

SCRUTINY COMMISSION FOR HEALTH ISSUES	Agenda Item No. 6
17 JANUARY 2011	Public Report

Report of NHS Peterborough

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PRIMARY CARE AND URGENT CARE REVIEW AND PROPOSED CONSULTATION

1. PURPOSE

- 1.1 To seek the Scrutiny Commission for Health Issues' (OSC) comment on and endorsement of the proposed approach to consultation on changes to urgent care and primary care services in Peterborough.

2. RECOMMENDATIONS

- 2.1 The OSC is asked to :
- comment on and approve the PCT's proposed approach to consultation
 - comment on the PCT's emerging thinking on urgent and primary care

3. OVERVIEW

- 3.1 NHS Peterborough began a consultation process for the future of the equitable access centre at Alma Road in summer 2010. NHS P stopped the consultation in October 2010 to allow time for a review of urgent care services. NHS P agreed to present this review to the OSC.
- 3.2 The PCT has also previously conducted a series of small consultations regarding the future of individual GP surgeries, following the retirement of GP sole contractors. The OSC asked for a more holistic approach by the PCT and received a briefing on the overall approach to primary care premises being followed by the PCT at its meeting in October 2010.
- 3.3 In view of the interconnected nature of these two service areas, the PCT proposes consulting simultaneously on its strategy for primary care and urgent care over the next six months. Bringing these two areas together, we aim to set out a clear vision, which will help patients access the right care at the right time, streamlining routes into the services and improving access.

4. CURRENT SERVICES AND THE RATIONALE FOR CHANGE

- 4.1 Patients have a number of choices for action to their health concerns:
- Self care
 - Pharmacy
 - GP practices, out of hours GP services
 - Walk in centre and Equitable access centre
 - Accident and Emergency

The activity levels for some of these options are shown below:

Service	Locations	Average Monthly consultations
GP practices	32 premises	c.130,000
Out of Hours primary care	City Care Centre	1,600
Nurse led walk-in centre	City Care Centre	5,500
Equitable Access Centre	Alma Road	*2,000
A&E	Hospital site	5,500

* walk-ins

- 4.2 Analysis of these services shows that the current pattern of services is not sustainable in terms of providing high quality services to meet the future needs of patients in Peterborough and live within the budgets available to the NHS. The services are not sustainable for the following reasons.
- 4.3 There are currently **multiple overlapping access points** for urgent care and primary care, which mean it is difficult for patients to access the right service at the right time. This is frustrating for patients and inefficient for the NHS. Peterborough has the highest NHS spending level per head in East of England for non-elective hospital admissions – current systems of access contribute to this. The current system is also costly compared to other PCTs. The NHS needs to show value for money, particularly as we face financial challenges ahead. Savings need to be made to ensure NHS services can continually meet the demands of the growing, ageing population.
- 4.4 **Demographic changes** – population forecasts indicate growth in the next 5 -10 years of 20,000 – 40,000 with significant growth in specific neighbourhoods, which will require additional primary care capacity to meet these population changes. The ageing population means that there is an increase in the number of patients with long term conditions with the potential requirement for urgent care services and hospital admission.
- 4.5 It is proposed that **Peterborough and Stamford Foundation Hospitals Trust** will take on the management of out of hours primary care and the nurse led walk-in centre on 1 April 2011. The Trust has moved to a new hospital site on the outskirts of the city, which includes an Urgent Care Centre - putting a primary care model in the urgent care service. These changes present new opportunities for improved integration for the workforce and pathways to improve service quality, access, efficiency and patient experience
- 4.6 There are some significant structural pressures affecting the **sustainable delivery of primary care services**:
- *Workforce*: 36% of Peterborough GP contractors will be over 60 in the next 5 years and eligible for retirement. There are 5 practices where future retirements could end the contract with small practices. There are 5 short term contracts for small practices in place, which follow recent retirements. The PCT needs a strategic approach to each of these contractual decisions.
 - *Large number of small practices* (the highest number of small practices per head in East of England). Compared to larger practices, smaller practices in Peterborough
 - Achieve lower performance on the Quality Outcomes Framework
 - Are 30% more expensive for the NHS to commission
 - Are more vulnerable to GP retirement
 - *Value for Money*: Peterborough has one of the highest spend per weighted head of population in primary care in England. There is significant variation in funding per head by practice (£62 to £155). Recently awarded APMS contracts and small practices are particularly high.

