City Commissioners considered Direct Access Services as part of routine and regular reviews of all commissioning programmes and budgets within the PCT. The review process started as a result of some analysis which showed an overall increase, above original estimates in numbers of total attendances for direct access services, a consequent increase in cost, and a particularly high concentration of use of the DOAC by patients registered with some of the practices located close to DOAC.

Further work through the Board's Strategic Health Investment and Improvement Committee [SHIIC], subsequently discussed and endorsed at the PCT Trust Board, supported the approach to consult with the public on a number of options, with a steer as to the PCT's preference based on the evidence available to it. The PCT elected to state a preferred option in the interests of openness and transparency in relation to its intentions and to reflect the discussions held to that point. In addition to the opportunity to express a preference on the options, there was an opportunity for any respondent to express comments.

With respect to the Secretary of State's 4 tests :

1. GP commissioner support

Although the PCT did not have formally constituted GP commissioning consortia at the time, it used the SHIIC, as this was also the PCT Professional Executive Committee, and included Practice Based Commissioner GP leads.

2. Strengthened Public and Patient Engagement
The consultation with the public was intended to address this issue.

3. Clinical Evidence Base
The PCT took advice from the SHIIC members on the clinical evidence in relation to the two minor illness services. An omission which the PCT made prior to consultation, but which was followed up during the consultation, was to seek an external clinical expert view. The PCT received communication from the National Clinical Advisory Team Chair that although it was too late to do a formal review as the consultation had already started: 'What we know about walk-in centres and direct access open centres is that they do not replace established activity for instance at local A&E departments, but create new activity responding to a different group of patients and their needs'.

4. Consistency with current and prospective patient choice
The principles, stated below, proposed maintaining a direct access service in addition to the existing 24 hour access to a GP through General Practice/Out of Hours. While this maintains patient choice, it should be stated that the main reason behind this was that the PCT was looking at Direct Access Services within the consultation predominantly as 'minor illness and injury', which could be better (or more swiftly) dealt with in a direct access centre than other general practice settings.

The consultation ran from 31st January 2011 to 31st March 2011. In addition to open invitations to the public to respond, and access via the website, the consultation received considerable media coverage, thus ensuring widespread knowledge of the exercise.

The PCT also communicated directly with key stakeholders to invite responses. Of the respondents, One Medicare, the operator of the Derby Open Access Centre, in a very full response, also questioned the transparency, fairness and impartiality of the consultation.

Following receipt of the Consultation responses, the PCT is using the Public Board meeting of the new Derbyshire PCTs Cluster to consider the recommendations arising.

2.2 Purpose of the Consultation

A copy of the Consultation Paper is attached (Appendix1), and will not therefore be repeated here. However, some extracts to illustrate the main points are summarised below.
The review covered, in particular, the services provided currently by the Walk-In Centre [WIC]and the Derby Open Access Centre [DOAC]. The consultation paper commented that: 'These services provide choice for patients, and serve areas of the city where patients may prefer a walk-in type service rather than the traditional appointment-based service. However, there is considerable overlap between WIC and DOAC, as well as between WIC, DOAC and GP surgeries (including Out of Hours when they are open). There is therefore scope to consider alternative ways of providing these primary healthcare services in a way which reduces duplication and overlap but is just as, or more, effective.'

2.3 Principles

The consultation paper contained several principles which would underpin any decision made about direct access services:

i. Patients must continue to have access to a primary care service 24 hours per day, seven days per week
ii. Additionally, patients will be provided with a direct/open access service seven days

per week, with hours and/or services which correspond to demand

iii. The services offered should be consistent and clear and involve minimal duplication
iv. There will be clear quality standards agreed for any proposed services
v. Access issues will need to be clear for vulnerable groups, people working in the city, and people who cannot get an appointment with their GP
vi. The services which the PCT agrees to provide in the wake of this review must cost less than the existing services, in order to reflect a reduction in the overall resources available to the PCT. The availability of significant capital funds is unlikely.
vii. Any significant proposed change will require consultation and appropriate public, provider and staff engagement, of which this document forms a part
viii. Changes need to be in line with current or proposed health policy, including the need to address health inequalities
ix. Any change to services must consider links with other organisations and services, and other NHS Derby City plans, including GP commissioning.

