

SCRUTINY COMMISSION FOR HEALTH ISSUES	Agenda Item No. 5
26 MARCH 2012	Public Report

Report of the Director of Communications & Engagement NHS Cambridgeshire & NHS Peterborough

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PRIMARY AND URGENT CARE STRATEGY

1. PURPOSE

- 1.1 Brief the Scrutiny Commission on the outcome of the Cooperation and Competition Panel complaint investigation and seek the Commission's comments on the strategy.

2. RECOMMENDATIONS

Previous Scrutiny Commission Decisions

- 2.1 At its previous meetings on this subject the Scrutiny Commission for Health has:

January 2011

- commented on the strategy and process as part of the pre-consultation

June 2011

- commented on the strategy
- agreed its support to the process being followed by the PCT

September 2011 (appendix 1)

- supported elements of the strategy (paragraphs 6.1, 6.4, 6.6)
- sought further information on elements of the strategy, revised following consultation before deciding on its support
- provided comments for the PCT to consider in implementing the strategy

- 2.2 The Commission is asked to:

- Note the outcome of the Cooperation and Competition Panel investigation
- Support the outstanding elements of the revised strategy as described in paragraphs 6.2, 6.3, 6.5

3. LINKS TO THE SUSTAINABLE COMMUNITY STRATEGY

- 3.1 The strategy is an important part of NHS Peterborough'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

- 4.1 NHS Peterborough developed and consulted on a strategy for primary and urgent care during January to September 2011. The PCT adapted its strategy to reflect comments received during consultation, including comments from the Scrutiny Commission. The revised strategy was considered by the Scrutiny Commission at its meeting on 13 September 2011.

- 4.2 The PCT was informed on 14 September that the Cooperation and Competition Panel (CCP) had decided to accept for investigation a complaint that they had received from 3Well Medical, alleging that the PCT's conduct and process had breached national Principles and Rules of Cooperation and Competition. The CCP investigates potential breaches of the Principles and Rules and makes independent recommendations to the Department of Health and Monitor on how such breaches should be resolved.

Outcome of Cooperation and Competition Panel Investigation

- 4.3 The CCP undertook a very detailed three month investigation in which the PCT submitted over 80 items of evidence and the CCP also received evidence from 3Well Medical and invited comments from any other interested party or individual. The CCP investigation found in favour of the PCT on the majority of issues. Specifically, the CCP found that NHS Peterborough:

- (a) followed a process for developing and consulting on its strategy which **engaged widely and in a meaningful manner**, specifically NHS Peterborough:
- began the consultation with an open mind;
 - provided sufficient information in the documents for stakeholders to understand and comment on the strategy;
 - provided reasonable opportunity for people requiring language translation to participate.
- (b) The PCT **did not discriminate against 3Well** in terms of the management of their contract or considering possible options for the future.
- (c) The PCT met its requirements to commission services from those providers best placed to provide the service, i.e. it has **considered a full range of options and adapted the options following feedback**.
- (d) The **strategy appropriately offers patients choice and ensures competition**, namely:
- In hours GP care, for which there will be many choices
 - Urgent and Out of Hours care – where the PCT intends to run a competitive tendering exercise

- 4.4 However, the CCP reached the following conclusion with regard to how NHS Peterborough managed conflicts of interest:

“In January, the CCP decided that although the proposed closure would not affect patient choice in the area, NHS Peterborough had failed to manage a potential conflict of interest resulting from the involvement in its consultation process of two lead clinicians who were partners in GP practices that would be directly affected.

The CCP has not suggested that the clinicians would intentionally exploit their position as clinical leads in a service reconfiguration process. Rather its view is that in the circumstances a conflict of interest arose and that for that reason NHS Peterborough should not have involved those clinicians in the way that it did.

As a result, the CCP has recommended that an independent panel of clinicians should review the clinical case for reconfiguration. NHS Peterborough's Board will consider the report of the independent panel of clinicians and take that into account before it makes its final decision on the outcome. The CCP has also recommended that NHS Peterborough put in place measures to manage conflicts of interest in future.”

Secretary of State's Decision

- 4.5 The PCT has received a letter from Earl Howe, the Parliamentary Under Secretary of State for Quality (Lords), which states:

I have considered the Panel's report and agree that NHS Peterborough should have better managed potential conflicts of interest in this case. As recommended by the Panel, I expect the PCT to agree measures with the NHS Midlands and East SHA to ensure that potential conflicts are managed more effectively going forward. These should be put in place as soon as possible, and within 3 months, and the PCT should advise the Panel once these arrangements are in place.

