

PRIMARY AND URGENT CARE REVIEW OUTCOME OF CONSULTATIONS FULL REPORT Agenda Item 7.i

Contents

1. Covering Report to Scrutiny Commission for Health Issues
2. Draft Board Paper – Primary and Urgent care Strategy Outcome of Consultation
 - 2a Attachment 1 - Consultation report and response
 - 2a.1 Appendices to the Right Care at the Time Right Care End of Consultation Report
 - 2a.2 Self Completion Results
 - 2a.3 Combined Results
 - 2b Attachment 2 – Urgent Care analysis and conclusions
 - 2c Attachment 3 - Primary care analysis and conclusions

SCRUTINY COMMISSION FOR HEALTH ISSUES	Agenda Item No. 7.i
13 SEPTEMBER 2011	Public Report

Report of the Peter Wightman (interim director of Primary care), Sarah Shuttlewood (Director of Acute Services) and Jessica Bawden Director of Communications & Patient Experience

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 The purpose of this paper is to present to the Scrutiny Commission for Health Issues the themes of the responses received by NHS Peterborough to the consultation and the draft recommendations to be presented to the Board.

2. RECOMMENDATIONS

2.1 The Committee is asked to:

- Note the comments and further information received during consultation
- Note the draft Board report and recommended strategy
- Agree its submission to the consultation in light of this information.

3. LINKS TO THE SUSTAINABLE COMMUNITY STRATEGY AND LOCAL AREA AGREEMENT

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

NHS Peterborough consulted on its strategy for Primary and Urgent Care from 18 May to 18 August.

The Scrutiny Commission received a report on the consultation at its meeting on 27 June and considered this, the consultation paper and supporting business case which presented the need for change, NHS Peterborough's proposed strategy and the three options NHSP was consulting on.

At the Scrutiny Commission meeting held on 27 June 2011, the Commission agreed the following:

- i. That the Commission support the consultation and*
- ii. That the PCT return to a meeting of the Commission on 13 September 2011 to provide a report on the outcome of the consultation including any recommendations to the NHS Peterborough Board. The Commission will then consider all responses to the*

consultation prior to submission to the NHS Peterborough Board on 21 September and a final decision being made. The Commission would then provide a formal response to the consultation.

5. KEY ISSUES

5.1 Attached is the draft Board paper to be presented to the NHS Peterborough Board on 21 September 2011.

6. IMPLICATIONS

6.1 The final decision by NHS Peterborough Board in September may:

(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

8. NEXT STEPS

NHS Peterborough Board will consider the final version of the attached report and the comments of the Scrutiny Commission for Health Issues and decide its approach to primary care and urgent care in this context.

9. BACKGROUND DOCUMENTS

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

9.1 The attached documents.

10. APPENDICES

10.1 Draft Board Paper – Primary and Urgent care Strategy Outcome of Consultation

- Attachment 1 - Consultation report and response
- Attachment 2 - Urgent Care analysis and conclusions
- Attachment 3 - Primary care analysis and conclusions

MEETING: NHSP BOARD MEETING

AGENDA ITEM:

DATE: 21 SEPTEMBER 2011

TITLE: PRIMARY CARE AND URGENT CARE STRATEGY –
OUTCOME OF CONSULTATION

REPORT OF: SARAH SHUTTLEWOOD, DIRECTOR OF ACUTE
SERVICES

FOR: APPROVAL

1 PURPOSE

- 1.1 Following Board approval in May, NHS Peterborough (NHSP) consulted on its strategy for Primary and Urgent Care from 18 May to 18 August 2011. This paper presents :
- A report on the comments received during the consultation and NHS Peterborough proposed response
 - Discussion of the key issues in urgent care (attachment 2) and primary care (attachment 3) and conclusions
 - Recommended strategy in light of the consultation.

2. PROCESS AND RESPONSE NUMBERS

Process

- 2.1 NHS Peterborough has followed a comprehensive process to consult on changes to urgent and primary care service. The process followed by NHS Peterborough has been confirmed an external legal advisor specialising in NHS public consultation as "more than adequate" and "robust and legally compliant". NHS Peterborough's process has included :
- Six months pre-consultation work October 2010 to March 2011
 - Department of Health Gateway team review
 - National Clinical Advisory team review
 - 13 weeks formal consultation
 - Independent analysis of results by MRUK Research
- 2.2 The formal consultation process has included :
- 30,000 letters to patients at practices directly involved in options for change
 - 10,000 consultation documents widely distributed
 - 250 posters, 4 newspaper adverts, 39 newspaper articles/letters and 7 radio/TV interviews
 - 8 public meetings organised by NHSP (320 attendances)
 - NHSP has attended 17 meetings held by other organisations/groups

Response Numbers

- 2.3 See attachment 1 for full response to consultation. Responses to the consultation have been as follows :

PCT Questionnaire submissions	384
E-mails	34
Telephone calls	71
Letters	15
Formal responses from organisations or groups	26
Petitions and local campaigns	9

3. KEY THEMES OF CONSULTATION AND NHS PETERBOROUGH RESPONSE

3.1 Analysis of Questionnaire responses

MRUK have analysed the responses received and prepared a report (attachment 1). The key headlines are:

- there is strong majority support (87%) for NHSP's vision for urgent care
- there is strong majority support (78%) for NHSP's vision for primary care
- there is majority support for option 3 (77%). There is significant minority support for option 1.

Question	%
Support for primary care vision	78%
Support for urgent care vision	87%
Preferred option	
Option 1 – Do nothing	39%
Option 2 – Partial vision	21%
Option 3 – Fully implement Vision	77%

However, NHS Peterborough does recognise that strong concerns were expressed by many stakeholders and members of the public and we hope that our recommendations will address these, as far as we are able.

A summary of the key themes, which emerged from the consultation (including the questionnaires) and NHS Peterborough's response are described below (a full description of the themes and response is provided in the attachment 1). This focuses to a greater extent on the points of criticism/concern of NHS Peterborough's plans and not the comments of support.

3.2 Process

NHSP received criticism that the process was flawed in terms of timing of documents, number and timing of meetings, availability of translations, that it had already made its decision and a lack of information. NHSP was also

commended for the process that it has followed in terms of its openness and attendance at meetings.

⇒ *Response: NHS Peterborough has followed a comprehensive process. NHS Peterborough responded to requests for extra meetings and documentation during the process. No predetermined decision has been made and this is illustrated by our flexibility in considering new options.*

3.3 Access to appointments

Patients express difficulties accessing GP appointments at some surgeries, but some expressed a very good experience at other surgeries

⇒ *NHS Peterborough recognises there is problem with some practices. Evidence elsewhere and locally shows this can be improved through better management systems. NHS Peterborough is implementing an action plan to support practices in achieving this.*

3.4 Mistrust of the concept of larger practices

There was a concern from patients at small surgeries that a move to a larger practice would be mean a less personal service

⇒ *This is an important issue that larger practices should be aware of. However, there are many examples of high patient satisfaction at larger practices in Peterborough and larger practices can offer many benefits defined in the strategy, e.g. patient choice of clinician, peer support to enable high standards of care.*

3.5 Transport

Assurance on North Street location remaining in City Centre

⇒ *The new site would continue be close to the Bus station.*

Concerns from patients in Welland, Parnwell and Dogsthorpe

⇒ *NHS Peterborough recognises the need for patients in the three communities to be within one short bus journey of the practice. Stagecoach and Peterborough City Council have agreed to review bus routes should the new health centre in East ward be approved.*

3.6 Hospital finances

Concern on hospital finance position affecting care and in particular, the cost of the new hospital

⇒ *Not part of consultation, but noted*

3.7 Primary Care Trust management capacity

NHS Peterborough does not have the management capacity to deliver the strategy at a management cost reduction and transition to the National Commissioning Board and Clinical Commissioning Groups by March 2013.

⇒ *NHS Peterborough needs to continue to commission services during this period of change and will have a careful handover process with successor bodies. The strategy is confirmed by the Department of Health and NHS East of England as being consistent with national strategy*

3.8 Timescales for Developments post consultations

Will there be a gap between four new health centres opening and services closing?

⇒ *The capacity to replace proposing closing services is available now.*

Will practices have capacity to take on patients if surgeries close?

⇒ *Practices have capacity to increase their list to double the potential requirement (practices are paid per registered patient and have increased successfully in the past)*

Will a loss of walk in services increase A&E attendances?

⇒ *The evidence suggests the Alma Road service has not reduced A&E attendance. Another Primary Care Trust recently closed its walk-in service and saw no rise in attendance at A&E or Out of Hours GP services*

3.9 Developing a GP-led walk-in service in one location, merging the current walk-in services

This was a new option that was proposed by councillors and providers

⇒ *It has merits and is discussed further below*

3.10 Exploring different options for some of the smaller practices to merge rather than close

This particularly applies for patients registered at Burghley Road, Church Walk and Alma Road. The practices providing services to these communities have presented a proposal to merge

⇒ *NHS Peterborough will consider any proposal for mergers it receives from practices and consider them in context of the strategy and contractual rules. New proposals have been received during the consultation process and are discussed further below*

3.11 Parnwell/Dogsthorpe/Welland and East Ward issues

There has been strong representation made by the community for retention of services at Parnwell and a lack of services currently in East ward, in both cases the key concern is the distance of surgeries from communities.

⇒ *The proposed development in East ward, supported by bus route changes and satellite services aims to address this concern.*

3.12 Alma Road

There has been strong opposition to the closure of Alma Road – both walk-in and registered services. Key concerns for alternative services should the services close are GP practice appointment availability, extended opening hours, ability of practices to register extra patients, likelihood of patients attending A&E at higher cost. However, there has also been support expressed for the proposed closure of the service

⇒ *NHS Peterborough recognises the popularity of the service. Comments on GP appointment availability, capacity, A&E attendance are made above. NHS Peterborough recognises the walk-in service duplicates some services (GP out of hours, in hours general practice, City Care Centre Walk In Centre), but is also unique in offering routine*

GP-led care at certain out of hours times, which is convenient for some patients. However, the cost to the NHS of these additional hours for routine care is high - £730,000 plus premises.

3.13 Orton Medical/ Orton Bushfield

The service at Orton Medical Practice is valued by patients and many wish to see it continue with the same doctors and nurses. Equally some patients and representatives accept the argument that moving from a 4000 to an 8000 practice and would like the surgeries to come together to achieve this. There was a misunderstanding in the community that the Orton Medical Practice service, if it closed, would not be replaced locally and patients would need to travel out of the area. Once this misunderstanding was corrected, more people were supportive of the move to a single practice.

⇒ *NHS Peterborough has encouraged the surgeries to work together, but ultimately this is a matter for the surgeries. The Grange were successful in competing for a caretaker contract whilst the strategy for the future was resolved.*

3.14 Hampton

People support and welcome the proposals. However, they feel concerned that earlier plans for development had not progressed.

3.15 Lincoln Road/ North Street

NHS Peterborough received strong support for the redevelopment of these two practices. People felt that these development proposals were well overdue. There is concern regarding future location (proximity to bus route) and continuation of branch services by 63 Lincoln Road in Werrington.

⇒ *There are no plans to change services at Werrington. Should this change this would be a matter for the practice to decide following local involvement with its patients.*

4. URGENT CARE - SUMMARY OF CONCLUSIONS IN LIGHT OF CONSULTATION

4.1 In the consultation document the PCT's preferred option for urgent care services was to reduce the number of WIC facilities and to develop the CCC WIC into a Minor injuries unit: The main rationale for this was:

- To reduce overlapping services
- Maintain city centre provision of urgent care services
- Develop integrated minor injury and GP OOHs services

4.2 NHSP has carefully reviewed and considered all feedback and comments received during the consultation period from patients, the public and stakeholders. We have also considered the additional information received since the consultation process began with regard to the optimal arrangement for commissioning urgent care services. This includes

- Further research on other urgent care models across the UK and evidenced their outcomes
- National requirements that have become clearer since the consultation started (national roll out of 111 service)
- Further analysis of urgent care activity data

A more detailed summary is outlined in attachment 2.

4.3 Key conclusions

- **Telephone triage** via a three digit number will be a national requirement for March 2013 and is a significant opportunity to improve patient experience and the efficiency of the urgent care system
- The **combination of doctors and nurses** providing urgent care services is preferable because :
 - It provides maximum patient confidence
 - It maximises the range of conditions that can be treated outside of A&E, particularly where supported by radiology
 - It maximises the extent to which patients can be re-directed to self care or their own practice
- **Joint protocols with other providers** for flows into and out of the urgent care service are essential, namely: hospital emergency department, ambulance service, mental health services and GP practices
- **Integration of urgent care functions in one provider** (i.e. call handling and triage services; GP out of hours; Minor Injury Unit services) offers a significant opportunity for improved efficiency to deliver a better patient experience, clinical staff development and value for money through patient safety, reduced hand-offs; multi-disciplinary working.
- It is essential that the provider has **contractual terms**, which align the provider's service quality and financial objectives with those of the NHS Peterborough, i.e. key performance indicators for appropriate use of A&E, re-direction to General Practice, re-direction to self care.
- **Best location of urgent care services** in Peterborough, on balance, is the City Care Centre and not the hospital site, though joint work with the hospital is critical.

Finances

4.4 The recommended option impacts on the original assumptions and targeted savings. This is mainly attributable to the additional investment required for medical leadership of the Urgent Care Centre and the investment required for 111. The introduction of 111 is a future national requirement.

£000	2011/12	2012/13	2013/14	2014/15
Revised Option	233	-191	-473	-503
Original preferred option	233	-281	-684	-835

4.5 The above figures are based on the following assumptions:

- That the services will be delivered within a financial envelope with providers holding risk for demand management
- That there will be 7.5% of activity shifted from ED to the UCC in year two and in year 3 the full 15% anticipated shift will happen.
- Economies of scale achieved by one provider integrating and running the three services

- 4.6 Risks to be mitigated against:
- Potential rise in activity at the urgent care service higher than modelled resulting in higher costs to PCT which are not controlled by the contract
 - Contract price resulting from the tender process not as competitive as expected
 - Patients resistant to change and levels of activity do not reduced as planned
 - Payment By Results tariff will need to be applied to Urgent Care Centre as this will be classed as a Level 3 A&E centre although there are examples across the country of locally agreed tariffs in place.

5. PRIMARY CARE - SUMMARY OF CONCLUSIONS IN LIGHT OF CONSULTATION

5.1 **Primary Care Access** varies significantly across Peterborough with seven practices performing in the lowest 10% nationally and five performing in the best 25%. The most effective strategy for improvement is change led by practices with input from those practices achieving good satisfaction levels – this has already been demonstrated by improvements at a practice with low satisfaction ratings. Good satisfaction relates to good management systems and not just the number of appointments provided. An update on progress and proposed approach to improvement is shown in attachment 1, appendix 5.

5.2 **Primary Care Capacity** – GP practices have the physical capacity and access to workforce to supply double the capacity needed to meet the need for additional registrations at practices in the North, Central and Park areas should Burghley Road and/or Alma Road close. This has been demonstrated by historical growth by practices. There is also sufficient capacity in Orton should Orton Medical Practice close.

5.3 In the context of the draft strategy and consultation process, practices have submitted the following proposals :

- **North Street and 63 Lincoln Road** describe what they could provide from the new premises in terms of additional services and additional opening hours (8am to 8pm weekdays and Saturday mornings). The outline business case meets the PCT's criteria, potential sites are available and could proceed to Full Business Case if funding is available.
- **East and Dogsthorpe** – the two practices running services at Parnwell, Welland and Dogsthorpe have described a proposal to merge and provide services from new premises based on the border of Dogsthorpe and East ward (with formal merger under one contract by March 2013). The provider has an implementation group formed, which includes patient representatives from Welland, Parnwell and Dogsthorpe and proposes working with this group to define the satellite services it could deliver. Stagecoach has indicated its willingness to consider changes to bus routes to ensure the Parnwell bus stops outside the new surgery. Getting confirmation of transport routes will be important to the decision regarding the nature of satellite services in Parnwell. The outline business case meets the PCT's criteria, potential sites are available and could proceed to Full Business Case. The premises' costs are self funding through savings made by vacating existing premises.

- **Alma Road, Burghley Road and Church Walk** - the three providers of these services have submitted a proposal to move services to the Healthy Living Centre and combine as one clinical team and operating under one contract from March 2013. This proposal was received after the consultation period and is at a high level at the moment. Whilst it has potential further work is needed to develop the proposal to consider it further, including the best option for location of long term condition services currently sited at the Health Living Centre.
- **Orton** – Orton Bushfield have submitted proposals to develop as an 8000 list practice to manage the transition from 4000 to 8000. The practice would welcome applications from nurses and doctors at Orton Medical Practice (OMP). The opportunity for new premises funded by the landlord remains. The PCT would need to identify another practice to provide enhanced services to Longueville Court care home, if the caretaker contract with OMP ends. Another practice in Peterborough is interested to provide this service.
- **Hampton** – have described at a high level the services they could provide from the new premises. Further information is needed, including proposed opening hours. The outline business case meets the NHSP's criteria, potential sites are available and the scheme could proceed to Full Business Case if funding is available.
- **Other** smaller proposals have been put forward by the Grange, Thistlemoor and Millfield Medical and further time is needed to give these proposals due consideration.

5.4 Proceeding with the proposed premises and contract changes recommended in this paper would have the following financial impact

£000	2011/12	2012/13	2013/14	2014/15
Revised Option	25	-450	-1,045	-570
Original preferred option	141	-915	-1,137	-819

This includes costs and savings for:

- New premises for 63 Lincoln Road and North Street; Hampton; East Dogsthorpe
- Savings from cessation of GP walk-in services at Alma Road
- Savings on existing premises that would be vacated
- Savings on improved contractual values

5.5 The financial forecasts vary from the preferred option in the consultation document due to revisions to the plans affecting the timing for release of savings and addition of contingency sums in view of potential risks.

5.6 Key risks for the board to be aware of and mitigated against are:

- Premises schemes are delivered late or to a higher cost than budgeted
- Proposed partnership arrangements between First Health, Welland and 3Well do not proceed to their intended conclusion
- Practices are not successful in implementing their access improvement plans
- Potential for larger practices to become less personalised and responsive

- Bus route negotiations are unsuccessful in East ward.

6. RECOMMENDED STRATEGY

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.

6.2 Urgent Care Services

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 services at the City Care Centre (seven days 8am to 8pm)
- undertake a regular 'Call First' campaign to communicate how to access services

6.3 Four New Health Centres

(a) Approve in principle the proposals made by practices to move 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.

(d) **Orton** Medical Practice caretaking contract and services to end in December 2011 with Orton Bushfield growing to take on the management of the majority of patients

- NHS Peterborough to agree a clear transition plan with Orton Bushfield and Orton Medical Practice. NHS Peterborough and the practices to communicate to patients the arrangements for transfer. Particular care to be taken agreeing transition for vulnerable patients
- NHS Peterborough to ensure a GP practice is procured to take on the contract for GP support to Orton Longueville (currently provided by Orton Medical Practice) in place by December 2011.

6.4 Services at Burghley Road, Alma Road and Church Walk

- (a) Walk-in services at Alma Road to end on 30 September 2012
- (b) Further work to be undertaken to develop and explore the proposal by First Health, Welland and 3Well to join as one service at the Healthy Living Centre. Further work to include:
 - A local involvement process with patients and affected stakeholders
 - Careful consideration of the options for location of long term condition services currently located at HLC
 - A detailed proposal by the 3 practices including benefits, costs and a delivery planTo complete this by 4 November, to allow the Board to decide in November the future of services for patients registered at these locations.

6.5 Other Primary Care Commissioning Matters

- (a) Implement access improvement plan (attachment 1, appendix 5) 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 :
 - o Move of practices to the Healthy Living Centre (led by Welland, First Health, 3Well)
 - o Use of sites at Dogsthorpe, Eye Road (Welland) and Parnwell prior to new health centre being available (led by Welland and First Health)
 - o 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. HEALTH SCRUTINY COMMISSION

- 7.1 NHS Peterborough has attended meetings with the Health Scrutiny Commission over the last 12 months to discuss urgent and primary care strategy and the consultation process. This included a meeting held on 27 June 2011, at which the Commission agreed the following :
 - *That the Commission support the consultation and*
 - *That the PCT return to a meeting of the Commission on 13 September 2011 to provide a report on the outcome of the consultation, including any recommendations to the NHS Peterborough Board. The Commission will then consider all responses to the consultation prior to submission to the NHS Peterborough Board on 21 September and a final decision being made. The Commission would then provide a formal response to the consultation.*
- 7.2 NHS Peterborough attended the meeting on 13 September 2011. The outcome of this reported to the Board on 21 September 2011.

