NHS Derby City Review of Direct Access Services

Consultation

Organisation responsible for the consultation	NHS Derby City (Derby City Primary Care Trust)
Target audience	All Derby residents and local organisations
Closing date	31st March 2011
Enquiries regarding the consultation	PALS@derbycitypct.nhs.uk 0800 032 32 35
Return address	Freepost RRBZ-XRHY-GXGC Derby City PCT Direct Access Consultation Derwent Court Stuart Street Derby DE1 2FZ
Alternative formats	If you would like some help in accessing this document please email communications@derbycitypct.nhs.uk or call the Patient Advice and Liaison Service (PALS) on 0800 032 32 35

NHS Derby City Review of Direct Access Services Consultation

1. Direct Access Services in Derby

NHS Derby City commissions and pays for healthcare services for the residents of Derby. These include GP services, which are available to everyone in the city. In addition, some direct access services are available. 'Direct Access', 'Open Access', and 'Walk-in Centres' are all terms which describe primary care services where patients can turn up without an appointment. These services have expanded considerably over the last five to ten years in the NHS. More recently, access to GPs has also improved, with all of our practices offering extended opening hours.

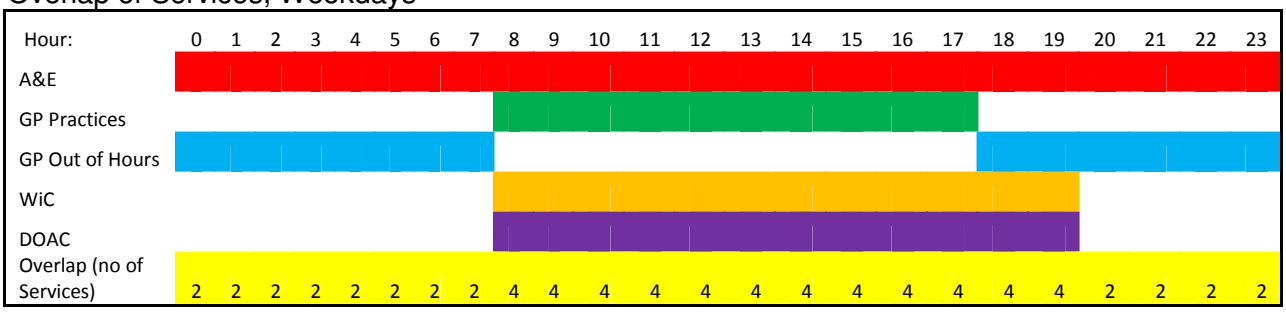
In Derby, both the Walk-in Centre (WiC) and Derby Open Access Centre (DOAC) provide a wide range of primary care services.

Both the WiC and DOAC provide a service over extended hours up to 7:30 pm (WiC) and 8:00 pm (DOAC), seven days a week. Therefore both services are providing access for patients to primary care services outside of normal surgery opening times. The DOAC is a GP led centre, the WiC is nurse led.

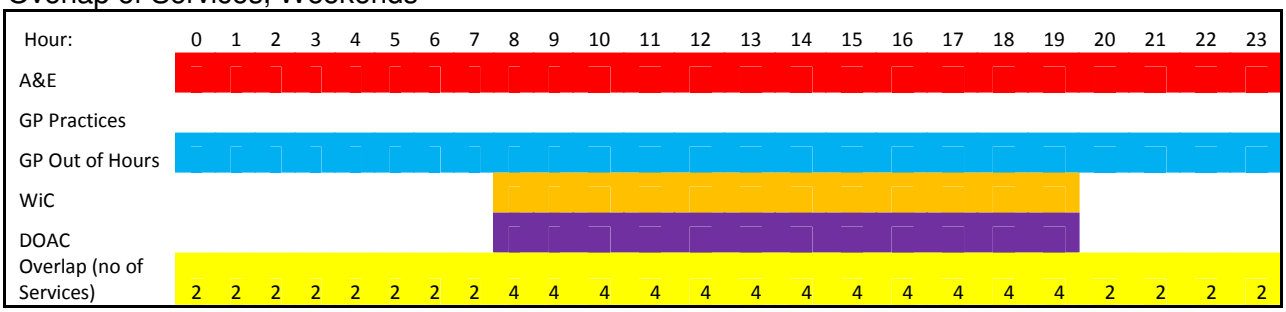
The Out of Hours service provided by Derbyshire Health United (DHU) overlaps with the WiC and DOAC services as it runs a home visit service and an appointment only service, which is open 6.30pm to 8am Monday to Friday and 24 hours per day at the weekend.