I have also carefully considered the further remedy proposed by the Panel in relation to independent clinical advice. On balance, my view is that although it is open to the PCT to take independent advice to reassure itself on the clinical evidence for the reconfiguration options, I am not requiring the PCT to do so as I do not believe that this is necessary or likely to materially affect the outcome. I do agree, however, that any Board members with a potential conflict of interest must abstain from any vote on the final reconfiguration option.

Independent Clinical Review

4.6 Whilst not required by the Under Secretary of State to do so, the PCT has commissioned an independent review of the clinical case for the strategy, to ensure maximum assurance for the Board and the Peterborough community. The PCT has commissioned Collingham Healthcare Education Centre to undertake the review. This organisation has completed reviews of primary care for the East of England Strategic Health Authority and was identified by the Cooperation and Competition Panel as a body suitable to complete such a review.

4.7 This was a desk top review of the key documentation. The review team was led by Professor Mike Pringle (former Chairman of the Royal College of General practitioners). The review report is attached as appendix 3. The summary conclusion was:

“the three options were fairly expressed and based on clinical logic; that Option 1 (do nothing) is clinically undesirable; that Option 2 (minimal change) would be an improvement of Option 1; but that either the original or the recently revised Option 3 (the recommended change) would be clinically desirable and appropriate.

4.8 The review also defines a series of assumptions that it states must be in place for their advice to be secure. The PCT is compliant in these areas. These are listed in the document.

Practice changes since September 2011

4.9 The Orton Medical Practice closed in December 2011 when the caretaking contract came to an end (the practice did not wish to continue given the potential effect on patients of ongoing uncertainty). Patients have registered with the practice in the same building (Orton Bushfield) or other practices nearby. The Orton Bushfield Practice's landlord (with PCT support) is looking to move the practice to new purpose built premises, also at the Orton Centre. The PCT reached an agreement with Nene Valley Medical Centre to be aligned to the Longueville Court Care Home in Orton and lead the provision of medical care to residents at the home (a role previously fulfilled by Orton Medical Practice).

4.10 Providers of services at Alma Road, Burghley Road and Church Walk had proposed joining together as one team at the Healthy Living Centre, as an alternative to closure. This was discussed at the last Scrutiny Commission meeting. However, this proposal was later withdrawn by the practices.

4.11 The provider of caretaking services at Parnwell Health Centre (Welland Medical) has given notice that they are not able to continue the service beyond June 2012. This is because the

practice has found it difficult to recruit doctors to fill the shifts due to the temporary nature of the contract. The PCT will seek to procure a replacement provider to continue services at the site until the new practice premises are available. Approximately 1570 patients are registered with the practice, 50% of whom live in Parnwell.

- 4.12 During the consultation, concern was expressed that for Parnwell residents, two buses would be needed to access the area assigned for the proposed new surgery. Following the PCT and City Council requests, Stagecoach have changed the bus route from Parnwell to travel down Eastfield Road, close to the potential surgery site and thereby addressing this concern. The PCT has met with Dogsthorpe councillors to discuss the new surgery premises proposal. The councillors emphasised that if the site were at Newark Avenue, it would be important that traffic and parking requirements are met.
- 4.13 The Hampton practice refurbished their premises enabling them to reopen their list in September 2011 and providing sufficient physical capacity to accommodate forecast growth for another two years.
- 4.14 The three practices at the Thomas Walker Centre had indicated their wish to merge to form one team. However, this proposal has been withdrawn by the practices.

5. KEY ISSUES

- 5.1 The PCT is judged to have breached the national rules of competition and cooperation in its management of conflicts of interest. However, with regard to the strategy the PCT is able to fulfil the remedy required by the Under Secretary of State to allow the strategy to proceed, as amended following consultation.
- 5.2 On the general question of managing conflicts of interest in future, the PCT will work with NHS Midlands and East Strategic Health Authority to agree and implement ways to ensure that potential conflicts of interest are managed more effectively going forward.
- 5.3 The CCP findings that the PCT met the national rules of cooperation and competition in the majority of areas, provides further assurance to the Scrutiny Commission with regard to the process followed by NHS Peterborough.
- 5.4 The Independent Clinical Review provides further external clinical assurance that the proposed strategy makes sense for patient care in Peterborough.

6 RECOMMENDED STRATEGY

The proposed strategy is described below. For completeness the text shaded below illustrates those recommendations that the Scrutiny Commission has already given its support to at its meeting on 13 September. The remaining recommendations are presented for the Scrutiny Commission's support and are essentially the same as 13 September 2011, but updated to reflect changes in primary care since then.

