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Mahroof Hussain
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Dear Mr Hussain,

Re: Meeting to receive evidence on the PCT's review of Direct Access Services

Thank for your request for information regarding the Derby Open Access Centre to be presented to the Adults, Health and Housing Overview and Scrutiny Commission.
I can confirm that myself, our Chief Executive and founding shareholder, Rachel Beverley-Stevenson and the Lead GP for Derby Open Access Centre, Dr Feroz Messenger, will be attending the meeting on the 22nd February. We also hope to be joined by Dr Richard Jenkins, Group Medical Director but will not be able to confirm this until the morning of the meeting.

In addition to addressing the specific points you raise in your letter, I felt it would be useful to provide you with a little background information on One Medicare itself. One Medicare was established in 2006 and is a joint venture between One Medical, a specialist primary care premises developer and investor, (Lister House in Normanton here the Derby Open Access Centre, (DOAC), is co-located with the Lister House practice was developed and is owned by One Medical), and FMC Health Solutions, a group of forward thinking, service driven GPs based in West Yorkshire. One Medicare has an independent, experienced; patient focused Board as well as a strong management team consisting of senior clinicians and business managers. The company operates a very flat management structure with the Executive Board having hands on involvement in the running of the organisation. The company holds contracts for two registered patient practices in Leeds as well as for three GP Led Health Centres, awarded under the Equitable Access for Primary Care procurement exercise, in Sheffield, N.E.Lincolnshire and Derby. In total, the company offers services to a patient base in excess of 950,000.

The DOAC was the third Equitable Access Centre, (GP Led), to open in the country. It opened on the 15th December 2008 and was originally co-located with the Nurse Led Walk in Centre whilst it's permanent home at Lister House was being constructed. The centre moved to Lister House on St Thomas's Road in Normanton in June 2009. It offers primary care services to patients across the whole of Derby. It is a widely used service seeing high volumes of patients, both walk in and registered, on a daily basis, 8am-8pm, 7 days a week, 365 days a year. Under the Equitable Access contract, the centre must always have a GP on the premises, this is something which sets these kinds of contracts apart from "traditional" walk in centres which have typically been nurse led. The service is currently in Year 2 of its contract.

As previously stated, since it started the centre has been in demand and very well used particularly by those patients who are harder to reach and who would not normally access primary care in a traditional GP practice environment. We have recorded attendance figures that include 10% of attendees of a Pakistani ethnicity, 6% of an Indian ethnicity out of a total of at least 42.5% of our patients from minority communities. This does not include 11% of our walk-in patients who failed to disclose their ethnicity altogether. Recent statistics from a survey carried out by the NHS Information Centre for England have revealed that around 40% of people attending A&E leave without needing any treatment and last year, half a million patients left A&E before being treated. It is therefore clear that the resources at the Royal Derby Hospital, where waiting times can be as long as 4-6 hours during the busiest time, do not need to be stretched any further than they already are. Should the Derby Open Access Centre be closed down, we anticipate that the average 700-a-week walk-in patients we see would be forced to use A&E in order to see a doctor.

In the following paragraphs, I have provided the answers to the questions you raise. I have also provided some additional information to help give some context to the numbers listed.

- The number of patients seen by the DOAC over the last 12 months is as follows:
    - 22, 948 individual walk in patients
    - 1184 registered patients
    - It is important to clarify however that this amounts to 50,558 appointments, (as some patients have attended more than once), averaging 138 appointments per day, 7 days a week, 365 days per year.
- Since the service commenced in December 2008, we have seen a total of 34, 960 individual patients, both walk in and registered, which amounts to 74,603 appointments.

To put this into context, the target number of walk in appointments for Year 1 was 20,000 and for Year 2 this is 25,000. As you can see from the numbers stated above, the centre is out performing these targets.

- Regarding patients referred on by their own GP, we receive little to no formal referrals direct from a patients' own GP to our centre. It is very difficult to quantify this as patients do not always tell us where they have heard about the service or why they are attending the centre. However, we have conducted our own patient surveys which show that the majority of patients attending are doing so due to a lack of available appointments with their registered surgery or at the weekend/out of hours when their own surgeries are closed.

- As well as the Walk-In Service, we also have a registered patient list which stands currently at 1200 patients. This offers improved continuity of care e.g. for those patients with long term conditions. The vast majority of our registered patients initially came in as walk-in patients. The average annual attendance of registered patients is 7 times a year, this compares to 5 times a year for a traditional general practice. This higher attendance rate is due to the more challenging health needs of our patient demography.

- The most common types of ailments presented to vary from Viral Upper Respiratory Tract Infection, Conjunctivitis, and Tonsillitis to infection of the Urinary Tract, Gastroenteritis and Ear infections. Although these are very common, the number of more complex issues and conditions that we are presented with and treat are almost as numerous as the sum of the most common conditions. We are a GP Led Walk-In centre and therefore the advantage is that we can treat and prescribe for a much greater variety of ailments and complex conditions and offer a comprehensive GP assessment.

- As well as treating all types of conditions, the types of services offered by the DOAC include:
    - GP & Nurse Practitioner appointments
    - Sexual Health & Contraception
    - Pre-conceptual counseling
    - Travel Vaccines
    - Phlebotomy – Registered Patients
    - Asthma & Diabetes Clinics
    - Cardiac: stroke/chronic heart disease
    - Flu vaccinations
    - Wound care
    - Smoking Cessation
    - Cervical Screening
    - Weight Management
    - Lifestyle Advice
    - Childhood Vaccines
    - Ear Syringing
    - Cholesterol Testing/Health Checks
    - Private Medical Checks – i.e. HGV, Taxi, Insurance
    - Home Visits for registered patients

- As well as the above, we have an on-site pharmacy for quick access to prescriptions. The pharmacy operates on a 100 hours contract and is open for longer hours to ensure availability to all patients who visit our centre during our opening times.

