

SCRUTINY COMMISSION FOR HEALTH ISSUES

TUESDAY 14 JUNE 2011
7.00 PM

Bourges/Viersen Room - Town Hall

AGENDA

- | | Page No |
|--|----------------|
| 1. Apologies | |
| 2. Declarations of Interest and Whipping Declarations | |
| <i>At this point Members must declare whether they have an interest, whether personal or prejudicial, in any of the items on the agenda. Members must also declare if they are subject to their party group whip in relation to any items under consideration.</i> | |
| 3. Minutes of Meeting Held on 14 March 2011 | 1 - 6 |
| 4. Call In of any Cabinet, Cabinet Member or Key Officer Decisions | |
| <i>The decision notice for each decision will bear the date on which it is published and will specify that the decision may then be implemented on the expiry of 3 working days after the publication of the decision (not including the date of publication), unless a request for call-in of the decision is received from any two Members of a Scrutiny Committee or Scrutiny Commissions. If a request for call-in of a decision is received, implementation of the decision remains suspended for consideration by the relevant Scrutiny Committee or Commission.</i> | |
| 5. Primary and Urgent Care Strategy Consultation | 7 - 48 |
| 6. Review of Work Undertaken in 2010-2011 and Work Programme for 2011-2012 | 49 - 62 |
| 7. Forward Plan of Key Decisions | 63 - 80 |
| 8. Date of Next Meeting | |

Tuesday 19 July 2011



There is an induction hearing loop system available in all meeting rooms. Some of the systems are infra-red operated, if you wish to use this system then please contact Paulina Ford on 01733 452508 as soon as possible.

Emergency Evacuation Procedure – Outside Normal Office Hours

In the event of the fire alarm sounding all persons should vacate the building by way of the nearest escape route and proceed directly to the assembly point in front of the Cathedral. The duty Beadle will assume overall control during any evacuation, however in the unlikely event the Beadle is unavailable, this responsibility will be assumed by the Committee Chair.

Committee Members:

Councillors: B Rush (Chairman), D Lamb (Vice Chairman), P Nash, J Stokes, K Sharp, N Shabbir and D Fower

Substitutes: Councillors: R Dobbs, D Harrington, M Jamil and A Shaheed

Further information about this meeting can be obtained from Paulina Ford on telephone 01733 452508 or by email – paulina.ford@peterborough.gov.uk

**MINUTES OF A MEETING OF THE SCRUTINY COMMISSION FOR HEALTH ISSUES HELD
AT THE BOURGES/VIERSEN ROOM - TOWN HALL ON 14 MARCH 2011**

Present: Councillors B Rush (Chairman), Arculus, P Nash, J Stokes, D Fower
and N Khan

NHS Peterborough: Tim Bishop, Assistant Director of Social Care
Tina Hornsby, Head of Performance and Informatics

Officers Present: Marie Southgate, Lawyer
Louise Tyers, Scrutiny Manager

1. Apologies

An apology for absence was received from Councillor Lowndes.

Apologies for absence were also received from Denise Radley, Executive Director of Adult Social Service and John Webster, NHS Peterborough.

2. Declarations of Interest and Whipping Declarations

No declarations of interest were made.

3. Minutes of the Meeting held on 17 January 2011

The minutes of the meeting held on 17 January 2011 were approved as an accurate record.

4. Call In of any Cabinet, Cabinet Member or Key Officer Decisions

There were no requests for call-in to consider.

5. NHS Peterborough Turnaround Plan

John Webster, Director of Turnaround at NHS Peterborough had sent his apologies for tonight's meeting due to ill health and unfortunately there was no one who could represent him.

Councillor Fower asked for it to be placed on record the Commission's disappointment that no one was able to attend to discuss an important issue.

At the invitation of the Chairman, Mary Cooke of Peterborough Pensioners Association stated that it was not common sense to reduce the funding for hip replacements and not offer physiotherapy as it would be likely that patients would become ill again.

ACTION AGREED

- (i) That the Scrutiny Commission would not be making any comments on the report at this time.
- (ii) That Mr Webster be invited to the Commission's informal meeting next week to discuss any issues with the NHS Peterborough Turnaround Plan.

6. Quarterly Performance Report on Adult Social Care

The report detailed progress against adult social care key outcomes and targets for the year 2010-11.

The current Department of Health proposed outcome framework for adult social care identified the following outcome domains for Adult Social Care and proposed specific performance indicators to support monitoring of achievement of these outcomes:

- Promoting personalisation and enhancing quality of life for people with care and support needs
- Preventing deterioration, delaying dependency and supporting recovery
- Ensuring a positive experience of care and support
- Protecting from avoidable harm and caring in a safe environment

A number of the proposed performance measures were new and therefore had no current or historical data available at this time. Of the measures reported two were rated red - behind target and plans were not likely to bring back on target, whilst three were rated amber - behind target but plans in place and likely to resolve issues or behind target but good comparative performance/progress. Six measures were rated as green – on target.

The latest, and final provider quality ratings published by the Care Quality Commission (CQC) continued to show that overall the quality of residential and nursing home services commissioned by the PCT was poorer than our comparators and the national average, whilst the quality of commissioned domiciliary care services was better than our comparator and national average.

Promoting personalisation and enhancing quality of life for people with care and support needs

This was the outcome where most performance indicators sat. A number of the indicators would be measured via the Adult Social Care User Survey. This was a survey which had been sent to 1000 service users who received a care package.

Percentage of adults and older people receiving self directed support

The target for this indicator was 60% and as of today performance was at 39.2%. It was unlikely that the target would be met.

Percentage of adults in contact with secondary mental health services in paid employment

The target for this indicator was 7.5% and performance was currently 5.9%. The Mental Health Trust had looked to address issues around data quality and it is now an actual problem and not a data issue.

Between January 2010 and November 2010, Peterborough Council for Voluntary Services (PCVS) provided advice to 109 carers covering the following:

- 76 carers received advice about benefits
- 63 were referred or signposted to a relevant service
- 68 applied for the emergency support service
- 36 received emotional support
- Many other pieces of advice were provided including advice on accessing community and religious services and accessing GPs and dentists.

A group of adults with learning disabilities called the Pyramid Pioneers were developing and setting up a personalised range of day opportunities in the community. Activities were chosen by the Pioneer group members and included arts and performance activities, developing their IT skills and accessing leisure opportunities such as going to the theatre. The group had plans to expand the range of activities they were involved in and had been contacted by others wishing to join the group.

Preventing deterioration, delaying dependency and supporting recovery

There was currently a lot of blanks within the performance information but this was because a number of areas were newly suggested by the outcome framework.

Admissions to residential care per 1,000 population

A lot of work had been undertaken around alternatives to residential care including providing people with home based care or providing extra support.

The latest CQC report on the quality of care provision in Peterborough showed that of the 29 homes in Peterborough, as at September 2010, which the PCT commissioned placements from:

- Six were rated Excellent – accounting for 117 places 11.3% of all places. The PCT commissioned 19 (16.2%) of these places.
- 17 were rated Good – accounting for 563 places, 51.6% of all places. The PCT commissioned 191 (33.9%) of these places.
- Six were rated Adequate – accounting for 411 places, 37.7% of all places. The PCT commissioned 127 (30.9%) of these places
- No homes were rated as Poor

Overall the quality of residential and nursing home services commissioned by the PCT was poorer than their comparators and the national average, whilst the quality of commissioned domiciliary care services was better than the comparator and national average.

Ensuring a positive experience of care and support

The performance around these indicators would be based on the Adult Social Care User Survey.

Peterborough Care, a local company who own Broadleigh and Lavender House care homes were nominated and won the 'Care Employer of the year' award at the Great British Care Awards East Region. This was a great achievement and recognition for the Homes and their staff. Having well supported and motivated staff improved the standards of care delivered to service users. The homes had since gone on to achieve ISO 9001/2008 in recognition of their commitment towards Total Quality Management.

Protecting from avoidable harm and caring in a safe environment

Acute hospital admissions as a result of falls or falls injuries for over 65s

This was a new indicator and was a priority for going forward.

A total of 471 safeguarding alerts had been received between April – Dec 2010, 329 (69.95%) of which progressed to become a safeguarding referral. During the third Quarter 141 alerts had been received, 108 (76.6%) of which progressed to referral. Issues remained around capturing closure and outcome information for the purpose of reporting and further work was being undertaken following the appointment of dedicated support staff for the safeguarding co-ordination and administration functions. A further report would be considered later on this agenda.

Questions and observations were made around the following areas:

- Was the situation with mental health improving? *The information around social care was improving and the PCT meets with operational managers from the Mental Health Trust. The situation was difficult around data as they used a different system, however the Trusts were looking to find a system that all could use.*
- What has been the response to the Adult Social Care User Survey? *350 responses had been received which was a 47% response rate. The main issue was that the PCT could not guarantee the independence of the competed surveys.*
- Was there a large number of vacancies in the residential care homes? *The issue was that of choice and a concern people did not have a high level of choice. Vacancies tended to occur more often in homes rated good and adequate by CQC, and these are larger homes. The six excellent homes were more often used by self-funders and were generally more expensive.*

- Should the PCT be encouraging better quality homes? *Yes , absolutely the PCT does encourage homes to improve quality, and the refreshed Accommodation Strategy would look at how we might encourage more excellent quality homes to enter the market to fill gaps in service availability.*
- How big was the gap between the excellent homes and what the PCT would pay? *The PCT do make placements in excellent homes when fees are within the agreed levels. For some homes however the fees are higher, in general a difference of over £100 per week.*
- In what circumstances would the PCT decide to commission a placement at an excellent home? *The PCT would be more likely to purchase a placement at an excellent home if its rates fell within the Council's fee structure. If the fees were above the fee structure placements would only be purchased in exceptional circumstances or if a third party family member was willing to top up the fees.*
- What was the PCT doing to improve the quality of the homes? *We were working with the homes to improve their quality. A Contracts Monitoring Team was also in place to work with them. The Commission may want to receive a future report on the quality of the care homes.*
- Was the number of alerts becoming referrals a good average? *The number of referrals had risen as the number of people receiving services increased.*
- Did any of the care homes provide dementia care? *They did but the officer did not know which ones.*
- Was there an adequate number of spaces for people with dementia? *The officer did not know and would need advice from other officers.*
- Information around the care homes registered to provide dementia care should be included in the future report on the care homes.
- At the invitation of the Chairman a member of the public advised that some older people felt pressurised into signing to say that they were receiving the care which they were not. Independent checks needed to be made. *The Contract Monitoring Officers did go and see users on their own without care staff present and the service was reviewed on an annual basis.*
- Did the Local Authority have any homes open? *Yes, Peveralls, Greenwood House, The Croft and Welland House and all were rated adequate or good.*
- A huge sum of money was given to the independent sector. Was there any reason that the authority could not provide good or excellent homes? *There was an Accommodation Strategy for Older People for the homes that the City Council provided. The regulations around care homes had changed and there were a number of homes which were not out of date. The closure of homes was down to the improved standards required.*

ACTION AGREED

That the Commission receive a report at a future meeting on the quality of the care homes in the City, including dementia care.

7. Peterborough Safeguarding Adults - Update Report

The report provided an update on the latest performance on adult safeguarding.

Since the Scrutiny Commission meeting in November 2010, the Safeguarding Adults Board had met on two occasions and the latest performance report was presented to the Commission. The report also provided a summary of a recent Serious Case Review which had been completed by an independent person.

The key points from the performance report were:

- That although there had been some improvement overall, performance was adequate rather than good.
- There had been a total of 76 referrals in the months of December (34) and January (42) with a further 28 alerts that had not progressed to referral status.
- A possible area of concern was the upward trend in the referral type 'emotional abuse' and 'physical abuse'. This was matched by a downward trend in the referral type

'neglect'. Further work was being undertaken on this area but it was believed that staff were now tighter on recording the referral type.

- The Personalisation agenda with an associated increase in the use of direct payments did not appear to have had a negative impact on referrals, as these had remained fairly static over the year to date.
- Team managers continued to receive specific mentoring around the safeguarding role.
- An interim Safeguarding Co-ordinator had been appointed to take forward the quality assurance work that was required within the safeguarding arena.
- The Safeguarding Board now had an independent Chair.

The Serious Case Review showed that some of the agencies involved with the older person since 2007 could have done better in some respects. The main areas for improvement were identified as:

- Care management assessment and review by adult social care;
- The direct payments arrangements;
- Recognising safeguarding concerns;
- Occupational therapy assessment; and
- The approach by primary and community health care.

The review also highlighted that Housing Options' contribution was an example of good practice.

ACTION AGREED

- (i) To note the latest performance on adult safeguarding.
- (ii) To note the recommendations from a recent Serious Case Review.

8. Forward Plan of Key Decisions

The latest version of the Forward Plan, showing details of the key decisions that the Leader of the Council believed the Cabinet or individual Cabinet Members would be making over the next four months, was received.

ACTION AGREED

To note the latest version of the Forward Plan.

CHAIRMAN
7.00 - 8.12 pm

This page is intentionally left blank

SCRUTINY COMMISSION FOR HEALTH ISSUES	Agenda Item No. 5
14 JUNE 2011	Public Report

Report of the Peter Wightman (Interim Director of Primary Care) and Sarah Shuttlewood (Director of Acute Services)

Contact Officer(s) – Peter Wightman, Interim Director of Primary Care

Contact Details – peter.wightman@peterboroughpct.nhs.uk

PRIMARY AND URGENT CARE STRATEGY CONSULTATION

1. PURPOSE

- 1.1 NHS Peterborough (NHSP) has been developing a strategy for Primary and Urgent Care since October 2010. NHSP has worked with local organisations during January to April 2011 to discuss its emerging thinking on the strategy. This pre-consultation phase is now complete and the NHSP Board has commenced public consultation on the strategy and options for change.

This paper seeks the Committee's support for the consultation process NHSP is following and presents the consultation document for the Committee's questions and comment.

2. RECOMMENDATIONS

- 2.1 The Committee is asked to
- Support the process for consultation based on information in sections 4 and 8
 - Discuss and comment on the content of the consultation document

3. LINKS TO THE SUSTAINABLE COMMUNITY STRATEGY

- 3.1 The strategy is an important part of NHSP's work to
- Reduce Health Inequalities
 - Ensure GP practices meet Care Quality Commission standards
 - Improve access to primary care
 - Reduce A&E waiting times
 - Meet its financial duties

4. BACKGROUND

NHSP presented its emerging strategy to the Committee in January 2011 as part of the pre-consultation process. The Committee's comments at its meeting in January are shown below and the action NHSP has taken:

- (a) *The consultation needed to be genuine and not just about closing Alma Road*
- The consultation presents a strategy for primary care and urgent care for the City, the Alma Road service is only one part of this
 - There is evidence that the pre-consultation process has been genuine. For example, a second option was developed during the pre-consultation with regards to achieving savings through reduced services at Alma Road, not just closure.
 - NHSP is committed to ensuring the public consultation is genuine.
- (b) *It was important that the consultation document contained all of the information and evidence to support the thinking of NHS Peterborough*
- A long consultation document has been developed and tested with Scrutiny Committee members, stakeholders, East of England Strategic Health Authority and

- consultation lawyers and amended to reflect comments
- This is supplemented by a business case which is available at the NHS Peterborough website and consultation meetings

(c) *It was important that an Equality Impact Assessment was undertaken on the proposals and available when the consultation starts*

- This has been undertaken and is part of the business case

5. KEY ISSUES

5.1 **The need for change**

(details are contained in the consultation document the headlines are as follows)

Primary care

- The population is growing and changing and NHS services need to adapt to this
- Premises at some practices are affecting services and will not meet new standards in April 2012. This affects 1 in 3 patients particularly in relatively deprived wards where health outcomes are much lower. These are long standing problems. Key areas affected
 - North Street, 63 Lincoln Road, Burghley Road, Church Street
 - Dogsthorpe, Parnwell and Welland
 - Hampton
 - Orton
- There is a natural move away from smaller practices. The Primary Care Trust needs to plan ahead for this and not make separate decisions on practices as it has in the past
- It is difficult for patients at some surgeries to get an appointment. This may lead to patients using other services

Urgent Care

- Patients report the system is difficult to navigate and there are too many overlaps
- Too many minor cases are attending the hospital Emergency Department
- Peterborough has 2 walk-in centres which duplicate each other and services provided by GP practices in hours and the out of hours GP services
- The City Care Centre is not used to its full potential. Walk In centre and out of ours GP services must be subject to competitive procurement – this is an opportunity

Efficiency Requirements

- NHS Peterborough needs to identify extra funding for
 - Increasing demand and new treatments
 - Increasing costs and maintaining infrastructure
 - Repaying historical debt
- The growth funding NHSP will receive will only cover inflation costs
- To fund the anticipated priority costs, NHSP needs to save £40m per year by 2015/16 in its £310m budget