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.

Overlap of Services, Weekdays



Overlap of Services, Weekends



The current cost of WiC and DOAC services for 2010/2011 is forecast to be approximately £2.8m, split almost equally between the two centres. With the significant financial challenges facing the NHS over the coming 5 years, the PCT needs to ensure that services meet the twin challenges of clinical and cost effectiveness.

2. Overview of the Existing Centres/Services

The Derby Open Access Centre, St Thomas Road

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 and it is achieving this. It has a small registered population of slightly in excess of 1000 patients, but its main business is GP-led direct access.

The anticipated number of attendances for 2010/11 is 42,000, which is greater than predicted at the time the contract for the provision of services was signed. Because DOAC is paid for each patient attendance, the extra patient attendances mean higher costs for the PCT, yet there is no clear evidence that DOAC is reducing demand for other services. However, there is a risk that expectations have been raised so that, if DOAC did not exist, some patients might choose to attend one or more of GP services, A&E, the WiC or Out of Hours.

The DOAC contract is for a five year period from 1st April 2009 to 31st March 2014 but can be cancelled with a notice period of 12 months.

The Derby Walk-in Centre, Osmaston Road

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, and this is being achieved.

Expected activity for the WiC for 2010/11 is 32,535 walk in attendances, and a further 19,465 attendances for services such as phlebotomy (the taking of blood for testing), making 52,000 in total. The WiC is not paid separately for each patient attendance, so it could potentially deal with some extra activity at no additional cost to the PCT. As part of the national Transforming Community Services requirements, the provision of a WiC service is being let for a two year term from 1st April 2011, with a 12 month notice period.

There is no evidence that the WiC is reducing demand for other services. However, there is a risk that expectations have been raised so that, if the WiC did not exist, some patients might choose to attend one or more of GP services, A&E, DOAC or Out of Hours.

Some of the services the WiC provides (phlebotomy, dressings) are not core walk in centre services, but should the WiC not provide them an alternative solution would need to be found.

The WiC has a higher premises cost than DOAC, however, other services are also provided from those premises. It is the PCT's intention for the WiC building to also house the GP Out of Hours centre and there is scope to include other services too.

3. Other services

The Out of Hours Service

The GP Out of Hours service is provided by Derbyshire Health United (DHU), a not for profit organisation, on behalf of all GPs in Derby and Derbyshire. DHU runs a call taking and triage service and a home visit service, neither of which are part of this review, as well as a 'by appointment' out of hours GP-led service. However, this review does include the times (6.30pm to 7.30/8pm Monday to Friday and 8am to 7.30/8pm Saturday and Sunday) when DHU, the WiC and DOAC are all currently open.

GP Surgeries

GP surgeries are included here for completeness. Prior to the opening of the WiC and DOAC the alternatives for patients were either GP in-hours, GP out of hours or A&E. There have been some changes to the opening hours of GP surgeries in the last few years, so providing increased access for patients, but there is variation in both in hours and on-call arrangements between practices. From 1st April 2011 all GP practices in Derby City will be open for the minimum core hours of 8am to 6:30pm, Monday to Friday, with a number also open on Saturday mornings as part of the extended hours scheme.

4. Principles

NHS Derby City has agreed a number of principles which will underpin any decision made about direct access services:

- Patients must continue to have access to a primary care service 24 hours per day, seven days per week
- Additionally, patients will be provided with a direct/open access service seven days per week, with hours and/or services which correspond to demand
- The services offered should be consistent and clear and involve minimal duplication
- There will be clear quality standards agreed for any proposed services
- 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
- 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.
- Any significant proposed change will require consultation and appropriate public, provider and staff engagement, of which this document forms a part

- Changes need to be in line with current or proposed health policy, including the need to address health inequalities

- Any change to services must consider links with other organisations and services, and other NHS Derby City plans, including GP commissioning.

