

# **Review by Monitor of the provision of walk-in centre services in England**

Issued on: 31 May 2013

Deadline for submissions: 28 June 2013



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## Scope of review

### Background

1. Following the NHS Next Stage Review (Next Stage Review), the launch of the Equitable Access Programme ('the Programme') in 2008/9 led to the opening of new primary care services across England. As part of the Programme, all primary care trusts (PCTs) were required to commission at least one GP-led health centre to provide primary care services to both registered and unregistered patients requiring routine or urgent primary care without an appointment (walk-in patients). These health centres had to be open between 8am and 8pm, 7 days a week. For the purposes of this document we refer to these GP-led health centres as walk-in centres.
2. PCTs generally commissioned walk-in centres through competitive procurements, and awarded time-limited Alternative Provider of Medical Services (APMS) contracts.<sup>1</sup> Although PCTs had flexibility to determine the contract duration, the typical contract length was five years. PCTs identified as having the greatest health needs were provided with funding aid from the Department of Health (DH) to implement the Programme.
3. We understand that the launch of walk-in centres following the Next Stage Review was met with high patient usage of the facilities. As early as 2009, a number of PCTs across England began to renegotiate or, in a few cases, terminate walk-in centre contracts. We understand that the rationale for renegotiation or termination was often that there had been an unexpectedly high number of walk-in consultations (leading to higher payments than anticipated) and fewer than expected registered patients.
4. In February 2011, a letter from DH to PCTs and Strategic Health Authorities<sup>2</sup> explained that NHS England would take over responsibility for existing contracts for walk-in centres from April 2013. In the run up to contract expiry, it was envisaged that NHS England would evaluate the case for recommissioning services for patients registered at walk-in centres (or would make arrangements for those patients to be transferred to a GP practice). It would be a matter for clinical commissioning groups (CCGs) to decide whether to recommission services for non-registered patients, such as urgent care and out-of-hours services.
5. We have seen reports that a number of walk-in centres were closed in 2012.<sup>3</sup>

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<sup>1</sup> For more information on Alternative Provider of Medical Services (APMS) contracts see: <http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/Healthcare/Primarycare/Primarycarecontracting/APMS/index.htm>

<sup>2</sup> Letter from the National Managing Director of Commissioning Development to PCTs and Strategic Health Authorities.

[http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH\\_123925](http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH_123925)

<sup>3</sup> See for example: <http://www.bbc.co.uk/news/uk-politics-18503034>

6. Monitor considers that it is in the interests of patients to undertake a review into changes to arrangements relating to services provided by walk-in centres in order to understand the impact of these changes on choice and competition.
7. This review is a separate exercise from the recommendation contained in the Fair Playing Field Review<sup>4</sup> that Monitor should issue a call for evidence to help determine the extent to which the commissioning and provision of general practice and associated services is operating in the best interests of patients. That call for evidence will take place in due course.
8. This review is also separate from, but potentially related to the review of urgent and emergency care services<sup>5</sup> and the programme to improve A&E performance being led by NHS England.<sup>6</sup> Although those projects may touch on the role of walk-in centres, their focus is on the provision of urgent and emergency care services.

### **Purpose of review**

9. The purpose of the review is to:
  - a. Examine changes to arrangements regarding the services provided by walk-in centres that have taken place over the past two to three years;
  - b. Assess the impact of these changes insofar as they may affect patient choice and competition; and
  - c. Understand current commissioning practices in relation to walk-in centres and possible future developments.
10. This review is not an investigation by Monitor into possible infringements of the applicable choice and competition rules under our formal enforcement powers.
11. The review will gather evidence from interested and relevant stakeholders.
12. We are now calling for initial submissions to help us consider the issues set out above. A list of suggested areas that we invite initial submissions on is set out in the Annex. Our aim is to gather evidence from a wide range of stakeholders, but we are particularly interested in hearing from patient groups, commissioners and providers of walk-in centres.
13. As part of the review process, Monitor will also be seeking information directly from a range of stakeholders and we will be contacting them in the next few weeks to seek information about the commissioning of walk-in centres, the services that they offer and the funding arrangements. However, we also welcome submissions from any other stakeholders that are not contacted by us directly.

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<sup>4</sup> See Recommendation 15 of "A fair playing field for the benefit of NHS patients. Monitor's independent review for the Secretary of State for Health" (March 2013).