5.2 **Proposed strategy**

Vision

- Move over time to fewer, larger GP practices to improve quality and efficiency
- Simplify and clearly communicate Urgent Care System

Overarching changes

- Ensure every practice achieves a minimum standard for access to GP appointments
- Provide extra information to help patients choose the right service and GP practice
- Where contracts end for practices with a list size of 4000 or below, and there is capacity nearby, ask patients to register with another practice.
- Competitive process to select new provider for GP Out of Hours and Walk In Centre Provider

Options for Change

Option 1 - Do nothing

Option 2 - Partially achieve vision

- Fund new premises at 63 Lincoln Road
- Fund new premises in Dogsthorpe: - the Welland, Parnwell and Dogsthorpe practices come together as one practice in the new premises, with special arrangements in Parnwell
- Orton Bushfield expands to take on services currently provided by Orton Medical Practice with whom they share a building – move to new premises funded by the landlord
- Reducing the walk-in hours for the Alma Road Equitable Access Centre (evenings and weekends)
- Upgrade Walk in Centre service at City Care Centre to Minor Injury and Illness service and move from 7am – 10pm to 8am to 8pm
- Close Burghley Road surgery
- Invest £0.5 million per annum in new premises
- Net £5 million savings over 5 years – from reduced Alma Road costs and contract efficiencies

Option 3 – Fully achieve vision

As above but

- Fund new premises for North Street (as part of a combined health centre with 63 Lincoln Road)
- Fund new premises for Hampton
- Close the Alma Road service
- Invest £1.0 million per annum in new premises
- Net £6 million savings over 5 years – further savings by closing Alma Road

6. IMPLICATIONS

6.1 The final decision by NHS Peterborough Board in September will

(a) directly affect services provided in the future by the following practices

- North Street, 63 Lincoln Road, Burghley Road
- Dogsthorpe, Parnwell and Welland
- Hampton
- Orton Bushfield and Orton Medical
- Alma Road, Equitable Access Centre

(b) determine the walk-in services to be provided at the City Care Centre and Equitable Access centre and the number of minor cases attending A&E

(c) affect decisions when GPs at small practices retire leading to the end of their contract

6.2 The strategy is city-wide but has particular impact on the following wards:

- East
- Dogsthorpe
- Hampton
- Central
- Park
- Orton

7. CONSULTATION

7.1 NHSP has spent six months discussing issues and options with key stakeholders including local practices, Peterborough City Council (including local councillors and the Scrutiny Commission for Health Issues), MPs, patient and public groups and other NHS providers. The draft strategy has been changed to reflect the comments that have been made.

NHSP has also invited The National Clinical Advisory Team (service design specialists from the Department of Health) to review the strategy in April. They supported the strategy and recommended NHSP proceeds to consultation.

The PCT's public consultation includes:

- Wide circulation to key stakeholders
- letters to households patients of the practices directly affected (30,000)
- Consultation meetings including attendance at previously arranged consultation meetings (neighbourhood meetings) – list of meetings attached
- Provision of documents through GP practices, pharmacies, libraries and other locations
- NHSP will provide translations of the document in languages as requested by patients

8. NEXT STEPS

8.1 Consultation timetable is as follows

18 May	Consultation commenced
18 August	Consultation Closes
11 September	External review of comments received during the consultation and board paper prepared to brief on the outcome of the consultation and recommended strategy.
21 September	Board agreement on strategy in light of consultation

Implementation timetable, if option 3 is adopted

Dec 2011	<ul style="list-style-type: none">• Finalise sites and designs for new premises• Orton Medical Practice replaced by expanded surgery
Mar 2012	<ul style="list-style-type: none">• Close Alma Road equitable access centre• Close Burghley Road• Complete OOH/WIC procurement process
April 2013	Minor Illness & Injury Service at CCC
Autumn 2013	New health centre at Orton
Spring 2014	New health centres open <ul style="list-style-type: none">- North Street and 63 Lincoln Road- Hampton- Dogsthorpe

9. BACKGROUND DOCUMENTS

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

9.1 Primary and Urgent Care Strategy – Consultation Document
Primary and Urgent Care Strategy – Business Case

10. APPENDICES

10.1 List of consultation meeting dates – Appendix 1
Primary and Urgent Care Strategy – Consultation Document

Appendix 1

DATES FOR PUBLIC MEETINGS FOR PRIMARY AND URGENT CARE CONSULTATION

PCT led public Consultation Meetings :

Wednesday, 25 May 2011 - Gladstone Park Community Recreation Centre
(Bourges Boulevard, Peterborough, PE1 2AN)
18.00 - 19.30

Thursday, 26 May 2011 - St Johns Church School
(Riseholme, Orton Goldhay, Peterborough, PE2 5SP)
18.00 - 19.30

Monday, 6 June 2011 - Parnwell Primary School
(Saltersgate, Parnwell, Peterborough, PE1 4YH)
18.00 - 19.30

Tuesday, 7 June 2011 - Hampton Vale Primary School
(West Lake Avenue, Hampton Vale, Peterborough, PE7 8LS)
18.00 - 19.30

Thursday, 30 June 2011 - Town Hall, Peterborough (two sessions)
14.00 - 16.00 **and** 18.30 - 20.00

Wednesday, 6 July 2011 - Queen's Drive Infants School
Queen's Drive West, Peterborough, PE1 2UU
18.00 - 19.30

Local meetings attended by PCT:

Dogsthorpe Residents AGM
Thursday, 19 May 2011 - Christ Carpenter Church, Central Avenue, Dogsthorpe, Peterborough, PE1
4PE
18.00-19.00

Central / North Neighbourhood Meeting
Thursday, 16 June 2011
19.00

Orton / Hampton Neighbourhood Meeting
Tuesday, 21 June 2011
19.00

This page is intentionally left blank

The Right Care at the Right Time

Seeking your views on the Primary Care and Urgent Care
Commissioning Strategies for Peterborough.

5pm 18 May 2011 - 5pm 18 August 2011



Messages from our Clinicians



Dr Michael Caskey, Lead GP Commissioner for NHS Peterborough



Dr Harshad Mistry, GP Urgent Care Commissioner Lead for NHS Peterborough



Lt Colonel Rob Russell, Clinical Lead for Emergency and Critical Care, and Consultant in Emergency Medicine at Peterborough and Stamford Hospitals NHS Foundation Trust

Ensuring that patients in Peterborough have access to high quality, safe and effective health care is our main focus as doctors and clinicians, but with growing demand and increasingly limited budgets, this is becoming much more challenging. This document paints a very real picture of the challenges we face providing primary and urgent care, but also the opportunities that we have to make improvements to services for patients.

Taking on this challenge requires enough experienced and skilled teams supported by quality premises and equipment – NHS Direct, pharmacies, GP practices, our Walk-in Centre, GP out of hours and the hospital. We also need these teams to work together across the whole of the NHS and social care.

This primary and urgent care vision has been developed by listening to what patients want, talking to clinicians about what patients need, and listening to views from local people and councillors about needs in individual communities. It outlines how we can continue to make real improvements to local health services, make them much more stable for the future, and ultimately improve patients' experiences when using them. For primary care, by moving towards larger practices (where GPs and nurses can better support each other) and by tackling longstanding premises problems, practices can increase their quality of care, offer more services and improve patient access

to advice and appointments. Nationally we are seeing a move away from single-handed doctor surgeries and that has been happening in Peterborough too as doctors retire. The recent Kings Fund report, *Improving The Quality of Care in General Practice*, identifies the need to bring together isolated practices into larger primary care organisations. Ensuring high quality primary care is also an important foundation for the establishment of GP consortia.

For urgent care, we need to make it easier for patients to know which service to go to for the right treatment and make sure each service is properly supported. For urgent primary care problems, a patient's first choice should always be their GP who has knowledge of the patient's history and can ensure continuity of care in the future. We need to make sure patients are confident that they can access their practice for minor urgent health problems.

Creating a single walk-in centre supported with x-ray facilities and experienced staff near the city centre, will increase the range of less serious conditions that can be treated outside of the hospital. This will allow the hospital to focus its specialist teams to ensure timely, high quality care for the most serious cases. Reducing the duplication of services, and clearly signposting where patients go for what illness or injury, means we can provide the best possible care and service for patients from the resources available.

We need to know what you as a patient think to these proposals. This is a partnership between patients and clinicians. There are a range of ways to manage health problems, you can visit a community pharmacist, go to your GP, call the out of hours service, visit a walk-in centre or if it is a life-threatening emergency, visit the Emergency Department.

Message from our Chairman



The NHS is undergoing a period of significant change as set out in the NHS White Paper, Equity and Excellence: Liberating the NHS. These changes are subject to the outcome of the national listening exercise and passage of the bill through parliament. It is proposed that between now and 2013, groups of GPs will start to take over the responsibility for commissioning (buying) many NHS services. Responsibility for the commissioning of primary care services (services GPs themselves provide) would then pass to the National Commissioning Board during 2012 and 2013.

During this period of change, NHS Peterborough will continue responsibility for commissioning health and care services for Peterborough residents, and so it is essential that we continue to look at their developing needs and how good quality services can be maintained.

The primary care and urgent care services in Peterborough have been increased and developed over the years in an adhoc and piecemeal way; adding services when a particular need arose and moving services around to respond to circumstances – such as a GP retiring.

We have consulted with the public when each of these changes have been made and one message that we have been consistently told was that

we need to look at the whole system and develop an overall strategy for change and development that is fair, consistent and strong for the future.

Since late 2010, we have been seeking views from GPs, nurses, councillors, MPs, patient groups and more about how we can best ensure local primary care and urgent care service are able to meet growing demand and are able to adapt to changing needs in the future. We've listened to all of the views and feedback and incorporated them into a vision for how we can improve local primary care services and urgent care services for the future, and we have a strategy for what needs to happen to reach that vision.

NHS Peterborough would like to know your views on our overarching

vision for primary care and urgent care, and on some specific proposals that will begin to make it a reality and provide patients with access to high quality primary care and urgent care services when they need it.

The implementation of this strategy is urgently required and I look forward to seeing the further comments in the consultation process to inform NHS Peterborough's Board's decision in September.

We will be consulting with the public on our proposals from **Wednesday 18 May to Thursday 18 August 2011**.

Derek Harris
Chairman of NHS Peterborough Board

Contents

1. Executive summary	5
2. Current services and the need to change	7
3. Our vision	13
4. Benefits for patients	15
5. Options for change	16
6. Our preferred option	20
7. Have your say Feedback form	24
8. Appendices Examples of conditions and where they will be treated Practices with less than 4,000 patients registered, and alternative practices	33
9. Glossary	35

1. Executive summary



NHS Peterborough is the primary care trust for Peterborough. Our role is to plan and buy health and adult social care services for people in Peterborough and we are allocated a budget by the Department of Health and Peterborough City Council for this each year.

We buy (commission) and oversee primary care services such as GPs, dentists, pharmacists and opticians, as well as commission urgent care services such as the walk-in centres and accident and emergency.

Since 2010, we have been working with GPs, nurses, councillors, MPs, patient groups and more on a vision for how we can best ensure local primary care and urgent care service are able to meet growing demand and are able to adapt to changing needs in the future. NHS Peterborough is now consulting on this vision and on some specific proposals that will begin to make it a reality.

Primary care

In primary care, the current pattern of services is increasingly not able to meet current and future needs because:

- Communities with the greatest health needs cannot access a full range of services because some of the premises used to deliver care are of poor quality or are too small.
- Smaller practices serving high need communities are struggling to meet key quality requirements and some are expected to close due to GP retirements.
- Patients report wide variation between practices in terms of how easy it is to access appointments.

Our vision for primary care in Peterborough is that every patient can register with a GP practice that is caring, accessible, offers a wide range of services and achieves high standards of care for patients.

To deliver this requires a range of providers with broad and stable clinical teams with sufficient capacity, operating from appropriate premises in the right locations. Overall the system needs to be affordable, with resources allocated fairly taking account of need.

To achieve this vision the proposed strategy is to move (over time) to fewer, larger practices to improve the quality of service being provided and enable greater efficiency.

To achieve this we will

- invest in four new primary care premises in high need areas and serving the new population at Hampton
- agree succession plans with small practices where GPs are nearing retirement
- work with those practices not providing good appointment access to improve
- ask patients to move and register with an existing practice where small practice contracts end (and there is a practice nearby with sufficient capacity).

Urgent care

Currently urgent care services are overlapping with two walk-in centre services which are duplicating those already funded in general practice and the GP out of hours service. There are multiple attendances by some patients, at different services, for the same simple conditions.

The GP out of hours service currently requires additional medical hours at night to ensure highest standards are achieved. Too many minor injury cases are managed at the hospital site, which can draw resources away from patients with more serious conditions. NHS Peterborough is not fully utilising the opportunities for managing minor injuries at the City Care Centre. Overall there is significant opportunity to streamline the system to allow resources to be directed towards the highest priorities.

Our vision for urgent care is one where patients clearly understand where and how they can access urgent care services when they are needed. The services will be fully integrated and will signpost patients to the service most suitable to meet their needs. The urgent care services will deliver high standards of care and will manage patients in alternative settings to the hospital, where appropriate. To achieve this requires clinical teams skilled in particular levels of emergency care, supported by diagnostic equipment, operating from modern premises with extended opening hours.

The proposed strategy for urgent care is to reduce duplication of walk-in centre services, upgrade the Walk-in Centre at the City Care Centre to a Minor Illness and Injury Unit (MIIU) and to focus hospital emergency services on more serious cases, and to strengthen GP out of hours services at night.

All of the changes as outlined in our vision for primary and urgent care will allow us to make sufficient savings to reinvest an extra £0.9 million per year in primary care premises, an extra £0.3 million in night time GP cover, and overall savings of £1.6 million per year towards NHS Peterborough's financial recovery.

To achieve this we will

- develop the Walk-in centre at the City Care Centre into a MIIU
- close or change the Alma Road Equitable Access Centre.

Changes to plans as a result of pre-consultation

The extensive pre-consultation exercise that NHS Peterborough conducted has led to changes to the original proposals. This includes a new option for the Equitable Access Centre operating with reduced walk-in hours and exploring new ideas on ways to address the access to GP services for people living in Parnwell. The formal consultation offers further opportunity for local people and stakeholders to shape the proposals to be considered by the NHS Peterborough Board in September.

See page 24 for more detail on how our pre-consultation work has influenced these proposals.

Comments or complaints

If you have any comments, concerns or complaints about the consultation or the process we are using to seek your views and feedback, please contact Jessica Bawden, Director of Communications and Patient Experience on 01733 758414 or email jessica.bawden@nhs.net.

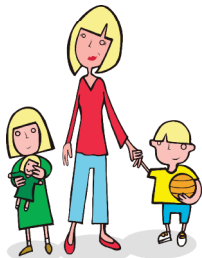
For further information or for copies of any of the documents referred to in this consultation please visit www.peterborough.nhs.uk or contact our involvement team by emailing involvement@peterboroughpct.nhs.uk, telephoning 01733 758 500, writing to Involvement Team, NHS Peterborough, 2nd Floor Town Hall, Peterborough, PE1 1FA.

2. Current Services and the need to change

Patients currently have the following choices for their primary care and urgent care needs.