5. Options

Option 1 - No Change

No Change to services would mean maintaining services at existing levels and locations until current contracts expire. The main advantages of this option are that this is a known quantity, that access issues (and patient satisfaction) are not affected and that there will be no additional risks in the system.

The main disadvantages are that this option does not address the increasing costs of service provision or the current overlap and duplication of services. No Change also means that there continues to be an uneven primary care investment on behalf of only a part of the city population.

Option 2 – Close the Derby Walk-in Centre or the Derby Open Access Centre

Either the WiC or 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 or other of those two services. There would also be an opportunity to remove duplication of services and the resulting cost savings would allow the PCT to invest in improving the gaps in service provision at weekends and out of hours, in order to reduce demand on hospital and ambulance services. Maintaining one of the two services would also enable the PCT to continue its commitment to the provision of direct access, with its associated advantages for patients.

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 or 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
- Whether the service to be closed can be provided by another existing provider
- Re-provision of the phlebotomy service

There is a small registered patient list at DOAC which would also need to be addressed as part of any service change.

Option 3 - Closing the Walk-in Centre and Derby Open Access Centre

The main advantage of this decision would be to remove the cost of provision of these services. The main disadvantages are that if both Centres are closed, the consequences of the loss of the current 70,000 walk-in episodes and 20,000 ‘other’ appointments (e.g. phlebotomy etc) would need to be considered, including:

- Whether there will be a significant demand increase on A&E, which will have both capacity and financial implications, as well as a likely rise in attendances for conditions which are not an emergency

- Whether there will be a significant demand increase on GPs and out of hours
- The financial and operational impact for the 20,000 other appointments which would need replacing.

Option 4 – Rationalisation of services on one or two sites while retaining both providers

It would be possible to scale back services while retaining both the DOAC and WiC services and sites. However, this would essentially reduce the service offering without addressing the issue of service duplication. In addition, while it could achieve some economies, they would not be on the same scale as those provided by complete closure of one centre, and would also be subject to contract renegotiation.

There is an option to relocate services from two sites to one. This could potentially save premises costs. There is, however, fairly limited financial benefit to be had from this. Real benefit would only be achieved if these services were fully integrated, in which event Option 2 is already proposed.

Option 5 – Alternative configurations, such as co-location of services with A&E

A co-location with A&E might facilitate the redirection of patients to the most appropriate service. This could potentially save money, and might also prevent multiple attendances at different services. Conversely, however, this may attract more patients to the acute hospital environment who do not in fact, need secondary care. It is not known at this stage whether there is any suitable location adjacent to A&E which could be made available or how much this would cost. If WiC or DOAC were moved adjacent to A&E there would need to be significant integration of the service with A&E, as well as likely capital investment. It is the PCT's view that the initial requirement is to address access and duplication in primary care, and that alternative configurations will be considered over a longer timescale.

Option 6 - Cap volumes or access to WiC and DOAC

It is possible to reduce the service offered from the current 8am to 7.30/8pm arrangement for the WiC and DOAC, either through capped volumes of patients or reduced hours of opening. For example, the centres could either shorten their opening hours, or close when GP surgeries are open. The disadvantage of this proposal is that it does not address the underlying commissioning principles of access and the reduction of duplication and is effectively a reduced service for only limited financial saving.

6. Summary

The present

Evidence of the use of services at WiC and DOAC is that they have become heavily used, with 94,000 contacts expected this year. Patients' use of services at DOAC and WiC is not proportionate across the different practices in the city.

The evidence to date does not point to any clear health gain as a result of the introduction of these additional services, although there have been advantages in terms of access. There appears to have been little or no impact on patient use of A&E, for example. As these are primary care services this was not the main aim of reducing them but, conversely, there may be an increase in A&E use if these services were to close.

The economic argument to support more than one Open Access / Walk-in Centre is poor. If one were to close, then the other would still be available for urgent access to primary care.

Derby is a compact city and either centre would still be close to those populations making most use of the services.

The location of the Out of Hours service is a key influence on plans for WiC/DOAC. The current base at Duffield Road is not fit for purpose and a co-location of the Out of Hours services with either WiC or DOAC would be beneficial and allow for efficiencies to be achieved. Current plans are for the Out of Hours Service to move to the WiC.