- **Premises:** there are a large number of dispersed premises, many with poor quality of accommodation, which require investment. The practices with the greatest priority for premises changes and decisions are:
 - North Street and Lincoln Road
 - Hampton
 - Dogsthorpe, Burghley Road, Welland and Parnwell
 - Orton Medical Centre

The wider primary care team is not usually located with practices, which limits team communication.

- **Access:** patients report varied levels of satisfaction in access to their GP surgery. The key areas overall where practices struggle to achieve high patient satisfaction accessing appointments are:
 - Booking with a specific GP if wanted (this is a particular concern for small practices)
 - Telephone access
 - Advanced booking of appointments

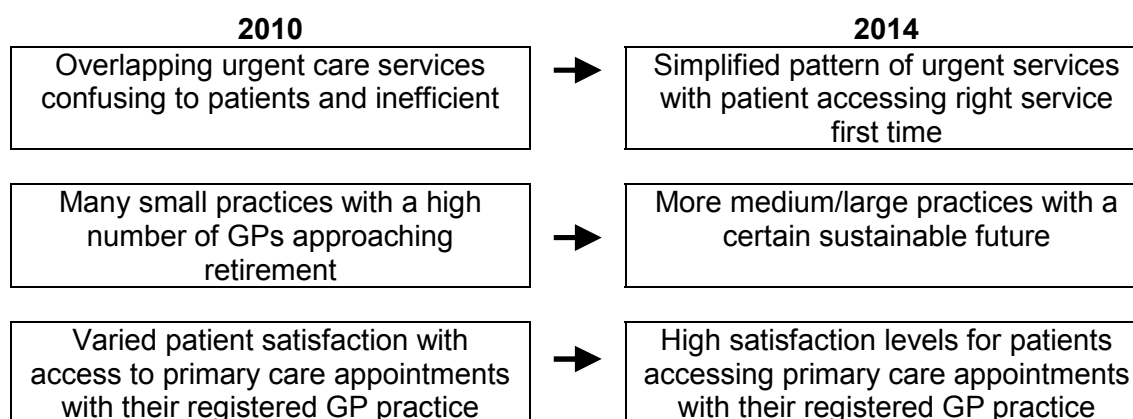
2009/10 GP practice access satisfaction survey results (27 practices)

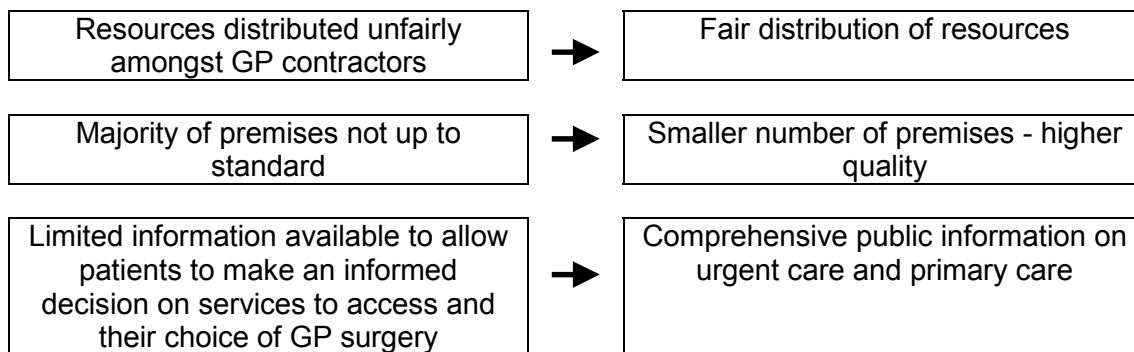
	75%+	50-75%	<50%
Overall satisfaction	26	1	0
Practice Opening Hours	23	4	0
Appointment same day or in 2 working days	20	7	0
Book appointment more than 2 days in advance	14	10	3
Telephone access	7	16	4
Appointment with specific GP if wanted	2	18	7

Practices report a high number of consultations for self-limiting conditions and patients not attending booked appointments, which hinder good access. However, some practices are able to achieve high levels of access satisfaction – this good practice needs to be adopted by all practices and information given to patients to inform their choice of GP surgery.