Different people with different conditions



Child
Cough



Commuter
Stomach pains



Older person
Stroke



Young Person
Sprained ankle



Overweight
Diabetes risk



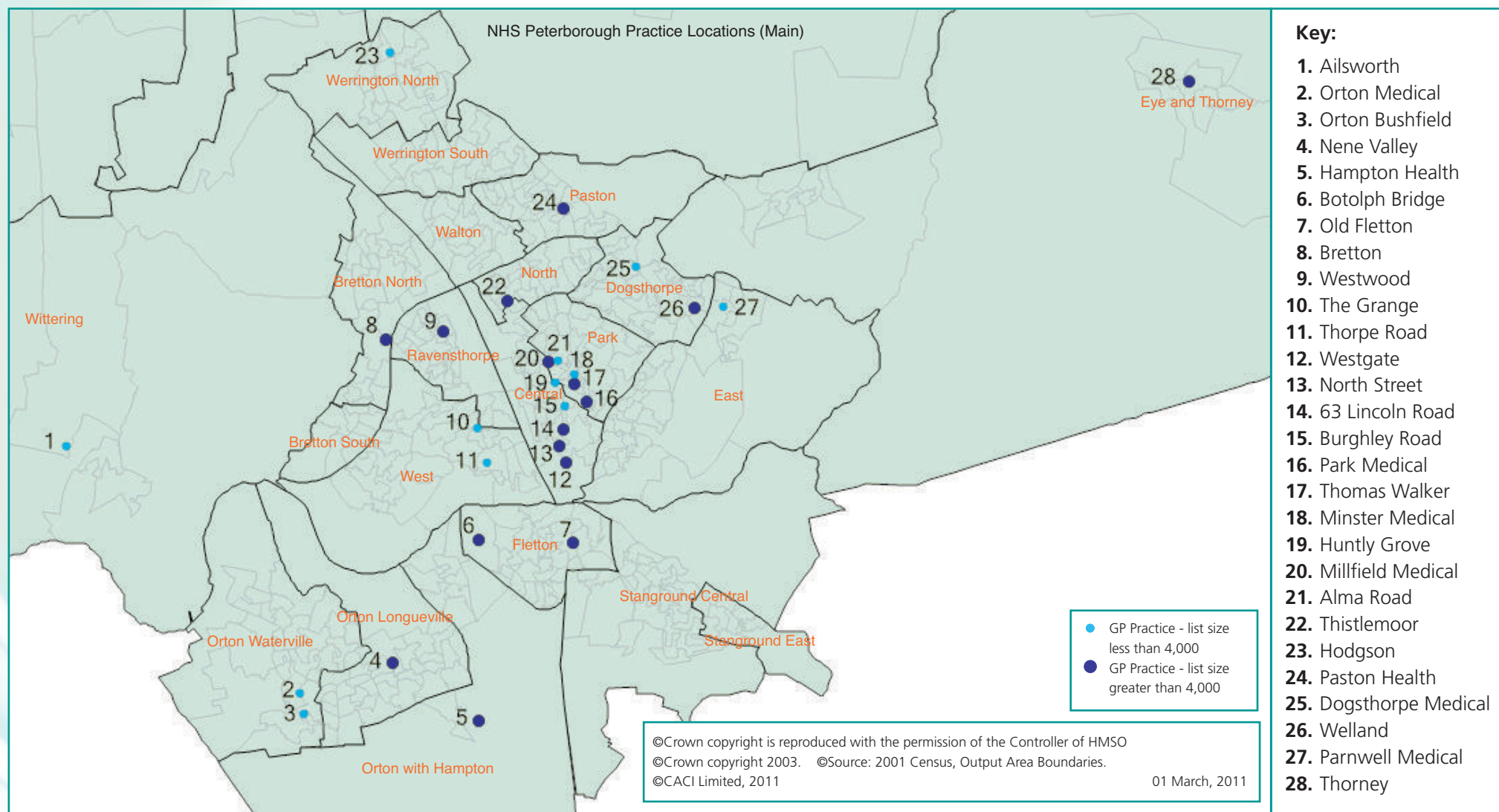
Family
Baby has rash

- 1** Calls GP for an appointment, gets one for later that day. Doesn't want to wait so goes to Walk-in Centre. Gets advice and told to go to pharmacy
- 2** Still goes to GP appointment later that day
- 3** Gets the same advice and goes to the pharmacy for over the counter medicine
- 1** Goes to Walk-in Centre
- 2** Given advice and told to go to pharmacy
- 1** Calls GP practice for an urgent appointment
- 2** Taken to A&E in ambulance from GP practice
- 1** Goes to A&E - Get treated but told could go to WIC
- 2** Follow-up appointment at GP
- 1** Treats himself at home for symptoms and ailments
- 2** Goes to GP when symptoms of diabetes persist
- 1** Go to A&E for most conditions, if not Walk-in Centre. Given advice and told to register at GP practice
- 2** End up at pharmacy to buy over the counter cream.

This illustrates the complexity and duplication patients can experience trying to access local health services.

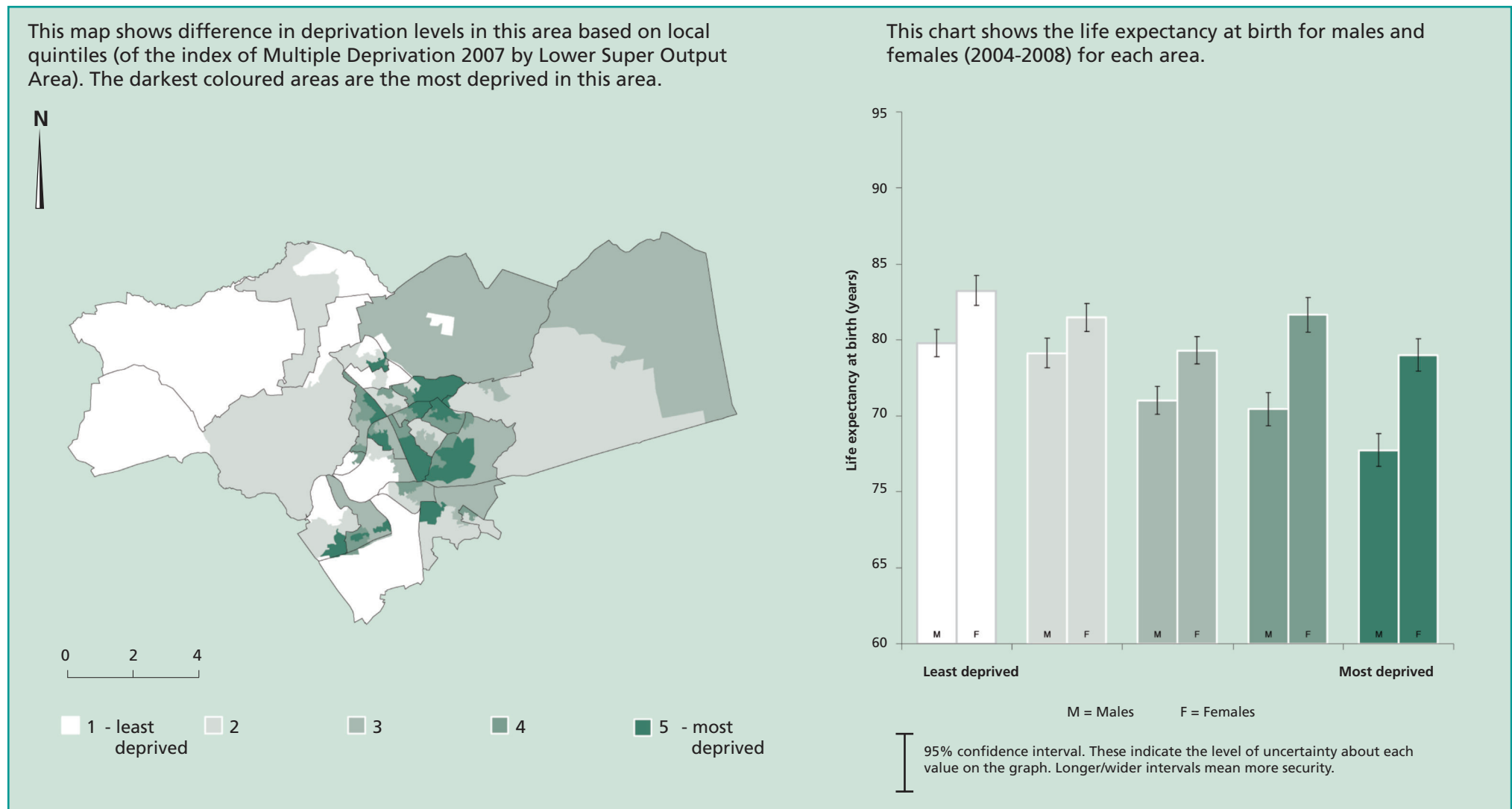
Primary Care

'Primary care' refers to services provided by GP practices, dental practices, community pharmacies and high street opticians. Around 90 per cent of people's contact with the NHS is with these services. This strategy focuses on primary medical services – services provided by GP practices. An estimated 95,000 patients a month are seen by GPs and nurses. The map below shows the GP practices in Peterborough.



Health needs

In Peterborough, more people live in deprived areas than the England average. Health outcomes in Peterborough are worse than the national average and there is inequality. Men in the least deprived areas can expect to live seven years longer than men in the most deprived areas. For women the difference is over four years. Rates of death for all causes, and early deaths from heart disease and stroke, are higher than the England average but falling in line with the national trend. The specific wards where deprivation levels are highest are shown in the map below.



Small practices serving high need communities are struggling to meet quality requirements or may close as their GPs are nearing retirement. A key measure of the quality of primary care services are the clinical quality outcome measures (QOF) such as success in helping patients manage with diabetes. There are a number of practices where NHS Peterborough has concern that the levels of achievement on clinical QOF are low. All these practices are serving high need communities and the majority of these are smaller practices (patient list size below 4,000). Larger practices serving these communities are achieving higher clinical QOF results for patients.

In recent years, following GP retirements, six small practices have either closed or another provider appointed to manage services. We expect three further small practices serving high need communities may be in the same position in the next five years due to retirements. Younger doctors have indicated they are unlikely to want to take on such new partnerships. Firstly because they wish to work in larger clinical teams which offer greater professional support, flexible staffing and allow GPs to develop skills in specific areas of medicine. Secondly small practices are increasingly uneconomic for GP partners. A practice list size of at least 4,000 is needed to support 2.5 whole time equivalent doctors. Practices with below 4,000 list are summarised in appendix 2.

Services to the growing communities or those with the highest need are limited by current premises

NHS Peterborough has assessed current premises based on their quality and the space required to deliver and extend primary care services to meet future demand. Some communities are relatively well served by practices operating from premises which

meet these requirements or can be adapted to do so. However, the following communities are served by practices where premises place major limits on services or the premises will not meet new quality standards.

Central ward

- 63 Lincoln Road and Burghley Road premises are not expected to meet new quality standards which come into effect in April 2012. The practices and NHS Peterborough will need to have alternative plans in place for these services by then.
- 63 Lincoln Road and North Street are significantly limited in the space available operating with a third of the required space. The practices have restricted space placing major limitations on the services they can offer. They have an exciting business case setting out the benefits they could deliver to the community by coming together and moving to new premises.

Dogsthorpe and East ward

- Dogsthorpe, Parnwell, and Welland practices serve 8,200 patients.
- There is not an appropriate health centre located at the heart of this community supporting the delivery of high quality services. The three small practices located in the community operate from poor premises and wish to bring together their services into one location, and provide a significantly improved range of services for patients. Premises at the Welland Practice and the Church Walk branch surgery are not expected to meet new quality standards which come into effect in April 2012.

Orton and Hampton

- The Orton Bushfield Practice and Orton Medical Practice both operate from the Orton Medical

Centre and together serve 7,600 patients. These premises do not meet key quality standards. The landlord wishes to replace the current premises with new premises nearby at no cost to NHS Peterborough, offering the opportunity to improve services and move to a single practice. Orton Medical Practice has been contracted to provide a caretaker service whilst the strategy for future services is defined.

- Hampton (11,000 patients – including future population growth). Despite opening for extended hours, the practice is currently not accepting new patients because it does not have enough clinical rooms. The space is being adapted to meet demand in the short-term but cannot accommodate the forecast patient growth.
- In addition to the above, some patients are served by practices with urgent space problems that can be addressed through a practice extension. To fund the extra rental costs of these new premises, and the highest priority extensions, would require an additional year on year spending of £0.9million.

Some premises offer the added benefit of being co-located with community services, pharmacies and dentists providing a one-stop service for patients and supporting cross-professional communication. New premises would provide an opportunity to achieve this for these communities. Some practices operate branch surgeries which may become difficult to continue due to new premises quality standards or practice financial pressures.

Rising demand

The population is forecast to grow by 20,000 by 2016, requiring approximately another 22 doctors and nurses. The growth is concentrated in Hampton (5,700) but also in Stanground central (2,400), Paston (2,300), East (2,200) and Central (1,500). In

addition, national evidence shows that the number of consultations per patient, per year increased from 3.9 to 5.5 during 1997-2007 and may continue to rise. A lack of space and suitability of existing premises is a key constraint in managing this demand.

Need and opportunities for greater efficiency:

Organisations across the NHS need to make financial savings by reviewing how money is spent, this includes NHS Peterborough. Peterborough has the third highest spend per person on primary care in England. One of the key reasons for this is the large number of small practices in Peterborough, which on average in Peterborough are 30% more expensive than larger practices. The basic price the NHS pays for primary care provided by GPs varies from £62 to £156 per head. The most expensive practices are primarily smaller ones. In particular, in the last 3 years, NHS Peterborough has procured new contractors to take on the running of some small practices following GP retirements. NHS Peterborough has found the prices for these contracts have been much higher due to the additional costs inherent in smaller practices.

URGENT CARE

Urgent care is sometimes referred to as unplanned care (as opposed to a planned operation or appointment) and is the range of responses that health and care services provide to people who require – or who perceive the need for – urgent advice, care, treatment or diagnosis.

This strategy focuses on urgent care services for less serious illnesses and injuries, which require

immediate care but do not require the full services of an emergency department or an ambulance.

Currently in Peterborough, for urgent health problems, patients can access NHS Direct, Pharmacy, their GP surgery (8am to 6.30pm weekdays), the Walk-in Centre at the City Care Centre (7am to 10pm), the GP-led Walk-in service at the Alma Road Equitable Access Centre (7am to 10pm) or the GP out of hours service (evenings, nights and weekends). For more serious cases, patients can attend the hospital accident and emergency department or call the ambulance service.

Patient comments on services

Patient comments made to the Local Involvement Network indicate that patients are not clear which service to attend for which condition. Patients have also reported difficulty getting an appointment or getting through on the telephone to some practices. The national patient survey shows that patients at 6 of the 28 practices in Peterborough report significant problems accessing an appointment on the same day or within 48 hours. However 21 out of the 28 practices do report good satisfaction rates for accessing an appointment on the same day or within 48 hours.

Role of walk-in services

Analysis of walk-in attendances shows:

- Walk-in services at the City Care Centre and Alma Road are primarily accessed by patients who are already registered with a GP in Peterborough. NHS Peterborough already pays GP practices and the GP out of hours service to meet all of the primary care needs of its patients.

NHS Peterborough is therefore, in effect, paying twice for these patients to be seen. The cost of the walk-in services is £2.6 million per year.

- Recent audit data shows that one in three walk-in patients also attended the practice they are registered with, as part of the same episode of illness.
- The Alma Road Equitable Access Centre is accessed primarily by patients who live close to the service and the Walk In Centre is attended by patients from a wider geography – see charts on page 12.

Use of A&E services

Analysing A&E activity shows that:

- Patients are attending A&E services with a range of conditions that are more appropriately managed either in their own GP practice, or within the current walk-in centres.
- The highest demand for patients attending for minor conditions is at times when their GP surgeries and both walk-in centres are open.

The high number of minor cases attending the hospital site, can draw resources away from patients with more serious conditions.

The City Care Centre is not being used to its full potential. The premises have been designed to accommodate the diagnostic facilities required to run a service that offers a wide range of urgent care (e.g. x-ray). If this service were developed it would greatly increase the range of urgent care services for Peterborough patients in the city centre.

A review of other services in the country shows that a Minor Illness and Injury Unit open 8am to 8pm, could be provided at a lower cost than the current Walk-in Centre.

In summary

In primary care, services need to change because

- small practices serving high need communities are struggling to meet quality requirements or may close as GPs are nearing retirement
- services to high need communities are limited by current premises
 - some do not meet basic quality standards and require replacement

- they limit the range of services provided to patients
- demand is expected to continue to increase and primary care capacity needs to grow to meet this need
- NHS Peterborough has the opportunity to improve the quality of care and improve efficiency.

