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Letter to the Editor

Improving access to health care: is the investment in walk-in centres paying off?

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General practitioner (GP)-led walk-in centres were encouraged following the Darzi Review in 2008[1] and were designed to improve public access to health care regardless of GP registration status. These health centres aim to provide additional, convenient access to primary care services, including evening and weekend access, and should provide not only additional access to GP services but also to a broader range of services such as diagnostic, mental health, sexual health, social care and healthy living, to match the needs of their communities.[1] We present a survey of consecutive consultations to a newly opened GP-led walk-in centre.

We examined a 12-month period of self-referrals to a GP-led walk-in centre in North Staffordshire, by patients registered with one GP practice (list size 7500). This practice offers a system of pre-bookable and 'book on the day' appointments as well as providing additional slots for emergencies. Each time a patient attends the walk-in centre, a fax is sent to their registered GP. These were collected for a 12-month period. Two researchers (HC and JB) analysed the data contained in the faxes and input it into Excel spreadsheets. Data extracted included age, gender, reason for consultation – dermatology (e.g. eczema, rashes), infection (e.g. respiratory and urinary tract), trauma (e.g. falls, wound management), pain (e.g. back pain, injury), investigations (e.g. blood tests and ECGs) and other (e.g. unprotected sexual intercourse and vaccination) – and antibiotic prescription. Descriptive statistics were used to analyse the data.

Over the course of a year, 847 patients attended the centre. Consultation rates varied by age, with the highest level of attendance in patients aged between 0 and 10 years (n=108) and between 40 and 50 years (n=104) and the lowest level of attendance in those aged 80 years and over (see Table 1). Gender was equally distributed.

Throughout the year, the most common reason for consultation was that of infection, with peaks in the winter and spring seasons. Of those presenting with signs and symptoms of infection 69% received a prescribed course of antibiotic therapy, a figure roughly in line with previous estimates of antibiotic prescribing rates.[2–3] At no point during the 12-month period did any patient consult exclusively for management of pre-existing chronic conditions (e.g. coronary heart disease, diabetes) or acute exacerbations of chronic conditions (e.g. asthma, COPD) or with mental health problems. However, this may reflect the diagnostic coding used by the treating clinician and may not truly reflect utilisation for chronic disease.

The majority of consultations included in this survey appear to be for conditions that could have been treated by other suitably trained healthcare professionals, although this is difficult to ascertain by simply reviewing faxed consultation summaries. This represents a limitation in our study design. Given the existing availability of services such as NHS direct[4] and nurse-led walk-in centres,[5] which could manage many of these problems, we would question the additional benefit to patients that GP-led walk-in clinics provide for the patients included in this survey. It is, however, clear from our results that GP-led walk-in centres are popular with many patients choosing to attend. We would encourage further research to fully evaluate the ongoing impact of these additional services on patient care.

Table 1 Reasons for attendance at a GP-led walk-in centre by age

Illness categories	Age group									Totals
	0–9 years	10–19 years	20–29 years	30–39 years	40–49 years	50–59 years	60–69 years	70–79 years	80+ years	
Dermatology	8	6	5	0	6	6	1	4	3	50
Infection	70	34	34	21	33	30	24	11	13	353
Investigations	3	0	5	10	19	24	20	18	13	128
Trauma	9	18	8	6	8	8	10	10	2	90
Pain	10	12	16	21	23	21	16	6	3	141
Other	8	5	11	12	15	8	6	6	3	85
Totals	108	75	79	70	104	97	77	55	37	847
Infection receiving antibiotic	40	27	24	17	28	24	18	9	9	245

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