- 6.1 **Adopt the proposed Urgent Care Vision** as the strategic principles to guide commissioning of urgent care services in NHS Peterborough, adapted to include a more central role for telephone triage services. *[Supported by Health Scrutiny September 2011]*

Procure the Integrated Urgent Care Service

- 6.2 Undertake a competitive procurement exercise to appoint a provider to deliver:
- Telephone triage services as the entry point for all urgent care services outside of GP practices
 - Out of Hours GP services (current hours)
 - Consolidate GP, nurse and minor injury and x-ray services at the City Care Centre (seven days 8am to 8pm)
 - undertake a regular 'Call First' campaign to communicate how to access services

Once the new integrated urgent care service has been procured and is operational (April 2013), the Equitable Access Centre at Alma Road would close and the registered patient list dispersed.

6.3 Primary Care Strategy

Adopt the primary care vision described in the strategy for consultation in May 2011.

6.4 Four New Health Centres *[Supported by Health Scrutiny September 2011]*

- (a) Approve in principle the proposals made by practices to move from existing sites to **four new health centre premises** at :
 - City Centre (63 Lincoln Road and North Street)
 - East and Dogsthorpe Wards
 - Hampton
 - Orton Bushfield
- (b) The final approval of each scheme will be subject to the agreement of a **full business case**. This will include practice development plan for service quality and access; evaluation of potential sites; optimum size allowing for best practice use of space and decisions on strategic location of community health services; value for money; premises and environment standards.
- (c) The business case approval for the practice located in **East** wards will depend on approval of a local access plan for services to patients from Welland, Dogsthorpe and Parnwell, including transport arrangements and satellite services.

6.5 Dogsthorpe, Welland, Church Walk, Parnwell and Burghley Road

- (a) When the First Health and Welland teams move to new premises at East and Dogsthorpe and combine as one team the following lists would be dispersed,
 - Burghley Road
 - Dogsthorpe
 - Parnwell

There are two options for timing of the Burghley Road list closure: (a) October 2012 (there is capacity at local practices for patients to register with; (b) when the new premises open. The preferred option is (b), however, this depends on concluding financial negotiations for savings with the practice.

It may be beneficial to bring some services together in the meantime between the four sites, given the poor quality of two of the premises. This would be agreed with the practices on the basis of ensuring continuity of service and patient access and they would involve their patients in any changes.

- (b) The PCT to seek to procure a provider to undertake caretaking services at Parnwell Health Centre until the East and Dogsthorpe new service opens.

6.6 Other Primary Care Commissioning Matters *[Supported by Health Scrutiny – September 2011]*

- (a) Implement access improvement plan with quarterly reporting to the Board
- (b) Publish further information on practice accessibility and clinical quality to support patient choice of practice and encourage use by practices of NHS Choices website.
- (c) Practices to lead local involvement processes to clarify future plans for :
 - Use of sites at Dogsthorpe, Eye Road (Welland) and Parnwell prior to new health centre being available (led by Welland and First Health)

- Branch services at Werrington (led by 63 Lincoln Road)

(d) NHS Peterborough to take further time to consider proposals for high priority small premises schemes

7. IMPLICATIONS

7.1 The implications for patients are summarised as follows:

(a) Urgent Care

- The Integrated Urgent Care service will mean access to a wider range of minor conditions as an alternative to A&E and remove the two service problem currently experienced between Out of Hours GP Service and Walk-in Service
- Patients currently attending the Equitable Access Centre would need to either attend a GP surgery or contact the integrated urgent care service

(b) Primary Care

- Patients whose practice list closes would need to register at an alternative surgery. In this event patients would receive a letter from the PCT advising them of the surgeries with whom they could choose to register.
- Patients registered at practices with new premises will benefit from a wider range of services, a greater choice of GP and access to a wider range of specialist skills
- Premises in Hampton will enable the list to remain open for patients to receive services locally as the population continues to grow

7.2 The financial implications are:

- Savings made will be reinvested in the new health centres as described and the out of hours GP service
- After these costs are incurred, there would be the following net effect on budgets for primary care and urgent care. These savings will be reinvested in other health priorities, including meeting the cost of population increase

£000	2012/13	2013/14	2014/15
Primary care	101	-801	-560
Urgent Care	0	-237	-503
Total	101	-1038	-1063

8. CONSULTATION

8.1 Pre-consultation on the strategy took place from October 2010 to March 2011. Formal consultation took place on the strategy from 18 May to 18 August 2011.