While the paper goes into further detail below, the issues raised during the consultation in relation to these principles covered, in particular, point (v) on access. From the PCT's perspective, policy changes and structural reform changes affecting the future responsibility for decision making (points (viii) and (ix)) have also had an influence on the recommendations to the Cluster Board.

2.4 Summary and Options

The Consultation paper summarised that the economic argument to support more than one Centre was poor, not least due to the relatively compact nature of the city. The paper went on to say that:

'Whatever model is adopted, it is essential that patients are encouraged to use core primary care as much as possible and that any perceived difficulties with accessing primary care are robustly addressed. Any walk-in type service must not simply duplicate core primary care provision, which is available 24 hours per day, 7 days per week. Direct access services must exist to support patients who cannot access core primary care. However, a key requirement of any service change is to maximise the benefits deliverable by urgent care and direct access provision, without detracting from the principle that primary care services must deliver to the full.' The paper proposed 6 options, including a recommended option to close DOAC and keep WIC open. One reason given was:

'The need for a GP service (such as DOAC) in addition to existing GP practices has reduced. Surveys have demonstrated that patients greatly value their own GP and that this should generally be their first option for treatment during normal practice hours.'

The assertion that the need for the DOAC GP service has reduced will be revisited later in this paper, as this was a key issue in the consultation responses.

2.5 Responses to Consultation

The PCT received 2350 responses to the consultation. In addition to the number of responses received, there were representative responses from several organisations such as the City Council Adult Health and Housing Commission, the Local Medical Committee for Derby and Derbyshire, Derby Hospitals NHS Foundation Trust as well as a petition and responses from the resident pharmacy provider within DOAC and a response from One Medicare.

Web Results

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 4 below).

Answer Options	Response Percent	Response Count
Option 1 No Change	31.1%	65
Option 2A Close the Derby Walk-in Centre	46.4%	97
Option 2B Close the Derby Open Access Centre	11.0%	23
Option 3 Close both the Walk-in Centre and the Derby Open Access Centre	2.4%	5
Option 4 Rationalisation on one or two sites while retaining both providers	6.2%	13
Option 5 Implement alternative configurations, such as co-location of services with A&E	1.4%	3
Option 6 Cap volumes or access to WiC and DOAC	1.4%	3
answered question		**209**

Mail Results

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 4 below).

Answer Options	Response Percent	Response Count
Option 1 No Change	47.1%	218
Option 2A Close the Derby Walk-in Centre	5.4%	25
Option 2B Close the Derby Open Access Centre	38.0%	176
Option 3 Close both the Walk-in Centre and the Derby Open Access Centre	1.1%	5
Option 4 Rationalisation on one or two sites while retaining both providers	8.0%	37
Option 5 Implement alternative configurations, such as co-location of services with A&E	0.4%	2
Option 6 Cap volumes or access to WiC and DOAC	0.0%	0
answered question		**463**

Combined Web & Mail

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 4 below).

Answer Options	Response Percent	Response Count
Option 1 No Change	42.1%	283
Option 2A Close the Derby Walk-in Centre	18.2%	122
Option 2B Close the Derby Open Access Centre	29.6%	199
Option 3 Close both the Walk-in Centre and the Derby Open Access Centre	1.5%	10
Option 4 Rationalisation on one or two sites while retaining both providers	7.4%	50
Option 5 Implement alternative configurations, such as co-location of services with A&E	0.7%	5

Option 6 Cap volumes or access to WiC and DOAC	0.4%	3
	answered question	**672**

Received via DOAC

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 4 below).

Answer Options	**Response Percent**	**Response Count**
Option 1 No Change	12.4%	208
Option 2A Close the Derby Walk-in Centre	85.6%	1436
Option 2B Close the Derby Open Access Centre	0.8%	13
Option 3 Close both the Walk-in Centre and the Derby Open Access Centre	0.1%	2
Option 4 Rationalisation on one or two sites while retaining both providers	0.8%	14
Option 5 Implement alternative configurations, such as co-location of services with A&E	0.1%	2
Option 6 Cap volumes or access to WiC and DOAC	0.2%	3
	answered question	**1678**

Web, Mail & via DOAC

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 4 below).