8. IMPLEMENTATION TIMETABLE

Sep 2011	Board decision
Nov 2011	Board considers and decides on detailed proposal by practices for registered services for patients at Alma Road, Burghley Road and Church Walk
Dec 2011	Orton Medical Practice closes December 2011.
Jan 2012	Full Business cases submitted for 4 new health centres
July 2012	Integrated urgent care provider operational with telephone triage (111), GP-led walk-in and out of hours services
Sep 2012	GP walk-in services provided by 3Well stop
April 2013	Full minor injury capability in place
Summer 2013	New health centre at Orton opens New health centre at East and Dogsthorpe opens
Spring 2014	Practices at North Street and 63 Lincoln Road move to new health centre Practice at Hampton moves to new health centre

9. RECOMMENDATIONS

9.1 NHSP Board is asked :

- to note the process that has been followed and the responses received
- to support the proposed response to consultation
- to support the recommended strategy and actions described in section 6.

ATTACHMENTS

- Attachment 1 - Consultation report and response
- Attachment 2 - Urgent Care analysis and conclusions
- Attachment 3 - Primary care analysis and conclusions

Report completed by

Peter Wightman, Interim Director Primary Care

Sarah Shuttlewood, Director of Acute Services

Jessica Bawden, Director of Communications and Patient Experience

End of Consultation Report

NHS PETERBOROUGH
Peterborough Primary Care Trust

The Right Care at the Right Time **End of Consultation Report**

18 May to 18 August 2011

1. Background to the consultation

NHS Peterborough began a consultation process for the future of the equitable access centre at Alma Road in summer 2010. We stopped the consultation in October 2010 to allow time for a review of urgent care services.

We have also previously conducted a series of small consultations regarding the future of individual GP surgeries, following the retirement of GP sole contractors. We listened to feedback from these previous consultations which asked that we consult in a more strategic way and so developed an overarching comprehensive approach to both urgent care and primary care services.

In view of the interconnected nature of these two service areas, we consulted simultaneously on our approaches for primary care and urgent care.

2. Pre-consultation

NHS Peterborough began the pre-consultation stage of this consultation in December 2011.

We completed an extensive programme of pre-consultation visits from December 2010 right up until the consultation started in May 2011. The consultation was originally planned to start in March 2011, this was postponed to allow for the pre-consultation stage to be fully completed, and to avoid consulting in the 'pre-election period',

The pre-consultation stage included meetings with various key stakeholders and stakeholder groups to discuss their views on the proposals, to go through the options for the consultation that NHS Peterborough had developed and to give them an opportunity to propose any additional or amended options.

We met with:

- Holders of 18 primary care contracts
- Groups of Councillors representing five different wards across the city.
- Wrote to all other ward Councillors and circulated the pre-consultation document.
- Both Members of Parliament representing areas in Peterborough
- Peterborough & Stamford Hospitals Foundation Trust
- Peterborough Community Service
- Cambridgeshire Community Services
- Cambridgeshire & Peterborough Foundation Trust

- Cambridgeshire Local Medical Committee
- Peterborough Local Involvement Network (LINk)
- NHS Peterborough Public Consultation Forum
- Scrutiny Committee for Health Issues

The information from this pre-consultation period significantly informed NHS Peterborough's planning for this consultation.

The headlines of the comments from pre-consultation were as follows:

- Welcome for the strategic approach looking at the system as a whole rather than a piecemeal approach
- Clinicians, in general, supported the need to move away from small GP practices over time, including doctors in small practices who do not regard the model as sustainable in the future. There was concern expressed by patients of small practices that this could lead to a less personal service
- Overall councillors and MPs were supportive of the approach being taken (with the exception of Park Ward where the Alma Road service is based)
- There was wide recognition of the need to streamline urgent care services, but divided views on the relative value of the walk-in services
- The potential contribution of a dedicated minor injury unit was clarified with the current provider, Cambridgeshire Community Services
- Stakeholders developed a greater understanding of specific local issues:
 - The extent of the problems for patient services created by premises at 63 Lincoln Road, North Street and importance of ensuring services adapt to meet the needs of specific communities in Central Ward
 - Importance of planning for population growth at Hampton
 - The extent of the problems for patient services created by premises at Welland and the difficulties for access. The need for local access in Parnwell
- Peterborough City Council was keen to support the PCT in identifying appropriate sites for new practices should they proceed following the consultation process.

See Appendix 1 – Pre-consultation document

Department of Health Gateway Review

The Gateway Review provides assurance to the Programme Board that the scope and purpose of the programme has been adequately researched and maintained, that there is a shared understanding of what is to be achieved by the key stakeholders, that it fits within the organisation's overall policy or management strategy and priorities; that there is a realistic possibility of securing the resources needed for delivery and that any procurement takes account of prevailing government policies.

The Review will, in addition, examine how the work strands are organised (in sub-programmes, projects, etc) to deliver the overall programme objectives, and that the programme management structure, monitoring and resourcing is appropriate. In short, the Gateway Review aims to test whether stakeholders' expectations of the programme are realistic, by reference to costs, risks, outcomes, resource needs, timetable and general achievability at whatever stage the programme is examined.

NHS Peterborough invited the Department of Health Gateway Team to review the proposals during their development.

The Gateway Review Team looks at major service reconfigurations, checks the direction is consistent with national policy and advises on the process being followed.

The group visited NHS Peterborough from 8 to 10 February 2011 and made the following observations:

- The strategy is broadly in line with national policy and is generally supported in the locality
- Expressed concern regarding the timetable being pursued by the PCT given the state of readiness of documentation at the time of the visit. (The consultation was due to start in March 2011 when the Gateway Team undertook this review)
- Recommended the PCT ensure sufficient resources are dedicated to the project to :
- Increase financial capacity to provide assurance on the financial information
- Revise the consultation document and supporting business case to make a persuasive case to support the proposals for change
- Project management processes needed to be strengthened.

In response to the feedback from the Gateway Team, NHS Peterborough took the following actions:

- NHSP delayed the start of the consultation by 3 months providing further time to develop and improve the documentation
- Increased the financial capacity allocated to the project
- The project management disciplines were strengthened

National Clinical Advisory Team (NCAT) Review

The National Clinical Advisory Team was initiated by Sir George Alberti to provide clinical advice to the process of reconfiguration. The team consists of senior clinicians from many specialities who have often been involved with reconfiguration, or have held senior NHS leadership positions. An NCAT visit is a required part of the assurance process for reconfiguration. NCAT will often conduct its visits at the same time, or thereabouts, as the Department of Health Gateway team

The NCAT team's role is to ensure that the reconfiguration plans make sense and that there is a clinical justification for the reconfiguration with an evidence base.

They ensure that the reconfiguration scheme has the support of local senior clinicians and GPs, and that the public and patients have been appropriately engaged.

The NCAT review can ensure that NHS Peterborough meets the requirements of the 4 criteria for successful reconfiguration as described by the Secretary of State for Health.

The NCAT review came to the following conclusions:

- The plans for reconfiguration of primary care and urgent care in Peterborough make clinical sense and do not pose any issues of patient safety
- We were impressed that, in Peterborough, primary and secondary care teams were beginning to work together to solve some of the difficult issues of urgent and emergency care. This work needs to develop and continue.

- We support the closure of one of the walk-in centres and the development of the other walk-in centre as the minor injuries unit. The minor injuries unit needs to be linked closely to the Emergency Department at Peterborough Hospital.
- The public needs to be reassured that there is sufficient capacity in the system so they can access GP services in and out of hours speedily and appropriately.
- There is a pressing need to improve GP premises in Peterborough city centre as soon as possible. Replacing small practices with moderate sized GP practices makes clinical sense and should enhance the quality and breadth of services delivered by these practices.
- The local council needs to be made aware of public transport issues. People should be able to access the City Care Centre and Peterborough Hospital by public transport from early in the morning to late at night.

The NCAT review made the following recommendation:

- Peterborough PCT proceeds to public consultation on the basis of its plans and describes clearly to the public the benefits of moving to this new system, that is whilst there may be financial savings, the proposals are primarily an opportunity to improve access to GPs, the quality of GP premises and develop a minor injuries service within close reach of the city centre.

In response to the feedback from the NCAT Review Team, NHS Peterborough took the following actions:

- Met with Peterborough City Council to discuss transport issues relating to the proposals in the consultation.
- Proceeded with a 13 week consultation.
- Will ensure that any proposed changes are supported by information campaigns for local people.

Legal Advice

NHS Peterborough sought legal advice from their appointed legal team and a national legal firm of who specialise in healthcare law. NHS Peterborough sought advice that the consultation process was fully compliant with regard to Section 242 (a) and (b) of the NHS Act 2006 and was within the guidance of with the Cabinet Office Code of Practice for Consultations. The advice from the Legal teams stated:

"I am satisfied from this documentation, firstly that the consultation and engagement process adopted by the PCT to date, as well as going forward, meets all the legal requirements. I am equally satisfied with the documents that I have re-viewed.

Finally, I should add that in my opinion the process and documentation is well above average based on my experience of other similar consultation exercises."

David Mason. Head of Public Law Department, Partner Capsticks Solicitors LLP

"I am satisfied that the consultation process more than adequately captures the seven headline criterion set out in the Cabinet Office Code of Practice,

In relation to your obligations under section 242 (a) & (b) of the NHS Act 2006, I am satisfied the PCT have embarked upon a robust and legally compliant pre-consultation process satisfying the section 242 obligations to involve and inform stakeholders of your consultation proposals."

Satinder Sahota, Solicitor, Cambridgeshire County Council

See Appendix 2 letters from solicitors

3. Consultation

The consultation ran from 18 May to 18 August, a period of 13 weeks. At the beginning of the consultation NHS Peterborough sent out approximately 30,000 letters. We wrote to all registered patients at the GP practices that were affected by this consultation informing them that we were starting the consultation and inviting them to attend a range of public meetings to discuss how the consultation options could affect their GP practice.

NHS Peterborough distributed 10,000 consultation documents and 250 posters to libraries, GP practices, pharmacies, dentists and other community locations. We sent consultation documents to all of our key stakeholders along with a letter offering to attend their meetings should they require it.

The consultation documents were distributed in batches throughout the consultation and a re-ordering system was put in place for GP practices so that they could quickly be re-supplied when their stocks ran low. NHS Peterborough also sent out consultation documents to individuals who contacted us as well as having supplies of the documents at our offices and at each meeting we organised or attended for people to take away.

We had requests from GP practices and individuals for the document to be translated into other languages. In order to facilitate this we developed a consultation summary document and had this translated into Czech, Kurdish, Lithuanian, Polish, Portuguese and Urdu. We also translated the response form into these languages so that people could respond to the consultation in their own language. 1000 of each of these translations were distributed to all GP practices and were available at all of the public meetings.

We developed an easy-read version with pictures to enable people with learning disabilities to respond to the consultation. This was distributed through the Learning Disability Partnership Board network as well as the Carers network. We also had requests for the document in Text Rich and HTML versions, as well as larger print versions for people who were either blind or had a visual impairment.

All of the consultation documents including the translations, alternative formats (where appropriate) summaries and supporting business case were available on our website from their print date to the end of the consultation.

Alongside the distribution of the documents we also arranged 8 public meetings. These were spread across the city in areas that were mentioned in the consultation document as being affected by change. These meetings were well attended and raised a variety of issues and viewpoints that are reflected in the themes. Minutes of these meetings are also attached.

Public consultation meetings organised by NHS Peterborough

25 May	Gladstone Park Community Centre (Central Ward)
26 May	St John's School, Orton Goldhay
6 June	Parnwell Primary School
7 June	Hampton Vale Primary School
30 June	Town Hall, Bridge Street, (City Centre) afternoon meeting
30 June	Town Hall, Bridge Street, (City Centre) evening meeting
6 July	Queen's Drive Infants School (Park Ward)
18 July	Dogsthorpe Infants School

We recorded a total of 320 attendances at our public meetings. Some people attended all of the public meetings to give their viewpoint. The highest level of attendance was at the Town Hall on the afternoon of 30th June with 108 people, the lowest was Dogsthorpe Infants School on 7 July with 11 people attending.

As well as arranging these public meetings NHS Peterborough arranged to attend a number of meetings to discuss the consultation further. We were also invited to attend other meetings by groups of people who wanted to discuss the consultation with us in detail.

Media coverage for the consultation

During the consultation period the following media activity, most promoting the opportunity to respond to the consultation, was recorded:

39 articles in the Evening Telegraph - including 11 letters, 28 articles
Three articles in GP Newspaper
Four adverts in Peterborough Evening Telegraph
Seven interviews, including one TV (Look East) and six with Radio (five with BBC Radio Cambridgeshire and one with Peterborough Community radio)

Meetings attended by NHS Peterborough as part of the consultation

19 May	Dogsthorpe Residents Association AGM
14 June	Scrutiny Commission for Health Issues
14 June	Borderline Patients Forum
16 June	Central and North Neighbourhood meeting
16 June	Peterborough Emergency Care Network
21 June	Orton with Hampton Neighbourhood meeting
21 June	Peterborough Local Involvement Network (LINK)
22 June	North Neighbourhood meeting
28 June	Stanground and Woodston Neighbourhood meeting
27 June	Scrutiny Commission for Health Issues
7 July	Walk-in Centre staff meeting
7 July	Rural North Neighbourhood meeting
11 July	Clifton Court Coffee Morning (informal meeting)
14 July	Walk-in Centre staff meeting
14 July	NHS Public Consultation Forum
27 July	Senior Citizen's Forum

The minutes from these meetings are enclosed in Appendix 5. The feedback we received from these meetings has been summarised into the Themes and Issues raised sections below.

See Appendix 3 meeting minutes

4. Number of Consultation Responses

4.1 Number of Responses

The Consultation document had a removal questionnaire form at the back with a series of questions that corresponded to different elements of the consultation. These were all sent to Market Research UK (MRUK) an independent market research company. MRUK also set-up an online version of this questionnaire which was accessed through the NHS Peterborough website. All of these responses were collated and analysed by them. They sent us a comprehensive feedback report.

See Appendix 4 MRUK feedback report

In addition to these questionnaire responses we received a number of consultation responses in other ways.

E-mails	34
Telephone calls	71
Letters	15
Formal responses from organisations or groups	13
Petitions and local postcard campaigns	8

A number of key themes emerged from the feedback we received as part of this consultation as well as feedback on the different elements of the consultation.

NHS Peterborough invited Councillor Fitzgerald, Gordon Lacey, Vice Chair of Peterborough Local Involvement Network and Chris Campling, Non-Executive Director to validate the consultation responses. This involved reading through all of the minutes, letters, e-mails, petitions and consultation responses to ensure that this report accurately reflects the responses that we received.

5. Themes Emerging and NHS Peterborough Response

The key themes emerging are presented below and include a response by NHS Peterborough in italics.

This report is only a summary of the responses, NHS Peterborough has included the full MRUK report, minutes of all the public meetings as well as all of the formal responses we received as appendices to this report.

Consultation Process

5.1 At the start of the consultation we received some criticism for not having the consultation documents printed ready for distribution on 18 May.

NHS Peterborough response:

- ⇒ *The consultation document needed to be approved by NHS Peterborough Board for the consultation to begin. We wanted to ensure that all changes, recommendations and variations that were suggested during the extended pre-consultation stage were incorporated. The Board wanted to ratify all the documents at the start of the consultation to ensure that all the pre-consultation stage information was reflected in the document that went on print. The documents were amended at the Board meeting on 18 May to*

reflect the comments of the Board and the members of the public who attended.

All completed documents were available electronically from 18 May on our website. The printing of large documents of this nature takes a week or more. The printed documents were circulated from 25th May onwards. The consultation ran for 13 weeks giving good time for distribution and comment. In advance of this photocopies and print outs of the consultation documents were made available at all public meetings (including the first meeting on 19 May) and to GP practices until the printed material was ready for distribution.

5.2 We received comments that people were mistrustful that this was a true consultation. They felt that NHS Peterborough had already made the decision as we had clearly stated what our preferred option was.

NHS Peterborough response:

- ⇒ *There is evidence that we are listening shown in our recommendations in this report. We are developing new options to incorporate as many views and opinions as possible. The business case supporting the consultation detailed how we had developed the options presented during the extensive pre-consultation phase. We worked with key providers to develop option 2 during this phase of the consultation.*

5.3 Councillor Peach commented at the scrutiny meeting on 14 June that he felt the consultation was flawed because not enough meetings had been held for public consultation.

NHS Peterborough response:

- ⇒ *NHS Peterborough planned public consultation meetings in all areas of the city where the residents were directly affected by this consultation, as well as two meetings in the city centre. All of the meetings except one were held in the early evening to allow as many people to attend as possible. One was held in the afternoon and was very well attended particularly by older people. Another two public meetings were added during the consultation in areas where many people had raised concerns.*

5.4 Councillor Peach also asked NHS Peterborough to confirm that they had no preconceived view of the consultation. Councillor Peach had evidence that NHS Peterborough were in discussions about the disposal of the land at Alma Road which would suggest that NHS Peterborough were pre-determining the consultation.

NHS Peterborough response:

- ⇒ *NHS Peterborough responded to this by explaining that we needed to have implementation plans in place or at least outlined for each of the options so that the Board had the full financial information it would need to make the decision in September. Also Alma Road is a temporary building and one permanent premises solution could be to move the surgery to the Healthy Living Centre. All of these premises discussions would include patients and key stakeholders after the Board decision in September.*

5.5 Councillor Peach commented on accessibility of the consultation through the translated documents and response forms.

NHS Peterborough response:

- ⇒ *NHS Peterborough has responded to every request for the consultation documents in alternative formats. We translated the summary consultation documents and feedback forms into Czech, Kurdish, Lithuanian, Polish, Portuguese and Urdu. We then had a thousand copies of each of these printed and distributed them to Elected members and all GP practices as well as making them available on our website.*

We also responded to requests for an easy-read version of the summary and text only, text rich versions of the full consultation document. We provided interpreters at public meetings in many different community languages although none of these were used they were available to people so that they could access information.

The Engagement team responded to telephone enquiries where people were seeking a greater understanding of how the issues would affect them individually.

We also had many people commenting on how comprehensive the consultation was. We received feedback that we had provided enough comprehensive information for people to read and digest and opportunities for them to ask questions.

Access to GP appointments

5.6 This emerged early on as a key theme for many people. Throughout the consultation people gave us a range of viewpoints on the accessibility of their own practice. We heard from people who could call their surgery and able offered a choice of different appointment time and from people who couldn't even get through to their surgery. The people who felt that they could not access appointments often felt let down and frustrated by this. They wanted to know that if some surgeries could offer a good appointment booking service why couldn't all practices?

Some patients at Orton Medical Practice felt that since the current GP had been running the practice access to appointments had improved and this made them resistant to any change as they did not want things to revert to how they were before.

People confirmed that one of the reasons they went to the Alma road walk-in service was because they weren't able to get an appointment with their own GP when they wanted to see them, or when they weren't at work.

NHS Peterborough response:

- ⇒ *NHS Peterborough recognises there is problem with some practices. Evidence elsewhere and locally shows this can be improved through better management systems and is implementing an action plan to support practices in achieving (described in attachment 3) .*

Mistrust of the concept of larger practices.

5.7 Many of the feedback forms received as part of the consultation supported the overall vision for Primary and Urgent care but were wary of the move from smaller to medium to large GP practices. There was a feeling that large practices are impersonal and that you would not be able to maintain a relationship with one particular GP. People want to be treated as individuals and felt that this could be lost in a large practice.

At the public meetings patients also expressed doubt about the benefits of larger practices. When NHS Peterborough explained that some of the patients were already registered at larger practices then the concept became clearer.

We gave the following example of a larger practice:

EXAMPLE PRACTICE
Five GP partner practice serving approximately 10,000 patients

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, 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

Patients already registered at large practices such as North Street, Lincoln Road and Nene valley often gave feedback that they were very happy with the services they received from their practice and felt very loyal to those practices.

Ailsworth Medical Centre Patients Group expressed their concern over the lack of clarity as to the proposals for their practice.

They support option 3 but with reservations as they are not clear on the position with regard to Ailsworth Surgery. Being a smaller practice they do not support the element of the vision that moves over time from smaller practices to medium to larger practices. This surgery believes that they meet our criteria for the future set out in the Primary Care vision.

Cambridgeshire Local Medical Committee wrote to say:

“The Committee agrees that NHS Peterborough should develop a vision for primary and urgent care in Peterborough rather than continuing to be reactive to changes that evolve within the PCTs area, and is broadly supportive of your proposals.”

“The Committee understands why the PCT believes that medium and larger practices are better placed to deliver services but would like to emphasise that small practices also have their virtues and are often highly valued by patients.”

