

COMMITTEE: SCRUTINY BOARD

DATE: 23 OCTOBER 2007

SUBJECT: 'DEVELOPING HEALTH SERVICES FOR EVERYBODY IN LUTON'

REPORT BY: SCRUTINY OFFICER

CONTACT OFFICER: BERT SIONG 01582 546781

IMPLICATIONS:

LEGAL	✓	COMMUNITY SAFETY
EQUALITIES		ENVIRONMENT
FINANCIAL		CONSULTATIONS
STAFFING		OTHER

WARDS AFFECTED: ALL

PURPOSE

1. The purpose of this report is as follows:
 - 1.1 To brief the Scrutiny Board about '*Developing Health Services for Everybody in Luton*', which is a consultation paper on options for the opening hours of the Luton Walk-in Centre and the provision of increased services for vulnerable people issued by the Luton teaching Primary Care Trust's (tPCT);
 - 1.2. To request that the Scrutiny Board decides what advice to give to the Executive to assist with their response to the tPCT's consultation; and
 - 1.3 To note that a special meeting of the Scrutiny Board on 27th November 2007 may need to be convened, receive and consider the results of the consultation and the tPCT's proposals for the future of the Walk-in Centre at the end of the process (after 21st November 2007).

RECOMMENDATION(S)

2. Scrutiny Board is recommended as follows:

2.1 To receive and consider the report;

2.2 To decide what advice to give to the Executive about its response to the tPCT's consultation paper (see paragraph 24).

2.3 To note that a special meeting of the Board may need to be convened on 27th November 2007, to receive and consider the results of the consultation and the tPCT's proposals for the future.

BACKGROUND

3. The Luton (NHS) Walk-In Centre is in Chapel Street, in the heart of the town centre. It was opened in 2004, as part of a national objective to improve access to health services, and was directly funded by the Department of Health for three years. It was considered a flagship service, used by a diversity of people of the town, including university students and visitors.
4. On average, 42,000 people used the service per annum. The ethnicity split of users was about 57% whites and 43% black and minority ethnic groups. Users were spread across all age groups, with the 21-44 accounting for about 39%, the 45-64 about 20% and the over 65 about 12%.
5. It is a nurse led service, complementing the range of other services provided/commissioned by the tPCT. Its original opening hours were 101 hours per week, providing services during weekdays and weekends. Anyone can drop in without an appointment to see an experienced nurse for advice, assessment and treatment of minor ailments and injuries such as cuts, bruises, minor infections, strains, sprains and skin complaints.
6. Many people use the walk-in centre due to its convenient location or when it is difficult to get a GP appointment out of hours. 91% of users are registered with a GP practice, 82% in Luton and 9% out of Luton. 9% of users are unregistered. For those registered in Luton, the tPCT already pays a fee to their relevant GPs. In effect, the tPCT therefore incurs a double cost in respect of Luton registered users. The tPCT has no system for recovering the costs of treatment at the walk-in centre, from the GPs of registered patients or from the PCTs of patients who do not live in the Borough.

7. After the three years direct funding from the Department of Health, the operating costs of the Walk-in Centre were assimilated within the normal tPCT budget. In an effort to improve services overall and reduce unnecessary hospital admissions, on 1st December 2006, the tPCT diverted a proportion of nursing resources away from the Walk-in Centre, to pilot a number of initiatives. This led to an 80% a reduction in the opening hours of the walk-in centre, to just 20 hours a week:, 4 hours per day on weekdays only. No posts were lost; merely transferred. Other non- walk-in clinics held at the facility remained unchanged.
8. Neither the public, nor the then Bedfordshire and Luton Joint Health Scrutiny Committee were consulted about this change. There was a public outcry, led by the Public and Patients Involvement Forums (PPIFs), demanding the immediate reinstatement of the original opening hours. The PPIFs, supported by a number of Luton Councillors and the two Luton MPs, have written to the Secretary of State for Health about the matter.

