

SCRUTINY COMMISSION FOR RURAL COMMUNITIES	Agenda Item No. 5
17 SEPTEMBER 2012	Public Report

Report of the Interim Director of Primary Care

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PROVISION OF PRIMARY CARE IN RURAL AREAS

1. PURPOSE

- 1.1 Following a request from the Committee, this report describes current service primary care service provision in rural areas of Peterborough.

2. RECOMMENDATIONS

- 2.1 To note the current provision and current transition in NHS organisations.

3. LINKS TO THE SUSTAINABLE COMMUNITY STRATEGY

- 3.1 This is part of the PCT's responsibilities to ensure good access to Primary Care.

4. BACKGROUND

- 4.1 NHS commissions primary care services from independent contractors for
- Medical,
 - Dental,
 - Pharmaceutical
 - Optometric services

- 4.2 Peterborough is primarily an urban area. The following services are located in

GP Practices:

Main sites

- Ailsworth Medical Practice (2350 registered patients)
- Thorney Medical Practice (7500 registered patients)

Branches

- Newborough Medical Practice - 650 patients (part of the Ailsworth Practice)
- Castor (branch of Park Medical Practice)
- Eye (branch of Thorney Practice)

Pharmaceutical Services

Community Pharmacy

- Thorney – Halls the Chemist, Church Street, Thorney
- Eye – Boots, High Street, Eye
- Newborough – Newborough Pharmacy, School Road, Newborough
- Castor/Ailsworth – Halls the Chemist, Church Hill, Castor

Dispensing Doctors

- Ailsworth Medical Practice – 337 dispensing patients
- Thorney Medical Practice- 1,544 dispensing patients
- Fletton Medical Practice – 342 dispensing patients

Dental Surgeries

Dental Surgery in Eye

Opticians

None in Peterborough villages

There is no restriction with regard to which pharmacy, dental surgery or optician patients can choose to attend. Patients can register with a GP surgery if they are in the practice's catchment area. Practices operate geographic catchment areas to ensure practical distances for home visiting.

- 4.3 NHS Peterborough consulted on a strategy for urgent and primary care in 2011 and signed off the strategy in March 2012. The consultation process included significant input from the Scrutiny Commission for Health Issues. The strategy sets a strategic approach to addressing the most pressing general practice primary care service issues. It includes a range of principles, one of which is that should a GP retire leading to a practice contract ending, if the practice is below 4000 patients the PCT would disperse patients to neighbouring surgeries. However, this would not apply in rural circumstances if there is not reasonable access to an alternative surgery. This principle applies in the intervening period prior to the NHS Commissioning Board taking on responsibility.
- 4.4 NHS Peterborough undertook a Pharmaceutical Needs Assessment, including a wide consultation process, to define the key health needs that would guide the PCT's approach to Pharmaceutical Applications. This concluded that there was not a requirement for additional pharmaceutical services.
- 4.5 Responsibility for primary care commissioning transfers to the National Commissioning Board from 1 April 2013. Shadow arrangements are being implemented during October 2012 to March 2013. During this period, commissioners are asked to maintain the status quo and focus on ensuring careful handover of responsibilities. There will be a Local Area Team of the NHS Commissioning Board with responsibility for East Anglia. The Local Area Team has equivalent responsibilities to NHS Peterborough with regard to consulting with local communities on service requirements and changes, as Clinical Commissioning Groups will not be taking on responsibilities for primary care contracts.

5. KEY ISSUES

- 5.1 There is a balance to be struck between provider size and locating a service in every community. Patients in rural areas without their own transport are often dependent on transport from friends and family or voluntary transport services.
- 5.2 There are no planned changes to services in rural locations.
- 5.3 Responsibilities for commissioning these services transfer from NHS Peterborough to the National Commissioning Board with effect from 1 April 2012.

6. IMPLICATIONS

- 6.1 There are no planned changes to the service located in rural areas.

7. CONSULTATION

- 7.1 The primary care strategy and the Pharmaceutical Needs Assessment included comprehensive consultation processes

8. NEXT STEPS

- 8.1 Comments from the Health Commission for Rural Issues will be passed to the NHS Commissioning Board as part of the handover process.

9. BACKGROUND DOCUMENTS

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

- 9.1 Peterborough Primary and Urgent Care Strategy
Peterborough Pharmaceutical Needs Assessment

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