NHS Peterborough response:

- ⇒ *This is an important issue that larger practices should be aware of. However, there are many examples of high patient satisfaction at larger practices in*

Peterborough and larger practices can offer many benefits defined in the strategy e.g. patient choice of clinician, peer support to enable high standards of care

Transport

5.8 Access to public transport was a key issue in many areas of this consultation.

Many patients at North Street phoned to ask us not to move the practice too far from its current location if that option should be successful. Many people from North Street practice told us that although they did not live near the practice they had registered there due to the buses stopping very close to the surgery. For some disabled and less mobile people public transport was essential for them to be able to access their GP services.

NHS Peterborough response:

- ⇒ *The strategy is to ensure the new location would be within 0.25 mile of the current location. There are a number of potential sites which have been identified which can achieve this and would be reviewed in a site appraisal in the autumn if the Board supports the new premises.*

5.9 For Dogsthorpe, Parnwell and Welland practice patients public transport was a key issue in whether they could support these practices coming together. There were difficulties in accessing these wards as all the buses in this area run into the City centre not on circular routes through these wards.

NHS Peterborough response:

- ⇒ *NHS Peterborough recognises the need for patients in these communities to be within one short bus journey of the practice. Stagecoach and PCC have agreed to review bus routes should the new health centre be approved.*

Hospital finances

5.10 At most of the public meetings and meetings we attended people raised the issue of the Hospital Private Finance Initiative (PFI). People questioned whether the finances for the proposals would be reliant or linked in some way to the hospital's financial situation. People were disappointed that NHS money was going into PFI instead of being spent on frontline services.

Councillor Murphy raised this point at the Gladstone Park public meeting on 25 May, as well at the Central and North Neighbourhood meeting on 16th June.

NHS Peterborough response:

- ⇒ *NHS Peterborough recognises that this is an area of concern for many people but this was out of the area of the consultation and the hospital finances were not a driver for this consultation*

PCT Management Capacity

5.11 People questioned whether the Primary Care Trust would have the capacity to deliver the changes outlined in the proposals when they would no longer exist by April 2013. Who would continue the implementation or development plans once the Primary Care Trust was disbanded in 2013?

NHS Peterborough response:

- ⇒ *It is important that the NHS continues to plan and commission for the needs of people of Peterborough during the transition. Responsibility for commissioning primary care transfers to the National Commissioning Board in March 2013. NHS Peterborough will work closely with the local arm of NCB to ensure a smooth transition. Responsibility for commissioning urgent care will transfer to clinical commissioning groups which are being established. The draft strategy is consistent with national policy and has the support of the Strategic Health Authority and National Clinical Advisory Team (clinical experts in primary care and urgent care who reviewed the draft strategy prior to consultation).*

- ⇒ *NHS Peterborough could have taken the view that we could leave all this to the Clinical Commissioners, but the problems are not going to go away. As an organisation NHS Peterborough felt it had a duty to attempt to put in place a strategic direction for Primary and Urgent Care that would ensure that services were efficient, cost effective, good quality and fit for purpose now and into the future.*

Timescales for Developments post consultations

5.12 The GPs from Alma Road challenged NHS Peterborough on the timescales given in the consultation. If option 3 is implemented then Alma Road would close in 2012, but the other GP practice developments would not be complete until 2014. What will happen to patients in the interim? Why not keep Alma Road open until the other developments are complete? Other members of the public asked why the developments would take so long, and linked to the questions above, who would complete the work when the Primary care Trust no longer existed. The Health Scrutiny Commission wanted assurances that the developments listed in option 3 would be completed before any closures.

NHS Peterborough response:

- ⇒ *Registered patients. NHS Peterborough can provide assurances that there is sufficient capacity in the Primary care system now to absorb the 4500 patients that would need to re-register as a result of any closures (see Attachment 3). The proposed closures were all small practices. GPs are paid per patient and employ staff to deliver services to their patient list, as the numbers of patients increase so do the number of doctors and nurses they employ to deliver services.*
- ⇒ *Walk-In patients - The evidence suggests the Alma Road service has not reduced A&E attendance. Stockport PCT recently closed its walk-in service and saw no rise in attendance at A&E or Out of Hours GP services*
- ⇒ *The timescale for development includes planning full business case approval, planning permission and the building process and are based on previous experience of similar projects.*

Developing a GP-led walk-in service in one location, merging the current walk-in services

5.13 This theme emerged during the consultation as an alternative option for NHS Peterborough to consider.

Stewart Jackson MP in his letter to Peter Wightman dated 26 July stated that he would prefer to see a cheaper reconfiguration of the clinical offering currently available on the Alma Road site and encouraged us to find a compromise with the current providers of this service.

Stewart Jackson MP supports the proposal to convert and upgrade the City care Centre in to a Minor Injuries Unit, which could relieve pressure on other GP practices and the A & E department at Peterborough City Hospital.

Peterborough and Stamford Hospitals' Interim Chief Executive Louise Barnett wrote to NHS Peterborough and suggested an alternative option to have a single GP-led walk-in/minor injuries centre. Patients would continue to have a choice of services: including NHS Direct, GP and practice services as well as one GP-led walk-in/ minor injury service. Further that they were open to exploring with NHS Peterborough the development of an effective integrated urgent care service.

Peterborough and Stamford Hospital Trust also commented that having a GP-led walk-in service has resulted in improved access for patients and appropriate referrals to the A&E service, compared with the nurse led CCC walk in centre where they receive a higher proportion of inappropriate referrals

At public meetings people told us that they would prefer a GP-led walk-in service and shared experiences of their frustration when they had waited at the nurse-led Walk-In Centre and could not be treated. However this was qualified by people who shared very positive experiences of using the current walk-in service.

First health told us that they would prefer to see a single co-located walk-in and out of hours services as a "front door" to A & E. thus deflecting inappropriate A & E attendances at peak times.

Cambridgeshire Community Services support the general vision for Out of Hours service and urgent care. They would like further clarity on the finances, and cannot offer their full support until the financial situations is clearer. They want any changes to the walk-in centre into a Minor Injuries unit to tie in with GP practice improvements to ensure that there is sufficient capacity in the system to properly implement these changes. They noted that any changes to services need to take account of the potential use of the 111 service and how this will work with a Minor Injury Unit and Out of Hours service.

Cambridgeshire Local Medical Committee was pleased to note the proposal to upgrade the City Care Centre to become a minor illness and injury unit.

NHS Peterborough response:

⇒ *The options for urgent care are considered in more detail in Attachment 2*

Exploring different options for some of the smaller practices to merge rather than close.

5.14 This was another alternative option that developed as the consultation progressed. NHS Peterborough received a formal letter of response from First Health who operate the services at Dogsthorpe practice and Burghley Road practice to propose that instead of closing the Burghley Road Practice we merge it with Church Walk Practice (a branch surgery of Welland Practice) and move them both into the underused Healthy Living Centre. They highlight the culturally sensitive services that both of these small practice provide in a deprived area and suggest that this alternative proposal would allow them not only to continue together but to enhance the services they can provide.

NHS Peterborough response:

- ⇒ *Subsequent to this, both contractors and 3-Well (who currently provide services at Alma Road) have presented a proposal to join together and provide service, at the Healthy Living Centre. This will be considered by NHS Peterborough*

Parnwell/Dogsthorpe/Welland East Ward issues

5.15 NHS Peterborough received two separate petitions from the Parnwell area. The first was organised by the Parnwell Residents Association and was in the form of a 'Save our surgery' letter that people could sign and either return to us, or send back to the residents' association. There were 248 of these letters received. The other petition was organised by Mr Haq Nawaz from East Ward and was in the form of a questionnaire asking people whether they strongly agreed, very strongly agreed or were indifferent to the closure of Parnwell health centre. This petition had a total of 344 signatures with 3 of those indifferent and 14 undecided.

70 people attended the public meeting in Parnwell on 6 June and 11 attended a meeting at Dogsthorpe Infants School on 18 July. At the Parnwell meeting there was strong opposition to the closure of service in Parnwell. People raised the issue of transport in this area. There is a high density of older residents and young families so public transport is very important but travelling across the area to and from Dogsthorpe and Parnwell is difficult as all the buses run into the City centre and stop after 6pm.

Councillors Peach and Shabbir raised the need to plan for new houses in old Perkins site in the area, and felt the proposals did not take this into account.

Mr Nawaz and the East Ward Councillors all raised the issue of East Ward being an area of high deprivation with very little service or no service provision. They wanted NHS Peterborough to address this issue again and look at this area as a possible site for a combined surgery with a branch in Parnwell.

Councillor Miners, in a late response to the consultation commented:

"As a local resident of Dogsthorpe and also a Dogsthorpe Ward Councillor I cannot argue with the "The Right Care at the Right Time" If only it was in place now, and will it ever arrive?"

Noting the high deprivation levels within the Ward and general levels of poor health of many local people, and the general lack of adequate NHS facilities locally, I very much welcome changes that will help ensure patients especially in the Dogsthorpe Ward have access to high quality, safe and affective health care services. "

Also adding:

"Perhaps what the local community wants should take a far more important role, than the delivery of achieving a certain level of financial savings."

Cambridgeshire Local Medical Committee fully supports new premises being provided for 63 Lincoln Road Surgery and North Street, and new GP premises in Dogsthorpe and Hampton.

NHS Peterborough response:

- ⇒ *The proposed development in East Ward, supported by bus route changes and satellite services aims to address this concern. This is discussed further in Attachment 3.*

Alma Road Walk-in Centre

5.16 There has been opposition to the closure of Alma Road from 3-Well, the current provider of these services, and Alma Road patients, who have attended every public meeting. NHS Peterborough fully appreciates why they felt this was important.

Councillor Peach opposes the closure of this service and has attended many of the meetings held in public to express his opinions.

We have received two petitions from 3-Well. The first was a letter campaign where they distributed letters to patients giving them the choice of opting for option 1 or option 2 out of the three consultation options presented by NHS Peterborough. There were 229 letters handed in 215 of which supported option 1. The other petition was a leaflet campaign that again gave people the option of voting for option 1 or option 2 of the three consultation options. There were 2310 responses received on this petition. 3-Well also set up a voting button on their website that people could click on if they wanted the service to stay open. They received 149 votes using this method. 19 residents from The Pavilions signed a petition to keep Alma Road open.

3-Well stated that removing this service would leave a massive gap in the local health economy that other GP practices around them will not be able to fill. They question whether there is enough capacity in the current system to cope with their patients if the service were too close and that this would lead to 20-30,000 extra A&E attendances.

3-Well state that they provide a service that is unique and that vulnerable people rely on them for their healthcare needs. People have told us that they use the Alma Road walk-in service as access to appointments at their registered GP practice is poor. Several patients with complex long-term conditions expressed their opinions that the unique combination of extended opening hours, walk-in elements and registered GP service at Alma Road was helping them to manage their conditions and avoid hospital admissions. 3-Well challenged the financial information that NHS Peterborough gave in the business case. See appendix 5

The Cambridgeshire Local Medical Committee support the proposal to upgrade the City Care Centre to become a minor illness and injury unit and acknowledges that patients registered at Alma Road would be supported to register at one of five alternative practices located within 15 minute walk of their former practice.

Stewart Jackson MP wrote to NHS Peterborough and said that he would not like to see the Alma Road facility continue as it is today, if in so doing and due to financial pressures, it jeopardises the future of one or more other primary care facilities in central Peterborough.

Councillor John Peach sent a response in support of Alma Road staying open. He raised the following issues:

- Adequacy of access – Alma Road satisfying a demand for 24,000 consultations for walk-in patients in its first year. Many of the patients using this walk-in service have said they were unable to get timely appointments at their own practice
- If the high levels of need in Central Peterborough (including the Park ward area which he represents) continue, then any reduction of service can be expected to result in an increase in undesirable health outcomes: early deaths; untoward incidents.

- Councillor Peach believes that the only option which makes sense in the consultation is Option 1. Options 2 and 3 do not have enough robust evidence to support them, or credible plans for a successful implementation. He further believes there are other options which should be considered and which could enjoy the wide support of both patients and the healthcare community whilst preserving the choice and competition that encourage innovation and improvement.
- He stated that the PCT claims that people are confused about which services to attend in different circumstances. It offers no concrete evidence for this statement. From the numbers attending each service, the evidence is that people are managing very well to exercise their right of choice.

NHS Peterborough response:

- ⇒ *Walk-in services. The creation of the Alma Road GP walk-in service has led to duplication. Currently at least 1 in 3 walk-in patients also attend their own practice as part of the management of the same problem, resulting in a direct duplication of service. Releasing resources by reducing duplication is a key theme for the PCT to improve service quality within current budget levels. Closure of the Alma Road service would lead to a loss of around 22,000 walk-in appointments. Most of the walk-in cases are minor and would be seen by the patient's own GP. NHS PETERBOROUGH is confident there are enough good alternatives for these patients. Patients can (and do) access services at their GP practice, the Thorpe Road walk in centre and the GP out of hours service at evenings and weekends.*
- ⇒ *Registered services. Extra local GP practice capacity would be needed for approximately 4500 patients in April 2011 if Alma Road and Burghley Road close (36,000 appointments). Existing practices serving central and park wards have capacity for at least 10,000 new registrations (80,000 appointments), which is double the requirement.*
- ⇒ *A further 2000 patient registrations are forecast in the central and park ward areas over 5 years (16, 000 appointments). Existing practice capacity will increase further over time, in particular in 2014, if the new health centre for North Street and 63 Lincoln Road proceeds. The new developments will be built with sufficient space to accommodate forecast growth.*
- ⇒ *There is no evidence that the Alma Road walk-in service has or would reduce A&E attendances. The majority of cases are minor illness. The Alma Road walk-in service is primarily used by patients in the central ward and park wards. Patterns of attendances at A&E in these wards are no different to the pattern of attendance across Peterborough i.e. broadly static. The access to a GP-walk in service does not appear to have reduced A&E attendances in these wards.*

Orton Medical/ Orton Bushfield

5.17 At the public meeting at the Town hall on 30 June the practice manager from Orton Medical Centre firmly objected to the merger or closure of Orton medical practice. He handed in a petition with 1347 signatures. This petition had been supported by a letter sent from Dr Cartmel describing how the PCT wanted to close Orton Medical Practice but providing no information on the alternative services in Orton that NHS Peterborough would commission.

NHS Peterborough response:

- ⇒ *This led to a misunderstanding in the community that the Orton Medical Practice service if it closed would not be replaced locally and patients would need to travel out of the area. NHS Peterborough distributed a letter describing the background and its intention to continue services in Orton Bushfield – the question was whether it was one clinical team or 2. Once this misunderstanding was corrected, more people were supportive of the move to a single practice.*

Members of staff from Orton Medical and patients have expressed their concerns over these proposals, with some objections to this merger. Many of the objections state that the services delivered from Orton Medical Practice have improved since the current caretaking arrangements have been in place and they are worried that standards will fall.

Some objections state that as the practices currently work well separately why not continue with that arrangement.

Some patients had no objections to the merge as long as standards are maintained and the practices do not move far from their current location. Transport was raised as an issue for these two practices, as again access to public transport is currently good.

43 people attended the meeting at St Johns School in Orton Goldhay. NHS Peterborough was questioned on the possibility of the current Doctors practising together as one practice and whether all the current staff at both practices would be maintained.

Both practices expressed willingness to work together to discuss the needs of all of their patients.

Orton Residents' Association commented that NHS Peterborough had put forward persuasive and well-argued proposals; however, they distrusted this re-organisations of services as it sounded like Orton medical would be swallowed up in the reconfiguration. Why couldn't the two surgeries work together?

The practice manager from Orton medical stated that the landlord of the new building was just as happy for one or two practices to move into the new build.

NHS Peterborough response:

- ⇒ *NHS Peterborough has encouraged the surgeries to work together but ultimately this is a matter for the surgeries. The Orton Medical Practice were successful in competing for a caretaker contract whilst the strategy for the future was resolved.*

Hampton

5.18 16 people attended the public meeting in Hampton. Those who were patients at Hampton supported the need for a new surgery here so that the services were robust enough to support this community. People felt let down that the developers had not come through with the previous plans to complete a health and well-being centre in Hampton. People expressed mistrust that the proposals would be delivered as they had been let down before.

Peterborough LINK members and members of the NHS Public Consultation Forum stated that not enough services were being delivered south of the river in

Peterborough. That the majority of services were delivered from the centre or north of the city and the south of the city always lost out. They welcomed these proposals for Hampton.

NHS Peterborough received a petition from Hampton patients supporting option three which would sufficient savings for a new GP practice for Hampton health. This petition had 169 signatures.

Cambridgeshire Local medical Committee fully supports new premises being provided for 63 Lincoln Road Surgery and North Street, and new GP premises in Dogsthorpe and Hampton.

NHS Peterborough response:

⇒ *This is discussed further in Attachment 3.*

Lincoln Road/ North Street

5.19 NHS Peterborough received strong support for the redevelopment of these two practices. People felt that these development proposals were well overdue.

NHS Peterborough received a petition from 63 Lincoln Road patients with 1351 signatures supporting option 3. These signatures were collected in the surgery and patients could collect a copy of the consultation document or summary.

A petition from North Street patients, which was gathered in the surgery, and again, consultation documents and summaries, were available to collect. They had 2588 signatures from people supporting option 3 which would lead to the re-development of this surgery.

NHS Peterborough received strong support for merging these two surgeries, although people expressed some concerns about where this large surgery could be located.

Access to public transport was an important point for many North Street patients. The busses currently stop very close to the surgery. Many people who lived some distance from the surgery had registered there, or remained registered there when they had moved due to the accessibility of the surgery. People were very keen for this accessibility to be maintained.

NHS Peterborough were asked at many of the public meetings where we proposed to site the re-developed surgery. Different locations in the near vicinity to the current practices were being considered and patients from both practices would be involved in any re-location discussions if the proposed re-developments were to go ahead.

Patients from both surgeries expressed their loyalty to their GPs but understood the frustrations and limitations that the current buildings were placing on the services provided to them.

Many patients from Werrington phoned NHS Peterborough to discuss the branch surgery from 63 Lincoln Road that is located in Werrington. They were reassured that there were no plans at this time to change services there.

North Street formally responded to seek support from the NHS Peterborough Board in achieving new premises for patients at North Street and Lincoln Road surgeries. "It is not an understatement to say that we are in crisis with our current infrastructure, which we and our patients feel is inappropriate for modern general practice."

63 Lincoln Road formally responded to support option 3. They commented that their current premises which is an old Victorian building, used as a doctors surgery since 1911, is no longer fit for the purpose and for the provision of high quality primary care services in the 21st century.?

Councillor John Peach's comments centre mainly on the need for Alma Road to remain open, but has nothing against and indeed would be pleased if the North Street and Lincoln Road surgeries could find a new and better home.

Cambridgeshire Local medical Committee fully supports new premises being provided for 63 Lincoln Road Surgery and North Street, and new GP premises in Dogsthorpe and Hampton.

Peterborough and Stamford Hospitals NHS Foundation Trust supports the expansion of local GP surgeries to offer greater access for patients to primary care services.

NHS Peterborough response:

- ⇒ *There are no plans to change services at Werrington. Should this change this would be a matter for the practice to decide through local involvement of its patients. The proposed development at 63 Lincoln Road and North Street is discussed further in Attachment 3.*

Peterborough LINK

Peterborough LINK did not distribute the full consultation document and survey to its members, the host organisation had received some feedback that it was too long. They wrote their own summary and shortened survey for their members. Some of the response comments reflect this.

Link distributed 300 surveys with a 30% return rate 60 responses

- 60% support option 3
- 18% didn't understand or want to give an opinion
- 13% supported option 2
- 10% supported option 1
- 1% none of the above

Some of the issues raised:

- Transport, especially for the elderly
- Parnwell Surgery is convenient to the community
- Too many closures in the Lincoln Road area (what else is here in this area)
- We urgently need a health centre in Hampton
- Must bring buildings up to standards for wheelchairs etc
- I am against the closure of Alma Road
- Must bring older buildings up to standard to cope with people with mobility problems
- Where will 63 Lincoln Road move to?
- Option 3 is not the perfect answer but it seems better than 1 or 2.
- Why keep Alma Road open with a patient list of only 2000 when we already have a walk-in-centre?
- Go for it – this is a rapidly growing city so think big.

NHS Peterborough has committed to responding formally to Peterborough Local Involvement Network's letter.