Answer Options	**Response Percent**	**Response Count**
Option 1 No Change	20.9%	491
Option 2A Close the Derby Walk-in Centre	66.3%	1558
Option 2B Close the Derby Open Access Centre	9.0%	212
Option 3 Close both the Walk-in Centre and the Derby Open Access Centre	0.5%	12
Option 4 Rationalisation on one or two sites while retaining both providers	2.7%	64
Option 5 Implement alternative configurations, such as co-location of services with A&E	0.3%	7
Option 6 Cap volumes or access to WiC and DOAC	0.3%	6
	answered question	**2350**

The quantitative data showed that there were three responses used much more than the others, indicating either no change – 491 responses, or the closure of one of the two centres – 1770 responses with a strong preference (predominantly expressed through attendees of the Derby Open Access Centre) for closure of the Walk In Centre.

The qualitative data provided further valuable information. As these come from representative bodies or organisations it is not possible to weight these for balance, but the

Health and Housing Commission, for example, not only interviewed commissioner and provider representatives, but commissioned a survey of users through the LINKs organisation.

A common theme emerged from several of the user responses as well as from some of the evidence to the Adult Health and Housing Commission. This was reinforced by information received from One Medicare.

This suggested that, while the PCT's focus had been strongly on reducing unnecessary duplication in minor illness services, there was a strength of feeling relating to access to a doctor, more specifically a general practitioner.

2.6 PCT Response to Consultation Responses and Feedback

2.6.1 Access to Minor Illness Services in Primary Care

While not completely straightforward, the conclusions in this area are clearer than those for access to a GP.

There are duplicate primary care urgent care services in Derby, and they are not configured in a way which is always clear to patients. As a consequence they are not commissioned or used in the most cost effective way.

- The city is well provided for in the number of pharmacies
- There city is well provided in terms of numbers of General Practices and GPs
- There is a GP out of hours service with a base in the centre of Derby
- There is an Open Access Centre and a Walk In Centre, both in Derby
- There is an Emergency Department based at the Royal Derby Hospital

The opportunity to have a simpler, more streamlined Urgent Care service, which makes it easier for patients to know what service to access, and how, remains a clear objective.

If patients are not able to self-care, with the support of NHS Direct, pharmacies etc, the traditional support route for an urgent health problem is to access their GP in hours or the GP out of hours service when the practice is closed. In certain circumstances the GP will refer on to the hospital.
In Derby, PCTs have commissioned 2 further services: a nurse-led Walk-In Centre and an Open Access Centre which includes GP access at all times. In terms of urgent access, both services offer the opportunity to be seen within a maximum 4 hour period (although in practice much swifter) for minor illness and injury. The consultation stated that 'the PCT is content with the quality of service provided by both centres'.

The core point in the PCT's consultation was that 'the duplication of services both between centres and with Primary Care (General Practice and Out of Hours) cannot be justified or maintained in an increasingly difficult economic environment'.

The conclusions from evidence gathered prior to the consultation, and largely (but not fully) corroborated by the consultation, suggest that the PCT can make a strong case for having only one access point for urgent care such as minor illness or injury, provided it can demonstrate it has fairly considered:

- Access for the population, and in particular for the population in an area of greater need and deprivation

- Easy access to a pharmacy following consultation at a centre that onward referral is low (from the centre to another health care service)

- That there is adequate car parking/physical access

In addition to the above, the most frequent comments received related to the relative public assurance in seeing a doctor. This has highlighted the fact that the Derby Open Access Centre has been providing two overlapping services: an open access service for urgent care and minor illness but also a more general service for primary care, including for a small registered population.

The consultation response from One Medicare supports the need for integration of direct access services… 'so efforts can be focussed more easily in reducing the demand on other services'. The One Medicare response, however, sees a different model to that proposed in the consultation, looking to an integrated model of 'Out of Hours', GP-led and nurse-led services in a single building, preferably at the DOAC building.

One of the issues faced by the PCT has been the timing of the TCS process, which was required to be completed by 31st March 2011. This led to a competitive tender process, which was won by Derbyshire Health United. The consultation response by One Medicare argues that there was an alternative approach which the PCT passed up at the time, to which the PCT has responded in separate correspondence and meetings. This leaves a challenge in that we have 2 good quality services provided by 2 independent sector companies, both of whom will understandably contest vigorously any decision to close the service. Inevitably the greater challenge to date has been raised through the DOAC team, and in-house pharmacy, who have perceived the greater threat to their service and have mobilised a considerable level of public opinion in support of retaining their service.

