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The Rt Hon Andrew Lansley CBE MP
Secretary of State for Health
Richmond House
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London SW1A 2NS

3 June 2011

Dear Secretary of State

REFERRAL TO SECRETARY OF STATE FOR HEALTH
Nottinghamshire County Council Health and Wellbeing Standing Committee
Walk-in Centres Review – NHS Nottinghamshire County

Thank you for forwarding copies of the referral letter and supporting documentation from Cllr Ged Clarke, Chair, Nottinghamshire County Council Health and Wellbeing Standing Committee (HWSC). NHS East Midlands provided initial assessment information. A list of all the documents considered in the initial assessment is at Appendix One.

The IRP has undertaken an initial assessment, in accordance with our agreed protocol for handling contested proposals for the reconfiguration of NHS services. The IRP considers each referral on its merits and its advice in this case is set out below. **The Panel concludes that this referral is not suitable for full review.**

In accordance with the IRP's Code of Practice, the IRP Chair, Dr Peter Barrett, and two Panel members – Brenda Howard and Ailsa Claire - declared a conflict of interest and consequently took no part in the consideration and production of this initial assessment.

Background

In autumn 2010, NHS Nottinghamshire County (the PCT) began a review of two Walk-in Centres (WIC) located within the PCT's boundaries:

- Ashfield WIC based at the Health Village in Kirkby-in-Ashfield (approx. three miles from King's Mill Hospital (KMH), Sutton-in-Ashfield (Sherwood Forest Hospitals NHS Foundation Trust), opened in April 2009 and seeing around 15,000 patients per year
- Stapleford WIC (approx four miles from the Queen's Medical Centre (QMC), Nottingham (Nottingham University Hospitals NHS Trust), opened in July 2006 and seeing around 22,000 patients per year.

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Key drivers for the review included suggestions of public uncertainty about where to go for the most appropriate treatment, the desire to ensure best value for money and the need to offer county-wide equity of access to NHS services.

Views and support for options were sought from the National Clinical Advisory Team (NCAT) prior to the launch of a public consultation on the future of the two WICs - held between 1 November 2010 and 9 February 2011. A consultation document, *Have your say...Walk-in Centres review*, was produced which outlined four options for consideration and a fifth option inviting additional suggestions from respondents:

- 1 *No change*
- 2 *Expansion of Walk-in Centres to offer additional services*
- 3 *Integration of the service with A&E Departments at King's Mill Hospital and Queen's Medical Centre*
- 4 *Complete closure of the Walk-in Centres*
- 5 *Your suggestions*

The consultation document confirmed that Option 3 was the preferred option of health professionals involved in the review. Under this option, modelling of patient flows suggested that around 70 per cent of current WIC patients would in future be seen through existing primary care services. The remaining patients would attend emergency departments at either KMH or QMC. Trials of primary care streaming were already underway at both hospitals as part of a separate project considering how primary care can be better used in emergency departments to cope with increasing demand. Estimates of the number of patients attending emergency departments that may be suitable for treatment through primary care range from 10 – 30 per cent and Option 3 was developed using percentages between this range.

The Nottinghamshire County HWSC was consulted and formed a Review Group to consider the proposals. The Review Group completed its consideration on 21 March 2011 and concluded that it had been properly consulted but that *“there is not currently sufficient public assurance in place to address the concerns raised through the consultation and therefore can not determine that the proposals are in the interests of the local health service”*.

The PCT Trust Board considered the outcome of the consultation at its meeting of 24 March 2011. The consultation aroused significant public interest, producing more than 1,900 responses and provided feedback regarding confusion and difficulties with accessing GP urgent appointments, access to emergency care, transport and parking, reducing duplication, confusion about the meaning of “integration” of WIC with emergency departments as well as the desire to optimise use of NHS buildings.

The preference amongst members of the public in Ashfield and Stapleford was for no change. Option 2 - expansion of services at the WICs – also gained support from the local

community but did not have support from practice based commissioners, including local GPs, or from either acute trust. Option 4 – closure – was the preferred option of the two acute trusts. Other suggestions were analysed for affordability and clinical validation. Overall, the non-financial clinical appraisal showed a preference for option 3. Financial modelling demonstrated that for both WICs Option 3 was the most cost effective - even if only 10 per cent of patients were streamed to primary care within emergency departments.