Appendix 4 public meeting minutes

Formal organisation and individual responses

As part of this consultation NHS Peterborough received a number of formal responses from elected individuals and organisations. These are listed below. Some elected members chose to respond to the consultation through the questionnaire, these are not included in this list as their comments are included in the MRUK feedback report

- 3Well Medical
- 63 Lincoln Road Surgery
- Ailsworth Medical Centre Patients Group
- Cambridgeshire Community Services
- Cambridgeshire Local Medical Committee
- Cambridgeshire and Peterborough Local Pharmaceutical Committee
- Councillor John Peach
- First Health
- MP Stewart Jackson
- MP Shailesh Vara
- North Street Surgery
- Peterborough LINK
- Peterborough and Stamford Hospitals NHS Foundation Trust

The following organisations responded online:

- Ailsworth Medical Centre Patients Group
 - Circle of Heritage Group
 - Disability Forum / Link
 - Fletton Surgery
 - Millfield Medical Centre
 - North Street Surgery
 - Old Fletton Surgery
 - Patient Participation Group
 - A number of Cllrs
 - Peterborough Link members
 - Peterborough Patient Consultation Forum
 - PPAG
 - Walk-in Centre
-
- Late response from Councillor Miners
 - Late additional response from 3-Well, First Health and Welland

Appendices

- Appendix 1 Pre-consultation documents
- Appendix 2 Letters from solicitors
- Appendix 3 Public Meeting minutes
- Appendix 4 MRUK Research Findings
- Appendix 5 Formal responses from organisations and elected representatives
Includes late additional response from 3 Well with Welland Medical Practice and First Health (Peterborough) and late response from Cllr Miners

DRAFT

Appendix 1

Pre-Consultation document

Seeking Your Views

The Right Care at The Right Time

Primary and Urgent Care Pre-Consultation

January 2011



Table of Contents:

Background to the proposals	2
Our Proposed Vision	3
Current Services and the Need to Change	4
Consultation	5
List of Proposed Stakeholders	7

Introduction

NHS Peterborough (NHSP) is seeking your views on the options for our proposed consultation on our planned vision for primary care services and urgent care services in Peterborough.

We will be launching a formal consultation in March 2011 based on your feedback. NHS Peterborough would like to work with stakeholders on developing the options for change and on our process for consultation.

We have a current system in Peterborough that has developed over the past few years that provides accessible healthcare for all our residents. This system has been developed in an adhoc and piecemeal way, adding services when a particular need arose and moving services around to respond to circumstances – such as GPs 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 a strategy for change and development that is fair, consistent and sustainable. It is this proposed vision for the future of primary and urgent care services that we will be consulting on over the coming months

In this climate of financial restraint through which we are all living and working, we cannot avoid talking about money. The current system we have in Peterborough is expensive compared to the rest of the region.

We simply cannot afford to continue to run the current system as it is. We need to make changes to reduce expenditure now and to make the system financially sustainable for the future, ensuring that quality is not compromised.

Background to the Proposals

NHS Peterborough began a consultation process for the future of the equitable access centre at Alma Road in summer 2010. We stopped the consultation in October 2010 to allow time for a review of urgent care services.

We have also previously conducted a series of small consultations regarding the future of individual GP surgeries, following the retirement of GP sole contractors. We have listened to feedback from these previous consultations and have now developed an overarching comprehensive approach to both urgent care and primary care services.

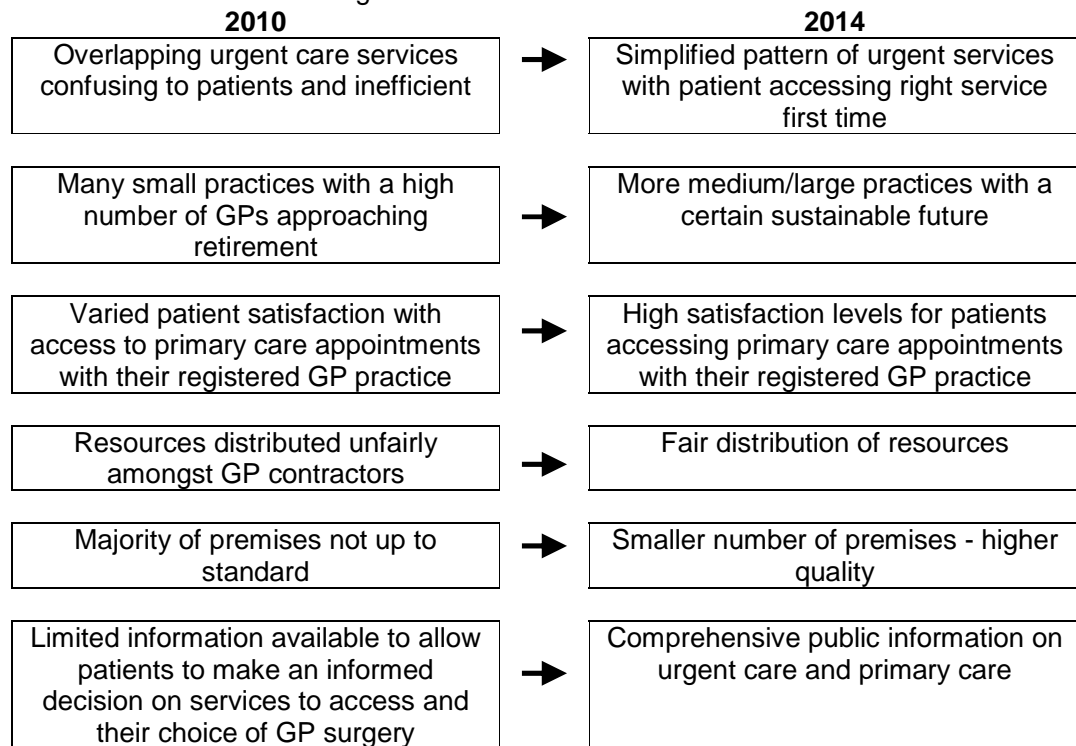
In view of the interconnected nature of these two service areas, we propose to consult simultaneously on our approaches for primary care and urgent care over the next six months. Bringing these two areas together, we aim to set out a clear vision which will help patients access **the right care at the right time**, streamlining routes into the services and improving access to these services.

Our Proposed Vision

For primary care, the vision is to concentrate NHS resources in developing medium and larger practices that can improve access and provide high quality 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.

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.

This can be summarised in the diagram below



The NHSP 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

Current Services and the Need to Change

Patients have a number of choices if they have health concerns:

- Self care
- Pharmacy
- GP practices and 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

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.

Some of the issues that have emerged are:

- There are currently **multiple overlapping access points** for urgent care and primary care which mean it is confusing 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 the East of England for non-elective care– current systems of access contribute to this. The current system is also costly compared to other PCTs. Although the NHS needs to show value for money, particularly as we face financial challenges ahead, the most important element of this strategy will be ensuring that patients can access urgent care when they need to, be seen within that service quickly by a competent health professional, but one that is not always within a hospital environment. The savings made from these new pathways will ensure NHS services can continually meet the demands of the growing, ageing population.
- **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.

- There are a 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 NHSP 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 the 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).
 - *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, Burley Road, Welland and Parnwell
 - Orton Medical CentreThe current premises issues facing these practices mean that other health professionals that work alongside GPs in primary care, such as Health Visitors, District Nurses are unable to be accommodated within the practice. This makes communications between health professionals more complicated and is not in the best interest of the patient.
 - *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
- 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 sometime in the Spring of 2011. The Trust has moved to a new hospital site on the outskirts of the city which has a newly developed emergency department. This provides an opportunity to develop an integrated Urgent Care model, which will include A&E, Minor Injury Unit and a GP out of hours service supporting improved integration for the workforce and pathways to improve service quality, access, efficiency and patient experience

Consultation

NHS Peterborough is intending to hold a 12 week formal consultation on these proposals, and any other options emerging from pre-consultation. We intend to share these proposals widely and listen to the views and concerns raised. We want to work with local people to develop the system further, to address many issues as we can, while ensuring services are more efficient, cost effective and fit for the future.

We will be distributing consultation documents and leaflets and will make these available via our website.

We will attend Neighbourhood meetings, community group meetings as well as meeting with colleagues and staff from across the health and social care sector in Peterborough.

We will also use our existing networks of Partnership Boards and Forums to discuss the consultations.

We plan to arrange a series of public meetings to discuss the issues raised in the consultation. Some of these will be arranged for specific communities, while others will be open to the general public. These will be held in a variety of venues and at different times of day and evening to ensure as many people can attend as possible.

We have attached an initial stakeholder list. This is not complete and we are open to further suggestion for individuals and groups to be added to this list.

Pre-consultation Stage

Before we start this consultation we are discussing our proposals with key stakeholders to ensure that we have incorporated their views on our proposals and explored any further options that they may suggest before we consult more widely.

We would be happy to meet with Councillors or interested groups to discuss these proposals before we go out to wider consultation.

This pre-consultation document outlines our proposals to you.

If you would like us to attend a meeting of your group please call Julia Matthews on 01733 758498 or e-mail julia.matthews@peterboroughpct.nhs.uk to arrange.

There are some questions we would like you to particularly address during this pre-consultation stage when considering your feedback to us, although we welcome any comments and suggestions you have on our proposals.

1. Do you agree with the principles of our vision for primary care services for Peterborough?
2. Do you agree with the principles of our vision for urgent care services for Peterborough?
3. Do you agree with our approach to consulting on the proposals?
4. Can you suggest any further stakeholders that we may wish to consult on these proposals?
5. Any further comments

You can return your comments to us in the following ways

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

By phone Julia Matthews 01733 758498

By e-mail involvement@peterboroughpct.nhs.uk

There will be further opportunities for you to comment on our proposals during the 12 week consultation stage.

List of Proposed Stakeholders

NHS Peterborough Board	Peterborough Community Services Senior Management Team
Scrutiny Committee for Health Issues	Greater Peterborough Partnership
NHS East of England	NHS Peterborough staff
Department of Health	Peterborough Community Services staff
Peterborough and Stamford Hospitals Foundation Trust	Stakeholder Database members
Cabinet Member for Health	LMC and LPC
Senior Leadership Team	BME communities
MPs x2	Media
Local Ward Councillors (named practices)	Local Population
GPs directly affected	Cambs and Peterborough Foundation Trust
Peterborough Community Services Walk-in Centre Management Team	NHS Northamptonshire and NHS Lincolnshire
GPs other	Dentists
Peterborough LINK	Opticians
Pharmacists	Anglia Support Partnership
Peterborough Urgent Care Network (PUCN)	Citizen's Advice Bureau
Ward Councillors (other)	East of England Ambulance Trust
Registered patients at directly affected practices	NHS Northants, NHS Lincs, NHS Cambs
NHS Public Consultation Forum	New Link
Practice Patient groups	Community Groups and Voluntary Orgs – through Peterborough Council for Voluntary Services, neighbourhood groups
NHS Cambridgeshire Board	Cambs Police
GP Commissioning Clusters – Cambs	Expert Patient Programme
Joint Forum	Voluntary Transport
Partnership Boards and Forum	Domiciliary care providers
Peterborough Community Services Board	Nursing and residential homes
Health Visitors	
District Nurses	
Community Nursing teams	

Appendix 2

Letters from solicitors

My Ref: Satinder Sahota (Peterborough PCT)
Your Ref:
Date: 9 May 2011
Contact: Mr Satinder Sahota
Direct Dial No: 01223 699648
Fax No: 01223 717074
E-mail: satinder.sahota@cambridgeshire.gov.uk



People, Policy and Law
Corporate Director: Stephen Moir

For the attention of:

Jane Coulson
NHS Peterborough
2nd Floor, Town Hall
Peterborough
PE1 1FA

Legal Services
Box RES 1001
Shire Hall
Cambridge
CB3 0AP

DX 137872 CAMBRIDGE 9

BY EMAIL & POST

Dear Mrs Coulson

**“Right Care at the Right Time”
Consultation proposals**

Thank you for your recent instructions to review your consultation proposals on the proposed changes to the provision of primary and urgent care within Peterborough.

Having reviewed the draft consultation document, I am satisfied that the consultation process more than adequately captures the seven headline criterion set out in the Cabinet Office Code of Practice, being namely:

- the obligation consultation should start at an appropriate time
- the obligation to present an adequate and flexible consultation timescale
- the obligation to set out the scope and impact of your proposals clearly
- to obligation to afford accessibility to the consultation process by interested stakeholders
- the obligation to keep the burden of consultation to a minimum
- the obligation to respond analytically and with clear feedback to stakeholders.

In relation to your obligations under section 242 (a) & (b) of the NHS Act 2006, I am satisfied the PCT have embarked upon a robust and legally compliant pre-consultation process satisfying the section 242 obligations to involve and inform stakeholders of your consultation proposals.

I regard the consultation proposals to have inherent flexibility and sufficient clarity to ensure the overall process is transparent, fair and reasonable for stakeholders.

If I can assist you further please do not hesitate to contact me.

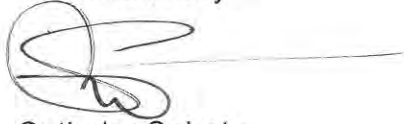


Error! Unknown document property name./Error! Unknown document



Printed on recycled paper

Yours faithfully

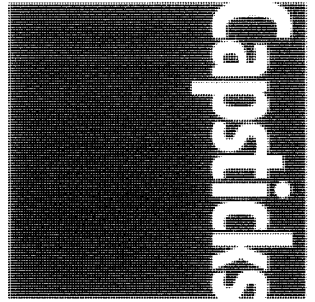


Satinder Sahota

Solicitor

LGSS

Cambridgeshire County Council



Ms Jessica Bawden

Director of Communications & Patient Experience
NHS Cambridgeshire & Peterborough
Lockton House
Clarendon Road
CAMBRIDGE
CB2 8FH

17th May 2011

Your ref:
Our ref: **DPM/062704/4199981**

Your contact:
David Mason
T 020 8780 4701
F 020 8780 4604
E david.mason@capsticks.com

Dear Jessica

Right Care Right Place Consultation

I write as promised to summarise my advice on this programme. This advice is based on the final versions of a consultation document, PCBC and the communications and engagement strategy.

I am satisfied from this documentation, firstly that the consultation and engagement process adopted by the PCT to date, as well as going forward, meets all the legal requirements. I am equally satisfied with the documents that I have re-viewed.

Should consultees say that they do not have sufficient information, then the PCT will need to deal with this by putting further information into the public domain, insofar as is reasonable for it to do so. If this is done, it will be helpful to keep a clear record of what was made available, when and how, in case of later challenge either by way of judicial review or referral to the Secretary of State.

Finally, I should add that in my opinion the process and documentation is well above average based on my experience of other similar consultation exercises.

I hope that this is helpful. Please do not hesitate to get back in touch with me if I can be of any further assistance.

With best wishes

Yours sincerely

A handwritten signature in black ink, appearing to read "David Mason", written over a horizontal line.

David Mason

P.S. Please find enclosed the current version of the service reconfig. booklet

Appendix 3 Public Meeting Minutes

NHS PETERBOROUGH
Peterborough Primary Care Trust
(Working in partnership with Peterborough City Council)

THE RIGHT CARE AT THE RIGHT TIME
PUBLIC CONSULTATION MEETING

HELD ON Thursday 25 May
AT Gladstone Park Community Centre 6:00pm-7:30pm

MINUTES

Present: Peter Wightman
Jessica Bawden
Dr M Caskey
Dr H Mistry

Chair Gordon Lacey,

In attendance: Jane Coulson
Julia Matthews
Elaine Overend

Meeting started at 18.10 with introductions from the chair Gordon Lacey.

Following the presentation the following questions and issues were raised

- Ed Murphy – Gladstone Connect.
Need to look at the budget – we don't charge to use local buildings. One option could be for NHSP to renegotiate over finance. Paying out for PFI built City care Centre (CCC). Renegotiate payments for CCC. Paying money to Peterborough and Stamford Hospitals Foundation trust (PSHFT) for hospital buildings, can that be renegotiated?
- Barbara Cork – PPA, LINK
Interested in North St surgery – why are you pairing this with Hampton? We would need to get buses out to Hampton when North St is in the city centre. This is an issue for me.
We need a bigger centre in the city centre, when the old hospital site is redeveloped there will be a lot more houses, these people will use the CCC, will then need Alma Rd. Will then have to redevelop and spend more money. Short-sighted view in my opinion.
- Di Newman
Why are you setting up a new Health Authority to organise this?
If you close Alma Rd many patients will loose because they have to travel. Community it serves, where will they go?
- I am disabled and have language issues – it takes me ages to get an appointment.
- I have personal experience of trying to get an appointment on a Monday – I was offered two appointments, lots of people go to the Walk-In Centre because they have no confidence in their GP service.
- Ward Councillor - In option 3 what savings will there be? You haven't mentioned Church Walk?

You have a contract with Alma Rd for 5 years, what are the financial implications of you ending that contract early?

- Burghley Rd Patient – I am disappointed to hear that Burghley Rd practice is to close, 3 years ago we were promised a new surgery in new premises in this location, heard nothing more, instead they spent money renovating the existing premises. Now it is earmarked for closure again – we were promised our own practice in Central Ward. Life expectancy is lower, there are real health problems in the Asian community. It is not fair on Burghley Rd patients. I was at the bidder interviews.
- Michelle – Burghley Rd and Dogsthorpe, no-one was aware of this before it appeared in the ET. Why are you informing patients before staff, this meeting was held with too short notice.
- Cannot control what the ET reports. All GPs have been involved in developing the options for this consultation.
- GP Rupert Bankhart, Alma Rd. You raise the issue of increasing choice, if I go to an ice-cream shop I expect a range of flavours, what you are suggesting is a range of services all of similar size offering similar services.
- GP – Choice is very important, however if services are left as they are 1 in 3 people in this city will have no choice but to see their GP in poor [premises]. We need to make the system better.
- Amy Fry – Alma Rd, why have you started a consultation without the documents being ready, and in other languages? Slimming world, who are not very expert at marketing do not put posters up for meetings that have already started, they do it before. Why aren't the translations available?
- Amy Fry, Choice is about supply and demand. If there was no demand then people wouldn't use the service. We have 100 people registering per month with us. There is a demand for this service.
- Chair of the Pakistan Community Association. I represent East ward – there are no GP practices there. I have to wait weeks for an appointment. We need to look at practices now. The system is supposed to be fair, but before they tell you whether they have any appointments they ask you for your name and address. People go to walk-in centres because they are fed-up with not getting an appointment. Why have you knocked down Edith Cavell hospital? We have to pay £2 to pay at the CCC. You need to look at deprived areas in East ward. I don't share the confidence you are placing on GPs
- What about the complaints procedure, people do not know who to complain to when things go wrong for them.
- Steve Watson GP.63 Lincoln Rd, Caring for people in Central ward. I hope you heard the interview I gave on radio Cambridgeshire, and heard about some of the dreadful premises issues we are facing. If option 1 to do nothing is the preferred option then 63 Lincoln Rd will close over time as we cannot recruit new GPs. Also the Care Quality Commission will close us down. Option 2 is not our favourite option. We prefer option 3, this would enable us to provide a greater range of in-house services, follow a more holistic approach to healthcare, maybe alternative therapies, improve and expand our Practice Patient Groups. We have a historic chance to improve healthcare for this community here.
- GP – Sohrab Panday, 63 Lincoln Rd, I work in commissioning mental health services. In Central ward people are four times more likely to have mental health issues than elsewhere in the city. We are passionate about improving health. We are talking about a much more robust and effective mental health service, based in GP practices in the community. We need decent practices to provide these services from. This is not a simple matter of nice premises but a matter of improved health in this ward that we care passionately about.

- In this booklet on page 20 it says that you will be providing transport in Parnwell – who will be paying for that?
- Why have you let this happen?
- GP – as the speaker described it has happened by accident rather than design
- Sarah Kennedy – Practice Manager, We have just done an audit of our appointments – we have 100 spare appointments per week. There is capacity. You have clearly spent a great deal of time on this and we really appreciate that.
- Patient at Alma Road – why should I give up the standard of care I receive there? It is a unique service.
- GP – Rupert Bankhart, Alma Rd, we have the lowest cost per head for the practice and walk-in service. Removing Alma Rd is like selling your loft insulation in the summer on E-bay to save money.
- GP Peter Hadfield, North St, we believe we cannot deliver any more services than we already do. We want to deliver 21st century healthcare, we believe in wellness not illness. If we can deliver that we will save more money than the PCT has put on the slides. We have already lost counsellors, midwives and district nurses as there is no space for them to be based in the practice. We have internet booking for appointments and Saturday morning surgery. Access comes down to money.
- I lot of what I was going to say has already been said by Dr Hadfield, we welcome these changes.
- The way the news was reported in the Evening Telegraph caused a lot of unnecessary distress to people, especially vulnerable people
- Gordon Lacey, Peterborough LINK, we welcome this approach, NHS Peterborough are not taking it piece by piece, this is a much more sensible approach than we have seen in the past. If premises need improving that money has to found from somewhere in the system. Please read the document and please do give your views.

Meeting ended at 19.50.