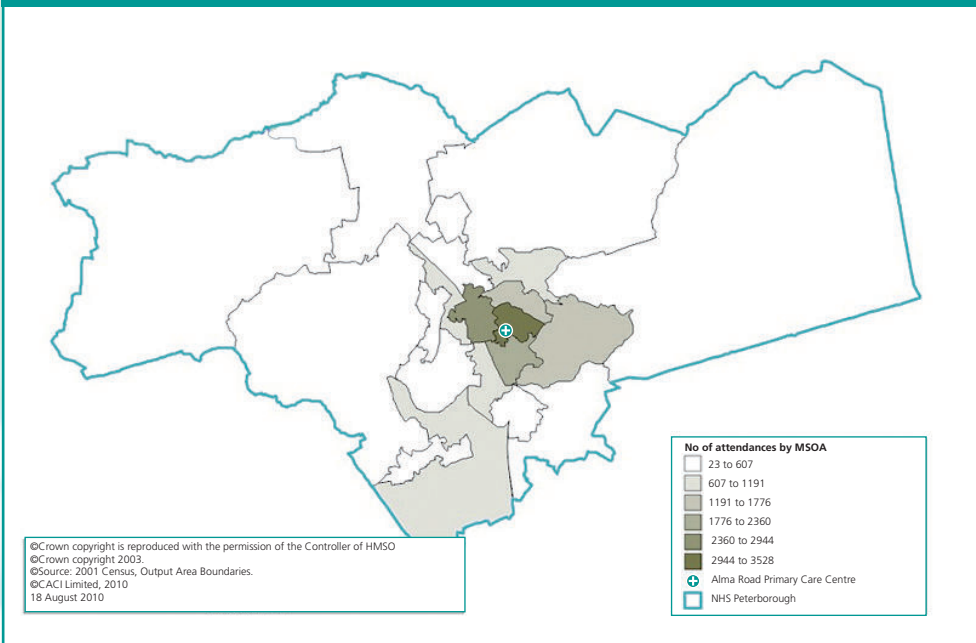
In urgent care, services need to change because

- some GP practices are not sufficiently accessible for appointments on the day or within 48 hours
- NHS Peterborough is paying twice for walk-in service attendances which duplicate services

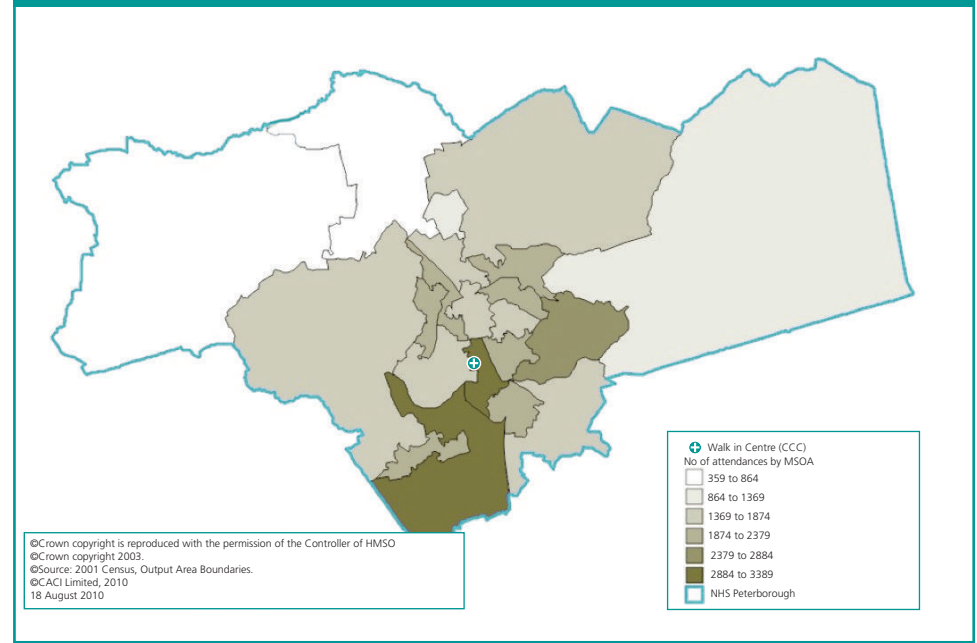
- offered by GP practices
- the Emergency Centre (A&E) is currently seeing patients attending with minor injuries/illness that could be managed in the community in a Minor Illness and Injury Unit.

Overall there is significant opportunity to use NHS resources better to improve patient experience – to make it easier for patients to make the choice of where to go to get the right care at the right time.

NHS Peterborough Alma Road Primary Care Centre – Walk-in Patient attendances by MSOA



NHS Peterborough Walk-in Centre – Walk-in Patient attendances by MSOA



3. Our vision

Our vision sets out how local primary care services and urgent care services could look in the future to ensure they are able to meet growing demand, are able to adapt to changing needs in the future and provide first class health and care for Peterborough residents. Our vision also supports the NHS Constitution and patients' rights and responsibilities to access the services available.

Primary care

Our vision for primary care in Peterborough is that every patient can register with a GP practice that is:

- caring
- accessible
- offering a wide range of services
- achieving high standards of care for patients.

To deliver this we need to commission from a range of providers who have multi-skilled, stable teams with sufficient capacity, and who operate from appropriate premises in the right locations. Overall local health services need to be affordable. It is important that patients fulfil their responsibilities and rights to use services wisely, including attending booked appointments and taking responsibility for self-care.

Our vision is that medium and larger sized practices will be better placed to deliver this requirement. Therefore, where GP practice contracts come to an end for small practices (list size below 4,000) and there is capacity nearby at existing surgeries, to ask patients to register with an existing surgery. The model (right) describes a GP practice in Peterborough which could deliver our vision for primary care.

Services

- Offers full range of services including enhanced services such as minor surgery, health checks.
- Community services provided at the practice e.g. health visitor, counsellor.
- Extended services such as ultrasound.
- Achieves excellent quality standards.

Workforce

- Stable workforce – Five GPs and three nurses or health care assistants.
- Mandatory training provided in-house, including nurse training.
- Teaching practice.

Premises

- Purpose built, with sufficient space, meeting Care Quality Commission standards.
- Effective use of modern IT systems to support patient care and access.

Access

- Appointment capacity is sufficient to meet demand, enabling most patients to be seen on the day, if required. High satisfaction reported by patients.
- Is open for extended hours (weekends and/or evenings).

Value For Money

- Is one of the most efficient practices in Peterborough.



Urgent care

If we implement our vision for urgent care where patients clearly understand where and how they can access urgent care services at the time they are needed. The services will be fully integrated and signpost patients to the service which is best able to meet their urgent care needs. The service patients experience is:

- caring
- accessible
- achieves high standards of care.

Achieving this requires clinical teams skilled in particular levels of urgent care, supported by diagnostics tests, operating efficiently from appropriate premises.

The model below describes how urgent care services could look in Peterborough to deliver our vision for urgent care:

Less
urgent



Level One

- Self-care supported by easily available information such as through the Choose Well campaign, including local advertising, information leaflets and posters available in all health and public facilities.
- NHS Direct information and advice available by phone and online.
- Easy access to a wide selection of primary care practitioners (GPs, pharmacies) and out of hours urgent primary care service.

Level Two

Minor Illness and Injury Unit – accessible for a range of minor illnesses and injuries which if not seen by a health professional within 24 hours will need hospital attention.

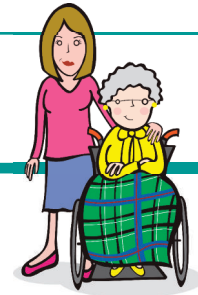
Level Three

Emergency Department based at the hospital site, to treat life threatening and emergency care requirements.

More
urgent



4. Benefits for patients?



As a result of this vision Peterborough can expect to have:

- larger, more stable GP practices offering a wider range of services, operating from purpose built facilities accessible to high need communities
- an easily accessible and understood urgent care service
- a local health system which is affordable and maintainable.

Standards of care will improve

- Enhanced urgent care services offering safe and easily accessible services for a wider range of health needs in the community.
- Larger teams in GP practices will be able to:
 - offer improved professional development and support for doctors and nurses increasing their skills as a team
 - be flexible to manage changes in their staff and demand for example managing transitions for patients when GPs retire.

This will mean patients will be able to develop good relationships with their healthcare providers over time.

Patient access to appointments at their registered practice will improve

- Choice of clinician - A larger practice can offer patients access to a choice of GPs, you may want to talk to a GP who is the same gender as you, or speaks the same community language or has extra training in your particular health condition.
- Choice of practice – better information on the

services provided by all practices, will support patients in moving their GP registration if they are not satisfied with their GP practice.

- All practices achieving the minimum access standards for their patients.

More services will be provided in GP practices

- Larger premises will mean more treatment and consulting rooms to support a wider range of services in that location:
 - community services – e.g. health visitors could see patients at the GP practice, which would enable the health visitor looking after you and your baby to discuss any concerns you have with a GP there and then
 - additional services and treatment e.g. minor surgery and ultrasound
 - co-location with dentists and pharmacists will make patient access easier and support cross-working between professionals on patient issues.

Extra Capacity

- Larger practices would be able to cope with the forecasted population growth - 20,000 extra

patients in five years without impacting on existing registered patients.

Improved patient experience of urgent care

- Building on simple, clear messages, it will be clearer for patients to know where to attend when they have urgent care needs.
- Patients with urgent but minor health problems will be able to build a relationship with their practice to manage these conditions – but will have the reassurance that the Minor Illness and Injury Unit is available should the condition worsen.
- Wider range of services for minor injuries and illnesses available in the city centre.
- Patients with minor injuries will experience a service tailored to their needs.
- Patients with more serious conditions will receive care from professional teams not distracted by the treatment of minor conditions.
- Patients can be reassured that if they choose the wrong service for their needs, they will either be signposted onto the correct service, or treated before being referred onto other services.



5. Options for change

There are three options which NHS Peterborough has considered in detail and are presented for consultation.

Option

1

Do nothing

NHS Peterborough would not make any investments into updating GP premises, increasing services offered, or making changes to simplify the choice of urgent care services available. Under this option NHS Peterborough would need to look at making a further £6 million savings over five years from other services.

Primary care

- Continue with current services as they are without change.
- The Orton Medical Practice and Orton Bushfield Practice would move to new premises (currently being commissioned with no cost to NHS Peterborough). NHS Peterborough would continue with two separate practices from this building.

Urgent care

- Continue with current services as they are without change

With the exception of new premises at Orton, this option does not make any progress towards the vision for primary care or urgent care, and does not deliver the required financial savings. In the long term this option will cost NHS Peterborough more.

Option

2

Partly realise the vision for primary and urgent care

NHS Peterborough would put in place some of the most critical changes to premises to improve primary care services, reduce walk-in hours for the Alma Road Equitable Access Centre and increase urgent care services in the city centre. However, not all of the issues mentioned in section two would be addressed, and a further £1 million savings would need to be found from other services.

In primary care, services will change in the following areas:

- New GP practice premises provided for 63 Lincoln Road Surgery.
- New GP practice premises in Dogsthorpe – bringing together three practices in the area with special arrangements for the Parnwell community.
- Support Orton Bushfield Practice to expand to provide extra services from new practice premises, in Orton. Close the Orton Medical Practice and support patients to register at Orton Bushfield or an alternative practice.

- Burghley Road Surgery closed and patients supported to register with another local practice.
- Premises at North Street and Hampton extended to partially meet requirements .
- City Care Centre Walk-in Centre upgraded to become a minor illness and injury unit.
- Alma Road Equitable Access Centre continues but walk-in service for non-registered patients would only be available at evenings and weekends.

Finance impact

Change in spending	Annual (£ million)	Five year savings
Primary care	0.8	2.6
Urgent care	0.8	2.4
Total	1.6	5.0

In all options

- Each GP practice will improve access to a minimum standard
- NHS Peterborough will provide extra information to patients to support their choice of practice
- NHS Peterborough will work with small practices whose contract could end due to retirement - where contracts end and there is sufficient capacity near by, to support patients to register with another practice.

29

Advantages:

- ✓ This option would meet requirements at Dogsthorpe and 63 Lincoln Road.
- ✓ It would also partially addresses inefficiencies in the urgent care system through the creation of a minor illness and injury unit.

Disadvantages

- ✗ Continuation of EAC does not fully address the duplication within the urgent care system. It therefore does not release sufficient resources to fund the changes needed to premises in two of the five priority areas (North Street and Hampton – 26,000 patients).
- ✗ It delivers only £5 million of the £6 million savings for NHS Peterborough’s financial position to be affordable.

Option

3

Realise the full vision for primary and urgent care (preferred option)

NHS Peterborough would make all the premises’ improvements needed in the priority areas as set out below, to increase the range of services available in the community and provide patients with access to high quality primary care services. It would also simplify the urgent care services and increase the range of minor illness and injuries managed in the city centre when they are needed. In this option all potential savings will be made.

Primary Care

- New GP practice premises provided for 63 Lincoln Road Surgery and North Street at one location, delivering the practices’ vision.
- New GP practice premises in Dogsthorpe – bringing together three practices in the area, with special arrangements for the Parnwell community.
- Support Orton Bushfield Practice to expand to provide extra services from new practice premises, in Orton. Close the Orton Medical Practice and support patients to register at Orton Bushfield or an alternative practice.
- New GP practice premises at Hampton.
- Burghley Road Surgery closed and patients supported to register with another local practice.

Urgent care

- City Care Centre – Walk-in Centre upgraded to become a Minor Illness and Injury Unit treating a wider range of conditions in the city centre.
- Alma Road Equitable Access Centre closed and registered patients asked to move their registration to another practice.

Financial impact

Change in Spending	Annual (£ million)	Five year savings
Primary care	0.8	3.6
Urgent care	0.8	2.4
Total	1.6	6.0

Advantages

- ✓ This is the only option which fully delivers the service vision in all four priority localities, meeting the population growth in Hampton, improving services in the Dogsthorpe area; transforming the primary care services available to the patients at 63 Lincoln Road and North Street, and improving services to patients in Orton.
- ✓ The option delivers maximum improved efficiency to the urgent care system releasing the savings required for the above change.
- ✓ It delivers the full £6 million required savings over five years towards NHS Peterborough’s financial position.

Disadvantages

- ✗ Reduced options for patients wishing to attend a primary care walk-in centre other than their GP surgery for minor health problems.

	Option 1 No Change	Option 2 Partly realise the vision	Option 3 Realise the vision in full
2011	2015	2015	2015
28 GP Practices <ul style="list-style-type: none"> • Very limited capacity to expand • Variable appointment access • Practice in the centre of community • List sizes from 1,500 	28 GP Practices <ul style="list-style-type: none"> • Same number of GPs and nurses • Very limited capacity to expand • Variable appointment access • Practice in the centre of community 	19-22 GP practices <ul style="list-style-type: none"> • Same number of GPs and nurses • Limited capacity to expand. • Some improved premises and additional services • Variable appointment access. • Practice in the centre of community 	19-22 GP practices <ul style="list-style-type: none"> • Same number of GPs and nurses • Capacity to expand to accommodate increase in population of 20,000 • Improved premises and additional services in all priority areas • Consistent good appointment access. • Practice in the centre of community
GP Out of Hours	GP Out of Hours	GP Out of Hours More night time GP cover	GP Out of Hours More night time GP cover
Two walk-in centres (7am/8am - 10pm) Seeing minor illness, blood tests, one-off family doctor issues	Two walk-in centres (7am/8am - 10pm) Seeing minor illness, blood tests, one-off family doctor issues	One walk-in centre Seeing minor illnesses (6.30pm - 10pm weekdays and 7am - 10pm weekends)	1 Minor Illness and Injury Unit with diagnostics (e.g. x-ray) (seven days a week 8am - 8pm) Minor injury and illnesses
Hospital Accident & Emergency Department Major and minor cases 24 hours a day, seven days a week	Hospital Accident & Emergency Department Major and minor cases 24 hours a day, seven days a week	Hospital Emergency Department Emergency and minor cases 24 hours a day seven days a week. Greater focus on emergency and life threatening cases 8am - 8pm	Hospital Emergency Department Emergency and minor cases 24 hours a day seven days a week. Greater focus on emergency and life threatening cases 8am - 8pm
Savings	No savings made £6 million to find from other changes to primary care and urgent care services	High savings made £1 million still to find from other changes to primary care and urgent care services	All savings made

NHS Peterborough has assessed each of three options against six criteria and this is summarised as a score in the table below. NHS Peterborough has given greater weighting to the criteria for quality of care.

This shows that both options 2 and 3 deliver significant improvements across the criteria compared to the current position. For example, in these two options the creation of a single health team serving the wider Dogsthorpe area in purpose built health centre, will improve and increase the services available to this deprived community - a key step forward in reducing health inequalities. For urgent care, stepping up the Walk-in Centre to a minor injury and illness unit at the City Care Centre will improve patient experience.

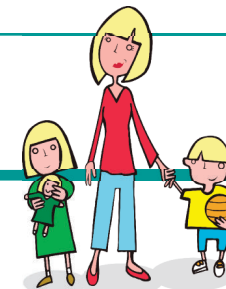
The patient experience criteria includes access to appointments. In option 3, stopping the evening and weekend walk-in services would reduce patient options for primary care in these hours. However, our assessment is that the benefits that would be achieved by fully addressing the accommodation requirements for the 26,000 patients served by North Street and Hampton would more than outweigh this. Therefore, option 3 provides the greatest opportunity to improve service quality, reduce health inequalities, improve patient experience and increase capacity.



Criteria	Option 1	Option 2	Option 3	Maximum score
Quality of care	5	22	23	(25)
Reducing health inequalities	5	10	13	(15)
Patient experience	5	12	14	(15)
Capacity for service	3	11	14	(15)
Value for money	3	12	13	(15)
Affordability	3	13	14	(15)
Total	24	80	91	(100)

6. Our preferred option

Based on the analysis of the information gathered to date, including the pre-consultation process, option 3 is the preferred option recommended for Peterborough. In more detail this will involve the following specific changes.