9. NEXT STEPS

9.1 The Primary Care Trust Board will consider the strategy at its meeting on 28 March 2012 in light of the consultation, the outcome of the CCP complaint and the comments of the Scrutiny Commission.

9.2 Subject to Board decision, the planned timetable is shown below:

Board decision	March 2012
Full Business cases submitted for new health centres	May-July 2012
Integrated urgent care provider operational Equitable Access Centre at Alma Road closes	April 2013
New health centre at Orton opens New health centre at East and Dogsthorpe opens	January 2014

Practices at North Street and 63 Lincoln Road move to new health centre Practice at Hampton moves to new health centre	Summer 2014

- 9.3 On the general question of managing conflicts of interest in future, the PCT will work with NHS Midlands and East SHA to agree and implement ways to ensure that potential conflicts of interest are managed more effectively going forward; implement these changes within 3 months and advise the CCP when these are in place.

10. **BACKGROUND DOCUMENTS**

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

- 10.1 Cooperation and Competition Panel Final Report of 3Well Medical Complaint (27/01/12)
- 10.2 Cooperation and Competition Panel Recommendation on Remedies and Media Release (01/03/12)
- 10.3 Draft board paper discussed with the Scrutiny Commission on 13 September 2011 describing the Outcome of Consultation

11. **APPENDICES**

Appendix 1 - Letter from the Chair of the Scrutiny Commission for Health to NHS
Cambridgeshire and Peterborough Chief Executive 16 September 2011

Appendix 2 – Letter from the Parliamentary Under Secretary of State for Quality (Lords)

Appendix 3 – Independent Clinical Review Report

Appendix 1 - Outcome of Scrutiny Commission meeting 13 September 2011

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Chief Executive, Peterborough Primary Care Trust

DX 12310 Peterborough 1

Telephone - 01733 747474

16 September 2011

Dear Sushil

Scrutiny Commission for Health Issues – 13 September 2011 – Primary & Urgent Care Services

I write to summarise the views of the Scrutiny Commission for Health Issues following the meeting held this week and ahead of the PCT Board meeting next week. Thank you very much for attending the meeting and for the comprehensive presentation. As you know, a large number of issues and views were raised and discussed at the meeting.

I will summarise some of the key points made under the sections set out in the "Recommended Strategy" section of the draft PCT Board report (section 6). Please note that this letter does not attempt to cover every issue raised (the minutes of the meeting will cover a broader range of issues) but rather draw out the Commission's views on key points for consideration by the PCT Board and its overall responses to the recommendations.

Recommendation 6.1 – Adopt the Proposed Urgent Care Vision

The Commission supports this recommendation in terms of the over-arching vision. As you know some individuals expressed some anxieties regarding telephone services which hopefully can be considered further.

Recommendation 6.2 – Urgent Care Services

The Commission does not support this recommendation at the current time. Members of the Commission expressed concern because they were unclear of the links between the proposed services at the City Care Centre in the future and the recommendations in 6.4 which relate to the registered patient GP services at Alma Road. The Commission would welcome the opportunity to reconsider this recommendation alongside the more detailed proposals for recommendation 6.4.

Recommendation 6.3 – Four New Health Centres

The Commission supports these recommendations. The Commission recommends to the PCT Board that these proposals must be dependent upon:

- Resolution of any relevant transport issues, particularly in relation to Parnwell
- The identification of a GP surgery to be aligned to Longueville Court Nursing Home by 9 December 2011, with the name of the identified surgery being shared as soon as possible

Director: Gillian Beasley



Recommendation 6.4 – Services at Burghley Road, Alma Road and Church Walk

The commission were unable to support this recommendation at the current time as the PCT has highlighted that further work is needed to explore recent proposals by a number of practices to develop services within the Healthy Living Centre. The Commission asked that this return to its meeting on 15 November 2011 ahead of the PCT Board in November.

The Commission was surprised to hear of the representations from the Thomas Walker Medical Centre objecting to these proposals and that there did not appear to be any reference to these issues within the PCT's reports. The Commission would ask that these matters are considered within the further work to be undertaken and included within the proposals to be represented.