NHS PETERBOROUGH
Peterborough Primary Care Trust
(Working in partnership with Peterborough City Council)

THE RIGHT CARE AT THE RIGHT TIME
PUBLIC CONSULTATION MEETING
HELD ON THURSDAY 26 MAY 2011
AT ST JOHNS CHURCH SCHOOL, ORTON GOLDAY, AT 6PM – 7.30PM

MINUTES

Present: Peter Wightman **Chair** Chris Campling
Sarah Shuttlewood
Dr H Mistry

In attendance: Julia Matthews
Gina Allen

Feeling of general unrest at the beginning of the meeting, as not everyone had received the letter advising of the consultation meeting dates. Members of the audience felt that attendance was down because of this fact. Some attendees had found out about it from their GP practice others from neighbours.

Show of hands revealed that just less than half of the audience had received a letter, although the group included GPs and staff from both of the Orton practices.

Peter Wightman delivered the presentation, and took questions from the floor during delivery – due to interruptions from the audience.

Question and Comment

You have been brought in from Essex to produce the Turnaround plan amongst all this debt - there is only one doctor here tonight so I don't know how much input they can have - your message is save to spend – the country is bereft of funds

(Doctors from both of the Orton practices declared their presence at this point)

How can we find money for this?

What you are proposing makes no sense for those providing GP services – GPs will have to tender to get their job back.

Competition – that is a word for privatisation – co-operation is the word we need to hear when talking about the NHS – we want it more like it used to be when I was a nurse - with doctors and nursing teams

How much privatisation is in your scheme?

Response

Peter Wightman

The vision is to go back to Primary Care Teams

Peter Wightman was interrupted before he could answer fully

Question

Why do we need to go back when we are happy with the medical services being provided in Orton?

We are not bothered about other practices, we don't want the doctors to change, we don't want these fancy things, they are all very well - we want to be able to carry on as we are, we can get an appointment when we need one - the doctors are brilliant here. You are saying there is a shortage of experienced doctors and nurses – surely the staff will want as many as can to come across

Peter Wightman was interrupted before he could issue a response

Question and comment

Could the two surgeries combine?

Could we have the same doctors – one location?

If the surgeries amalgamate, would we lose doctors from them?

You have told us that when we register the money follows the patient. Orton Bushfield should decide who the doctors are here – we don't want a new practice telling us.

Does the practice get to make the decision as to how they work together?

Comment

Doctor from the Orton practices

Should the neighbouring practice not go to tender – then we will pick up those patients. We will talk to our neighbour practice, and discuss with the doctors the needs of the patients we are taking on – as we have been doing all along since Dr Outar retired. If we left the Community will be left standing. The practice decides the clinical workforce needed – the more patients we have got – the louder our voice. We have 21/2 doctors for the population that we serve here to deliver on patient care. If we wanted teenage counselling/counselling services here, our 4,000 patient voice is not as strong – and there is the worry about what to do if doctors are lost in the Ortons – so we need to make it attractive

Comment

Same doctors that are here tonight, formed a senate in the Town Hall to decide if patients should be referred on for care – the idea in the beginning was to have less managers spending all our money – it was seen as a cheaper option as the doctors are already in place, yet we still have the same amount of managers - now showing GPs what to do – the same system going on in the background

Dr Burghley

This vision, that smaller practices are less efficient than bigger units – unsure of the evidence to support this - take T Walker – it's now 10 years since they moved in – still no intention of the 3 practices joining – I have worked at Orton for 18 months

Question

Doctor from the Orton practices

Do we have any guarantee of employment for staff at the Orton Medical Centre in the future?

We have not ever been part of the discussion process at the Town Hall. Patients now have a service they can believe in, built up over the last 18 months, though we are only caretakers and not able to negotiate a permanent base, where Orton Bushfields have a lifelong contract – our future hinges on a process that we have not been involved in.

Round of applause

Question

This management role – it sees there may be a lifeline for smaller surgeries – why don't you work together?

Doctor from the Orton practices

What security do non clinical staff and nurses have come December 2011?

Superb team of people working there – no say – no security

Comment

The meeting at Orton Malborne was advertised in the Evening Telegraph, some had letters, but this is a city wide consultation so everyone should be invited. The Evening Telegraph can't be relied on to get the message across to everyone.

Question

Dogsthorpe – people who go there and those surgeries in that area for their health services, you are talking about centralisation of services in that area in to one larger practice – it is not like Nene Valley practice Dogsthorpe has no face – why not? –

You have to realise that once you move the services from that area, people will have further to travel and the transport links are not great – that will create opposition for closing Alma Road, and if you close Alma Road this will have a knock on effect to others – you need a city wide look at this. How are you going to make sure that your message reaches all?

Response

Peter Wightman

This is a city wide consultation and we will be holding public meetings around the city so that everyone has the opportunity to get involved. We have written to patients who are registered at the practices affected.

Comment

If, from what you say - Peterborough receives 5,000,000 less funding for our population – we should be telling politicians that!

Representative from the Orton Residents Association

Orton Medical practice – you have put forward a persuasive and well-argued proposal, however, we distrust this re-organisation of services as it sounds like Orton Medical practice will be swallowed up in the reconfiguration – isn't it positive to hear the two surgeries saying they could work together?

Question

Choice is a word we hear a lot - what about the choices staff & patients have? It seems less about choice and more about being victims of reorganisation. I have not yet heard of increasing health choices while making a saving, that did not lose staff – we have heard talks of 40,000,000 staff cuts over the next 3 to 4 years.

We also hear that the Government are expecting volunteers to pick up where redundancies have occurred.

I understand the need to establish good practice – to establish savings and reducing the spend per patient – will this automatically mean the loss of staff? and nurses?

Comment

Cameron has said that £20 billion worth of efficiencies need to be made – this is hard to swallow. We have a cosy practice – nice rooms – may not have had x rays – 70% of the Orton centre is boarded up – we are being offered a nice new build – possibly on the bowling green – and this will be at a saving? The saving will be a cumulative effect? – sceptical!

Dr Cartmel

27 years ago I was here as a trainee, I came back when Dr Outar retired and have been here for two years – talking to other practices – I am not sure why the split – it's rare for practices to come together. It's a Primary Care Trust reason why we are not in the new build yet - informed – one practice had to take over another – this happened elsewhere in Peterborough – although these practices were the same size – one still had to take over. The patients were dispersed and taken over by other practices – the PCT put a £45 per patient transfer to us – and that's when the talking stopped – could not afford to join practices together

North Street patient

There is Westgate Surgery, Lincoln Road Surgery – and various other practices close together in the city centre – I welcome larger surgeries.

I have spent some time in Europe – they have larger facilities, and offer all services for health in the same building.

It works better than seeing the doctor – waiting for further tests – however long that may take – having the test and going back to the doctor. It is not appealing – when you know it could work differently.

I know that North Street is bulging at the seams – we want new facilities – but there is the worry that you will take it away from the city centre.

I understand local worries – new doctors – new facilities – to me you have got it wrong with what you are spending your money on – you offer translation facilities to everyone – all of the time – you could look at ways of cutting costs with this – to me – this facility should only be offered in emergency situations – like attendance at Accident & Emergency.

When I was in Spain – my experience was that if you turned up for medical treatment and you could not speak the language – they sent you away and told you to bring back someone with you who could

Question

Why are we paying a lot of money handling this issue when it is not our doing? – people who settle in this country need to be able to communicate with you, people are all patients and they need to be able to speak the language of the country they are living in

Rupert Bankhart – Alma Road

The PCT set indicators for GPs and practices to work by – can you explain why you would seek to close a practice that performs to high standards and leave others who do not perform as well open?

Question

Is it right that you use these practices to absorb patients from other practices?

Comment

Patients are worried – you release funds – put this in to a new practice

Does the money follow patients? Will it stay here?

We need more GPs and nurses!

Question

Closing buildings will make savings – what will we do while we are waiting for these new services to be used?

Primary Care Trusts are closing down in 18 months – you will not be here to assure that patients get their buildings – and doctors will have to pick up the pieces

Andy Slater, Practice manager, Ortons Medical practice

The Landlord of the property is as happy for 1 or 2 practices to share in the new building, we could pass on the benefits to the patients – we've done all that - this is about money

Dr Cartmel

The new build looks good – I would have snapped his hands off

Comment

I know for a fact that NHS Direct is being overused and run off its feet. They are being relied upon where there are gaps in cover

Question

What about the knock on effect that spending cuts are having in other areas?

Question

The option of the 2 practices moving in to one building – is there an option to contract with existing practices? This is an emotional issue

Dr Burghley

Other practices in the city – short staffed – staff going to retire – Orton is fully staffed while some others are in crisis

Question

If fully manned and people are happy why is this up for negotiation?

If this goes to tender, then it needs to be independently run without emotional links for MPs and politicians

Dr Cartmel

I heard you offer more for patient transfer per head - £65 – we are more than happy to talk to Bushfield to make the system work, as it was a figure of £43 before

Response

Dr Mistry

Well done to Dr Cartmel and team for an excellent job and Dr Attah and Dr Yeouns before that. The demand on the NHS is rising year on year.

Increase year on year in the budget, but this year we had a decrease in the budget – which is why we need to look at the future of delivering healthcare in Peterborough.

Comment

The Government we didn't vote for – the surgery we did vote for.

Comment

'I am very concerned about services moving out of our community – as there are no other viable options for care after 6:00pm – the last bus leaves at 6:30pm. I appreciate medicine has changed, but the patient is still at the heart of what you deliver. We have an interesting demographic – young families and retired people – who will find it hard to get to a health centre somewhere else. We like having a surgery where you know the doctors and receptionist and they know you. **Dogsthorpe, Welland and Parnwell may all look very close on a map, but Dogsthorpe is two bus rides from here'.**

Comment

There has always been a decent surgery here, I don't know why you are thinking of scrapping it – you keep talking about Lincoln road – we don't want to have to wait two or three years before you build a surgery

Comment

You are in debt, yet thinking of spending, keep your money and leave things as they are for us.

By moving the surgery from Parnwell, you are asking us to pay extra and the bus service is not good.

Question and comment

There is a lot of information to take in.

This seems inevitable or else – the foundation of the NHS – that each patient is treated as an individual means that services must be patient centred – that is to provide for the real health needs of the people – and those least able to look after themselves - not based on what is best for the doctors or nurses or the PCT.

Therefore you need to consider these main factors;

Access, Convenience, needs of the patient.

Say you have single mum, three or four children, it's pouring with rain, the bus is running late – and she does not have enough money for a taxi

Say you have an elderly person in the same situation – they have worked all their lives – why should they struggle on and off buses.

Its nice to have flu jab clinics etc – but first and foremost **we need to think about the most vulnerable groups – who will be affected by this the most.**

The practices at 63 Lincoln Road and North Street – why do you need to develop them both – when they are 600 yards apart? – develop one or the other

Burghley Road – close – Alma Road – keep

You need to look at the geographical areas and make sure that within each part of the City there is adequate health provision – now only for now but for the future – as there is every likelihood that this part of the City will have further development.

Question and comment

What about personal care? – The doctors here know me and my needs.

In larger practices you wont be able to see the same GP all the time – what about allergies?

I have mobility issues – I can't get on a bus – even if I could, the buses keep getting cut - what about people that can't get – doctors don't come out like they used to any more

Councillor John Peach – Park Ward

When you were here, at this school in September 2010, you promised that you would come back to see us here, with a draft of the Consultation - you are a liar – it was in the minutes of the meeting – but you have not come back with the draft – what do you have to say?

The PCT tried to give a response – but the Cllr suggested that we were trying to get around the question – the Chair stepped in at this point

Why are you planning to close now? – I would have thought with the extra growth in population that you would be keeping them all open.

The site where Perkins was located has been designated for housing – and there is to be additional housing in the Parnwell area.

Is this really a genuine consultation – or have you already made your mind up?

I feel sorry for you – you have picked up from the previous Chief Execs, how many finance Directors have you had? And an ex Chairman

In eighteen months the PCT will be abolished – **you are going and you will leave GPs to pick up the pieces.**

Councillor – Nabil Shabbir – East Ward

It is interesting that we are looking at population figures – if we look on pages 8/9 of the consultation document – East Ward – moving from Parnwell – you will see that it is one of the largest wards in Peterborough – third largest.

If we look on page 21, we see high socio economic deprivation with life expectancy less than the national average.

How is it that smaller more affluent wards are being given new centres – when the East is so deprived?

You say that minimum standard waiting times will be in place in the new surgeries – tell us what that is – and how they will reach those standards? -

I was at the T Walker surgery – a large surgery, but I gave up there – I could not get in when I wanted - and went to Alma Road.

If Alma Road closes in 2012 – and the new minor injury unit does not open until 2013 – what are we to do?

Comment

It seems to me that there are three key issues that your Board need to consider

1, Demographics, 2, Access, 3, number of people who will be using those services

Question and Comment

North Street Surgery has 9 doctors – you can't even get a blood test there – why has this practice not had these facilities?

Dr Thein had people to do blood tests – you have got to have these services – if not then you are sending people up to the Hospital all the time – you don't want to do that

Questions

Will all practices have these new facilities?

Be able to offer a range of services?

Comment from Gordon Lacey

Patients should have confidence that if they ring up to see someone - they should be able to see a GP or nurse that day – it does happen but not in all practices.

Patients need good quality services and have confidence that when things change – that it is a change for the better

Councillor Bella Saltmarsh – Dogsthorpe Ward

Conversations with the PCT have taken place around this Consultation and around our needs in the East Ward – **we do have transport difficulties** – Parnwell and Dogsthorpe are both hard places to get to, and this needs to be recognised.

Question and comment

You talk of savings and finances – they are all geared towards buildings, and could be patient traps;

What about savings in the new buildings, will this still go on?

Patient care seems more difficult to change, what about administration services for patients? What about getting in to see a doctor or a nurse when you want to?

You talk of x rays and scans in practices – aren't they expensive?

Question and comment

What about equality of treatment? – what about when the colour of skin affects the treatment you receive?

I know someone who was told that it is more difficult to tell if you are ill if you have dark skin, and was turned away and sent home, because they did not look ill – and later died. When we are assigned to mental health – are we to accept that?

Pamela Chelmiah – Parnwell Residents Association

We need to work smart and this is something that the NHS doesn't do.

1600 homes in Parnwell

1000 homes in Welland

9000 homes in Dogsthorpe

You have said that a GP needs 1800 people to practice

Extend the thinking - bring Welland in to the picture – what about considering locating the surgery there?

Make all patients members of the surgery if you want – you have active residents with lottery funding – and no transport

Sainsburys - they are building 189 homes at the back

Flag fen – American farm houses build – both developments will need medical services

The new Hospital costs more than the old to run – we have all heard they will be losing 300 staff

Keep it local – Welland, Dogsthorpe, Parnwell

The surgery building here can be improved – and you have an active organisation that can help

How do you get a wheelchair on a bus?

Have you considered everyone in these changes?

10% of Parnwell residents have signed these petitions - Save our Surgery petitions given to the PCT

Question and comment

I have a young son, how am I meant to manage when there is no public transport, it is icy and when my son is ill and needs to see a doctor?

I could ring an ambulance – but that can't be right – it could be a wasted journey for them – it could only be a two minute drive – **but it is two buses for me from here to Dogsthorpe – and what about the money for the bus fares? – the service keeps being cut and the fares keep going up – I don't always have the bus fare.**

Question and comment

Tomorrow the Prime minister will announce that the NHS is in safe hands – that they have no intention of privatising NHS Hospitals.

Addenbrookes was taken over yesterday – PCTs are closing also

For this surgery and other local surgeries - the decision has already been made.

If we lose this surgery - Parnwell residents have no means of getting to late appointments using public transport – and another thing worries me – the fliers for this meeting and the meeting at the Town Hall have only been published in English –

what about our endeared ethnic community here in Welland and Eastfield Road – your chosen language is English – you are racist – what about other languages?

Gordon Lacey – two things here to be noted

The Town Hall meetings need to be advertised in multi languages

Transport issues

PCSO

We have the population at heart and can't see the reason you are shutting the surgeries on Eye Road and Parnwell – **transport is an issue – you would not get on a bus with D & V!**

June Campbell – Community Development Worker

We have told you about our community – will you recognise our Community's needs?

Would it be possible to have some type of surgery here by special arrangement?

You mentioned flu clinics earlier, could this be a satellite surgery – with someone, a doctor, nurse or small team here for a few hours each week?

If the vote is for option 2or3, then what will happen with Parnwell?

If a satellite surgery could go ahead, would it need to be in a doctor's surgery?

You would not need the whole of the surgery and could provide all services working with another agency – like Sure Start

NHS PETERBOROUGH
Peterborough Primary Care Trust
(Working in partnership with Peterborough City Council)

THE RIGHT CARE AT THE RIGHT TIME
PUBLIC CONSULTATION MEETING
HELD ON TUESDAY 7 JUNE 2011
AT HAMPTON VALE PRIMARY SCHOOL, AT 6PM

MINUTES

Present: Chris Campling (CM) **Chair**
Sarah Shuttlewood (SS)
Dr Harshad Mistry (HM)
Jane Coulson (JLC)

In attendance: Elaine Overend

CC thanked everyone for attending and introduced SS and HM.

SS gave the presentation 'The Right Care at the Right Time' seeking your views on the Primary Care and Urgent Care Commissioning Strategies for Peterborough and how it affected Hampton in particular. Questions to be raised at end of presentation unless required clarification on any points.

Show of hands to indicate who was from Hampton and who from outside. Four people present indicated attended practices elsewhere.

On Efficiency Challenge slide, SS explained the financial challenge. Lady who attended Healthwatch Steering Group agreed that the figures were correct as same as paperwork she had received and felt that some people do not understand the maths side. SS thanked for validation of figures. SS stated this was not about cuts but how to use money we have and the best way to use it. The purpose of this consultation was to obtain views of people and to take away which would benefit whole of Peterborough.

SS talked about vision from primary care perspective. Lady who attends 63 Lincoln Road said the doctors were trying to do a good job but people didn't understand and reception not trained and lots of languages.

Questions/comments raised following the presentation:

Comment

Lady from Alma Road thought the PCT were being dissolved in 2012.

Response

SS replied this was originally in the Government's White Paper, but would not necessarily disappear in March 2012.

Comment

Lady from Alma Road stated that procurement work would need to be done.

Response

HM clarified that PCTs were due to dissolve in 2013, but that Peterborough Primary Care Trust (PPCT) were working with the GP sub committee, and report to the Board. SS stated that this work would still progress after dissolving of PCT. The Prime Minister has spoken today regarding the Listening Exercise and there were five headlines, with more details next week. Originally every GP had to sign up to a consortium, which may not be the case now.

Comment

Lady – PCTs would have dissolved by April 2013 before any new health centres were built.

Response

SS agreed with was a possibility, but although the PCT may not exist there would be a different entity. HM responded that GPs have been a part of the decision process and from April 2012 PPCT would working in parallel with GP consortia.

Question

Lady from Alma Road asked for a guarantee that these new buildings would still be built.

Response

HM heard what lady was saying and there are four different clusters within Peterborough and all cluster leads talk to individual GPs in the patch. SS felt this was a tricky one but with timeline for demise of PCT we could put in too difficult box. We are looking at changes we can make and options and HM spoke about involvement with GP sub committee. Point out from GP Commissioning will move to National Commissioning Board. The PCT would handover to them. Level of planning involved – highly likely buildings will go ahead but cannot give guarantee.

Comment

Lady from Alma Road people behind not employed by them, maybe handed over, maybe not.

Response

SS wanted to open up to wider audience for their opinions and genuinely wanted to know what you think.

Question

Gentleman from Yaxley said that he took his Aunt to Alma Road and received good service. The timeline closes March 2012 so how many patients would be affected?

Response

SS replied it would be 3500 patients

Question

Gentleman asked where they would register

Response

HM stated that if look in original document there is a vast array of GPs in that area and would anticipate patients would go to those.

Comment

People go to Alma Road as they cannot get appointments at their own surgery.

Response

HM stated there is a lot of duplication of primary care in current system. The PCT pay GPs to look after patients and should be catering for their needs. Over the last 10 years there had been new developments through government initiatives eg. Darzi centre, and over the last 4-5 years have now got duplication. We are finding patients going to Alma Road and

the Walk in Centre in Thorpe Road, where could be seen by their own GP. We have not got the funding to create. Some GP practices provide services from poor facilities and would not pass the Care Quality Commission test. There are plans to address for the whole of Peterborough. As a GP, the PCT or Health Authority is viewing the care of Peterborough as a whole.

Question

Gentleman stated that the 3500 patients would suddenly not get anywhere to go.

Response

SS replied that when look at there is currently sufficient capacity within 1 mile radius.

Question

Lady who is a patient at 63 Lincoln commented felt like crying when see the elderly having to go upstairs to see GP and also disabled people. If closing Alma Road and Burghley Road what about the service users and how there needs are met.

Response

SS replied that this was the purpose of the consultation.

Question

Lady is a patient and a service user and felt not everyone understood. People use the Doctors surgery, and here has member of public today. In hindsight Dogsthorpe, as part of Burghley, is a popular area if close.