Primary Care

The overarching strategy is to move over time, to fewer but larger GP practices. Each larger practice will have a strong, multi-skilled clinical team that can provide the quality, capacity, range of services and efficiency needed.

If this option is adopted, following consultation, the following improvements to premises will be made based on the issues described on page 10.

- **63 Lincoln Road and North Street (26,800 patients)**

We would provide sufficient resources to allow both practices to move to one new building within 0.25 miles of their current locations (in place spring 2014).

- **Hampton (11,000 patients – including future population growth)**

We would support Hampton practice to move to new premises that could accommodate an increase in the number of patients in Hampton, with the option to expand the site in future years (in place spring 2014).

- **Dogsthorpe, Parnwell, and Welland (8,200 patients)**

We would support the practices to come together in new premises in Dogsthorpe. Services in future would be provided by a single practice from a new primary care building in the centre of the community. Special arrangements would be in place to support access for Parnwell residents including transport arrangements to the new surgery site from Parnwell and/or provision of some satellite services within the Parnwell community (e.g. flu vaccinations, child immunisations, ante-natal clinics). Services would continue at the current Parnwell surgery and the Welland practice's branch surgery at Church Walk until the new building is available (spring 2014).

- **Orton Medical Centre practices (7,600 patients)**

The landlord wishes to replace the current premises with new premises nearby at no cost to the NHS Peterborough (autumn 2013). We would support this move which would result in the Orton Bushfield practice developing to

deliver services for 7,000 - 8,000 people, including patients registered at Orton Medical Practice which would close in December 2011. We would support those patients to register with Orton Bushfield or another practice. The two practices would work together to achieve a smooth handover for patients transferring their registration.

For the four new premises above we will:

- locate the practice at centres where the community already visit, close to public transport.
- locate dental surgeries and pharmacies at these buildings where possible.
- provide space for extended primary care and community services including voluntary sector, community nursing and mental health services as part of an overall plan with provider trusts for the best use of space for community services.
- ensure the size and design of premises is based on highly efficient use of space and is able to be flexible to changes in use.

- ensure the best value for money from all premises.

- **Burghley Road (2,200 patients)**

We would close the practice at Burghley Road in March 2012 and support patients to register with another local practice – there are five practices within one mile of the practice with capacity.

- **Other premises changes**

NHS Peterborough will support those practices with urgent space shortages which are affecting patient services to expand. This will be on the basis of an open business case process for the additional rental costs required. NHS Peterborough will work with those practices where continuation of branch surgery services becomes difficult, to ensure full local involvement of patients potentially affected by these decisions.

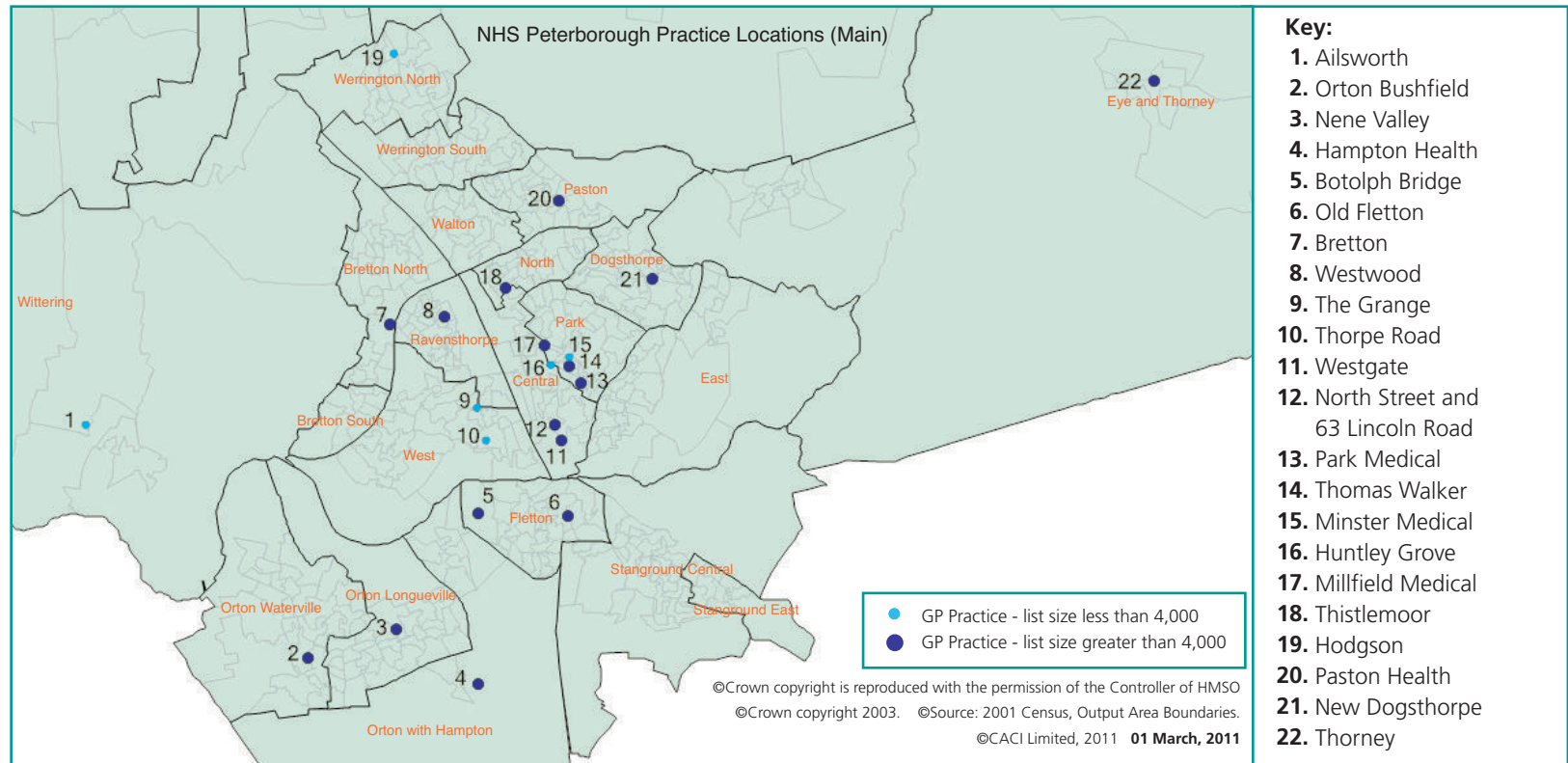
- **Other small practices**

We will work with small practices with expected retirements and time limited contracts to plan their future. Where small practices wish to come together, NHS Peterborough will support this. Where a contract for a practice with a list size below 4,000 ends, and there is another practice with sufficient capacity nearby, we will support patients to register with another practice.

- **Improving access**

We will work with practices with poor access to patients, to improve so that all practices achieve a minimum standard. Provide extra information to patients to support their choice of practice.

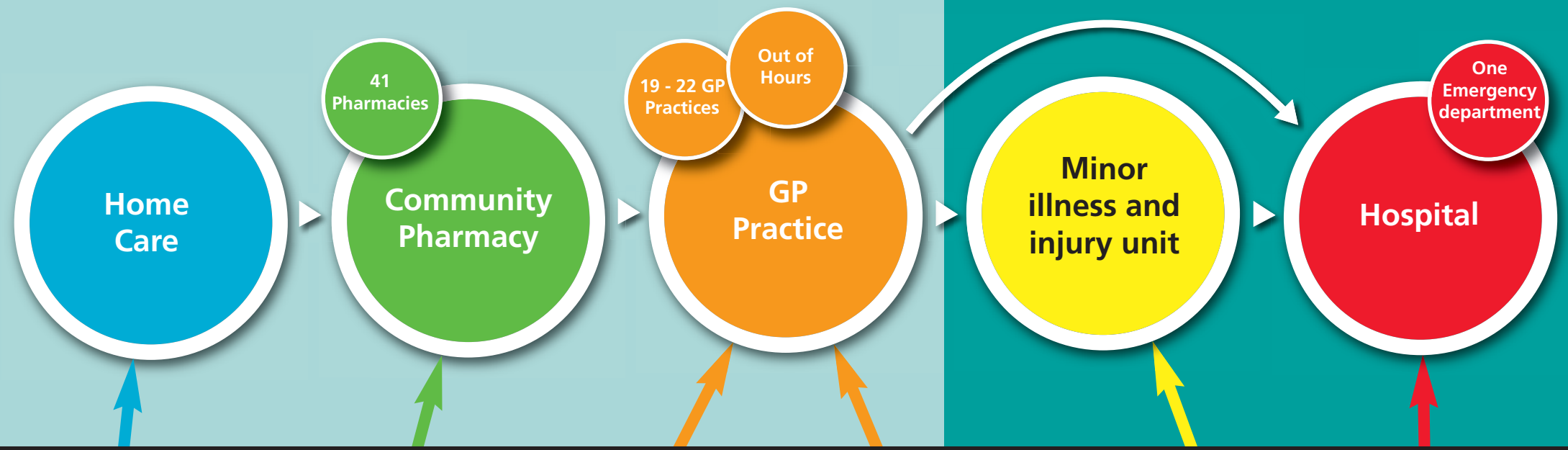
The new pattern of primary care will look like this



What the new system could look like?

Primary Care

Urgent Care



34



Child
Cough

Treated at home with plenty of fluids



Commuter
Stomach pains

Goes to pharmacy and gets advice and stomach acid tablets



Overweight
Diabetes risk

Sees GP regularly and manages weight through healthy lifestyle choices, reduces his risk of developing further conditions such as diabetes



Family
Baby has rash

Goes to GP for advice, GP gives advice on allergies and prescription for ointment



Young Person
Sprained ankle

Goes to Minor Illness and Injury Unit and gets ankle support and advice



Older person
Stroke

Family acts FAST and calls 999, goes straight to A&E by ambulance and gets immediate FAST treatment

Urgent Care

The overarching strategy is to make the urgent care system simpler to access and understand, by removing duplication in the current system. This would involve the following changes:

- Developing a Minor Illness and Injury Unit at the City Care Centre, offering more services than the current Walk-in Centre based there. This will be supported by diagnostics (e.g. x-ray) and an extensive range of services (e.g. applying casts to non complex fractures) that otherwise would have required patients to go to the Emergency Department at the hospital. This will be built up over time to be fully operational spring 2013.
- Ending the Alma Road Equitable Access Centre contract in March 2012. Patients registered with the practice would be supported to register with another practice, including one of five available within 15 minutes walk. For walk-in services, patients could attend their registered practice (all of whom will be achieving minimum access standards) or the City Care Centre at Thorpe Road.

The following supporting changes are also required:

- NHS Peterborough will fund a marketing campaign to communicate clearly the roles of specific services.
- All NHS providers will need to direct patients to the correct services for their urgent care needs, including the ambulance service and NHS Direct.
- GP practices will need to put in place the required capacity to manage certain minor cases currently seen at the walk-in centres.
- When selecting the future providers for the Minor Illness and Injury Unit, NHS Peterborough will include patients and members of the public in the procurement process, as with previous contracts.



7. Have your say



We will be consulting with the public on our proposals from 5pm Wednesday 18 May to 5pm Thursday 18 August 2011.

As part of the consultation NHS Peterborough will be hosting two public meetings in the Town Hall to discuss our overall proposals. These will be held on:

30 June	Reception Room, Town Hall, Peterborough	2pm - 4pm 6.30pm - 8pm
----------------	--	-----------------------------------

As well as these meetings we will be arranging a community meeting in each of the area specified within the proposals to discuss details of what this will mean for local people. These meetings will discuss the overall proposals but with a more local focus.

25 May	Gladstone Park Community Centre, Central Ward	6pm - 7.30pm
26 May	St John's Church School, Orton Goldhay	6pm - 7.30pm
6 June	Parnwell Primary School, Saltersgate, Parnwell	6pm - 7.30pm
7 June	Hampton Vale Primary School	6pm - 7.30pm

We will be attending the Neighbourhood Council Meetings across the city to discuss this consultation. You can find details of when your local neighbourhood meeting will be held by calling 01733 747474 or go online to www.peterborough.gov.uk and click in Community information and then Neighbourhood Councils.

If you would like a member of our team to come along to your group meeting please contact us using the contact details below

Email involvement@peterboroughpct.nhs.uk

Post The Right Care at the Right Time Consultation, NHS Peterborough, 2nd Floor, Town Hall, Bridge St, Peterborough, PE1 1FA

Phone 01733 758500

Consultation work already completed

NHS Peterborough has sought views on our primary care and urgent care plans as part of an extensive pre-consultation programme between December 2010 and March 2011 which included:

- Partner GPs at 18 GP practices
- Five ward based groups of councillors and both local MPs
- Peterborough and Stamford Hospitals Foundation Trust, Peterborough Community Service, Cambridgeshire Community Services, Cambridgeshire and Peterborough Foundation Trust, Cambridgeshire Local Medical Committee
- Peterborough Local Involvement Network, NHS Peterborough Public Consultation Forum
- Scrutiny Committee for Health Issues.

The comments and feedback from pre-consultation work has significantly informed the development of NHS Peterborough's planning. The main comments were:

- We welcome the strategic approach looking at the whole of primary and urgent care rather than bits here and there, it is good to have the whole picture.
- Clinicians have supported the need to move away from small GP practices over time through expanding or merging practices, including many doctors in small practices who do not regard the model as sustainable in the future. There has been concern expressed by patients of small practices that this could lead to a less personal service.
- There is wide recognition of the need to streamline urgent care services but divided views on the relative value of the walk-in services.
- There is concern that some of the changes NHS Peterborough aims to see for urgent care will not happen – some practices will not improve their appointment access; despite communication patients will continue to attend the A&E department instead of more suitable options; reduced services at the Equitable Access Centre will lead to more A&E attendances.
- There is concern that new premises may not be delivered to time or budget.

NHS Peterborough gained a greater understanding of specific local issues:

- The extent of the problems for patient services created by premises at 63 Lincoln Road, North Street.

- The need for smaller scale premises changes in some practices.
- Importance of planning for population growth at Hampton.
- The extent of the problems for patients created by premises at Welland and the need for local access at Parnwell.

There are a number of examples where the views expressed in the pre-consultation process have led to changes in NHS Peterborough's plans for this consultation:

- All of the current options have been refined and developed as part of this pre-consultation work
- Patients and ward councillors in Parnwell all raised concerns about how people in Parnwell would access services if the larger combined practice was located in the Dogsthorpe area. The implementation plan for Parnwell has been adapted to ensure good access for the Parnwell community to primary care through developing a transport plan looking at the costs of running a community bus service. We are also exploring options for some outreach clinics in Parnwell such as flu jab clinics and baby immunisation clinics.
- Ward councillors, practices and Peterborough City Council have identified potential sites for possible relocation of North Street and 63 Lincoln Road practices.
- Ward councillors from central ward informed us that a viable option for this area must be located within the ward and not on the outskirts. This is now included in the planning for this area, we have set a distance of 0.25 miles from existing

practices for the redevelopment of a large practice in this area.

- The company who run the Alma Road Equitable Access Centre have worked with us to develop option 2 so that it now includes continuation of services for the Equitable Access Centre but with reduced hours for walk-in patients which reduces costs.
- A budget has been identified to fund extensions to existing premises for practices serving high need communities. This will support significantly increasing GP list sizes in those areas.
- We have worked closely with the urgent care providers in Peterborough to develop options that are viable, and affordable and offer the best quality of care for patients.
- GPs in the affected practices have worked with us to develop options that will resolve the issues they currently face with their premises. An example of this is 63 Lincoln Road where they can only run limited services due to the fact that some patients are unable to safely climb the stairs and their current building is not suitable to have a lift fitted. Once they have redeveloped premises they will be able to offer improved access to GPs and other services within the practice.

Further information

The full Business Case (available on our website www.peterborough.nhs.uk) has information on all the issues raised in this document, including more detailed facts and figures behind the options. If you would like a copy please visit our website or contact the involvement team using the contact details at the bottom of the main form.

This consultation has been drawn up in accordance with key consultation criteria and legal guidance as follows:

Cabinet Office Code of Practice on Consultations

The current Code of Practice was developed following a review of Government consultation practices in 2007. The Code consists of seven headline criteria and key points supporting each of these criteria:

1. When to consult
2. Duration of consultation exercises
3. Clarity of scope and impact
4. Accessibility of consultation exercises.
5. The burden of consultation
6. Responsiveness of consultation exercises
7. Capacity to consult

Find out more about Cabinet Office Code of Practice on consultations:

www.bis.gov.uk/policies/better-regulation/consultation-guidance/code-of-practice

Statutory Duties Section 242 and 244

The Local Government and Public Involvement in Health Act 2008 made provision to enhance and clarify sections 242 and 244 of the NHS Act 2006. The Act came into force on 1 April 2008.