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 Future

To date, little research has been done locally on the more radical option, which would be to assume that all patients go to the hospital site and are triaged at that point for primary care of emergency conditions. Moreover, the national evidence to date is inconclusive on the merits of this system. Any initial changes to service provision at the present time will not prevent more radical plans being considered for further service change at an appropriate point in the future.

Distribution of Patients Accessing the WiC and DOAC

When viewing actual numbers of attendances by service it is evident that use of the DOAC is more heavily concentrated on a specific geographical group of patients and GP practices, whereas the WiC has a wider distribution of population and practice usage (see tables 1 and 2 below).

Table 1: Walk-in Centre, showing distribution of patients accessing centre (size of dot is relative to activity from each practice)

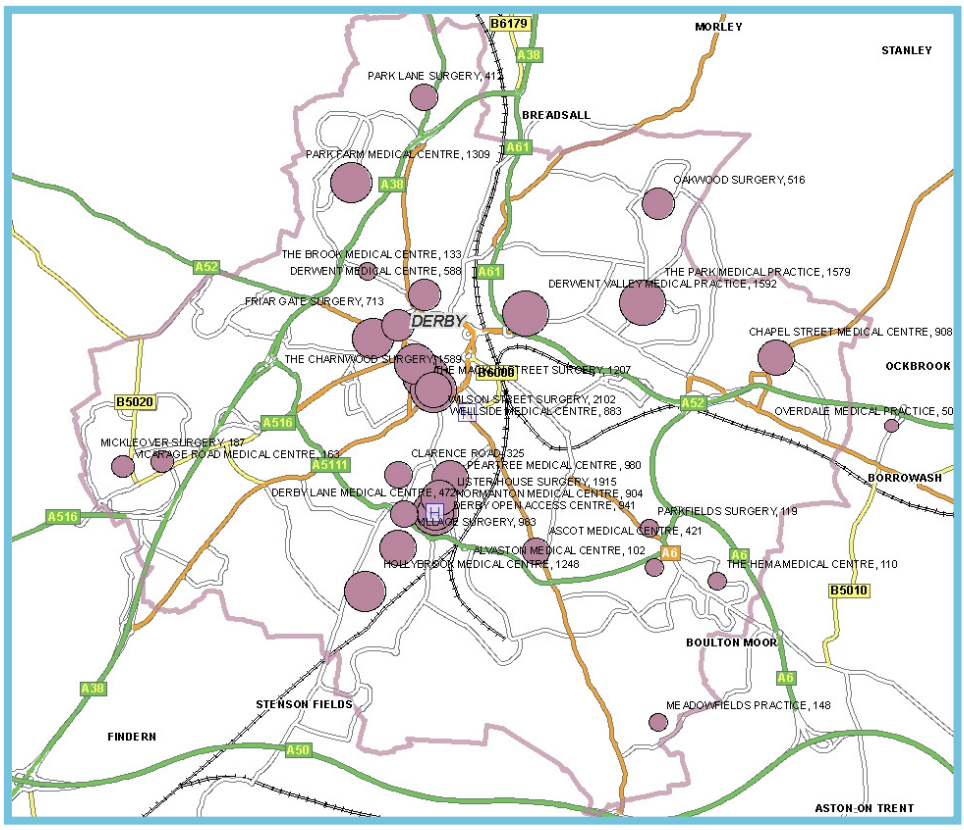
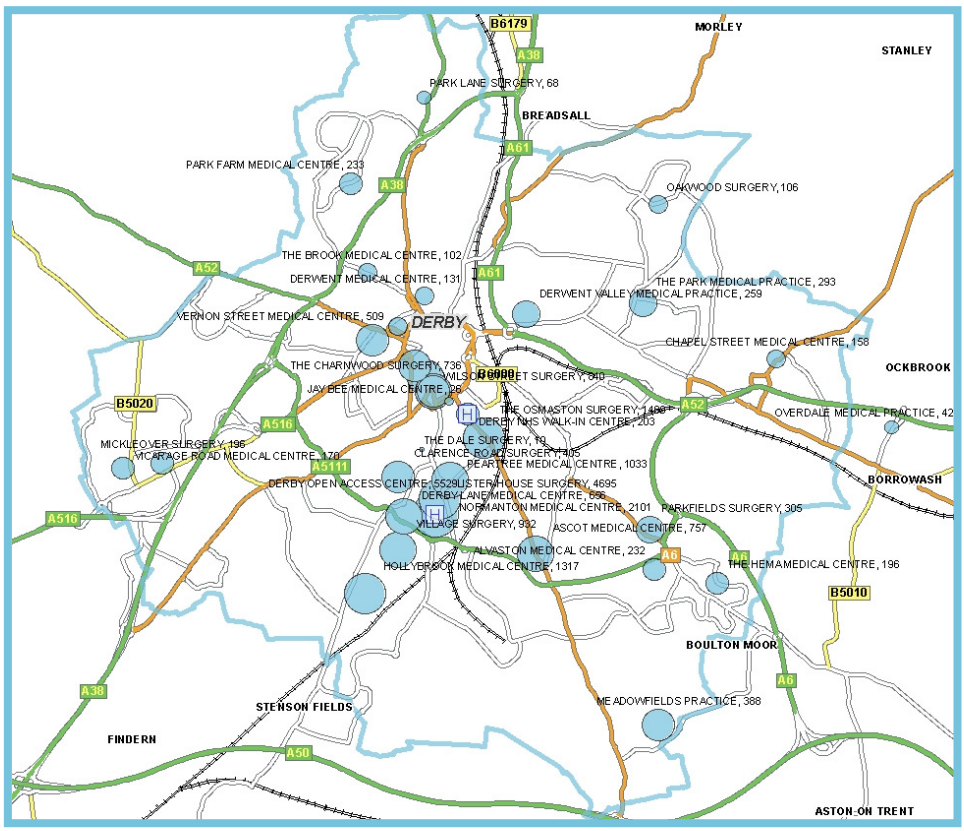


