



## DERBYSHIRE CLUSTER BOARD MEETING 25<sup>th</sup> May 2011

**Report Title: Review of Direct Access Services**

**Item No: 8.2.1**

### 1. **Background and context**

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

Following receipt of responses from the public and other stakeholders, the PCT has had an opportunity to review all the evidence submitted and is bringing its recommendations for public Trust Board discussion and approval.

### 2. **Matters for consideration**

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.

### 3. **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 31<sup>st</sup> 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.

Name: Angus Maitland, Director of Strategy & Market Management, NHS Derby City  
Sponsor: David Sharp, Derbyshire Cluster Chief Executive  
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