REPORT

9. Faced with a barrage of protests, the tPCT provided an explanation about the services being piloted for a period of 6 months to address an issue facing Luton, that is, the high number of people being admitted to hospital as emergency cases, with the associated costs per admission. Often these are people with known health problems, who could have been spared the trauma and disruption of a hospital admission if they had received more intensive care in a community setting, e.g. in their own home.
10. The pilot services were:
 - a. Additional resources for Deep Vein Thrombosis (DVT) service;
 - b. Extra resources for out-of-hours community nursing;
 - c. First point of contact service for residential homes;
 - d. Paediatric Respiratory service;
 - e. Case Management – Frequent Users.
11. The matter was raised at the Joint Health Scrutiny Committee, and a process was agreed for the tPCT to bring back to the committee, their evaluations of the pilot services and their options for the future, at the end of the 6 months period.
12. On 20th July 2007, the Joint Health Scrutiny Committee considered the tPCT's evaluation of the pilot services. The meeting was held at Luton Town Hall. It was well attended by the public and local press, due to the wide public interest, in what has now become a very emotive issue. The tPCT's supporting papers are available for reference purposes on request to Bert Siong (Tel. 01582 546781 Or e-mail: bert.siong@luton.gov.uk).

13. In essence, the tPCT reported that the pilots had had mixed outcomes. The services at paragraph 10 a: additional resources for Deep Vein Thrombosis (DVT) service; 10 b: extra resources for out-of-hours community nursing; and 10 c: first point of contact service for residential homes, were successful due to the added value and the improvement in patients experiences. The tPCT wish to retain these services alongside the walk-in centre facility. The other two services at 10 d and 10 e were less positive and were discontinued.
14. In presenting the results of the pilots the tPCT proposed six options for consideration. Only two met their feasibility principles, that is, that all options should:
- Be deliverable in logistical terms and give the tPCT both as provider and commissioner, sufficient assurance on matters of patient safety, service quality and sustainability of staffing
 - Be affordable from the agreed 2007/8 Walk In Centre budget (£1,308,000)
 - Complement the remainder of immediate and urgent services such that the whole delivers high quality and accessible services to patients.
15. The options put forward are as shown in the table below:

Table of Options and Relative Costs

Description	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6
(VP = vulnerable patients)	Original WiC (101 hours)	Extended WiC (51 hours)	Status quo Pilot WiC continues (20 hrs)	Extended WiC (35 hours)	Original WiC (101 hours)	Extended WiC (54 hours)
Opening hours	No VP support	VP support	VP support	VP support	VP support	VP support
Weekdays (including bank holidays)	0700-2200	1030-1930	0900-1100 1630-1830	1200-1900	0700-2200	1030-1930
Saturday	0900-2200	1200-1800	Closed	Closed	0900-2200	1200-1800
Sunday	0900-2200	Closed	Closed	Closed	0900-2200	1100-1400
Costs	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6
Walk in centre	£1,308,000	£1,036,000	£793,000	£849,000	£1,308,000	£1,083,000
First point of contact	0	£190,000	£190,000	£190,000	£190,000	£190,000
DVT	0	£32,000	£32,000	£32,000	£32,000	£32,000
Out of hours nursing	0	£50,000	£50,000	£50,000	£50,000	£50,000
Total	£1,308,000	£1,308,000	£1,065,000	£1,121,000	£1,580,000	£1,355,000
Variance on budget	0	0	-£243,000	-£187,000	£272,000	£47,000

Comparison against principles:

	Options for consultation		Discounted options			
Principle	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6
Deliverable	Yes	Yes	No	Difficult	Yes	Yes
Affordable	Yes	Yes	Yes	Yes	No	No
Range of services	Yes	Yes	No	Limited	Yes	Yes

(Source: Luton tPCT Cabinet paper 25 July 2007)