<sup>5</sup> Review led by Sir Bruce Keogh to review the model of urgent and emergency care services in England (January 2013). <http://www.england.nhs.uk/2013/01/18/service-review/>

<sup>6</sup> NHS England announced that plans to strengthen the performance in urgent and emergency care were being put in place across the country to help hospital A&E departments meet demand and tackle waiting time pressures (May 2013). <http://www.england.nhs.uk/2013/05/09/sup-plan/>

14. Please provide initial submissions to [walkincentresreview@monitor.gov.uk](mailto:walkincentresreview@monitor.gov.uk) by 5pm on **28 June 2013**.

15. We will produce a report setting out our findings once we have finished our review.

16. Our review may lead to a range of outcomes. These include:

- No further action;
- Action focused on raising patient awareness of the options available to them;
- Recommendations to commissioners and providers;
- Recommendations to Government;
- Investigation and enforcement action;<sup>7</sup> and
- A market investigation reference to the Competition Commission.<sup>8</sup>

## Timing

17. The timetable for the review is set out below:

Monitor publicly announces review and calls for submissions	31 May 2013
Deadline for initial submissions	28 June 2013
Preliminary views published for comments	October 2013
Deadline for comments on preliminary views	November 2013
Findings published	December 2013

## Contact

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<sup>7</sup> Monitor has the power to enforce a number of different rules relating to choice and competition including the National Health Service (Procurement, Patient Choice and Competition) (No 2) Regulations 2013 and the competition and choice conditions in the provider licence. Monitor also has concurrent powers with the OFT to enforce the Competition Act 1998 and the equivalent rules of the Treaty on the Functioning of the European Union in so far as they concern the provision of health care. Further information on the rules that Monitor enforces and our approach to enforcing them is available [here](#).

<sup>8</sup> Monitor has concurrent powers with the OFT to make a market investigation to the Competition Commission where we have reasonable grounds for suspecting that any feature, or combination of features of a market is preventing, restricting or distorting competition. Guidance on the approach that Monitor takes when using these powers is available [here](#).

## Annex

Monitor welcomes submissions regarding any aspect relating to services provided by walk-in centres. Suggestions of areas on which views and evidence would be most helpful are set out below.

### *Questions primarily for commissioners and providers of walk-in centres*

1. We understand that GP-led walk-in centres were required to provide core GP services to registered and unregistered patients, with or without an appointment, for a minimum of 12 hours a day, 7 days a week. We would like information on:
  - Any services that were commissioned and provided above and beyond those requirements, for example locally-enhanced services;
  - Any ratios of pre-bookable appointments to walk-in appointments specified in contracts with walk-in centres; and
  - Any other service characteristics which are unique to walk-in centres, particularly compared to other providers of primary care services.
2. We would like to receive evidence on the extent to which walk-in centres were used, the types of services offered, and the types of medical needs that they catered for. Information might include:
  - Numbers of appointments;
  - The case-mix of patients who used the service;
  - The hours of the day when walk-in centres were most popular;
  - The frequency with which particular medical needs were treated (eg, urgent versus non-urgent needs);
  - The proportion of patients who were registered at another GP practice; and
  - The extent to which patients switched GP in order to register at walk-in centres.
3. We would like to understand the financial implications that walk-in centres had, or continue to have on commissioners. For example, we are interested in information regarding:
  - How walk-in centre providers are (or were) paid;
  - How forecasts of patient volumes and costs compare with actual volumes and costs;
  - Whether attempts have been made to manage local demand for walk-in centres;
  - The impact of walk-in centres on attendance at other primary care and/or acute care providers; and
  - The impact of walk-in centres on payments to GPs and/or other health care providers.
4. We would like information on the number of walk-in centres that continue to be commissioned after April 2013 and whether any changes have been made to the original contract specifications.

5. Where possible we would like to understand how walk-in centres fit in with primary care commissioning intentions more generally.
6. Where walk-in centres have been decommissioned, we would like to understand the motivation for this and current arrangements for unscheduled or urgent primary care.

*Questions primarily for patients, including patient groups*

7. We would like to hear from patients in order to understand the rationale for using walk-in centres. For example, we would be interested to hear the extent to which services were used because of:
  - Any difficulty in registering with a GP;
  - GP opening hours and waiting lists;
  - The locations of walk-in centres compared with GP practices;
  - Expected waiting times at other health care facilities such as urgent care centres or A&Es; and/or
  - Particular medical needs or other patient preferences.
8. We would also like to hear more generally about patients' views on the implications of the closure of walk-in centres.

*Question(s) primarily for GPs*

9. We would like to gain an understanding of how GP practices were affected by the introduction of walk-in centres. For example,
  - Whether walk-in centres had any effect on the number of people attending GP practices or registered with them; and
  - Whether the introduction of walk-in centres led to any changes to the services that GPs provide, for example, the range or quality of services offered.

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