All organisations working within the NHS have a statutory duty within the Act to involve patients and the public whether by consulting or providing with information, or in other ways as well as the overview and scrutiny committee (OSC).

Section 242 is the duty to involve users

Section 244 is the duty to involve OSC

These duties apply to:

- the planning and provision of services
- the development and consideration of proposals

for changes in the way those services are provided

- decisions to be made by that organisation affecting the operation of those services.

Find out more about section 242 and 244:

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081089

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_089787

Lansley Criteria for Significant Service Change

In May 2010, the Secretary of State for Health, Andrew Lansley, set four new tests that must be met before there can be any major changes to NHS services.

1. Support from GP Commissioners

NHS Peterborough has met with the GP practices directly affected by these proposals as part of the pre-consultation stage to discuss the proposals and listened to their feedback and any suggestions. NHS Peterborough has also discussed the proposals with the wider GP group and listened to feedback. NHS Peterborough has incorporated the views and viable suggestions from GPs into the consultation documents. NHS Peterborough will discuss the outcome of the consultation with GP leaders and will reflect their comments in its recommendation to the Board at the end of the consultation.

2. Clarity about the clinical evidence base underpinning the proposals

The National Clinical Advisory Team (NCAT) provide clinical assurance for major changes to healthcare. They have reviewed NHS Peterborough's draft proposals and support the strategy that NHS Peterborough is consulting on. NCAT report available on the NHS Peterborough website www.peterborough.nhs.uk

3. Arrangements for public and patient engagement should be strengthened

Ongoing arrangements for public and patient involvement will include:

- Patient involvement in the procurement process for the Minor Injury and Illness Unit and the primary care out of hours service.
- Regular review of practice performance on access with the Local Involvement Network.
- Ensuring all GP practices operate active patient involvement groups.
- Regular survey of patient understanding and use of urgent care services.

4. Develop and support patient choice

The strategy supports choice in primary care by additional patient information, ensuring availability of a range of sustainable practices achieving minimum quality and access standards, increasing choice of clinicians within practice at larger surgeries and increasing the range of services provided within general practice.

For urgent care, the system will be simpler to help patients access the appropriate service for their need and will allow more patients to receive treatment for their minor injuries in the city centre.

Find out more about reconfiguration criteria:

www.dh.gov.uk/en/MediaCentre/Pressreleases/DH_116290

Equality Impact Assessment (EIA)

NHS Peterborough has conducted an Equality and Impact Assessment in relation to any adverse impact our options may have on the six statutory groups. For a full copy of the EIA visit www.peterborough.nhs.uk

Your views on the vision for primary and urgent care in Peterborough



Your postcode

or organisation

Our vision for primary care in Peterborough is that every patient can register with a GP practice that is:

- caring
- accessible
- offering a wide range of services
- achieving high standards of care for patients.

To deliver this we need to commission from a range of providers who have multi-skilled, stable teams with sufficient capacity, and who operate from appropriate premises in the right locations. Overall the system needs to be affordable.

1. Do you support NHS Peterborough's vision for primary care (section 3) ?

Yes No Don't know

Comments: (If not please explain why or propose an alternative)

2. Do you support the specifics of NHS Peterborough's vision for primary care (section 3) ?

Moving away from smaller practices to medium to larger practices

Yes No Don't know

Ensuring we meet rising demand

Yes No Don't know

Ensuring that all premises are high quality and can meet the needs of local people

Yes No Don't know

Ensuring that services are affordable, stable and viable for the future

Yes No Don't know

Please explain why:

Our vision for urgent care is one where patients clearly understand where and how they can access urgent care services at the time they are needed. The services will be fully integrated and signpost patients to the service which is best able to meet their urgent care needs. The service patients experience is:

- caring
- accessible and
- achieving high standards of care

To achieve this requires clinical teams skilled in particular levels of urgent care, supported by diagnostics tests, operating efficiently from modern premises.

3. Do you support NHS Peterborough's vision for urgent care?

Yes No Don't know

Please explain why:

4. Do you support the specifics in the vision for urgent care (section 3) ?

Ensuring we avoid duplication in the provision of urgent care services

Yes No Don't know

The need to avoid minor injuries and primary care cases attending the hospital

Yes No Don't know

Making it easier for you to know where to go to get the service you need

Yes No Don't know

Ensuring that services are affordable, stable and viable for the future

Yes No Don't know

Please explain why:



5. Which is your preferred option to meet the primary care and urgent care requirements across the city?

Option 1

Yes No Don't know

Option 2

Yes No Don't know

Option 3

Yes No Don't know

Comments: (If no to all options please explain why and suggest any alternatives)

Are there any other proposals we should consider?

6. Do you support all of the changes in NHS Peterborough's preferred option?

Option 3

Yes No Don't know

Please explain why.

If no, which of the changes in the preferred option do you support?

Primary Care

New GP practice premises provided for 63 Lincoln Road Surgery and North Street, delivering practice vision.

Yes No Don't know

New GP practice premises in Dogsthorpe – bringing together three practices in the area, with special arrangements for the Parnwell community.

Yes No Don't know

Support Orton Bushfield Practice to expand to provide extra services from new practice premises, in Orton. Close the Orton Medical Practice and support patients to register at Orton Bushfield or an alternative practice.

Yes No Don't know

New GP practice premises at Hampton.
 Yes No Don't know

Burghley Road Surgery closed and patients supported to register with another local practice.
 Yes No Don't know

Urgent care
 City Care Centre – Walk-in Centre upgraded to become a Minor Illness and Injury Unit.
 Yes No Don't know

Equitable Access Centre at Alma Road closed and registered patients asked to register with another practice.
 Yes No Don't know

Please explain why:

7. Please provide any other comments that you wish to make?

If you have any further comments you would like to add please use the page opposite.

This form is anonymous, however if you would like more information or would like to be informed of the outcome of this consultation please provide us with:

Your name

Your contact details
 (email/phone/address)

You can return your comments to us in the following ways:

Using the internet www.peterborough.nhs.uk

By email involvement@peterboroughpct.nhs.uk

By post The Right Care at The Right Time Consultation, NHS Peterborough, 2nd Floor,
 Town Hall, Bridge St, Peterborough, PE1 1FA

By phone 01733 758500

Alternate formats

English If you would like information in another language or format please ask us.

Polish Jeżeli chciałby Państwo uzyskać informacje w innym języku lub w innym formacie, prosimy dać nam znać.

Portuguese Se deseja obter informação noutra idioma ou formato, diga-nos.

Urdu اگر آپ کو معلومات کسی دیگر زبان یا دیگر شکل میں درکار ہوں تو برائے مہربانی ہم سے پوچھئے۔

In accordance with data protection legislation your details will be used solely for the purposes of the Right Care at the Right Time Consultation.

Please use for further comments

43



Please use for further comments

8. Appendices



Appendix 1

Examples of which conditions would be seen where within our preferred option (option 3)

Conditions currently seen at Walk-in Centre which will continue to be seen at MIIU	Conditions currently seen at Walk-in Centre which will stop and be seen by your GP surgery	Additional conditions that MIIU will manage which are not currently seen at Walk-in Centre	Conditions to be managed at the Emergency Department
<p>Minor Injuries</p> <ul style="list-style-type: none"> • Minor burns and scalds • Minor head injuries • Muscle/joint injuries – sprains/strains • Animal bites • Minor eye injuries • Minor injuries to back, shoulder and chest • Cuts requiring steri-strips <p>Minor Illness</p> <ul style="list-style-type: none"> • Minor chest infections • Earache <p>Other</p> <ul style="list-style-type: none"> • Infected wounds • Sexual Health advice • Emergency Contraception/Morning After Pill 	<ul style="list-style-type: none"> • Removal of stitches • Wound dressing • Ear syringing • Blood tests • Coughs and colds • Sore throats 	<p>Minor Injuries</p> <ul style="list-style-type: none"> • Bruised joints that might require to rule out fractures • Arc eye (flare from sun, snow or welding) • Cuts requiring stitches <p>Minor illness</p> <ul style="list-style-type: none"> • Conjunctivitis • Water infections • Tonsillitis • Chronic ear conditions (such as Otitis) <p>Minor musculo-skeletal</p> <ul style="list-style-type: none"> • Back pain • Frozen shoulder • Inflamed, painful, swollen or stiff joints <p>Long term conditions</p> <p>Asthma, lung disease, diabetes</p> <p>Acute musculo-skeletal trauma</p> <ul style="list-style-type: none"> • Fractures • Joint injuries • Soft tissue injuries <p>Other</p> <ul style="list-style-type: none"> • Nosebleed • Allergic reactions • Eczema • Removal of foreign bodies 	<ul style="list-style-type: none"> • Substance misuse • Anything cardiac in nature – arrest, failure, chest pain, angina <p>Major Injuries</p> <ul style="list-style-type: none"> • Amputations • Dislocations • Tendon rupture/open fractures • Gunshot wounds • Haemorrhage <p>Long-Term Conditions complications</p> <ul style="list-style-type: none"> • Hypoglycaemia - too much insulin (patients with diabetes) <p>Gynae/Maternity</p> <ul style="list-style-type: none"> • Pregnancy – ectopic • Abortions • Premature birth <p>Mental Health</p> <ul style="list-style-type: none"> • Attempted suicide • Schizophrenia

Appendix 2

Practice details

2.1 Practices with less than 4,000 registered patients (list size)

Practice	Comment
Orton Bushfield	
Orton Medical Practice	Care taker arrangements pending outcome of consultation
Dogsthorpe	Contract in place until April 2014
Parnwell	Care taker arrangements pending outcome of consultation
Burghley Road	Contract in place until April 2014
Minister Medical	
Huntly Grove	
Alma Road	Contract in place until April 2014
Thorpe Road	
Grange	
Hodgson	

2.2 If the three smaller practices referred to in this document close as per our preferred option, this table shows the alternatives open to patients.

Practice potentially closing	Alma Rd	Burghley Rd	Orton Medical
Alternative practices near by	Millfield Medical Centre Thomas Walker Surgery Huntly Grove Minster Medical Park Medical Church St (branch of Welland surgery) Thistlemoor 63 Lincoln Rd North St	Park Medical Church St (branch of Welland surgery) Thomas Walker Surgery Huntly Grove Minster Medical Millfield Medical Centre Thistlemoor 63 Lincoln Rd North St	Orton Bushfield Nene Valley

9. Glossary

NHS Peterborough (NHS Peterborough) is the primary care trust for Peterborough. Our role is to plan and buy health and adult social care services for people in Peterborough and we are allocated a budget by the Department of Health and Peterborough City Council each year for this.

We buy and oversee primary care services (GPs, dentists, pharmacists and opticians), secondary care services such as hospitals and mental health services, and directly provide health and adult social services in the community such as district nursing and home care. We also fund, buy and oversee other specialist treatments and adult social care from providers in the independent sector.

Peterborough and Stamford Hospitals Trust is the main provider for secondary care services, also known as acute care services for the Peterborough area. They manage two hospitals, Peterborough City Hospital and Stamford and Rutland Hospital

Urgent Care refers to the range of services that are provided to people who need urgent advice, care, or treatment outside of local GP practice opening hours. If left untreated symptoms or conditions that require urgent care may become life-threatening within a short space of time. Urgent care services also includes services that respond to life-threatening conditions and accidents. Urgent care services include the GP out of hours service and the two walk-in centres.

Primary Care refers to services provided by GP practices, dental practices, community pharmacies and high street opticians. Around 90 per cent of people's contact with the NHS is with these services: This strategy focuses on primary medical services – services provided by GP practices.

Any condition or symptom that will not become life-threatening within a short space of time should be seen first by a primary care provider. This primary care provider can then refer you to secondary care to receive further retreatment if necessary.

Secondary Care or acute care refers to the services provided by Peterborough and Stamford Hospitals Foundation Trust. You would normally need an appointment for these services which is arranged for you by your GP or other primary health care provider. This is also known as a referral to secondary care.

Walk-in Centre refers to services to treat minor and simple health concerns that are provided without the need of an appointment. These are currently provided at the City Care Centre by a nurse-led team additional training and skills including minor illness management. Also, the equitable access centre at Alma Road, which is a GP-led primary care team.

Emergency Department (A&E) refers to services that are provided at Peterborough City Hospital to treat life-threatening and very serious illnesses and injuries. You do not need an appointment or to be referred to access these services.

GP Out of Hours refers to services provided by GPs to deal with serious illnesses and injuries outside of normal GP practice opening hours. This would normally be between 6.30pm and 8am in the week and all the time at weekends. You would need to telephone this service to arrange to be seen by an out of hours GP or nurse at the centre or a home visit.

NHS Constitution 2009

This consultation supports your rights as a patient under the NHS Constitution as it will improve the quality of primary and urgent care services.

Our proposals, if implemented, will improve the quality of care offered as it will increase the range of services available to patients from a number of GP practices. Currently the range of services available to patients is limited by premises that are increasing stretched and not up to current standards. Therefore these proposals, if implemented, will improve the environment in which those services are offered for a substantial number of patients across the city.

This consultation supports your right as a patient to be involved in the decision-making process for healthcare services.



Alternate formats

English

If you would like this information in another language or format please ask us.

Polish

Jeżeli chcieliby Państwo uzyskać informacje w innym języku lub w innym formacie, prosimy dać nam znać.

Portuguese

Se deseja obter informação noutra idioma ou formato, diga-nos.

Urdu

اگر آپ کو معلومات کسی دیگر زبان یا دیگر شکل میں درکار ہوں تو برائے مہربانی ہم سے پوچھئے۔

☎ 01733 758500

✉ NHS Peterborough, 2nd Floor, Town Hall,
Peterborough, PE1 1FA.

The Right Care at the Right Time

Seeking your views on the Primary Care and Urgent Care Commissioning Strategies for Peterborough.

5pm 18 May 2011 - 5pm 18 August 2011

NHS
Peterborough

SCRUTINY COMMISSION FOR HEALTH ISSUES	Agenda Item No. 6
14 JUNE 2011	Public Report

Report of the Solicitor to the Council

Report Author – Paulina Ford, Senior Governance Officer, Scrutiny

Contact Details – 01733 452508 or email paulina.ford@peterborough.gov.uk

REVIEW OF WORK UNDERTAKEN IN 2010-2011 AND WORK PROGRAMME FOR 2011-2012

1. PURPOSE

- 1.1 To provide the Commission with a review of the work undertaken during 2010/11 and to develop a work programme for 2011/12.

2. RECOMMENDATIONS

- 2.1 That the Commission considers the 2010-2011 year in review and makes recommendations on the future monitoring of these items where necessary; and
- 2.2 That the Commission determines its priorities, and prepares a work programme, for the forthcoming year.

3. REVIEW OF 2010/11

- 3.1 The Scrutiny Commission for Health Issues was established by Council at its annual meeting on 18 May 2009. During the year 2010/2011 the Scrutiny Commission for Health Issues considered the following issues:

- Proposals for Neonatal Services – Joint Committee
- NHS Peterborough Turnaround Plan
- Quarterly Performance Report on Adult Social Care Services in Peterborough
- Transforming Community Services – Future of the PCT Provider Arm
- Closure of Millfield Surgery
- Cessation of the Comprehensive Area Assessment
- Walk-In Services
- NHS Peterborough Budgetary Monitoring – 2009/10 Outturn
- Peterborough Safeguarding Adults – Quarterly Report
- Draft Protocol Between the Scrutiny Commission for Health Issues and the Peterborough Local Involvement Network (LINK)
- Future of Services at the Alma Road Primary Care Centre
- Changes to NHS Estates
- Health White Paper
- Lower Endoscopy Procurement Service
- Provision of Contraceptive and Sexual Health Services
- Peterborough Local Involvement Network
- Progress of Teenage Pregnancy
- Update on Safe Sharp Disposal Bins
- Budget 2011/12 and Medium Term Financial Plan
- Review of Emergency Care Services
- Charging Policy Review
- Adult Social Care – Performance Assessment Outcome
- Review of Day Services

- Peterborough Safeguarding Adults – Quarterly Report

3.2 For the information of the Commission copies of the recommendations made during the year are attached at Appendix 1.

4. WORK PROGRAMME 2011/12

4.1 The Commission is asked to consider the work undertaken during 2010-2011 and make recommendations on the future monitoring of any of these items where necessary.