The PCT Trust Board endorsed the Walk-in Centres Review Business Case Report which stated that:

- *The current WIC at Stapleford [be] closed and patient activity dispersed into local primary care services and a strengthened primary care stream at the Emergency Department of QMC, in accordance with the timings in the implementation plan*
- *The current WIC at Kirkby-in-Ashfield [be] closed and patient activity dispersed into local primary care services and a primary care stream at the Emergency Department of KMH, to deliver a combined clinical model in accordance with the timings in the implementation plan*

The HWSC met on 4 April 2011 and agreed to refer the proposals to the Secretary of State for Health.

Basis for referral

The referral letter states that:

*“The overview and scrutiny committee considers that **the proposals are not in the interests of the health service. This is by virtue of***

- ***insufficient assurance of adequate alternative services** of the same or greater quality being in place before the proposals are to be implemented*
- ***the Trust not taking into account the public interest** communicated through the consultation”*

IRP view

With regard to the referral by Nottinghamshire County Council Health and Wellbeing Standing Committee, the Panel notes that:

- while acknowledging the concerns of the local public, the HWSC appears to accept the clinical and financial arguments for closure and integration
- HWSC requests that the IRP *“be invited to review these proposals to ensure that alternative services are in place before the proposals are implemented”* and states that *“Communication and awareness raising measures should also be undertaken by the Trust before the centres are closed”*
- public concerns centre on the availability and access to primary care services – particularly out-of-hours services - as an alternative to the WICs
- the NHS remains committed to resolving the issues raised locally

Conclusion

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The IRP offers its advice on a case-by-case basis taking account of the specific circumstances and issues of each referral.

The review of the future of these two walk-in-centres has sought to address legitimate questions about both the public's use of overlapping services and the best use of resources. The consultation has been open about these questions and engendered both understanding of the issues and anxieties about whether the alternatives will really match what the walk-in-centres have offered particular groups of local people.

The HSWC has articulated some key issues to be addressed and the NHS is keen to resolve the outstanding concerns before any changes are implemented. The Panel supports this approach and would encourage the PCT and HSWC to agree a process that will provide:-

- clarity from the users' perspective about how enhanced primary care, better access to GP services and their local Accident and Emergency Departments will combine to match or better what is on offer now, both in normal hours and out of hours.
- implementation plans demonstrating the capability and commitment of the relevant providers (primary and secondary care) to deliver the proposed services to agreed standards
- a comprehensive public communication programme
- effective evaluation of the changes and a process of review and amendment as required

The Panel considers that through these steps the future of these services can be determined locally and, therefore, concludes that the referral is not suitable for full review.

Yours sincerely



Nicky Hayes

IRP member and Chair of the sub-group for this initial assessment

APPENDIX ONE**LIST OF DOCUMENTS CONSIDERED****Nottinghamshire County Council Health and Wellbeing Scrutiny Committee**

- 1 Letter of referral and attachments from Cllr G Clarke, HWSC Chair, to Secretary of State for Health, 5 April 2011
Attachments:
- 2 Committee paper for 4 April 2011 HWSC meeting
- 3 Findings of the Scrutiny Review
- 4 NHS Walk in Centres Review Group, minutes of meeting
- 5 Presentation to Review Group by NHS Nottinghamshire County
- 6 NHS Walk in Centres Review Group, *Findings on the Review of NHS Walk-in Centres*, 21 March 2011
- 7 Presentation to HWSC by NHS Nottinghamshire County, 4 April 2011

NHS East Midlands

- 1 IRP template for providing initial assessment information

Other information received

- 1 Email from Cllr Stan Heptinstall, county councillor for Bramcote and Stapleford, 27 May 2011
- 2 Email from Mr Alan Beale, 28 May 2011
- 3 Letter from Cllr Brian Wombwell, 1 June 2011 (received 3 June 2011)