Table 2: Derby Open Access Centre, showing distribution of patients accessing centre (size of dot is relative to activity from each practice)



7. Recommended option: close DOAC and keep the WiC open

The PCT has assessed the evidence for and against the various options. Although the PCT is content with the quality of service provided by both centres, 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. It is the PCT's recommendation to consult on the reduction from the current provision of two Open Access/Walk-in Centre services to one, with the preferred option being to retain only the Walk-in Centre, based at the London Road Community Hospital site. This would mean closure, with due notice, of the Derby Open Access Centre in Normanton.

The key reasons the PCT is recommending this option are:

- It honours an existing commitment to provide health provision at the former Derby Royal Infirmary site once A&E was re-located
- The WiC demonstrates that it is used by people throughout the city whereas DOAC has a much more localised catchment. It also provides the most suitable site which is accessible to the patients from different parts of the city
- The WiC allows for co-location with the Primary Care Out of Hours service, without additional resource implications.
- 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 economics of the respective contracts for WiC and DOAC indicate a lower financial risk to the PCT (and successor organisations) in contracting with the WiC.

8. Consultation questions

Please answer the questions below. When the consultation closes we will look at the responses alongside clinical views, affordability and the need to reduce duplication, in deciding which option to take forward. You can also complete the survey on-line at www.derbycitypct.nhs.uk You can find it under Consultations in the Have Your Say section.

Following the consultation period the responses will be considered by the NHS Derby City Board and a decision on the future of direct access services made. The outcome will be publicised in the local media and on our website.

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

WiC ☐ DOAC ☐

2. Do you agree that there is a need for an easily accessible walk-in/open access centre in Derby City?

YES ☐ NO ☐

3. 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).

- ○ Option 1 — No Change ☐
- ○ Option 2A — Close the Derby Walk-in Centre ☐
- ○ Option 2B — Close the Derby Open Access Centre ☐
- ○ Option 3 — Close both the Walk-in Centre and the Derby Open Access Centre ☐
- ○ Option 4 — Rationalisation on one or two sites while retaining both providers. ☐
- ○ Option 5 — Implement alternative configurations, such as co-location of services with A&E ☐
- ○ Option 6 — Cap volumes or access to WiC and DOAC ☐

4. **It is the PCT's recommendation to reduce the current provision of two Open Access/Walk-in Centre services to one, retaining only the Walk-in Centre. This would mean closure of the Derby Open Access Centre. Do you have any comments either about the PCT's recommended option to close the DOAC and keep the WiC open, or about any of the other options?**

Please continue on a separate sheet if necessary.