16. It was proposed that Option 3 – 6 be discounted, as they do not fulfil the key principles.
17. Therefore, considering the principles and results of the pilots, two options were suggested for consultation:
 - Option 1 – Reinstating the original Walk-in Centre opening hours and stopping all the new pilot services;
 - Option 2 - Introducing revised Walk-in Centre opening hours (longer than current pilot opening hours) and continuing those pilot schemes which have significant proven patient benefit i.e. the First Point of Contact for Residential Homes; the DVT service; and the additional out of hours nursing capacity
18. At the joint health scrutiny meeting, there were representations made by members of the public, Councillors from both Luton and Bedfordshire, members of the PPIF and the two Luton MPs, overwhelmingly demanding the reinstatement of the walk-in centre opening hours. A petition (in the form of tear-off slips), reportedly containing 957 names requesting the restoration of the Walk-in Centre hours was handed in.
19. The tPCT was adamant that there was no funding available without cuts in other services, to reinstate the original opening hours and maintain the additional piloted services. Most people who spoke did not wish to have to choose between restoration of the full walk-in centre opening hours and the services to vulnerable people.
20. The joint committee agreed to address four issues:
 - Whether there should be a twelve or a six week consultation period;
 - How many options should be the subject of consultation;
 - Whether the proposed focus of the consultation was satisfactory;
 - Whether there should be an increase in the opening hours of the Walk-in Centre in the interim.
21. It was resolved that the Luton tPCT be recommended as follows:
 - To conduct the consultation on the operating hours of the Luton Walk-in Centre over the full 12 week consultation period;
 - To consult on all the options, apart from Option 3, and implications of additional costs associated with Options 4, 5 and 6 should be made clear. Also the consultation document should allow members of the public to put another option forward if they wish;
 - To receive the committee's endorsement of the proposed consultation document, (subject to clarification on costs, range of options, etc, as set out above).

- To agree that the operating hours of the Walk-In Centre should, as soon as possible, be extended during the consultation period, subject to staff recruitment.

(See Appendix 'A', extract of minutes of the joint committee's meeting of the 30th July 2007).

22. The tPCT has published a consultation document on the subject, '*Developing Health Services for Everyone in Luton*', the full and summary versions of which are attached as Appendix 'B'. They have requested feedback at the latest by 21st November 2007. They aim to present the results of the consultation and their proposals for the future to the tPCT Board on 29 November 2007.
23. Luton Borough Council is being consulted about this subject. As it is now the practice for consultation papers to be scrutinised, prior to submission to the Executive, the Scrutiny Board's initial role is to consider this matter and provide what advice it feels appropriate to enable the Executive to respond to the tPCT.
24. The options for the advice to the Executive could be as follows:
 - Decline the request to take part and leave the matter for the Scrutiny Board to address as a health scrutiny function;
 - Reserve judgement until after the results of the consultation and the tPCT's proposals are known and then make representations directly to the tPCT or through the Scrutiny Board;
 - Choose to support one of the options proposed in the consultation document;
 - Suggest a new option for the tPCT to consider.
25. The results of the tPCT's consultation and their proposals for change will be brought back to the Scrutiny Board (assuming that it will be discharging the health scrutiny function, following the demise of the former joint committee). This is anticipated to be shortly after 21st November 2007. The Scrutiny Board will need to convene a special meeting (27th November 2007 is the only available date in the calendar), to consider this matter and provide its recommendations/ advice to the tPCT for consideration by their Board.

PROPOSAL/OPTION

26. The proposals for the Scrutiny Board are as set out in paragraph 2, sub paragraphs 2.1 to 2.3.

LEGAL IMPLICATIONS

27. Local Authorities have statutory powers to scrutinise NHS organisations. The tPCT has a duty to consult the health overview and scrutiny committee about

any substantial variation in services. It would appear the tPCT has accepted that the changes associated with the walk-in centre fit within the criteria: more than £500,000 and two wards or more affected.

28. The Council has no duty to respond, to this consultation. However, it would be acting reasonably in so doing, bearing in mind the importance of this local facility. These legal implications have been agreed with Viv Mercer in Legal Services on 11 October 2007.

APPENDICES

Appendix 'A' - Extract of minutes of the Beds and Luton Joint Health Scrutiny committee's meeting of the 30th July 2007.

Appendix 'B' – Luton tPCT's consultation documents, *'Developing Health Services for Everyone in Luton'* (full and summary versions) – Hard Copy Only

LIST OF BACKGROUND PAPERS **LOCAL GOVERNMENT ACT 1972, SECTION 100D**

The Luton tPCT's evaluation and other associated supporting papers re the Luton (NHS) Walk-in Centre, submitted to the former Beds and Luton Joint Health scrutiny Committee.