Response

SS advised that the proposed there would be a new development in Dogsthorpe and merge the other practices.

Comment

Gentleman stated that people with disability, getting there if have a stick, and if can't get back. He has to take 2 buses to get to City Hospital.

Response

SS stated that this was a point to consider location.

Question

Lady had lived in 50 years in Orton Waterville and her husband is GP. Concern there is not enough facilities this side of river and there are a lot of people who cannot get to town. There is duplication on the same side of the river. Would prefer to go to her own practice. Can see bigger surgeries and a lot of good in this. The Health Service is not the same as 50 years ago, but the structure has not changed to go with the services.

Response

SS thanked her for her comment.

Question

Peterborough LINK and the new health centre – are they involved in disability and loop system.

Response

JLC advised that already, as part of public consultation work, we work with the disability forum, and then get full engagement with a range of service users, age support group, and wide range of people. It would cover a whole range of issues as well as physicality of development. An example of this involvement was for the City Care Centre when a group of people tested the building and highlighted the disabled toilet doors opened the wrong way, making access difficult.

HM also advised that all four clusters have got Practice Participation Groups and active in cluster and practices will be involving them so service users have a say in to how build.

Question

Queried why Hampton shown as red on slide

Response

HM replied that it was in red as at Hampton today and to focus on and the development of Hampton Surgery as needs to be bigger.

Comment

Have Primary Care Centre here but not a Doctor centre. Could one be on this side of the water as if do not have car are isolated.

Response

SS replied that we are talking about developing Hampton Practice to develop a range of services, and if get access right would reduce the need for Walk-in- Centre.

HM also commented that a larger practice can do extended hours and weekends. More services developed as practices develop, with GP surgery open for longer. What you need is access to primary care and GP greater than is offered now. The proposal enables us to offer across the city as want equitable access no matter where from.

Comment

Dr from Hampton fully supports option 3 as had to shut list for new patients. Although Practice is clean and modern it only has 5 clinical rooms to service 7,000 people.

Lady arrived late but was supportive of option 3 as is a patient at Hampton. Feels the team is amazing and they work flat out. It would take 3-4 years in plan to get new centre, so what happens to health team in the interim. People are now being pushed out of area to Yaxley which will then put pressure on them.

Response

SS stated it depended on outcome of consultation. In discussion with practice to open list as cannot wait, need to do something now.

Comment

Dr at Hampton confirmed there were plans a foot to reopen but would be to detriment of other services to make way. For example, services in the community. Blood tests cannot be done in practice. This is a large building in a shopping centre and was originally only temporary access for 5 years but has been there 10 years. List was closed as getting dangerous to register more.

Representative from Alma Road acknowledged the nice gentleman from Yaxley who went to Alma Road to see a GP. In the interim period, reception are suggesting Alma Road if they cannot get into their own practice to see a GP. Talking about new facility, there is a big green fence, and 2 years ago there was a consultation about a new medical centre in the most deprived area. Consultation agreed a new medical centre but the NHS said they had no money. Over last year there has been threat of closure which was really sad. Have you identified land and where would it be and the money? Alma Road has land there, but now we are under threat of closure.

Response

SS commented this was a GP issue where you can walk in and recognize Peterborough patients needs. There is also GP out-of-hours which can be accessed from 6.30pm – 8am, where GP is available if needed. However we take on board your feedback of GP issue. With regard to issue of threat of closure and land, 2 years ago it was time of plenty and it changed dramatically and PCT could not do. Option 1 and Orton was a 3rd party developing with no cost to PCT. The PCT pay rent. That was the only one that could go ahead.

Comment

Rep from Alma Road said that they had a guarantee in the contract to build a building. There is no guarantee that these will happen. With Option 3, look at past history and see what has happened.

Response

SS responded that this was an example of where not able to develop but the PCT have developed the Healthy Living Centre and City Care Centre.

JLC commented that there was a similar development at Hampton at that time, with the developer having the resources and PCT would pay. Those developers pulled on these projects. This is now the realistic view.

HM stated that now have GPs involved from all across Peterborough can develop a sustainable health care system in the next 5 – 10 years.

Question

Regarding City Care Centre (CCC) and its new role as MIU. Had done some quick research and have MIU at hospital. If people go to CCC and have to pay parking. You may then be told to go to hospital where you would need to pay for parking again. This is a disjointed service.

Response

HM gave an example of Newcastle which has MIU separate from casualty. The local Newcastle population know and attend appropriately.

Question

How do you get message across?

Response

SS agreed this was a big education exercise to undertake. Some understand but some also go to A&E when could attend elsewhere.

Comment

Gentlemen stated that babies less than 12 months old cannot take to CCC.

Response

HM confirmed that the CCC is nurse led from 8am – 6.30pm. Two services are run from same building - the CCC and Out-of-Hours (OOH). OOH has Dr from 6.30pm – 8am which CCC can access. During the day when nurse led, can assess anyone but is not always appropriate to treat them.

Question

Do you have to ring or can you just turn up?

Response

HM that Walk in Centre or go to OOH as most appropriate. On Sunday he was doing shift in OOH when a baby was brought in with parents into Walk In Centre who was less than 1 year old. Baby was transferred to OOH. There are always 2 GPs in OOH and one between 12am – 6am.

Comment

When opened PCH, 3 hospitals were shut down, and now you rent the building.

Response

HM advised this is a PFI. SS commented this was done by the Hospital and is in the wrong place, but assume there was a consultation

Comment

Gentleman said there was not a consultation. Had been to the new hospital and there was too much walking especially for cardiac care. There should be seats in gangways.

Response

SS would feedback to the hospital.

Question

What option for new health centre are we.

Response

SS stated that Option 3 was what they were proposing.

Question

2014 is when new Hampton Centre opens?

Response

SS if option 3 is agreed

Comment

Option 3 seemed better and new Hampton Centre would benefit the whole of community.

Question

Lady commented that Hampton would have new health centre in 2014 and Dr had to close list now, but what about 63 Lincoln Road as they are at seams and what can you do now?

Response

SS said the PCT made some arrangements with Hampton Surgery.

Question

Lady was talking about 63 Lincoln Road is at it seams and is a Health and Safety risk with the stairs, especially if someone has a disability, with the Drs at the top as the Drs can't come down.

Response

SS said they are at a pressure point and that is the kind of feedback that would taken to Board.

Comment

Lady was at 63 Lincoln Road today at 2pm and sympathized with gentleman at Hampton. Were prescriptions on desk and someone could have picked up script.

Response

SS advised that have wait till September for decision on which option.

Question

Lady said that talk about options and option 3 but what was the process and there only being a small representation here tonight

Response

SS agreed that we do need to hear from people.

JLC stated that all GP practices had copies of the document. There were also some additional feedback forms available here tonight. Important have proper read and make an informed decision. You can contact us via our website or by email or write us a letter. Contact details also in document. Forms will be sent to an individual market research company who would analyse and send us a report.

Suggestion

There is a local magazine issued once a month and something could put something in that.

Response

JLC advised that there have been a range of public meetings and there will be two at the Town Hall on 30 June, at 2pm and at 6.30pm. Some public meetings have been tailored for particular areas. There is an additional public meeting in Park Ward on 6 July at Queen Park School and another will be held in Dogsthorpe on 16 July. If you leave your

address/contact details we will give you the details. PCT has also attended neighbourhood councils, and other forums to capture different audiences.

Comment

You did not introduce the guests.

Response

Chair did at start of meeting, but introduced HM again.

Question

Gentlemen said that developers in this area, Silver Way, for a big community centre come Health Centre. Had funds and built by the Council back in 2008 but never did. The money now going to Primary School near college, but is on community land.

Response

JLC stated this would be under Section 106 which a certain percentage is put into building for the community. Land was put forward but there was not money to build about 4 years ago. Section 106 money there but additional money was swept away with the boom and bust.

Question

They want to link community centre onto primary school but can't go into community centre during day.

Response

SS felt that her colleague, Peter Wightman, would be more au-fait with developments and better that responds outside of meeting. PW has been involved with the Council. If you email us we will ask PW to respond directly to you.

Chair felt that if all had had a say would call a close to the meeting. Thanked everyone for coming and been helpful. If you have more information or comments please come back to the PCT. Contact details are in back of leaflet. Will take back feedback. Please bear in mind the financial constraints and want to improve the city. We are looking at whole of primary care rather than bits and pieces. Appreciate this is not easy and would not happen overnight. Will do our best to see all different places with pressure have some sort of help. Will do our best and all feedback is acted on.

Chair thanked SS, HM, JLC and EO.

**PUBLIC CONSULTATION MEETING
HELD ON 30 JUNE 2011
AT 2PM IN RECEPTION ROOM, TOWN HALL**

Attending: Gordon Lacey (Chair)
Peter Wightman
Jessica Bawden
Sarah Shuttlewood
Dr Harshad Mistry

Question/comment- Mary Cook, Peterborough Pensioners Association

Mary explained she was an absolute supporter of the NHS and believed it had a duty to provide comprehensive, universal healthcare. She was concerned that this was not going to be the case under the new plan; it would not deliver what the NHS had a duty to provide and felt the plan had questionable legality.

Answer

Peter Wightman, interim director for primary and community care responded to say he needed more detail from Mary about why she did not feel the NHS in Peterborough would be meeting the requirements of what is expected to deliver. The PCT is intent on fulfilling their duty and of course the strategy is about meeting those requirements. The strategy sets out how the PCT plan to achieve this and uphold their NHS duty.

Question – from patient at Orton health centre

Patient lives in Orton but he currently attends the Nene Valley surgery, which has recently expanded. He has been assured that when the Orton surgery expands, Nene Valley will remain and he can still be a patient there.

Answer

Sarah Shuttlewood responded to say the gentleman was correct, he would still be able to go to Nene Valley, but if he wanted to leave he would have the option to do so.

Question - from North Street patient

Raised concern that he thought the surgery would be closing in 2012.

Answer

Peter responded to say that changes were not likely to take place until 2013, and there was a concrete plan in place to address the problems in the building, as if it's left untouched they wouldn't be able to continue with the contract, and the CQC would not register the surgery if it didn't meet their conditions. A 12 month period would be given for any changes and plans would be in place to minimise disruption to patients.

Question/comment - Tony, patient at one of the surgeries

Commented on the poor acoustics in the room and asked the PCT to consider finding a better room for the consultation meetings where everyone can be heard.

He had 2 questions to raise.

1) He understood PCTs were going to be disbanded, and their organisations would be taken over by Drs. He wanted to know whether the panel represented the outgoing organisation or the one coming in to manage the changes.

2) His other question was about out of hours provision and saving money in the service. He said he doesn't want locums flying in from overseas and being paid extortionate fees. He would like to phone up his surgery and speak to one doctor in the practice, no one else, and this should be taken into account.

Answer

Jess Bawden responded to the first point by explaining there were two speaker systems in the room, and following an interruption from Mary Cook, suggested that speakers could come up to the front if they wanted to. There was also a hearing loop system running in the

room and audience members could tune in if they set their hearing aid to T. Although the PCT were running 20 consultation meetings there are lots of other ways to feedback your views and provide comments on the consultation. She suggested that if there was anything people hadn't heard about at the meeting they would be welcome to come and see the panel afterwards.

2) Dr Harshad Mistry introduced himself as a GP and clinical lead for the out of hours service and explained that he advised GPs on urgent care provision. He ran the out of hours service with local GPs only, there had only been one instance when a locum GP had been used because they didn't have enough local manpower, but he had been supervised by Mistry himself. He assured Tony that the out of hours service will continue to be run by local GPs as long as they are enthusiastic to do so.

1) Peter Wightman explained that the panel represented the PCT, that is who they are and explained that as a manager he had worked in seven different incarnations of the same organisation. Under the national changes, Drs surgery budgets will be managed by the National Commissioning Board and the same skills and experience will be needed for managing the careful transfer from what we are doing now to make the changes so there is a smooth handover. NHS managers are used to change and reorganisation, but they appreciated it can be confusing for people. He went on to explain the organisation in future may not be made up of the same people, the function may be managed by Drs, but there will be a selection process.

Gordon, LINK chairman commented that during rounds of changes they couldn't just stop and wait for someone else to take over, it has to keep going. The CQC monitors NHS provision and if GP practices don't come up to standard they will need clear plans in place to solve those problems, for instance a lot of the buildings are very old or unsuitable, and GP surgeries will have to meet new standards if the premises are not right. We have to get on with the process and make changes whether they are run by the same individuals or not. At the moment it is not really clear what the plan is and what exactly will happen during this period of major NHS change.

Question/comment - Tracey Ensor

Raised a question around the financing for the proposals, and wanted to know whether there was set financing, as there didn't seem to be any financial plans or finances set out for the proposals, has it all been costed out? There was concern people would be paying for it for 35 years, and there were no facts and figures showing where the money was going to come from. People were worried about huge NHS debts and didn't want any more.

Answer

Gordon clarified the question for those who didn't hear all of it: more details about how the money was going to be saved and reinvested, where it was all going to come from and whether this would mean more 35 year PPI deals.

Peter responded to say that the primary care strategy costed the plans for Drs surgeries, so they knew what they were going to save and what could be reinvested. He explained that the PCT funded the Drs buildings by paying rent; they don't put in any capital as the Drs surgeries are independent, the PCT commit to giving them money and the surgeries make their own arrangements with mortgages or third parties. There are costed plans for the PC component, taking into account the upgrades and savings to be made from the changes to surgeries, and also savings from people attending walk-in centres rather than A&E.

Question/comment - Tracey Ensor

Tracey interjected to ask whether surgeries would need to borrow money and would that affect the care of patients, would the surgery have to commit to paying interest on money borrowed?

Answer

Peter explained that the PCT pay the rent and this is how Drs surgeries are funded at the moment, but we are weighing this up. The responsibility for funding the surgeries sits with the partners; it is for them to make a judgement on how to fund changes. The PCT vision

concerns where the Drs surgeries will be located, how they cover the population and how standards of care are delivered.

Question/comment - community health trainer

Asked why we should trust the PCT? In her situation the PCT decided that a number of temporary contracts had to go, and the PCT have decided to knock down hospitals which could have been extended, to make way for a super hospital, which is not going well, there are poor ratings on food; care etc. and now they are in a £38 million deficit. Now they are messing around with Drs surgeries, why should we trust them?

Answer

Sarah Shuttlewood answered to say firstly the planning around the new hospital was approved in 2007; there was a chance to feedback about hospital concerns as they are now giving the chance to feed back about the proposals for primary care. The PCT are talking to the public in good faith and want to ensure there will be high quality urgent care. The consultation document actually sets out the PCTs plans for the whole of Peterborough. The PCT is trying to find a way to use the NHS budget as sensibly as possible, taking action to prevent problems getting worse, and now they have a strategy to do something about it.

The lady commented that Alma road had only just been built, and they were going to be knocking it down!

Peter responded to say that they needed a strategy to address the problems and test it out through the consultation.

Gordon stepped in to clarify in response to the health trainer's comment about the hospital that the people sitting at the table were from the PCT and they deal with the stuff outside the hospitals which is different. They buy the hospital services but they are not responsible for building the hospital.

Question/comment - Rupert Bankhart, Alma Road GP

Commented on an earlier comment about phoning your own GP in the evening. Alma road had raised the bar by extending their hours to 7-10pm in the evening and they had 2000 patients. He was concerned about what would happen if they closed and had two questions:

- 1) Some of his patients, for instance one of his diabetic patients who works in London or another busy patient who can only get out to a surgery in the evenings, what choice of surgery for out of hours service do they have if Alma road closes?
- 2) What will the PCT with 80,000 lost appointments if Alma Road closes and there is still a massive 8% increase in demand?

Answer

Peter responded to say he disagreed that there would be 80 00 lost appointments and queried where the GP had got this figure from. That wasn't going to happen. 20 000 walk in patients would then register elsewhere and there would be replacement services. He felt the GP was stirring up unnecessary anxiety and hadn't discussed the situation.

Capacity for routine appointments on Saturdays and Sundays is a choice we make as a community which we can't let fall to one side. There is however a £20m cost of offering this Drs service at weekends, and the service will not be fit for purpose if they don't move money about, which is what they are proposing.

Dr Harshad Mistry, explained that almost every GP surgery offers extended hours to help people who can't attend during general, and this is part of the reasoning behind the strategy, the larger the surgery, the more doctors are working there, enabling the surgery to offer more hours. There are a few surgeries in the area already offering Saturday mornings. This plan under consultation sets out that larger surgeries with more GPs working together can offer more hours across Peterborough. If a patient needs to see a GP out of hours then providing that service is a must, and Drs must consider how they provide this.

At the moment patients can't come on a Sunday as we have to balance the extra £1m needed to provide that, and the belief is that there is already better use of that budget, more money would be required.

Gordon made the point that the total number of GPs prior to any of this happening is the same as the number of GPs there will be after the changes, however this may increase.

Question/comment

A gentleman commented that the PCT were emphasising the general consultation or the fantasy of consultation, and asked the PCT whether they actually wished to inform the public of an imminent decision or whether the views of the public will be implemented, what mechanisms are in place to ensure that public opinion is implemented?

Answer

Gordon responded to raise awareness of the completely blank page in the consultation booklet, where any other comments could be raised, there was plenty of space for people to say they didn't like it. The decision process will however involve what is affordable and the process is trying to inform people of the possibilities. If they feel there are any others, people can get them down on the feedback form- the consultation is not just about meetings. People can write letters and use other means to put their views forward, and the documents on the consultation are widely available.

Question

Jean Hunt from the Peterborough Senior Citizens Forum had noted that there would be fewer sites for GP surgeries and was concerned about local transport, which is particularly important for older people and also a consideration for parents of children. This needs to be considered at the same time. The worry is that there will be fewer Drs surgeries that will be harder to get to.

Answer

Peter agreed this was an important consideration and explained that the Ortons surgeries are both in the same building, the surgeries on Burghley road are very close together, Alma road has been considered but there had been a dialogue with Councillors about East Ward and Parwell and East Dogsthorpe. They need to make sure there is a suitable location for 3 bus routes in East Ward and they are mindful of serving older people and access issues.

Question - from North Street patient

Agreed that the building is not fit for purpose and knew that plans for a new building had been rejected. They asked whether the PCT had found a site for two practices ¼ mile away with parking.

Answer

Peter responded to say the new site needs to be as close to a bus stop as possible, and when a site comes up they need to be able to move and budget must be set aside. One has already been and gone. It is a challenge to find a suitable site with parking, but they are unable to make a move until after the consultation. They are confident that they will find a site but won't be sure until September.

Question

A young lady explained that what she was missing from the consultation was the benefits for the next generation of people who have to live with these changes. She was concerned that the NHS was taking care into a business model, building surgeries, cutting them down and moving things around, how would this benefit people of the future?

Answer

Peter replied that we all believe in the NHS, otherwise they wouldn't be there. It costs so many millions to run healthcare in Peterborough and we can't have everything, so they need to consider the options. The plan is to move to fewer, larger sites offering more skills and GP expertise, so there is less need for patients to go to hospital. If there are 25,000 patients registered at a surgery it can support more clinics and services and create more capability to meet local needs in the city. Surgeries need to keep pace with the population and to do that we need to move money around and adapt how we use it to meet changing demands.

Question

Mary Cooke spoke up to say she was a retired nurse, and was concerned that GPs were so occupied dealing with patients and caring for them, didn't they have enough to do before they start commissioning and buying services and managing a budget. She worried that they are changing registration for GPs as well so patients can register anywhere, but where

does that leave the elderly, needing more care, how do we account for that. Fit and young people can register with any GP.

Answer

Dr Mistry replied that GPs' main role is patient advocate, whatever their age, old or young his list is open to everyone, as with any GP. Anyone can join any surgery, and if they need to visit people for a clinical need this can be arranged.

Gordon said this was an issue up for debate, would a Dr have a good enough relationship with a patient 100 miles away; there is a lot to consider.

Dr Mistry explained that the government proposing registration with one national computer system. He, like many GPs, believes in the birth to grave principle of healthcare.

Comment

Amy from Alma Road commented that the PCT keeps going on about large surgeries, but her experience in America has been that very large surgeries close after 5 o'clock. She commended this country for its community spirit and said that closing the smaller surgeries where you know your doctor and the surgery receptionist would lose this. She was concerned that no research or statistics had been used to back up the proposals or support the benefits of large surgeries; they do not work as well as smaller practices.

Answer

Gordon responded to say his surgery had 7 GPs, and that was classed as a 'large' surgery, but he knows his doctor and the receptionist knows him, it can work as long as the surgery is not too big. The word big means different things to different people and shouldn't be used as an emotive word- we are not talking about American GP surgeries with 50 Drs.

Peter also explained that 4000 patients can be registered with 2.5 doctors and that is the minimum size they would support for a surgery, they are not however advocating 50 Drs per practice, the PCT just specify a minimum size.