Send your response to this address (you don't need a stamp):

Freepost RRBZ-XRHY-GXGC
Derby City PCT
Direct Access Consultation
Derwent Court
Stuart Street
Derby DE1 2FZ

The closing date for the consultation is 31st March 2011

Thank you for responding to this consultation. We will report the outcome on **www.derbycitypct.nhs.uk** and in the media.

9. Equality Monitoring – this section is optional

We ask these questions to make sure we get the views of a wide range of people. Please answer as many questions as you feel comfortable with, or leave blank. Thank you.

Are you: (please tick box) Male ☐ Female ☐ Trans ☐

Which age group are you? 16 -24 ☐ 25 -34 ☐ 35 - 44 ☐

45-54 ☐ 55 -64 ☐ 65 & over ☐

Do you consider yourself to be disabled? Yes ☐ No ☐

How would you define your sexuality?
for example gay, lesbian, heterosexual … _____

How would you define your religious or spiritual beliefs?
for example Christian, Buddhist, Atheist … _____

Would you describe your ethnic group as: (please tick, or leave blank if you prefer not to say)

White
British ☐
Irish ☐

Asian or Asian British
Indian ☐
Pakistani ☐
Bangladeshi ☐

Chinese ☐

Mixed
White & Black Caribbean ☐
White & Black African ☐
White & Asian ☐

Black or Black British
Caribbean ☐
African ☐

Other _____

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Chinese
如果你想得到帮助以了解这份文件的内容，请电邮 communications@derbycitypct.nhs.uk，或打电话给病人忠告及联系服务 (PALS)，号码 0800 032 32 35

Czech
Pokud potřebujete pomoc s přístupem k tomuto dokumentu, pošlete prosím e-mail na communications@derbycitypct.nhs.uk nebo volejte Kontaktní službu a poradnu pro pacienty (Patient Advice and Liaison Service - PALS) na 0800 032 32 35

Latvian
Ja vēlaties saņemt palīdzību, lai piekļūtu šim dokumentam, lūdzu, nosūtiet e-pastu communications@derbycitypct.nhs.uk vai zvaniet Pacientu konsultāciju un koordinācijas servisam [*Patient Advice and Liaison Service*] (PALS) pa tel. 0800 032 32 35.

Polish:
Aby otrzymać pomoc w zapoznaniu się z niniejszym dokumentem, prosimy wysłać email pod adres: communications@derbycitypct.nhs.uk lub skontaktować się z działem ds. kontaktów z pacjentami (Patient Advice and Liaison Service (PALS)) pod numerem: 0800 032 32 35.

Punjabi
ਜੇ ਤੁਹਾਨੂੰ ਇਸ ਦਸਤਾਵੇਜ਼ ਨੂੰ ਪ੍ਰਾਪਤ ਕਰਨ ਵਿੱਚ ਮਦਦ ਚਾਹੀਦੀ ਹੋਵੇ ਤਾਂ ਪੇਸ਼ੈਂਟ ਅਡਵਾਇਸ ਲੀਏਜ਼ਨ ਸਰਵਿਸ (PALS) ਨੂੰ ਈ-ਮੇਲ ਕਰੋ communications@derbycitypct.nhs.uk ਜਾਂ ਟੈਲੀਫ਼ੋਨ ਨੰਬਰ 0800 032 32 35 ਤੇ ਫ਼ੋਨ ਕਰਨ ਦੀ ਕ੍ਰਿਪਾਲਤਾ ਕਰਨੀ।

Slovak
Ak potrebujete pomoc s prístupom k tomuto dokumentu, napíšte prosím email na communications@derbycitypct.nhs.uk alebo volajte Kontaktnú službu a poradňu pre pacientov (Patient Advice and Liaison Service - PALS) na 0800 032 32 35

Urdu

اس تحریر کے حصول میں اگر آپ کو کوئی مدد درکار ہو تو براہ کرم communications@derbycitypct.nhs.uk پر ای میل کریں یا پیشنٹ ایڈوائس اینڈ لیائزن سروس (پالز) کو 0800 032 32 35 پر فون کریں۔