- It is also worth noting that the centre is readily accessible by public transport and there is plenty of on street parking around the building.

- Regarding staffing, The DOAC employs 15 members of staff in total which break down as follows:
    - 1 x Operations Manager
    - 6 x General Practitioners
    - 4 x Advanced Nurse Practitioners with an Independent Prescribing qualification which enables them to prescribe from the National Formulary in the same way as a GP. This makes the service in Derby unique, unlike traditional nurse led walk in centres where PGD's (Patient Group Directions) are used which limit the medications that can be prescribed and therefore treatment options for patients, often resulting in visits to multiple services.
    - 7 x receptionists.
    - As stated earlier, as part of our contract, we are obliged to have a GP permanently on site 8.00am to 8.00pm, 7 days a week, 365 days a year.
    - In addition the staff detailed above, the DOAC is supported by One Medicare's Head Office team which provide clinical, administrative, financial, training, marketing and PR and operational support. All centres take part in a weekly Management Conference Call enabling all of the One Medicare centres to benefit from shared learning. Should the PCT decide to close the DOAC, it would not just be the patients and staff of the DOAC that are affected. The Head Office team would also be impacted and possible redundancies made.
    - We have a diverse blend of staff who provide a translation service through their bilingual skills. This service is provided through good will, making huge cost savings as professional interpreting services are not required.

- The annual cost of running the centre, e.g. the contract sum paid by the PCT, is £1.2m. This is the same reported cost as the Nurse Led Walk In Centre. As a GP Led Centre we are able to offer a wide range of GP led services with the scope to continually grow as further service opportunities arise in the future.

- Patient Feedback is critical to us. We pride ourselves on our excellent service and embrace the opportunity to learn and improve. We have a Patient Participation Group and actively encourage patients and residents to give us their comments and suggestions. As previously stated, we conduct our own surveys to ensure we are capturing any issues and positively addressing them. Further to this, the centre is required to participate in the National GP Patient Survey. The latest results show that the Derby Open Access Centre achieved 94% Very to Fairly satisfied score on the question titled "Satisfaction with overall care".

- The DOAC has already become a key part of the community both locally and Derby wide. As part of our service we deliver an outreach service to local communities. This involves us going out to and engaging with the many and varied local communities and specifically the harder to reach groups, rather than simply waiting for them to come to us. Typically an outreach session will offer a health check encompassing blood pressure check, height/weight check, BMI measurement, blood glucose and cholesterol level checks.

- Working with and being part of the local community is key to addressing health inequalities and access issues. In addition to the Outreach work outlined above, we use a number of methods to promote our centre within the local community which include:

    - Publication and circulation of leaflets – produced in a variety of languages.
    - Local Radio including community radio stations such as Radio Iklas
    - Posters, again produced in a variety of languages
    - Patient Participation Group
    - Attendance at the Student Fresher's Fair to promote the centre and service.
    - A dedicated Facebook site which is viewed by over 1200 people per month and has an average of 50 monthly users.
    - We supply the A & E department with leaflets with details of the DOAC which they hand out to patients.
    - Our own website – www.onemedicare-derby.co.uk
    - Word of mouth
    - Liaising with local community leaders and groups.

On a related note, we understand that concerns have been expressed about the DOAC's ability to absorb extra walk in activity should it be decided that the Nurse Led Walk in Centre should close and that this has been one of the deciding factors for the PCT in stating their preference. Whilst we are more than confident that we have the space and capacity to absorb extra activity safely and effectively, it may interest the Commission to know that One Medicare has already put forward a proposal to the PCT, as part of the recent tender process for the Nurse Led Walk in Centre contract, which involved moving the DOAC to the Osmaston Road site, (where it was originally located), and merging it with the Nurse Led Walk in service and linking it into the Out of Hours service to provide a new GP supported walk in service. This proposal showed initial, conservative, cost savings of c£1m per annum for the PCT and enabled the population of Derby to have access to a GP if needed in a walk in environment. We have been told by the PCT that the financial element of our proposal was not fully considered. To date we are unclear as to the reason behind this, however we are meeting with the PCT on the 2nd March when we hope to explore this issue further. It is our belief that although the PCT state they need to make considerable cost savings and reduce duplication of provision, which is entirely understandable, a re-designed urgent care service, such as the one we proposed, would be a much more feasible and cost effective option than simply closing the DOAC. We are more than happy to discuss this further with the PCT at any stage and to look at a block payment contract rather than a price per patient contract, and are certain that this would be a much more affordable and patient focused model than simply closing one of the centres. Should the

DOAC close A&E attendances are likely to increase dramatically which will put far more financial pressure on the PCT and the subsequent contract and budget holders.

I trust that the information provided above answers the questions you raise and gives you an insight into the services delivered by the DOAC. As we have stated, were the PCT to decide that the DOAC should close, it is our view, and that of our patients, that the city of Derby would lose a much needed valuable service and is likely to result in harder to reach patients attending A&E which is not cost effective and most importantly inappropriate to their care.

Myself and my colleagues look forward to meeting with the Adults, Health and Housing Overview and Scrutiny Commission tomorrow evening where we will be more than happy to expand on any of the points raised in this letter. In the interim, should you require any further information please do not hesitate to contact myself, or our Chief Executive, Rachel Beverley-Stevenson. (Rachel can be contacted on 07834 913572).

Yours sincerely,

Jenni Brailsford
Operations Manager
Derby Open Access Centre