The issue of the impact on demand for hospital ED services, should a service be closed, is not proven. However the PCT has noted that the introduction of the Walk In Centre and the Derby Open Access Centre led to a greater level of overall use of immediate access services rather than demonstrating any significant shift away from hospital ED services. This appears to be confirmed by the views of the National Clinical Advisory Team. What cannot be shown with certainty is whether the threshold has changed such that demand for ED services would now go up were services to be withdrawn.

2.6.2 Public Access to Primary Care

The response from the Council Health and Housing Commission raises some reasonable challenges about the opportunity to further improve the Direct Access Service provided. However, its more telling responses relate to the service about which patients expressed concerns, several of which were not specifically related to the urgent access component.

The Derby LINKs survey showed a high proportion of patients (93%) having difficulty in accessing their GP. While this is out of line with the regular nationally-based surveys undertaken, further investigation of the most recent GP access survey does indicate that there are some issues with patients' relative perceptions of access and some other factors of their care in several of the practices in the vicinity of the Derby Open Access Centre, which are out of line with the average for Derby.

The One Medicare response states: '…that there are significant issues with accessing 'traditional' GP care. Through our own patient survey, the two most common reasons for attendance, with average scores of over 40% each, are our more convenient opening hours and being unable to get an appointment with the patient's own GP'.

When the PCT SHIIC members looked at data on patient use of the Derby Open Access Centre prior to consultation, one of the significant factors was the very heavy use of the centre by patients registered to some of the GP practices in the immediate vicinity. This is consistent with some of the findings of a recent review of Walk In services conducted by Nottinghamshire County PCT.

The issue which therefore requires a greater level of consideration is the extent to which primary care services in the locality need to be reformed to meet the needs of a population which does not necessarily want the 'traditional' GP offering, since there is clearly a level of duplication in this.

3. Conclusions

1. The consultation process has provided valuable feedback in relation to direct access services in Derby and has given particular insights into access to GPs in parts of Derby

2. The responses received reflected an understanding of the reasons for a more streamlined provision of access to minor illness services which reduced inefficiency and duplication. This will remain a key objective for future planning

3. Concerns expressed in relation to the possibility of Derby Open Access Centre closure related in particular to public concerns about access to general primary care services, and especially for a part of the Derby City population based close to the Open Access Centre, whether registered with a GP or not. While the consultation was intended mainly to deal with the minor illness services, responses had reflected the fact that the Derby Open Access Centre was often used by patients on grounds of more convenient opening hours and the inability to get (or perceived inability to get) an appointment with the patient's own GP

4. The fast moving changes in commissioning within the NHS nationally, as well as in Derby and Derbyshire, together with some uncertainties on some areas of future commissioning responsibility within Primary Care, for example the split of responsibilities between the National Commissioning Board and GP Commissioning, mean that there could be implications for the proposals as set out in the consultation document, leading to caution on the timing of any decisions

5. Notwithstanding the above, the nature of the cost per case contract originally agreed with One Medicare, while in line with a nationally specified contract and guidance at the time, do not, in the view of the PCT, contain the appropriate incentives to appropriately manage demand within primary care for minor illness.

4. Actions and recommendations

- That the PCT should retain the 2 centres – The Walk In Centre and the Derby Open Access Centre – provided that satisfactory financial contractual arrangements can be reached which make the provision of services out of the 2 sites affordable. While no future guarantees can be entered into in respect of timetables in the light of the

changes in commissioning responsibilities, a closure of either site before 31st March 2013 at the earliest is not anticipated

- That the PCT, or successor commissioning organisations, should work to improve the cost effectiveness of direct access minor illness services, with immediate effect

- That the PCT should negotiate with both One Medicare and Derbyshire Health United appropriate measures of how referrals to acute care and prescribing behaviour can be managed in line with PCT and emerging GP consortium policy, maximising care in primary care settings

- That a pause should take place on more fundamental change on the two sites until future commissioning arrangements are more certain

- That the underlying issue of access to GP advice and consultation in some central parts of Derby is in need of further more in-depth review, to ensure that the changes to healthcare provision in Derby will not have any material adverse consequences to primary care access

- That appropriate communications should be undertaken with principal contributors and through the media, both to inform and to recognise the value of the contributions made.

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