Recommendation 6.5 – other primary Care Commissioning Matters

The commission supported these recommendations with the following comments:

- The Commission believes there is a need to continue to improve GP access across the Board.
- That the report to the PCT Board make clear if there is more up to date information (for example on GP comparative performance and costs) since the start of the consultation and indicate if this has any implications for the proposals.
- That plans for growth in particular areas e.g. Stanground is taken into account in the plans

Other Comments

The Commission also recommends:

- That the presentation of information on the questionnaire and other consultation analysis is made clearer within the reports to the PCT Board and the analysis of petition views in particular is more clearly articulated.
- That new services must be in place first before any closures of services.
- That information on any similar proposals elsewhere in the country is assessed in terms of learning and drawn into the report and proposals moving forward.

In summary the Scrutiny Commission for Health Issues makes the following

RECOMMENDATIONS:

That the NHS Peterborough Board are asked to consider and respond to the following recommendations from the Scrutiny Commission for Health Issues in relation to the recommended strategy proposed by NHS Peterborough following the outcome of the Primary Care and Urgent Care Strategy Consultation.

1. The Proposed Urgent Care Vision.

The Commission agree by a majority of 6 voting in favour and 1 abstention to support the adoption of the proposed Urgent Care Vision.

2. Urgent Care Services

The Commission agree by a majority of 6 voting against and 1 abstention not to recommend the proposal for Urgent Care Services as it believes that it can not support it without consideration of the detailed business case in relation to the proposals for services at Burghley Road, Alma Road and Church Walk

3. Four New Health Centres

The Commission supports the proposals for four new Health Centres at:

Director: Gillian Beasley

- City Centre (63 Lincoln Road and North Street)
- East and Dogsthorpe Wards
- Hampton
- Orton Bushfield

The Commission recommends to the PCT Board that these proposals must be dependent upon:

- Resolution of any relevant transport issues, particularly in relation to Parnwell
- The identification of a GP surgery to be aligned to Longueville Court Nursing Home by 9 December 2011, with the name of the identified surgery being shared as soon as possible

4. Services at Burghley Road, Alma Road and Church Walk

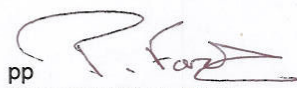
The Commission can not take a view on this proposal until such time as it has considered the detailed business case at its meeting on 15 November 2011.

5. Other Primary Care Commission matters

The Commission support in principal the proposals for other primary care commission matters subject to NHS Peterborough considering the observations and comments made at the meeting held on 13 September 2011.

I hope that this is a helpful summary of the key issues and the Commission welcomes further discussion in relation to the recommendations moving forward.

Yours sincerely



pp
Councillor Brian Rush
Chair of Scrutiny Commission for Health Issues

Director: Gillian Beasley

GILLIAN BEASLEY
DIRECTOR
PETERBOROUGH

Appendix 2 – Letter from the Parliamentary Under Secretary of State for Quality (Lords)

*From the Earl Howe
Parliamentary Under Secretary of State for Quality (Lords)*



*Richmond House
79 Whitehall
London
SW1A 2NS*

Tel: 020 7210 3000

Maureen Donnelly
NHS Cambridgeshire and NHS Peterborough
Cluster Board
Lockton House
Clarendon Road
Cambridge CB2 8FH

16 MAR 2012

Dear Ms. Donnelly,

I am writing further to the outcome of the investigation by the Cooperation and Competition Panel (the Panel) in relation to the complaint made by 3 Well Medical Ltd.

I have considered the Panel's report and agree that NHS Peterborough should have better managed potential conflicts of interest in this case. As recommended by the Panel, I expect the PCT to agree measures with the NHS Midlands and East SHA to ensure that potential conflicts are managed more effectively going forward. These should be put in place as soon as possible, and within 3 months, and the PCT should advise the Panel once these arrangements are in place.

I have also carefully considered the further remedy proposed by the Panel in relation to independent clinical advice. On balance, my view is that although it is open to the PCT to take independent advice to reassure itself on the clinical evidence for the reconfiguration options, I am not requiring the PCT to do so as I do not believe that this is necessary or likely to materially affect the outcome. I do agree, however, that any Board members with a potential conflict of interest must abstain from any vote on the final reconfiguration option.

I will be asking the Panel for further advice on best practice in handling conflicts of interest in commissioning decisions, drawing on the circumstances of this case, to inform the regulations under the Health and Social Care Bill. The PCT should continue to cooperate with the Panel in

relation to any further information needed in relation to this work.

Yours sincerely,

Richard Howie
EARL HOWE

Lord Carter, Chair of the Cooperation and Competition Panel
Dr Stephen Dunn, NHS Midlands and East

Appendix 3 – Independent Clinical Review Report