Question

A gentleman raised the concern that Peterborough has a unique problem in that people from Spain can just come into the walk-in centres, but what is the pay back from foreigners attending our services.

Answer

Sarah Shuttlewood explained that people need an EU card for free healthcare, and people with an EU card can come here and access healthcare, just as we can access free healthcare anywhere abroad within the EU. If people are from outside the EU, then they pay to access healthcare here.

Comment

A patient with Thorpe Road surgery attended the walk-in centre on Thorpe Road, and said there were 50 people there and she had to wait 2 hours to be seen.

Answer

Sarah Shuttlewood explained that waits can be variable, especially at hospitals and all services do their best to try and minimise waits.

Gordon commented that the last time he went to a walk-in centre there were 6 people waiting. When he wants to see his GP he wants them to see him at a time that suits him. His GP operates an out of hours service and clearly will prioritise people who are out at work during the day. Some surgeries seem to be good at giving an appointment the same day and if you are at a surgery where you can't get an appointment you can go to a walk-in centre.

Question

63 Lincoln Road has satellite at Church Street, how will it be affected.

Response

No proposal to change services. Branch surgery changes would be led by practice.

Chair advised that LINK locally involved in discussion. GPs would write to patients.

Question

Patient from 63 Lincoln Road asked if the decision would be made behind closed doors?

Response

Meeting would be held in public

Question

Patient from Orton Centre – Looked about Orton Centre and is busy, but practice is small. There is a building boarded up with 2 floors already there – has this been considered. Also a new Dental Practice in the centre. There is a great deal of disabled people and inconvenient to go elsewhere.

Answer

Landowner owns site with empty shops and is speaking to us. Would move to different part of site in centre and talking to architects. All is subject to planning. It is an exciting time and regeneration programme at moment.

Chair replied would be built at no cost to NHS. PW advised would be long term lease which has to provide GP surgery for current practice to move to.

Question

Lives in Paston and been a patient at North Street for 50 years. Some patients may be asked to register at surgeries nearer to their home – she did not want to do this.

Answer

Surgery registration not changing only practices affected are those subsequent when lease ends. Only if the practices close or changes do we ask to move registration. If there are changes we would run a consultation event and provide choices. This will not affect you.

Question

From Orton - 1) if you were take Option 3 where would you site Orton Bushfield surgery, and 2) who is the landlord?

Answer

Not sure how much information in public domain, but site is part of a development 50-60 yards from where development located – subject to planning. Will speak to you outside regarding landlord. Would have contract with them to set high standard.

Question

Andy Slater, Practice Manager, Orton to give you a petition with 1408 names on. Can you give assurance that everyone of those individuals would be heard? Orton is one of the most deprived areas in the city and you want to close the surgery of 26,000 patients. Wanted to ask the Director of Patient Experience if outscored Bushfield why want to close us.

Answer

Closing surgeries is being alarmist. If option 3 would have 2 GPs, 4000 list surgery from 1 building. Our question is why can't they come together as one team. Would be e more efficient, and operate a range of services. The existing staff would come together. Not closing and identical service in location with same staff. Regarding access data we will talk outside. If well run you would get good satisfaction results. JB stated use best resources got and work together.

Question

Patient at Orton Medical which is closing in December. Doctors and Reception know her and asked who would look after her.

Answer

You have a choice. You can choose Orton Bushfield practice which would expand and hope Drs and Nurses work with new services. Contract 'closed' and changed 18 months and patients not know the difference. Question is one manager, one reception or 2 practices, 2 managers, 2 receptions where services will be duplicated. Our preference is option 2. When look at extra cost 2 to 1 will be capacity and skill for her care.

Question

Very constructive document. People with different conditions, physical and mental 1 in 4 Mental health together, 1 in 5 attend GP, significant attend A&E and those with mental health must be taken into consideration.

Answer

This consultation is about holistic provision of health care. Plans facilitate wider health and care teams together. Some practices do not have space for councillors, District Nurses etc. If Option 3 approved, would support whole range of care provision.

Question

63 Lincoln Road – question to Dr Mistry. Has medical condition which is not noticeable. Had a couple of months ago and Dr saved her life as half the doctors in Peterborough do not know of this condition. Point is new GP surgery more money into services to pick up these conditions.

Answer

Trying to do. Would service 26,000 residents and they are telling us not able to provide services from building. Only way is use money in different way from better set of premises. About investing and concentrating in services and get more for patients.

Comment

Leona Charity, Practice Manager, Hampton – referring back to young lady who asked about benefit for young people – would like to talk about her experience of Hampton with population of young people, young children and babies. Do not have room to provide service. Is a new town and people move into new houses and not have support system. Doctors is hub and new people can't register. Cannot change till go for option 3.

Question

Walk-in-Centre have to go to Thorpe Road or Alma Road. Alma Road is an equitable access centre – what does that mean and are they also a walk-in-centre and now want to close. Would have to go to Thorpe Road.

Answer

SS asked how far apart are the two – approximately 2 miles. Point is Option 3 to close Alma Road. If need out of hours go to Thorpe Road. PW commented what is service do at Alma Road is operating same service as practice 50 years away. Funding 3-4 practices in close proximity. If cant get access let us know your experience. Better access at own surgery to GP, who know you and in hours. Question is should they operate on Sunday and is a finance view. Many cant go to walk in centre – need in gp practice is 2%.

Question

From Orton Southgate and Bretton Surgery has hours 8-6 or 9-7. Her daughter had to wait 2 weeks for an evening appointment. Yes she could have gone to walk-in-centre but cant give antibiotics so what use is the walk-in-centre.

Answer

Walk-in-centre wont issue antibiotics unless clinically appropriate. Within hours it is nurse led and they follow Patient Guidance Directives and if patient meets criteria can give antibiotic. If don't, can refer to see GP that same day.

Lady responded what if cannot get in during the day?

Chair commented that want to see own GP and not at walk-in-centre

Comment

Peter Hadfield, GP at North Street wanted to say why move into larger practices. We believe in continuity of care, where see same GP and know you over time. You would be registered with one GP. Key changes offer with number of patients if greater range of services. Buy in more tools and facilities eg. ultrasound machines instead of going to hospital and also do heart scans. Also have consultants come from hospital to practices. This has shown to save money. All GPs have special interest so instead of referring to hospital refer to GP. Also want a truly integrated Child Health Service from antenatal to school. Central Ward has highest rate of infant mortality – 3 times above national average. If had Child and Mother unit, help and improve that. Concern about mental health and have lost counselling service at North Street because of lack of space. If have psychological problems and important treat at GP practice, also have physiotherapy service. Regarding access would be able to offer Saturday morning and online appointments. More appointments are weekend and evening and strive to offer that. Also North Street is a training practice and want to maintain that but are struggling in the existing premises.

This is a consultation and these are a set of proposals for your comment. Your financial comments have been heard and were very well put. We're trying to look at forward planning, but asking your views on those plans. I hope to reassure you but saying that all the health and care agencies in Peterborough are now working together to look at the challenges of finance and savings together.

Comment

How will the GP Out Of Hours service be improved? My best experience was when I was ill and the GP came out to see me. The worst was when I had to go to them despite being ill, then had to go to A&E. Will the out of Hours doctor still go to the patient?

Response

Dr Caskey

The service should be accessible, and they should offer to come to you if needed.

Question

Patient at 63 Lincoln Rd

We're conscious of the fact that we've already missed out on some possible premises and that it could be 2014 before we see something new. What if the Care Quality Commission comes to inspect us in 2013 as you say and says we are not up to standard and closes us then? At the same time we need some uniformity in accessing appointments as some people have to wait ages to get an appointment.

Response

Peter Wightman

We did have the perfect site in mind we could have used, but that has now been taken by someone else. We haven't finished the consultation yet so we cannot secure a site, we do have some other ideas, but again they could possibly go. We would only consider sites with good transport links etc.

We have to undergo the Care Quality Commission checks before we can open a new site so 2014 is the most realistic date. For the Care Quality Commission visit to the existing premises, if we have a plan in place and on the table for the visit, we can show how we are addressing the concerns with the premises. We cannot adapt the current building any further.

Dr Caskey

Appointment access is being looked at by all practices and does need to improve. Practices are looking at how they can each share best practice.

Comment

Geoff Catlin

You need to look at the quality of services provided as well as the premises. NHS Direct has patient ratings for each practice (Geoff read out the current ratings for each practice).

Response

Dr Caskey

Practices are assessed by MORI each year, and one of the areas they look at is overall satisfaction. Bretton practice was best in this instance and that has been consistently the case. I appreciate what you say and that we need to look at the overall patient experience of practices, but that needs to be balanced.

Question

Looking at 2012 to 2014, how much will you save closing Alma Road?

Response

Peter Wightman

It costs £1m a year to run the service. There would also be some savings on premises but at the same time there would be some exit costs which would need to be paid. We've quoted the overall savings over a two year period as the specifics are commercially sensitive.

Question

What if the procurement for the Minor Injury Unit doesn't happen?

Response

Peter Wightman

We are expecting a very full market for this procurement and are already aware of interest in this. If there is a delay then this would continue as it is, though every month there is a delay, there is also a risk to the predicted costs and savings.

Gordon Lacey

Until the end of the consultation, the PCT can only look at feasibility.

Comment

Patient at Orton Medical Centre

It would be a great pity if this practice closes as it provides excellent care. I struggle to understand how money could be saved by bringing the practices together when the facility is shared. Surely there are more savings when you're GP knows you and knows your treatment.

Response

Peter Wightman

There would be savings for example in management costs, as there would be only one practice manager and less back office. Costs are known to be higher for smaller practices than they are for larger practices. A letter was given to Orton Medical Centre to give out to patients explaining this.

Comment

We haven't received the letter.

Response

Peter Wightman

This should be available to all patients in the surgery at reception. It is in the other practice.

Dr Caskey

There is good evidence which shows that if you see the same GP they can treat you as a whole person and that does save money, but this is also being done in larger practices. This is about how practices manage themselves as well.

Question

Has an impact assessment or risk assessment been carried out?

Is this more about saving money or improving services? Seems there is an option 4 to consider as well – option 3 with Alma Road?

What would the saved money be spent on? How is the consultation going to be decided?

There needs to be more detail about the pros and cons of each.

Response

Peter Wightman

The business case has the full workings for each option with the scoring. The consultation document has the advantages and disadvantages of each and the presentation and summary accompany this information.

The money is about not spending more than we have, but balancing the options. If we make the savings from Alma Road, we can reinvest that into the new buildings.

With an option 4, where would the money come from? This is about investing money saved and using resources better.

Jessica Bawden

There has been good engagement from the public so far with over 20 meetings, along with letters, emails and response forms and some of these have brought forward issues we hadn't considered, such as transport which has been really helpful.

We will look at all the responses from the consultation and some of the themes and issues and from these produce a report to go to the Board.

This may not end up being the options 1, 2 and 3 as they are now, there may be more options as a result of the consultation. It is a listening process. We started off the process in pre-consultation with two options and now we have three.

There will be independent evaluation of the responses and the report.

Gordon Lacey

There are two blank pages at the back of the consultation. I would encourage you to use these if you have any options and feedback to be considered.

Question

The primary care map for the future shows that there are not enough practices south of the river. This will put pressure on the Walk-in Centre and Accident & Emergency. What about Orton, Woodston and Stanground?

Two Walk-in Centres are too many. Alma Road is in temporary accommodation and planning and building would be too expensive. The Walk-in Centre was going to be a Minor Injury Unit but that has not happened yet. Accident & Emergency figures are reported to have gone up.

Response

Peter Wightman

There is another map which shows the branch surgeries which gives a much clearer picture. Orton and Hampton would under option 3 get new surgeries. This is a separate process for Stanground, although they do have plans as well through NHS Cambridgeshire, as they are a branch of Whittlesey.

Question

Patient at Werrington branch practice

Page 41 of the business case says that 63 Lincoln Road and branch would move. How does this affect Werrington? How will the buildings be funded if Alma Road stays where will it be?

Response

Peter Wightman

Werrington practice is not due to close or move as part of this consultation. It would be a decision for 63 Lincoln Road and they would need to look at any decisions around their branch practice with their patients.

We pay the surgery rental for their buildings, but the surgery agrees the building and can take out a loan and even become the developer if they wish. This wouldn't be on the scale of a Private Finance Initiative.

If Alma Road continues then ideas of where they could be situated have been discussed with the practice, including the possibility of the Healthy Living Centre, subject to consultation.

Question

Geoff Catlin

I raised the issues two weeks ago about the conflict of interest around Dr Caskey and Dr Mistry being involved in the consultation, I am concerned about the governance of the Primary Care Trust if the Board can allow two doctors to be on the panel when they have not declared their interest.

Where is the governance for the None Executive Directorss and Chair whose remit is to challenge the Primary Care Trust.?

Response

Peter Wightman

The decision making body is NHS Peterborough Board. This is the same across the whole NHS. Doctor involvement was in the drafting of the strategy and we have run external checking process on the strategy and the process. Part of this was independent interview of all GPs across the Primary Care Trust, those affected and those not. Dr Caskey and Dr Mistry have declared their interest. Dr Caskey would declare his interest again to the Board and would not be allowed to vote on the decision. Dr Mistry is not on the Board.

Comment

Peter Hadfield, GP at North Street

Commented on the direct benefits to patients at his practice and other patients of becoming part of a larger practice, including improved access, improved and increased services in the practice, away from the hospital.

NHS PETERBOROUGH
Peterborough Primary Care Trust
(Working in partnership with Peterborough City Council)

PUBLIC CONSULTATION ON
THE RIGHT CARE THE RIGHT TIME
HELD ON WEDNESDAY 6 JULY 2011
AT QUEENS DRIVE INFANT SCHOOL AT 6PM – 7.30PM

MINUTES

Present: Chris Campling CHAIR
Peter Wightman
Sarah Shuttlewood
Dr Harshad Mistry

In attendance: Jane Coulson
Elaine Overend

Questions and Comments

Residents at Pavillions

- Recent leaflet for City Care Centre (CCC) is 15 minutes walk from Queensgate Bus Station. How far is it to walk to North Street with enhancement to North Street? Why two expansions a few minutes walk apart? Can you explain such a silly idea?

Response – Greater concentration of services at hub of transport routes.

- Why CCC built on site of Peterborough District Hospital (PDH) when hospital has now moved? Doctors moved with the hospital.

Response – Minor Injuries Unit presence in City Centre once hospitals moved to Bretton.

- North/South divide nationally what is happening in the North of Peterborough?

Resident Parnwell

- Decision has already been made for Parnwell. New system starts in 3 years, what happens in-between. OK talking about bus routes but buses end at 6.30pm. Have to negotiate complicated public transport.

Response – Work with Councillors and public transport designers to locate in best possible place – also consider East Ward where there are no services at all. Drs will continue until new services are in place. Proposals from GPs in that area.

- Stagecoach has offered to put in service evenings and weekends if Parnwell Resident Association gives them £58k of lottery money. I could not walk past the cemetery as have emphysema.

Response – Out of Hours service always have GPs available. There are enough Drs to cope with demand.

Dogsthorpe Resident

1. How long have you given to identify the extra funds you need? How long will it take to get the funds you need?
2. Is there a fixed number of patients per doctors?

Response – at least 1800 per GP.

3. What increase in staff do you propose when the CCC turns into at MIU?

Response – would need different skills to provide that care, similar numbers different.

4. North/South divide - £1 to get home.

Jonathan Burberry – Patient Alma Road

- Never understood concept of OOH with medicine as people can be ill anytime. Concept of OOH presumes it is an emergency. As parent of children we do not know whether it is an emergency we are not doctors. I like to have somewhere I can go anytime.

Response – Holistic approach, extended hours

Amy Fry, Alma Road

1. Why the consultation at this time, why not wait for census report – find this interesting – who lives in they city and how they access healthcare.
2. How do people access healthcare – ET reports more people going to A&E. How do people access healthcare I don't understand why you would close a walk-in service when A&E attendance is higher?
3. What is future of city going to look like. Let us have a consultation then.

Response – Different and live data in NHS that is different to census. We know who is registered and why and where they visit their healthcare. Census information is not so current, sense of urgent.

Parnwell Resident

- In light of City Hospital, do your figures include the redundancy money you will have to pay nurses? Part of City Hospital still not in use. Not blame you, Tories target the NHS, Margaret Thatcher did, now this coalition is targeting it.

Response – The hospital is separate to this consultation. There is a connection but not to this budget. Not connected to overarching hospital budget.

John Shearman, Resident Park – Lincoln Road Patient

Speaking for residents – thank you Mr Wightman for the presentations. There needs to be changes and developments due to massive pressures. I think you are making the wrong choice. My own practice is in unsuitable premises. Lots of arguments as to why keep Alma Road. Options pitch groups of residents against other groups of residents – unedifying of

PCT to do that. Can other practices around cope with the number of patients from Alma Road. They have reached their target of 2000 patients. Also you suggest smaller practices do not offer quality 99% QOF scoring. Hitting most deprived people in UK by closing this centre. When Perkins Sports Field at end of Alma Road, agreement with residents that would build houses, houses for the elderly, a community centre and a medical centre. Now you are proposing to take away a temporary medical centre. It suggests to me that at the back of someone's mind that this was always up for closure. Land around there gone to waste suggests you have already made your mind up. Tightness of budget not the fault of people who live around that area. Annual Report 2009 quotes equitable access centre. How can we have confidence in these proposals when mistakes made in PCT have led to this financial mess. PCT being disbanded by 2013, executives driving this will not be around to see these proposals through.

Uli Keuble – Alma Road

There was a strategy 2 years ago. Why should we trust you have one now. You change it every year.

Dr Van den Bent

I agree with a lot of your comments. We treat 1 in 6 people in Peterborough. We have been treating people for over 100 years. I understand people want to defend their own practice. We treat a lot of people in Millfield, etc. We need to look at the whole community and have a sense of proportion. I want my patients to be looked after in proper circumstances.

Dr Trounce

Agree with comments – Have been to a few of these meetings and no-one disagrees with improvements to our practices. All discussions seem to be around closing walk-in element of Alma Road. Have small list size of 2,000 which can only survive because of extra money for walk-in element. PCT does not have vested interest in this, we do as GPs. They are trying to make the best of the money available. We know as GPs, we need to work longer hours, we know people want to see GPs in evening etc. More GPs you have working together the longer, better service we can provide. We want better services for our patients.

Councillor Peach

Am councillor for Park Ward. Pick up on what GP saying re Alma Road high cost. Alma Road costs £29 per patient, CCC £35 per patient and A&E £60 per patient. Alma Road is value for money. In real world if people want to save money do not close Asda and force people to go to Harrods. Why close high quality, low cost service. Why are you wanting to meet councillors on 14 July to discuss new uses of land at Alma Road. If this is a true, fair consultation why are you pre-empting the consultation? Pulse magazine says walk-in centres regularly out perform GP surgeries so why close Alma Road? Not against improvement for other practices. Management of PCT has been very poor. Chair has resigned and has been a number of Chief Executives, against law not balancing budget. How can we trust management to run a fair consultation?

Councillor Pam Kreling

Spent a lot of time getting people to register at Alma Road. Where will they go?

Response – Local practices have capacity and lists are open.

Not close to home

Response – Yes local surgeries are willing to take on people.

Mavis Spencer

How will disabled people get there. Government says you will provide Equitable Access Centre. Equitable means fair and just. You are not up to scratch, not getting there.

Response – Primary Care Team is aware of that and trying to improve that.

Resident

If majority of consultees disagree with your plans, will it be scrapped and will you work with all of us to come up with one that is fair and sustainable for the next 30-40 years?

Response – Have received a full range of view, a lot of support. You made an assumption people are against.

You say you will listen, and the Board will decide. How can we know that is fair. Will public be privy to the report and statistics at the end of the consultation?

Response – Decision will be made at public board meeting. Process will be open and transparent.

While surgeries are competing who has the biggest list. Numbers outstrip the population in the centre. Would it not make sense to move services out of the centre instead of clustering in the centre.

as you mention, surely it makes sense to have two Walk-in Centres, with Alma Road being perfectly placed.

On 3rd Feb 2011, Dame Barbara Hakin wrote a letter to all Chief Executives of Primary Care Trusts in England, about the Equitable Access Programme, and you are almost word perfect about closing the Darzi centre.

Under option 1, no change to Alma Road, could you confirm that they will be relocated in new premises? This is something that they have been waiting for.

Can you tell us how much money has been saved by not building new premises in Alma Road?

Response

Peter Wightman

We have doctors surgeries and Walk-in centres – and at the moment we are paying twice for this activity. We could be using our money on better things than duplicating services. We need to look at our situation locally – options and opportunity costs.