5. VISION

- 5.1 For primary care, the vision is to concentrate NHS resources in developing medium and larger practices that can improve access and provide high standards of care from good premises by being more efficient and sustaining a high quality workforce. Strong primary care is a critical foundation to support GP Commissioning as outlined in the NHS White Paper, *Liberating the NHS*, in the shift from the hospital to community setting.
- 5.2 For urgent care, the aim is to develop a pattern of services, which ensures people have access to the right service quickly when they need it; reducing duplication of services and confusion about where to go, and to offer high quality services for patients that is good value for money.
- 5.3 This can be summarised in the diagram below





5.4 The PCT proposes an urgent care model with 3 levels

Level one

Easy access to primary care, which includes the opportunity to see a wide selection of practitioners to support care needs and also with extended hours

Level Two

Minor illness and injury services – if not seen by a health professional within 24 hours will need hospital attention.

Level Three

Life threatening and urgent care requirements

6. PROCESS

6.1 The aim of this process is:

- To ensure the consultation meets the Lansley Criteria for Significant Service Change.
- To ensure that the PCT meets its statutory duty in relation to Section 242 of the National Health Service Act of 2006.
- Meets the Cabinet Office Code of Conduct for consultation.
- To ensure communication and consultation is integral to decision making regarding the future development of primary and urgent care services for Peterborough.

6.2 Pre-consultation phase – seeking views (December to February)

To meet with key stakeholders to discuss the PCT’s thinking and inform development of its intentions for the formal consultation stage, to include:

- Councillors
- Primary Care Contractors
- Secondary care providers
- MPs
- LINKS, Overview and Scrutiny Committee, NHS Public Consultation Forum

A list of stakeholders is appended. These are the stakeholders that NHS P has identified as being important to this consultation. This is not a final list and we would welcome OSC comments on this list and any suggestions for further stakeholder groups to be considered.

6.3 External verification of the clinical and procedural approach of the PCT.

The PCT is testing its thinking with two national bodies that provide peer assessment of the approach being followed. These are:

- National Clinical Advisory Team : to focus on clinical issues
- Gateway process – focus on matters of procedure

6.4 **Formal Consultation (March to June/July)**

12 week consultation process to include:

- formal consultation documentation
- public meetings

6.5 Consultation Review, Evaluation and Board decision summer 2010

7. **BACKGROUND DOCUMENTS**

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

None

8. **APPENDICES**

Appendix 1 – Stakeholder Mapping

Stakeholder mapping

Partner
NHS Peterborough Board
Scrutiny Committee for Health Issues
NHS East of England
Department of Health
Peterborough and Stamford Hospitals Foundation Trust
Cabinet Member for Health
Senior Leadership Team
MPs x2
Local Ward Councillors (named practices)
GPs directly affected
Peterborough Community Services Walk-in Centre Management Team
GPs other
Peterborough LINK
Pharmacists
Peterborough Urgent Care Network (PUCN)

Engage
Ward Councillors (other)
Registered patients at directly affected practices
NHS Public Consultation Forum
Practice Patient groups
NHS Cambridgeshire Board
GP Commissioning Clusters – Cambs
Joint Forum
Partnership Boards and Forum
Peterborough Community Services Board
Peterborough Community Services Senior Management Team
GPP

Involve
NHS Peterborough staff
Peterborough Community Services staff
Stakeholder Database members
LMC and LPC
BME communities

Inform
Media
Local Population
Cambs and Peterborough Foundation Trust
NHS Northamptonshire and NHS Lincolnshire
Dentists
Opticians
Anglia Support Partnership
Citizen's Advice Bureau
East of England Ambulance Trust
NHS Northants, NHS Lincs, NHS Cambs
New Link
Community Groups and Voluntary Orgs – through Peterborough Council for Voluntary Services, neighbourhood groups
Cambs Police
Expert Patient Programme
Voluntary Transport
Domiciliary care providers
Nursing and residential homes
New Link
Parish councils
Fitzwilliam, Addenbrookes, Hinchingsbrooke, and Papworth hospitals