Appendix 'A'

Extract from meeting of the Bedfordshire & Luton Joint Health Scrutiny Committee held on 20 July 2007 at Luton Town Hall.

Present: Councillors Male (in the Chair), Carter, Cunningham, Goodchild, Ross, Siederer, Mrs Sparrow, Taylor (substituting for Cllr Sian Timoney) together with and Mrs Jo MacLean and Mr R Gunning (representing the Patient and Public Involvement Forums).

Also present: Cllr Bob King, Cllr Franks, Cllr Jenny Davies, together with a number of other councillors from Luton Borough council, Bert Siong, (Scrutiny Officer – Luton Borough Council), Carl Raybold (Bedfordshire & Hertfordshire Local Medical Committee Ltd) Kelvin Hopkins MP, Margaret Moran MP, officers and members of the Luton PCT Board, Iris Beazley, (PPIF Support Organisation) together with about 40 members of the press and public.

6. Walk-in Centre Luton

The Chairman explained the process that he intended to adopt in consideration of this issue. The Committee would look at matters of principle and then the content of the consultation. The proposals for change would be investigated. The PCT would make decisions on the consultation documentation and the process for consultation. The Committee would then look at the outcome of the consultation and whether the proposed variation was in the interests of health locally.

He indicated that at this meeting the Committee would need to address four issues:

- a) Whether there should be a twelve or a six week consultation period
- b) How many options should be the subject of consultation
- c) Whether the proposed focus of the consultation was satisfactory
- d) Whether there should be an increase in the opening hours of the Walk-in Centre in the interim.

The Chairman then explained how he would conduct the meeting.

Ms Regina Shakespeare, Chief Executive of the Luton teaching Primary Care Trust (the tPCT) introduced this item. She explained that there were a range of services involved in providing front-line services:

- a) General Practitioners (GPs)
- b) the Walk-in Centre
- c) Accident & Emergency at the Luton & Dunstable Hospital
- d) Out of Hours Urgent Care Service

The tPCT had invested in a number of changes to services. It had re-commissioned the out-of-hours service and had piloted additional services to the population of Luton. The picture overall had changed and the Walk-in Centre was a part of that overall picture. Extra services had been provided to the most vulnerable and urgent care had been provided at three sites, together with the introduction of home visits. 20% of urgent care service users used the service to secure advice by telephone. £23million had been provided for GP services.

The Walk-in Centre activity was focused on minor illnesses, minor injuries, and single episode conditions. Continuous care was best provided by advanced primary practitioners.

The Walk-in Centre was not a substitute for continuity of care as provided by GPs. Ms Shakespeare explained that in addition to the GP services the tPCT had commissioned the Out-of-Hours Service and the Accident & Emergency service was also available. This was the context in which the Walk-in Centre was provided.

Ms Shakespeare also explained that access to GPs was being tackled. However the Walk-in Centre was not a substitute for General Practice. The data from the Walk-in Centre was shared with GPs and there was action being taken to respond to patients' concerns. The tPCT was to shortly tender for a GP practice to operate the new Kingsway Centre. The tPCT recognised that there was a demand from patients for early morning, late evening and Saturday morning GP consultations.

The tPCT was concerned by the excessive use being made of A&E at the Luton & Dunstable Hospital with the level still being 25% greater than the position nationally. This was expensive for the tPCT to continue to fund and took resources away from other priority areas. The tPCT was aiming to strengthen the services in the community for those patients with complex long-term conditions and for those people who were terminally ill. The tPCT had found that the pilot hours at the Luton Walk-in Centre were difficult to staff.

Ms Shakespeare set out the guiding principles that each of the options should be:

- be deliverable in logistical terms and give the tPCT both as provider and commissioner, sufficient assurance on matter of patient safety, service quality and sustainability of staff
- be affordable from the agreed 2007/08 Walk-in Centre budget (£1,308,000)
- complement the remainder of immediate and urgent services such that the whole delivers high quality and accessible services.

Ms Shakespeare explained that while the tPCT had identified and evaluated the six options described in the paper, only Options 1 and 2 matched those criteria. Options 3-6 would not be contemplated for consultation because they failed to meet one or more of the criteria. One of the questions that needed to be addressed was the 'price of convenience'. Unregistered patients accounted for about 10% of the Walk-in Centre users. On the question of cost, there was a concern that the available resources could be more valuably used to the benefit of the most vulnerable members of the community.