4.2 In preparing a work programme for 2010-2011, the Commission is requested to consider its functions as set out in the terms of reference:

- To discharge overview and scrutiny functions, including call-in, in relation to any area within the remit of the Scrutiny Committees which has potential for significant impact on the health of the communities of Peterborough.
- Hold the Executive to account for the discharge of functions in the following ways:
 - by exercising the right to call-in, for reconsideration, decisions made but not yet implemented by the Executive or key decisions which have been delegated to an officer
 - by scrutinising Key Decisions which the Executive is planning to take, as set out in the Forward Plan
 - by scrutinising Executive decisions after they have been implemented, as part of a wider policy review
- To review and scrutinise the planning, decisions, policy development, service provision and performance relating to the following service areas:
 - Adult Social Care
 - Public Health
 - Safeguarding Adults
 - Scrutiny of the NHS
- To scrutinise the agencies, mechanisms and processes involved in delivering services which have an impact on the health of communities.
- To contribute to the development of policies, strategies and plans in relation to the delivery of health services.
- To establish time limited working groups to undertake specific enquiries.
- To undertake all of the Council's statutory functions in accordance with section 244 of the National Health Service Act 2006, to review and scrutinise matters relating to the health service within the Council's area and to make reports and recommendations to local NHS bodies. This will include appointing members, from within the membership of the Commission, to any joint health overview and scrutiny committees with other local authorities.
- To consider any appeals from petition organisers who are not satisfied with the outcome of the Council's consideration of their petition.

4.3 In accordance with the constitution, the Commission is reminded that the following items are designated as 'excluded matters' and may not be included on any agenda:

- a) Any matter relating to a licensing or planning decision;
- b) Any matter relating to an individual body where there is already a statutory right to a review or appeal (other than the right to complain to the Local government Ombudsman); and

c) Any matter which is vexatious, discriminatory or not reasonable to be included on the agenda for, or to be discussed at, a meeting of the Commission.

4.4 A draft work programme which shows the items which are currently scheduled along with items carried over from last year is attached at Appendix 2.

5. BACKGROUND DOCUMENTS

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

5.1 Minutes of the meetings of the Scrutiny Commission for Health Issues held on: 14 June, 19 July, 3 August, 13 September, 8 November 2010, 6 January, 17 January, and 14 March 2011.

6 Appendices

6.1 Appendix 1 - Recommendations made during 2010/2011

Appendix 2 – Draft Work Programme 2011/12

This page is intentionally left blank

ITEM	RECOMMENDATION	REFERRED TO	RESPONSE
<p>Meeting 19 July 2010</p> <p>Walk In Services</p>	<p>(i) The consultation document is revised to incorporate the additional information highlighted by the Scrutiny Commission and to reflect their comments.</p> <p>(ii) That the revised consultation document be submitted to members of the Commission before being sent out for further consultation within two weeks of the date of the meeting.</p>	<p>NHS Peterborough</p>	<p>NHS Peterborough would like to thank the Commission for its consideration of the consultation document which they believe is an improved document as a result of the scrutiny discussion. The document has been amended, in particular they have:</p> <ul style="list-style-type: none"> • Added extensive details on each GP surgery • Made further updates to the numbers • Made further wording changes to avoid ambiguity <p>They have also taken on board views in relation to the length of the consultation and have extended the consultation period accordingly. As previously suggested a progress update will be made to the September Health Scrutiny Commission meeting.</p> <p>They are keen to meet with members of the Health Scrutiny Commission during the consultation to ensure they take on board any further suggestions you</p>

ITEM	RECOMMENDATION	REFERRED TO	RESPONSE
			<p>may have for how the public can be engaged in this consultation.</p> <p>NHS Peterborough will now be proceeding with the consultation which is particularly important having now extended the consultation period.</p>
<p>Meeting 3 August 2010</p> <p>Future of Services at Alma Road Primary Care Centre</p>	<p>(i) that the consultation on the future of services at the Alma Road Primary Care Centre does not go ahead at this time and that NHS Peterborough return to the Scrutiny Commission in September with detailed information on the other GP practices in the area including patient numbers, services provided and the condition of the estate; and</p> <p>(ii) that NHS Peterborough facilitate discussion amongst the other GP practices to see if arrangements and savings could be made by possibly sharing accommodation with the Alma Road Primary Care Centre.</p>	<p>NHS Peterborough</p>	<p>NHS Peterborough would like to thank the Commission for its consideration of the consultation document which they believe is an improved document as a result of the scrutiny discussion. The document has been amended, in particular they have:</p> <ul style="list-style-type: none"> • Added extensive details on each GP surgery • Made further updates to the numbers • Made further wording changes to avoid ambiguity <p>They have also taken on board views in relation to the length of the consultation and have extended the consultation period accordingly. As previously suggested a progress update will be made to</p>

ITEM	RECOMMENDATION	REFERRED TO	RESPONSE
			<p>the September Health Scrutiny Commission meeting.</p> <p>They are keen to meet with members of the Health Scrutiny Commission during the consultation to ensure they take on board any further suggestions you may have for how the public can be engaged in this consultation.</p> <p>NHS Peterborough will now be proceeding with the consultation which is particularly important having now extended the consultation period.</p>
<p>Meeting 13 September 2010</p> <p>Provision of Contraceptive and Sexual Health Services for Young People</p>	<p>That NHS Peterborough be advised that the Scrutiny Commission for Health Issues does not support the decision to withdraw funding for the pharmacy based sexual health programme and that they look again at ways for the programme to be continued.</p>	<p>NHS Peterborough</p>	<p>The programme is now under review with stakeholders led by Cheryl McGuire (Public Health Specialist – Sexual Health) and Rita Bali, who represents the Local Pharmacy Committee (LPC). The review process is now almost complete and the conclusions of the review will be available by the next Scrutiny Commission. The review will provide recommendations to NHS Peterborough for the future delivery of the programme.</p>

ITEM	RECOMMENDATION	REFERRED TO	RESPONSE
<p>Meeting 8 November 2010</p> <p>Progress on Teenage Pregnancy</p>	<p>That the Cabinet Member for Children’s Services, Executive Director of Children’s Services and Chief Executive of NHS Peterborough are recommended by the Scrutiny Commission for Health Issues that following the end of the National Teenage Pregnancy Strategy:</p> <p>(i) tackling teenage pregnancy remains one of the Council’s and NHS Peterborough’s named priorities and should be included in appropriate strategic plans; and</p> <p>(ii) funding is identified to maintain levels of service provision and enable innovative ways of working to be continued to tackle this difficult issue.</p>	<p>NHS Peterborough and Cabinet Member for Children's Services and Executive Director of Children's Services</p>	<p>Response received from Dr. Paul Zollinger-Read on 6 December 2010. Attached at Appendix a.</p>
<p>Meeting 17 January 2011</p> <p>Adult Social Care Charging Policy Review</p>	<p>Following consideration of the Charging Policy Review, the Scrutiny Commission for Health Issues expressed concerns:</p> <p>(a) at the size of the proposed increases in some charges; and</p> <p>(b) that there was no information available on the impact of the proposed increased charges on service users.</p>	<p>Cabinet Member for Health and Adult Social Care and Executive Director of Adult Social Services</p>	<p>Implement charges for all new users of community care services in line with the guidance issued by the Department of Health Fairer Contribution Guidance. Propose to gradually increase existing users charges where applicable over an approach to be phased in over the next three years.</p>

Direct Dial: 01733 758470
Email: paul.zollinger-read@cambridgeshire.nhs.uk
Our Ref: PZR/SKS/pzr6dec2010
Your Ref: LT/SCHI-081110
6 December 2010

2nd Floor
Town Hall
PETERBOROUGH
PE1 1FA
Tel: 01733 758500
Fax: 01733 758555

Louise Tyres
Scrutiny Manager
On behalf of the Scrutiny Commission for Health Issues
Democratic Services
Chief Executive's Department
Town Hall
Bridge Street
Peterborough
PE1 1HG

Dear Louise

SCRUTINY COMMISSION FOR HEALTH ISSUES – PROGRESS ON TEENAGE PREGNANCY

Thank you for your letter requesting a response to recommendations made by the Scrutiny Commission concerning the future commitment of this organisation to address teenage pregnancy within our strategic priorities, service provision and sustainable funding.

NHS Peterborough will continue to prioritise teenage pregnancy as part of its Public Health priorities. Teenage pregnancy is incorporated within our Healthy Lifestyles agenda addressing the multiple key issues impacting on the health of vulnerable young people. Teenage Pregnancy is also incorporated within the enhanced work we are commissioning with the Healthy Schools Partnership, where secondary schools will have the choice to offer Sexual Health as a priority, in addition to their core SRE Programme. The Health Trainer Service is delivered across Peterborough providing one to one support to vulnerable young people and adults to assist them in accessing core services.

NHS Peterborough will continue to commission core sexual health services that include specific work with vulnerable young people to support them to make informed decisions. This includes the Contraceptive and Sexual Health (CaSH) service, which delivers comprehensive sexual health provision, including training to GPs and health practitioners to increase access in primary care to Long Acting Reversible Contraception (LARC). This is an evidence-based intervention shown to impact significantly on teenage pregnancy rates.

The increased capacity and focus on young people within GP surgeries will enable young people across the city to access contraception and sexual health information more easily. The Contraceptive Sexual Health Nurse, who has remit to prevent second pregnancies, will continue to work with girls under 18 who are at risk of further pregnancy. In addition, the outreach programme which focuses on identifying the most vulnerable young people in schools, colleges and alternative locations will deliver their interventions alongside the C-Card condom scheme, which offers free condoms to young people under 25.

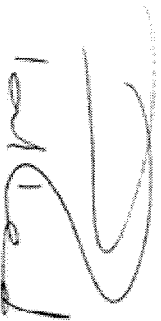


NHS Peterborough works very closely with the City Council and will strive to ensure that teenage pregnancy will be maintained as high priority through joint partnership agendas.

Finally, I have asked Sue Mitchell to undertake a review of the recently completed teenage pregnancy and sexual health needs assessments and a review of service provision in order to ensure that we are delivering the best quality targeted services for young people.

I hope this response will reassure members of our commitment to the health of young people and to reducing under 18 conceptions. However, if the Commission has any further queries, please do not hesitate to contact me again.

Yours sincerely



Dr Paul Zollinger-Read
Chief Executive

cc Dr Andy Liggins, Director of Public Health

**SCRUTINY COMMISSION FOR HEALTH ISSUES
WORK PROGRAMME 2011/12**

Meeting Date	Item	Progress
14 June 2011 <i>Draft report 3 June</i> <i>Final report 27 May</i>	Primary Care and Urgent Care Review To be consulted on the Primary Care and Urgent Care Review and make any recommendations. Contact Officer: Peter Wightman, NHS Peterborough	
19 July 2011 <i>Draft report 1 July</i> <i>Final report 8 July</i>	Review of the Provision of Contraceptive and Sexual Health Services To consider the review of the provision of contraceptive and sexual health services. Contact Officer: Sue Mitchell/Cheryl. McGuire, NHS Peterborough	
	Quarterly Performance Report on Adult Social Care Services in Peterborough To scrutinise the performance on adult social care services and make any appropriate recommendations. Contact Officer: Tina Hornsby, NHS Peterborough	
	Review of Day Services To consider and scrutinise the review of day services. Contact Officer: Jacqueline Hanratty, NHS Peterborough	
	QIPP (Quality, Innovation, Productivity and Prevention) Plan To receive a report on the new Quality Innovation Productivity and Prevention Plan which lays out the system wide work over the next four years to deliver significant quality improvement in the context of the financial pressures on the health system. Contact Officer: Russ Platt, Interim Chief Operating Officer, NHS Peterborough	

Meeting Date	Item	Progress
	<p>Peterborough Safeguarding Adults – Quarterly Report To scrutinise the latest Safeguarding Adults quarterly report. Contact Officer: Denise Radley</p>	
<p>13 September 2011 <i>Draft report 26 August</i> <i>Final report 2 Sept</i></p>	<p>Evaluation of the NACRO Young Men’s Project To scrutinise the evaluation of the NACRO Young Men’s Project. Contact Officer: Sherry Peck</p>	
<p>15 November 2011 <i>Draft report 28 Oct</i> <i>Final report 4 Nov</i></p>	<p>Quarterly Performance Report on Adult Social Care Services in Peterborough To scrutinise the performance on adult social care services and make any appropriate recommendations. Contact Officer: Tina Hornsby, NHS Peterborough</p> <p>Peterborough Safeguarding Adults – Quarterly Report To scrutinise the latest Safeguarding Adults quarterly report. Contact Officer: Denise Radley</p>	
<p>5 January 2012 (Joint Meeting of the Scrutiny Committees and Commissions)</p>	<p>Budget 2012/13 and Medium Term Financial Plan To scrutinise the Executive’s proposals for the Budget 2011/12 and Medium Term Financial Plan. Contact Officer: John Harrison/Steven Pilsworth</p>	
<p>17 January 2012 <i>Draft report 30 Dec</i></p>		

Meeting Date	Item	Progress
<i>Final report 6 Jan</i>		
13 March 2012	Quarterly Performance Report on Adult Social Care Services in Peterborough	
<i>Draft report 24 Feb</i> <i>Final report 2 March</i>	To scrutinise the performance on adult social care services and make any appropriate recommendations. Contact Officer: Tina Hornsby, NHS Peterborough	
	Peterborough Safeguarding Adults – Quarterly Report To scrutinise the latest Safeguarding Adults quarterly report. Contact Office: Denise Radley	

TO BE PROGRAMMED

Item	Comments
Mental Health Trust – Inpatient Services To consider inpatient services at the Mental Health Trust. Contact Officer: Cathy Mitchell, NHS Peterborough	Rolled forward from 2010/11
Hospital Paediatric Services - Service Redesign To consider the service redesign of hospital paediatric services. Contact Officer: Paula South/Julian Base, NHS Peterborough	Rolled forward from 2010/11
Quality of Care Homes in the City To consider the quality of the care homes in the City, including dementia care. Contact Officer: TBC	Agreed at meeting held on 14 March 2011
Teenage Pregnancy Update	
Peterborough and Stamford Trust – Update (Jane Pigg)	Consider meeting at hospital

This page is intentionally left blank

SCRUTINY COMMISSION FOR HEALTH ISSUES	Agenda Item No. 7
14 JUNE 2011	Public Report

Report of the Solicitor to the Council

Report Author – Paulina Ford, Senior Governance Officer, Scrutiny

Contact Details – 01733 452508 or email paulina.ford@peterborough.gov.uk

FORWARD PLAN OF KEY DECISIONS – 1 JUNE TO 30 SEPTEMBER 2011

1. PURPOSE

- 1.1 This is a regular report to the Scrutiny Commission for Health Issues outlining the content of the Council's Forward Plan.

2. RECOMMENDATIONS

- 2.1 That the Commission identifies any relevant items for inclusion within their work programme.

3. BACKGROUND

- 3.1 The latest version of the Forward Plan is attached at Appendix 1. The Plan contains those key decisions, which the Leader of the Council believes that the Cabinet or individual Cabinet Member(s) will be making over the next four months.
- 3.2 The information in the Forward Plan provides the Commission with the opportunity of considering whether it wishes to seek to influence any of these key decisions, or to request further information.
- 3.3 If the Commission wished to examine any of the key decisions, consideration would need to be given as to how this could be accommodated within the work programme.

4. CONSULTATION

- 4.1 Details of any consultation on individual decisions are contained within the Forward Plan.

5. BACKGROUND DOCUMENTS

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

None

6. APPENDICES

Appendix 1 – Forward Plan of Executive Decisions

This page is intentionally left blank

**PETERBOROUGH CITY
COUNCIL'S FORWARD PLAN
1 JUNE 2011 TO 30 SEPTEMBER 2011**

FORWARD PLAN OF KEY DECISIONS - 1 JUNE 2011 TO 30 SEPTEMBER 2011

During the period from 1 June 2011 To 30 September 2011 Peterborough City Council's Executive intends to take 'key decisions' on the issues set out below. Key decisions relate to those executive decisions which are likely to result in the Council spending or saving money in excess of £500,000 and/or have a significant impact on two or more wards in Peterborough.

This Forward Plan should be seen as an outline of the proposed decisions and it will be updated on a monthly basis. The dates detailed within the Plan are subject to change and those items amended or identified for decision more than one month in advance will be carried over to forthcoming plans. Each new plan supersedes the previous plan. Any questions on specific issues included on the Plan should be included on the form which appears at the back of the Plan and submitted to Alex Daynes, Senior Governance Officer, Chief Executive's Department, Town Hall, Bridge Street, PE1 1HG (fax 01733 452483). Alternatively, you can submit your views via e-mail to alexander.daynes@peterborough.gov.uk or by telephone on 01733 452447.

The Council invites members of the public to attend any of the meetings at which these decisions will be discussed and the papers listed on the Plan can be viewed free of charge although there will be a postage and photocopying charge for any copies made. All decisions will be posted on the Council's website: www.peterborough.gov.uk. If you wish to make comments or representations regarding the 'key decisions' outlined in this Plan, please submit them to the Governance Support Officer using the form attached. For your information, the contact details for the Council's various service departments are incorporated within this plan.