Ms Shakespeare asked for the Committee's formal view on two issues:

- whether a six week consultation period was acceptable, and
- whether, without prejudicing the outcome of the consultation, there should be an increase in hours of operation of the Walk-in Centre during the period of consultation. Ms Shakespeare explained that the operation of the increased hours could not take effect until at least September as this would be the lead in time for recruitment and training.

Councillor Siederer regretted that the tPCT had introduced the reduced hours in November 2006 and believed that the hours of the Walk-in Centre should revert to the original hours during the consultation period. He explained that petitions would be submitted.

Councillor Franks submitted a petition (in the form of tear-off slips) with, he said, 957 names requesting the restoration of the Walk-in Centre hours. He wished to bring this to the attention of the tPCT. (The material has been passed to Luton Borough Council for

onward transmission to the tPCT).

Councillor Judith Cunningham welcomed the work with vulnerable people. However she believed that this patient group was a different group to the patient group which used the Walk-in Centre. She recognised the dilemma of serving one group or the other.

Neville White, representing the Older People's Forum, supported the reinstatement of the Walk-in Centre hours. He recognised the need for further consultation but believed that the hours should be reinstated immediately.

Ms Shakespeare explained that financing urgent care was different to resourcing the Walk-in Centre. It was focused on minor injuries and illnesses. The budget for the Centre had been set at c£1.3million and that there was no top up from the Department of Health. It would not be possible to top up the Centre's operating hours immediately. The recruitment would follow the tPCT's Board's decision and at this stage she could not predict what the hours of opening would be. The tPCT would publicise the new hours of operation, once they had been determined.

Councillor Taylor accepted that the Walk-in Centre was not a "999" service for, for example, heart attacks. The Walk-in Centre was, in his view, a fantastic facility, and 86,000 people had used it. It serviced an area of high deprivation. Luton needed its Walk-in Centre. If anything, the tPCT should be seeking to expand the service.

A member of the public drew attention to the fact that a year ago the Centre was operating for 101 hours per week, now the interim proposal was for a service operating for about half of those hours. Ms Shakespeare explained that the Centre had lost four members of staff and to replace them would involve a lead-in time of at least six weeks. Highly skilled staff were needed to operate the Centre. She explained that the use of contract staff involved paying a premium.

Margaret Moran MP (Luton South) said she was extremely disappointed with the current position. She believed that the Patient and Public Involvement Forum had done a good job in bringing this issue to the attention of patients and the public. She regretted the lack of consultation on the change of hours arising from the operation of the pilot scheme. She believed that the choices set out in the report were unmanageable. The Centre was a valuable asset for unregistered patients. She believed that the resources that the tPCT were due from the Strategic Health Authority, following the claw-back of resources in previous financial years, should be used to support the Walk-in Centre. She believed that other sources of savings should be sought. She rejected the report.

The Chairman of the tPCT explained that the Walk-in Centre is a part of a set of primary care services. Those services were provided for people who needed to see a GP. That was the biggest use of the tPCT's resources. While there would be increase in resources, and monies returned by the StHA, the benefit of those resources would not be felt in the current financial year. Ms Shakespeare added that the first point of contact for patient should be their GP and reiterated that, while admissions to A&E at the Luton & Dunstable Hospital had reduced, they were still well ahead of those nationally. The costs of paying for patients at the hospital had increased. The pilot schemes had been successful in reducing hospital admissions but the effect of that would be felt in eroding the deficit rather than providing net savings that could be diverted to other services.

A member of the public opined that the debate should focus on health issues rather than

resources. He was disappointed with the report. He drew comparisons with the Walk-in Centre facility in Milton Keynes, which he believed, had better health conditions than Luton.

Councillor Taylor stated that he believed some GPs were unable to sign on new patients. He believed that Luton needed the Walk-in Centre, especially at the town's population was growing. Ms Shakespeare indicated that patients could phone the tPCT to find out which GPs had 'open lists'.

Josie MacLean put the views of the Patient and Public Involvement Forum. She believed that the decisions on the Walk-in Centre had been a disaster and that GPs had not been advised of the change in operating hours. She referred to the difficulty that patients experienced while trying to make a doctor's appointment. There had been 1000 responses to the petition. In her view there had been a loss of an excellent facility. There was a need for thorough consultation. She was concerned about the break-up of what she believed was an excellent staff team. She believed that the reduced hours had been a threat to patient safety. She believed that the tPCT needed help and suggested that it should seek and secure "spear-head status". She called for the immediate reinstatement of the Walk-in Centre.

A member of the public explained his experience of using the Centre, which had been positive and in his view, life-saving. He called for consultation on an "option 7" – a "24/7" service, with a widened remit to supplement the service available from GPs.

Councillor Siederer moved that the Luton walk-in Centre's hours of operation should be reinstated to the former 101 hours per week as soon as possible. This proposition was seconded by Councillor Ross. Ms Shakespeare explained that the tPCT would not be able to put in the staff immediately. This was unanimously agreed.

On the issue of the reduced consultation period the Chairman suggested that with the commitment to longer opening hours during the consultation period there was less need for there to be a truncated consultation period. Accordingly Councillor Ross proposed that the full 12 week consultation period was recommended to the tPCT. This was seconded by Councillor Siederer and was passed with one abstention and no votes against.

The Committee then turned its attention to the range of options that the tPCT should consult on. Ms Shakespeare reiterated the options that were set out in the report. Councillor Duncan Ross believed that Option 5 should be consulted on, as he believed that what was wanted was a Walk-in Centre facility with longer opening hours. Ms Shakespeare advised that Option 5 was not the pre-pilot status quo but went further. The Chairman believed that the tPCT should consult on all of the options presented, except Option 3, which set out the pilot scheme hours of opening, which had been rejected by the public and being unacceptable. The tPCT's consultation paper could explain the cost implications for the tPCT of each of the options. Ms Shakespeare advised that the tPCT had a statutory duty to balance its budget and the adoption of some of the options would have the effect of having to reprioritise other services provided by the tPCT. The Chairman moved that the tPCT should be advised that it was the Joint Committee's view that the consultation paper should include Options 1, 2, 4, 5 and 6, the consultation made reference to the costs of adopting options that were more expensive than the current budget for the Walk-in Centre and that there should be an opened ended element to the consultation where respondents could write –in other options or preferences. The motion was seconded by Councillor Goodchild and was agreed with no member present voting

against.

Councillor Mrs Sparrow made reference to the staffing problems for the tPCT and opined that Option 2 was the best option. She did not think that operating for 101 hours was feasible.

The Chairman sought and received assurances from Ms Shakespeare that the formal consultation document would follow the format of the tPCT paper that the committee had considered at this meeting and believed that it was satisfactory way of going forward, as long as the additional costs associated with options 4, 5, and 6 were recognised. There was a need to present the options in the context of the range of services described in the paperwork including the roles of other urgent care arrangements, and the supply of community care. Accordingly it was **RESOLVED**

a). That the Luton tPCT be recommended to agree that the operating hours of the Walk-In Centre should, as soon as possible, be extended back to original opening hours.

(NB: Ms Shakespeare said the PCT would not be able to open to full original opening hours, but in the interim, the operating model set out in Option 2 would be used, depending on recruitment).

b). That the Luton tPCT be requested to conduct the consultation on the operating hours of the Luton Walk-in Centre over the full 12 week consultation period.

c). That the Luton tPCT be recommend to consult on all the options, apart from Option 3, and implications of additional costs associated with Options 4, 5 and 6 should be made clear and full picture given to the public. The tPCT also be recommended to design the consultation document in such a way as to allow members of the public to put another option forward if they wish.

d) The Luton tPCT be advised that the committee endorses the proposed consultation document, (subject to clarification on costs, range of options and write facility as set out in c) above) on the basis that it would follow the template set out in the tPCT Board paper considered at this meeting of the Health Overview & Scrutiny Committee.

Following the determination of the resolution Kelvin Hopkins MP, (Luton North) made a short statement relating to the conduct of the consultation.