NEW ITEMS THIS MONTH:

Key Theatre - Phase 3 Extension - KEY/07JUN/11
Termination of Transitions Contract - KEY/08JUN/11
Peterborough Preliminary Flood Risk Assessment (PFRA) - KEY/09JUN/11
Extension of Home to School Contracts - KEY/10JUN/11
Energy Supply Company (ESCO) - KEY/11JUN/11
Local authority Mortgage Scheme - KEY/12JUN/11
Orton Longueville School and Stanground College - KEY/13JUN/11
Manor Drive Managed Service – Procurement through the Services Competitive Dialogue Process - KEY/01SEP/11
Single Equality Scheme - KEY/02SEP/11

JUNE

KEY DECISION REQUIRED	DATE OF DECISION	DECISION MAKER	RELEVANT SCRUTINY COMMITTEE	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	REPORTS
<p>Delivery of the Council's Capital Receipt Programme through the Sale of Land and Buildings - Vawser Lodge Thorpe Road - KEY/04DEC/10</p> <p>To authorise the Chief Executive, in consultation with the Solicitor to the Council, Executive Director – Strategic Resources, the Corporate Property Officer and the Cabinet Member Resources, to negotiate and conclude the sale of Vawser Lodge</p>	<p>June 2011</p>	<p>Cabinet Member for Resources</p>	<p>Sustainable Growth</p>	<p>Consultation will take place with the Cabinet Member, Ward councillors, relevant internal departments & external stakeholders as appropriate</p>	<p>Sandra Neely Temp Capital Projects Officer Tel: 01733 384541 sandra.neely@peterborough.gov.uk</p>	<p>A public report will be available from the governance team one week before the decision is taken</p>

<p>Security Framework Contract - lot 2 - KEY/09DEC/10 Award lot 2 of framework contract; cash collection and cash in transit services, delivering services for the council such as collecting cash from parking meters and banking it securely.</p>	June 2011	Cabinet Member for Resources	Sustainable Growth	Internal and external stakeholders as appropriate	Matthew Rains P2P Manager Tel: 01733 317996 matthew.rains@peterborough.gov.uk	A public report will be available from the governance team one week before the decision is made
<p>Section 75 Variation 2011-12 - KEY/08FEB/11 To extend the existing partnership agreement under the National Health Act 2006 to pool funding from NHS Peterborough and PCC to commission drugs services by one year.</p>	June 2011	Cabinet Member for Community Cohesion and Safety	Strong and Supportive Communities	Internal and external partners	Karen Kibblewhite Safer Peterborough Manager - Cutting Crime Tel: 01733 864122 karen.kibblewhite@peterborough.gov.uk	A public report will be available from the Governance Team one week before the decision is taken
<p>Refuse Derived Fuel - KEY/09FEB/11 To amend existing contract to enter into a 1 year agreement with HW Martin Waste Ltd to send material to Refuse Derived Fuel Facility</p>	June 2011	Deputy Leader and Cabinet Member for Culture, Recreation and Strategic Commissioning	Environment Capital	Internal and external stakeholders as appropriate	Amy Nebel Recycling Contracts Officer Tel: 01733 864727 amy.nebel@peterborough.gov.uk	A public report will be available from the Governance Team one week before the decision is taken

<p>Section 75 Agreements with Cambridgeshire Community Services, NHS Peterborough and Cambridge & Peterborough Foundation Trust - KEY/12FEB/11 Approval of s.75 Agreements with Cambridgeshire Community Services for the provision of Adult Social Care; with NHS Peterborough for the provision of Learning Disability Services; and with Cambridge & Peterborough Foundation Trust for the provision of mental health services.</p>	June 2011	Cabinet Member for Adult Social Care	Health Issues	Relevant internal and external Stakeholders	Denise Radley Executive Director of Adult Social Services Tel: 01733 758444 denise.radley@peterborough.gov.uk	A public report will be available from the Governance Team one week before the decision is taken.
<p>Bayard Place - replacement of air-conditioning system (legislative works) - KEY/03MAR/11 To authorise the award of the contract for the replacement of the air-conditioning system at Bayard Place</p>	June 2011	Cabinet Member for Resources	Sustainable Growth	Consultation will take place with relevant internal stakeholders as appropriate	Steven Morris Partnership & Procurement Commissioning Manager Tel: 01733 384657 steven.morris@peterborough.gov.uk	A public report will be available from the governance team one week before the decision is taken

<p>Adult Drug Treatment Plan 2011-2014 - KEY/04MAR/11 To approve the plan.</p>	June 2011	<p>Cabinet Member for Community Cohesion and Safety</p>	Strong and Supportive Communities	Safer Peterborough Partnership Board; SPP Delivery Board; SPP Adult Joint Commissioning Group for Drugs; local service providers; and the local service user group, SUGA	<p>Karen Kibblewhite Safer Peterborough Manager - Cutting Crime Tel: 01733 864122 karen.kibblewhite@peterborough.gov.uk</p>	<p>A public report will be available from the Governance Team one week before the decision is taken</p>
<p>Social Work Practice Pilot - KEY/01APR/11 Agree arrangements for the procurement and provision of Social Work Practice Pilots for children in care.</p>	June 2011	<p>Cabinet Member for Children's Services</p>	Creating Opportunities and Tackling Inequalities	Social work staff; children in care; corporate parenting panel members and Trade Unions	<p>Andrew Brunt Assistant Director - Families and Communities andrew.brunt@peterborough.gov.uk</p>	<p>A public report will be available from the Governance Team one week before the decision is made.</p>
<p>Discovery Primary School Extension - KEY/03APR/11 To authorise the award of the contract for the extension to Discovery Primary School.</p>	June 2011	<p>Cabinet Member for Education, Skills and University</p>	Creating Opportunities and Tackling Inequalities	Consultation will take place with relevant internal stakeholders as appropriate.	<p>Alison Chambers Asset Development Officer alison.chambers@peterborough.gov.uk</p>	<p>A public report will be available from the governance team one week before the decision is taken.</p>

<p>Extension of Organic Waste Composting Contract (Garden Waste) - KEY/04APR/11 Approval to extend the current contract for organic waste composting with Organic Recycling Ltd for 1 year</p>	June 2011	<p>Deputy Leader and Cabinet Member for Culture, Recreation and Strategic Commissioning</p>	Environment Capital	Consultation will take place with relevant internal stakeholders as appropriate.	<p>Amy Nebel Recycling Contracts Officer Tel: 01733 864727 amy.nebel@peterborough.gov.uk</p>	<p>A public report will be available from the Governance team one week before the decision is taken.</p>
<p>Welland Primary School - KEY/01MAY/11 To vary the Ormiston Bushfield Academy (OBA) Design and Build Contract with Kier Eastern to allow for the design and build of Welland Primary School.</p>	June 2011	<p>Cabinet Member for Education, Skills and University</p>	Creating Opportunities and Tackling Inequalities	Executive Director Children Services, Executive Director Resources, Solicitor to the Council, Ward Councillors	<p>Brian Howard PFI Project Manager Tel: 01733 863976 brian.howard@peterborough.gov.uk</p>	<p>A public report will be available from the Governance Team one week before the Decision is taken.</p>
<p>Museum Redevelopment Project - part 2 - KEY/02MAY/11 To approve the contract award for the fit-out and exhibition display element of the redevelopment works</p>	June 2011	<p>Deputy Leader and Cabinet Member for Culture, Recreation and Strategic Commissioning</p>		Consultation will take place with relevant internal stakeholders as appropriate	<p>Steven Pilsworth Head of Strategic Finance Tel: 01733 384564 Steven.Pilsworth@peterborough.gov.uk</p>	<p>A public report will be available from the Governance Team one week before the decision is taken</p>

<p>Opportunity Peterborough Business Plan - KEY/01JUN/11 To endorse the Opportunity Peterborough Business Plan.</p>	June 2011	Cabinet	Sustainable Growth	All relevant stakeholders as appropriate.	Gillian Beasley Chief Executive Tel: 01733 452302 gillian.beasley@peterborough .gov.uk	A public report will be available from the Governance Team one week before the decision is taken.
<p>Refresh of the Statement of Community Involvement (SCI) and links to Neighbourhood Plans and Community Action Plans - KEY/02JUN/11 To agree draft revised SCI and issue it for public consultation</p>	June 2011	Cabinet	Sustainable Growth	Internal as appropriate leading up to Cabinet, then public consultation on the draft revised SCI after Cabinet consideration.	Richard Kay Policy and Strategy Manager richard.kay@peterborough.go v.uk	A public report will be available from the Governance Team one week before the decision is taken.
<p>Village Design Supplementary Planning Document - KEY/03JUN/11 To adopt the Design and Development in Selected Rural Villages SPD</p>	June 2011	Cabinet	Sustainable Growth / Rural Communities	Internal and External as appropriate	Richard Kay Policy and Strategy Manager richard.kay@peterborough.go v.uk	A public report will be made available from the governance team one week before the decision is made

<p>Draft Housing Strategy - KEY/04JUN/11 To approve the draft Housing Strategy 2011-2014 for the purposes of public consultation.</p>	June 2011	Cabinet	Strong & Supportive Communities	Internal and External as appropriate	Richard Kay Policy and Strategy Manager richard.kay@peterborough.gov.uk	A public report will be made available from the governance team one week before the decision is made.
<p>Minerals and Waste: The Location and Design of Waste Management Facilities Supplementary Planning Document - KEY/05JUN/11 To adopt the Location and Design of Waste Management Facilities SPD.</p>	June 2011	Cabinet	Sustainable Growth	Internal and External as appropriate	Richard Kay Policy and Strategy Manager richard.kay@peterborough.gov.uk	A public report will be made available from the governance team one week before the decision is made.

<p>Collaboration agreement with Registered Providers of Affordable Housing - KEY/06JUN/11 Authorise the Chief Executive in consultation with the Cabinet member for Growth, Strategic Planning and Economic Development and the Cabinet member for Housing, Neighbourhoods and Planning to negotiate final terms allowing the Council to enter into a non-binding collaboration agreement with Register Providers of Affordable Housing</p>	June 2011	<p>Cabinet Member for Housing, Neighbourhoods and Planning</p>	Strong and Supportive Communities	Internal and External Stakeholders as appropriate	<p>Andrew Edwards Head of Peterborough Delivery Partnership Tel: 01733 452303 andrew.edwards@peterborough.gov.uk</p>	<p>A public report will be available from the governance team one week before the decision is taken.</p>
<p>Key Theatre - Phase 3 Extension - KEY/07JUN/11 To award the contract for the extension to house the following:- changing rooms, office accommodation, storage, rehearsal area and rewire to original building.</p>	June 2011	<p>Deputy Leader and Cabinet Member for Culture, Recreation and Strategic Commissioning</p>	Strong and Supportive Communities	With Vivacity, Enterprise and City Council officers	<p>Steven Morris Partnership & Procurement Commissioning Manager Tel: 01733 384657 steven.morris@peterborough.gov.uk</p>	<p>A public report will be available from the Governance Team one week before the decision is taken.</p>
<p>Termination of Transitions Contract - KEY/08JUN/11 To terminate the transitions contract due to budget constraints - the total contract value is over £500k.</p>	June 2011	<p>Cabinet Member for Children's Services</p>	Creating Opportunities and Tackling Inequalities	Consultation has been carried out with the Assistant Director for Education & Resources, Legal Services and the 8-19 service.	<p>Jonathan Lewis Assistant Director - Resources, Commissioning and Performance jonathan.lewis@peterborough.gov.uk</p>	<p>A public report will be available from the Governance Team one week before the decision is taken</p>

<p>Peterborough Preliminary Flood Risk Assessment (PFRA) - KEY/09JUN/11 To approve the Preliminary Flood Risk Assessment</p>	June 2011	Cabinet	Sustainable Growth	Relevant stakeholders.	Richard Kay Policy and Strategy Manager richard.kay@peterborough.gov.uk	A public report will be available from the Governance Team one week before the decision is taken.
<p>Extension of Home to School Contracts - KEY/10JUN/11 To extend the current home to school contracts.</p>	June 2011	Cabinet Member for Education, Skills and University	Creating Opportunities and Tackling Inequalities	Internal departments as appropriate.	Cathy Summers Team Manager - Passenger Transport Contracts and Planning cathy.summers@peterborough.gov.uk	A public report will be available from the Governance Team one week before the decision is taken.
<p>Energy Supply Company (ESCO) - KEY/11JUN/11 To seek approval to establish an ESCO.</p>	June 2011	Cabinet Member for Resources, Deputy Leader and Cabinet Member for Culture, Recreation and Strategic Commissioning	Environment Capital	Internal and external stakeholders as appropriate	John Harrison Executive Director-Strategic Resources Tel: 01733 452398 john.harrison@peterborough.gov.uk	A public report will be available from the Governance Team one week before the decision is taken.

<p>Local authority Mortgage Scheme - KEY/12JUN/11 To seek approval to a scheme to enable greater access to the housing market</p>	June 2011	<p>Leader of the Council and Cabinet Member for Growth, Strategic Planning, Economic Development and Business Engagement, Cabinet Member for Resources, Deputy Leader and Cabinet Member for Culture, Recreation and Strategic Commissioning</p>	Sustainable Growth	Internal and external stakeholders as appropriate	<p>John Harrison Executive Director-Strategic Resources Tel: 01733 452398 john.harrison@peterborough.gov.uk</p>	A public report will be available from the governance team one week before the decision is taken.
<p>Orton Longueville School and Stanground College - KEY/13JUN/11 To vary the Ormiston Bushfield Academy (OBA) Design and Build Contract with Kier Regional Ltd (trading as Kier Eastern) to allow for the design and build of Orton Longueville School and Stanground College</p>	June 2011	<p>Cabinet Member for Education, Skills and University, Cabinet Member for Resources</p>	Creating Opportunities and Tackling Inequalities	Executive Director Children Services, Executive Director Resources, Solicitor to the Council, Ward Councillors	<p>Brian Howard PFI Project Manager Tel: 01733 863976 brian.howard@peterborough.gov.uk</p>	A public report will be available from the governance team one week before the decision is taken

JULY

There are currently no Key Decisions scheduled for July

AUGUST

There are currently no Key Decisions scheduled for August

SEPTEMBER

KEY DECISION REQUIRED	DATE OF DECISION	DECISION MAKER	RELEVANT SCRUTINY COMMITTEE	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	REPORTS
Manor Drive Managed Service – Procurement through the Services Competitive Dialogue Process - KEY/01SEP/11 To approve contract award to preferred bidder.	September 2011	Cabinet Member for Resources	Sustainable Growth	Internal departments, Unions, Staff	Andrew Cox Senior Category Manager andy.cox@peterborough.gov.uk	A public report will be available from the governance team one week before the decision is taken
Single Equality Scheme - KEY/02SEP/11 To approve the final scheme following consultation	September 2011	Cabinet	Creating Opportunities and Tackling Inequalities.	Public consultation via stakeholders and partnerships.	Denise Radley Executive Director of Adult Social Services Tel: 01733 758444 denise.radley@peterborough.gov.uk	A public report will be available from the governance team one week before the decision is taken.

CHIEF EXECUTIVE'S DEPARTMENT Town Hall, Bridge Street, Peterborough, PE1 1HG

Communications

Strategic Growth and Development Services

Legal and Democratic Services

Policy and Research

Economic and Community Regeneration

Housing Strategy

Drug Intervention Programme and Drug and Alcohol Team

HR Business Relations, Training & Development, Occupational Health & Reward & Policy

COMMERCIAL SERVICES DEPARTMENT Nursery Lane, Fengate, Peterborough PE1 5BG

Property Services

Building & Maintenance

Streetscene and Facilities

Finance and Support Services

STRATEGIC RESOURCES DEPARTMENT Director's Office at Town Hall, Bridge Street, Peterborough, PE1 1HG

Finance

Internal Audit

Information Communications Technology (ICT)

Business Transformation

Strategic Improvement

Strategic Property

Waste

Customer Services

Business Support

Shared Transactional Services

Cultural Trust Client

CHILDRENS' SERVICES DEPARTMENT Bayard Place, Broadway, PE1 1FB

Safeguarding, Family & Communities

Education & Resources

Children's Community Health

OPERATIONS DEPARTMENT Bridge House, Town Bridge, PE1 1HB

Planning Transport & Engineering (Development Management, Construction & Compliance, Infrastructure Planning & Delivery, Network Management)

Commercial Operations (Resilience, Commercial CCTV, Strategic Parking, City Centre, Markets & Commercial Trading, Passenger Transport)

Neighbourhoods (Regulatory Services, Safer Peterborough, Strategic Housing, Cohesion, Social Inclusion)

Operations Business Support (Finance, Economic Participation)

This page is intentionally left blank