The Healthy Living Centre building is a possible location for the service, if Alma Road stays, they would move to a permanent site rather than a new build

Comment

In the Chairman's report recently the PCT was declared not fit for purpose, and questioned how all this will be done

Response

Peter Wightman

We are not responsible for the budgets that we receive. The brief from Sir David Nicholson is to get on with business, with savings plans and policy pressures. It will be 18 months – 2 years before it is played out.

Question

Are you talking about GP's taking over?

Response

Peter Wightman

At the moment 80% of our budget is divided between the Mental Health Trust, Peterborough and Stamford Hospital NHS Foundation Trust and the Community services like District Nursing services etc

The National Commissioning Board will hold on to 20% of the budget and will commission services and monitor contract from doctors surgeries, dental surgeries and opticians, and will hold Doctors to account

Gordon Lacey

All jobs still need to be done – certain jobs will be done by the GP's. The National Commissioning Board will be the local arm.

Alma Road – the idea came from Lord Darzi - it was proposed that every City should have one, and it offered a particular way of delivering patient care.

Question

Given examples you use are historical, are you taking money out of patient care to fund secondary care budgets?

Is that the way we are going – moving away from healthcare prevention?

Response

Peter Wightman

New patients to the City soak up resources as do new prescribing pressures, NICE drugs are created every year and bring new costs. We are trying to use the NHS total spend in a different way. Previously, we had approx 8/9 % growth every year, which meant we could pay for most things – that figure is now 3%.

For instance, if we could offer x, y, z treatments in practices, we would not need to go to Hospital to have them.

Comments and Questions

Mr Nawaz

Is this a bona fide Consultation?

It seems there may be predetermined decisions made for Parnwell – I have here a 500 household's petition, multiply that by the number of tenants in the house, that's a lot of people – most in their twilight years, and have given their lives for this country, and are now the generation getting the least.

The signatures here have been collected from Keyes Park, Parnwell, St Michaels Gate, Parnwell and Finchfield Parnwell, (adjacent to St Michaels Gate)

I would also like to make you aware of the Learning Disability homes we have in Augusta Close, Parnwell - we have a lot of disadvantaged households in the Eastfield and Parnwell area – we recognise that there are some good things in the plan, but there is a lot of change for this area.

The population is growing. The complexity of clinical needs is growing – the city is growing outwards, while you seem to be contracting services inwards. This approach is not rational, not strategic and lacks vision. Also, you are duplicating and triplicating the services on offer for example; City Care Centre, North Street and Lincoln Road, Thomas Walker, and Alma Road, Thistle Moor and the Lincoln Road practices – all within 2-3 miles of each other – where as there is nothing at Keyes Park – nothing.

You should be thinking 30/40 years ahead and planning to provide the facilities where they are needed, not bringing them in to the City centre which is already cluttered with health services. You are spending huge amounts on Thistle Moor.

Accessibility is a major component of need.

The last bus from the City centre to Parnwell is 3:00pm, and from Keyes Park it is mid day. At the moment these elderly residents can just about shuffle to the Health Centre – struggling with Arthritis, Diabetes and such. In Parnwell you have young families that will struggle with Public transport. A lot of people can't drive. This whole Consultation should be need led – you should be asking 'where do people need surgeries?' and it will not be solved just by offering larger facilities.

You don't want this proposition to be inadequate in 10 years time. More homes are being built in Parnwell and Oxney Road. 800/900 more homes, more people per household. Good work, but go back to the drawing board and decide to work with us and work with the people – you are not really working with the right people.

Response

Peter Wightman

We are getting the information about new housing from Peterborough City Council, and working with Councillors about locations. The issues in Parnwell are the same as in the East Ward, and it is a balancing act to ensure that we serve all people. Set up a strong health centre in the North part of that area, with bus routes, that venue on balance, gives the best value for most people.

Clifton Court residents most aged between 90-96, are registered all at practices all over the City. Some of the residents are registered at Welland, and we are speaking to Peterborough City Council about the bus routes, Lewis Banks from Peterborough City Council is here this evening.

North Street practice and Lincoln Road practice serve 1 in 6 of all residents across the City. It is not all about bringing services in – we have Hampton, Orton, North and East.

Comment

Gordon Lacey

It seems that buses cease early in the day with Keyes Park having more difficulties with transport

Response

Lewis Banks

We have spoken to Stagecoach – Parnwell regular no 8 bus runs until 6:00pm, and goes in to the City centre. There are some issues, but we are in discussions with the providers.

Comment

Looking at the East – there is under utilisation of the Parnwell Centre – why look at bus routes to other areas when a deprived area means they can't afford to take the bus. This is not increasing access for this already deprived Community.

Response

Peter Wightman

East Ward and Welland are high up in the area of deprivation, and that is why we are looking at premises in these areas. Just to re iterate – no decision has been made yet though.

Comment Same resident

You say you have under utilisation at the City Care Centre and the Healthy Living Centre how? and why?

Response

Peter Wightman

Healthy Living Centre – there are lots of options for services which could come there.

The Thomas Walker practice – 3 practices in this building, 3 receptions – they did not come together at the time they moved, but we are asking them to come together now.

The City Care Centre rationalise premises, and we are looking at the services that can go in – those in poor standard buildings etc

The Healthy Living Centre was fully occupied when Alma Road was established – Thistle Moor – they own their own business and it is up to them how they invest their money. We give them an outline of how premises should be run by the NHS – NHS Peterborough gives them money for this – they get a mortgage or go to the developer for the rest. We don't have a capital budget. We pay a monthly rent.

Comment

Dr Van NieKirk – First Health, Dogsthorpe

We are looking forward to a bigger surgery, and to being able to provide better services.

Telephone expanded service, Nursing Community service etc. With a better facility we can provide a better service. We could be providing a Walk-in centre element from our GP practice.

Comment

Rupert Bankhart, GP from Alma Road

If the money follows the patient – then closing the Alma Road service won't save money – as the money will go to another service.

Response

Peter Wightman

It is the registered patient content where there is money attached.

The Walk in budget is a set figure of £800k. If we can fix the Walk-in problem and surgeries can offer it – shouldn't that be through their own GP? This releases the £800k.

We have looked at the usage for Accident & Emergency and can't see the difference between those with Walk-in/drop-in next to them

Comment

Patients don't do as they are told, patients don't know where to go and I am not sure this strategy will make any difference

Comment

Mr Nawaz

There is such diversion about the 3 options – you should be looking bigger and wider – with an option 4, you could get a greater consensus and that way you would have health services for the next 20/30 years – and save money.

Response

Gordon Lacey

All of the options will be considered and nothing has been pre judged

Comment

Mr Nawaz

North Street Versus Alma Road Versus etc

For Parnwell – we are not saying don't develop, but do not develop at our expense

Response

Peter Wightman

Feedback to us, there is a blank page in the response form, tell us what you think

Comment and question

Mr Nawaz

Don't close down Parnwell

How will this be evaluated – Parnwell against Alma Road?

You say that you have established transparency – I am sceptical – can you have another look at this consultation – and get a member of the public to monitor the evaluation?

Response

Peter Wightman

The completed response forms are being sent to an external organisation MR UK for evaluation. This process provides us with a separate analysis through the response forms.

Comment

Diane Newman

Will we get to see all summaries of the meeting notes?

Comment

Patient from Alma Road

I am concerned about Alma Road closing – it has been a great surgery for me and my family, they have given us a lot of their time.

You have mentioned the influx of population in Peterborough – this means pressure on Accident & Emergency and the Walk-in centre – Accident & Emergency visits are expensive, and you are trying to make savings. I can't see where else patients will go if you close the Walk-in centre side of Alma Road – it is the place you go first – and then there is no need to go to Accident & Emergency.

Competition in surgeries – surely there is a better way of working – the brand new hospital has all these facilities – the Walk-in centre could make a referral and give the patient a time allocated directly to them – the patient could then be seen on the general ward – during the day – this must be cheaper than patients using Accident & Emergency

Response

Peter Wightman

People should only go to Accident & Emergency if they need those services

Depending on the results of the consultation - we may have 1 Walk-in centre in Thorpe Road – it will be a Minor Injury and Illness Unit – so the range of people that can be seen there will increase, it will offer a simpler range of services, and we think we can build the services in such a way that it will take the pressure off the hospital. Your GP surgeries should be caring for you for most things. We do know that there is a problem with the appointment systems at some surgeries. We have been working intensely with GP practices to make their appointment systems better, so that patients can be seen during the surgery times. Patients need to have access to their doctors, otherwise they will go elsewhere

Comment

Mandy Harrington, Practice Manager at Dogsthorpe and Burghley Road

Our practice at Dogsthorpe was promised a new building 5 years ago – 2009

We have practically been told now that we have no home

2,500 patients – Church Walk – Burghley Road – Thomas Walker – they do not have capacity for those patients in this area

I am not saying anything about Alma Road, but they have dominated every public meeting

It seems the Primary Care Trust spends a lot of time talking – we know all our patients at Dogsthorpe and Burghley Road

Comment

Mr Nawaz

You talk about centralising services – I don't think the public knows about this consultation – you have not spoken to the public and the public has not been represented at these meetings.

Response

Peter Wightman

We have received a lot of response forms back and have had a good attendance at the public meetings.

We have talked to Councillors and residents

Comment

You have broken promises – you are talking about this now – lets make decisions then –

Comment

Mandy Harrington, Practice Manager at Dogsthorpe and Burghley Road

We need to assure patients that there is room for them in local surgeries.
It is difficult to recruit new Doctors at the moment, and if surgeries are closing – they haven't got capacity to put new GPs in there. Patients that are being dispersed will not be able to get GPs in that area.

Response

Peter Wightman

We have been assured there is capacity in that part of the city – there are some geographical issues – but that part of the city is well served.

If this is not the case then we need to know which practices you mean and we will take this up with them

Comment

Rupert Bankhart, GP Alma Road

Dr Watson can take 2000 patients when they get their new build

Response

Gordon Lacey

Actual capacity needs to be established as opposed to declared capacity, and questions need to be asked about how and who can take on extra patients, especially relevant when your existing practice might not be able to give you an appointment for 4 days

**NHS Peterborough
Views on the Vision for Primary &
Urgent Care**

**Research Findings
September 2011**

Prepared For:



Prepared By:

mruk research
✉ research@mruk.co.uk
☎ 0845 130 4576
🌐 www.mruk.co.uk

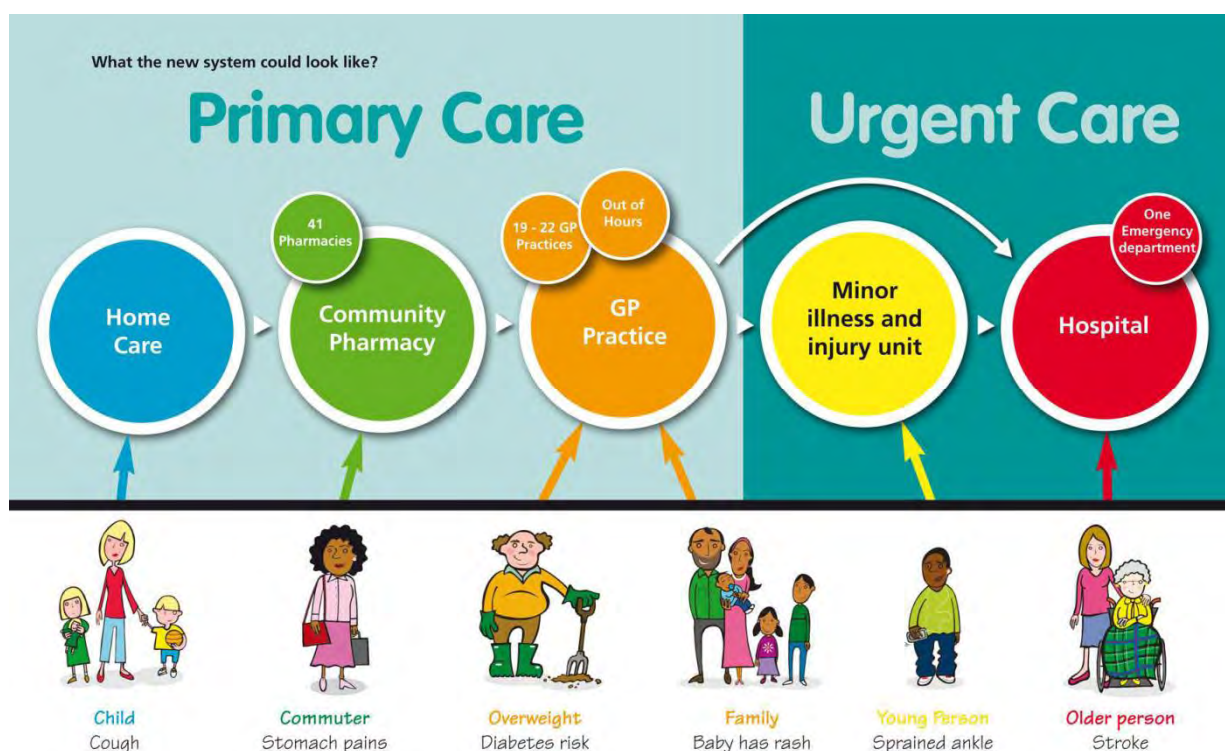
Contents

	Page
1. Introduction	1
2. Vision for Primary Care	2
3. Vision for Urgent Care	4
4. Preferred Options	6
5. Additional Comments	10
Appendix A Questionnaire	11

1. Introduction

NHS Peterborough’s vision is to build an urgent care and primary care system for Peterborough which provides good quality affordable care that is sustainable for the long term, throughout the transition and beyond.

NHS Peterborough wished to consult in order to obtain views on 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.



This report details the main findings to emerge from the research. In total 384 questionnaires were completed, 104 were completed online and 280 postal questionnaires were returned.

2. Vision for Primary Care

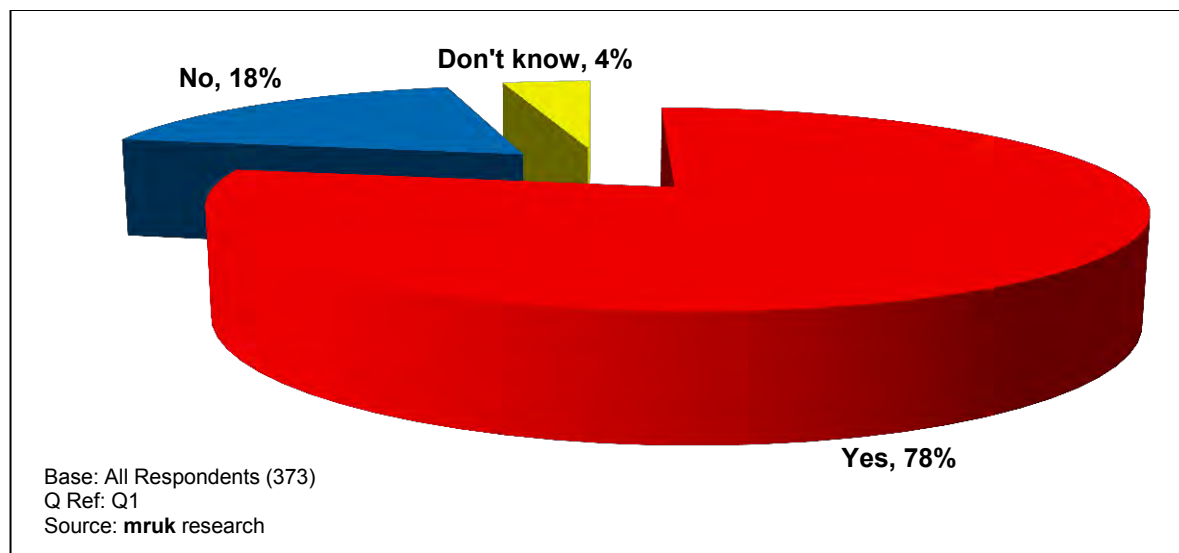
NHS Peterborough’s vision for primary care in Peterborough is that every patient can register with a GP practice that is:

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

To deliver this NHS Peterborough 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.

Respondents were asked if they supported this vision for primary care.

Figure 1: Do you support NHS Peterborough’s vision for primary care?



Just over three quarters of respondents (78%) said they supported NHS Peterborough’s vision for primary care. Just under a fifth specifically said they did not support the vision for primary care (18%) while 4% were unsure.

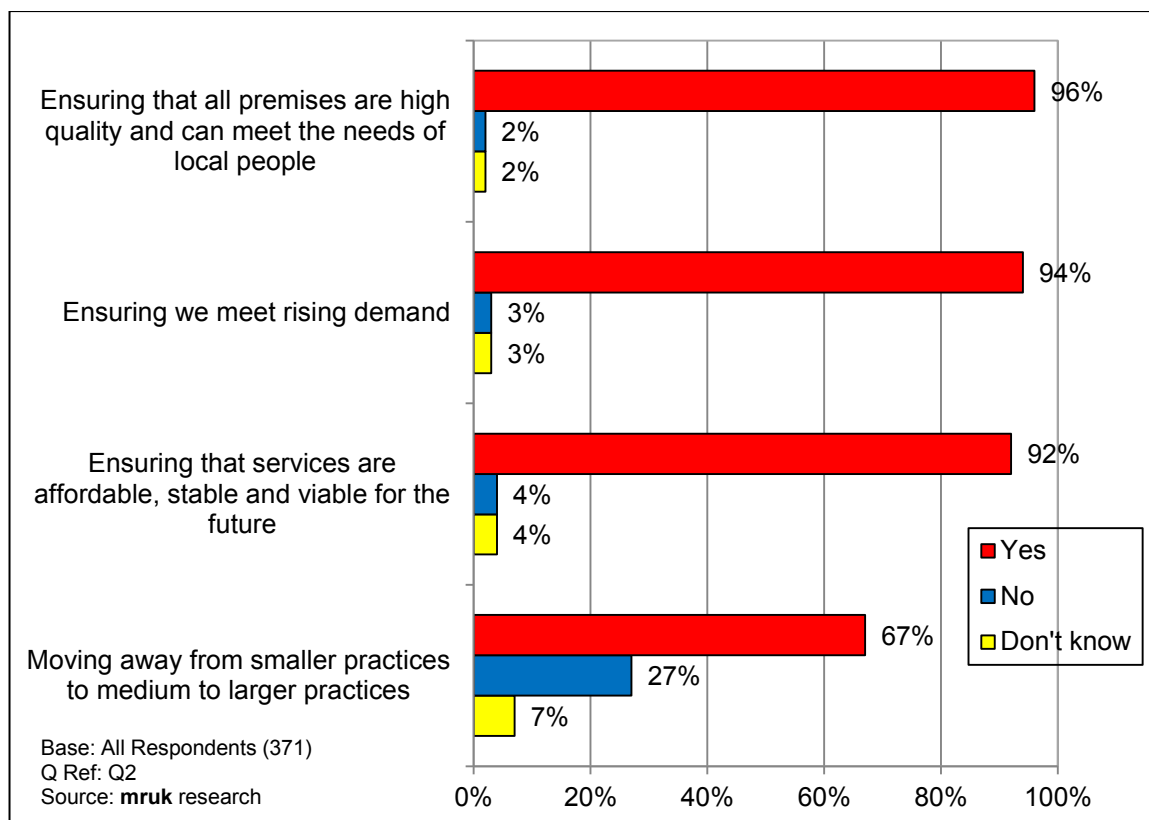
The 66 respondents who did not support the vision for primary care were asked to explain their reason for not supporting it. Comments which were given by 5% or more are outlined below:

- Happy with things as they are - 14%
- Do not want any local closures - 8%
- I do not think that this will lead to improved medical care - 6%
- Would become less personal - 6%
- This is a cost cutting exercise - 5%
- More travel / expense - 5%
- There are existing premises that could be used - 5%

Respondents were then asked if they supported the specific factors of the vision for primary care.

- Moving away from smaller practices to medium to larger practices
- Ensuring we meet rising demand
- Ensuring that all premises are high quality and can meet the needs of local people
- Ensuring that services are affordable, stable and viable for the future

Figure 2: Do you support the NHS Peterborough’s vision for primary care?



Respondents were most likely to support the vision for ensuring that all premises are high quality and can meet the needs of local people (96%). A further 94% supported the vision for ensuring rising demand is met and 92% said they supported the vision for ensuring that services are affordable, stable and viable for the future.

Just over two thirds of respondents supported the vision to move away from small practices to medium or larger practices. Some 27% of respondents specifically said they did not support this as illustrated above. This suggests that this particular aspect is what reduces overall support for their vision.

The 99 respondents who did not support the vision to move away from smaller practices to medium or larger practices were asked to explain their reasons why. The most mentioned comments included:

- Larger practices could mean a less personal service - 19%
- Opposed to the closure of local medical practices - 11%
- Bigger isn't always better - 6%

3. Vision for Urgent Care

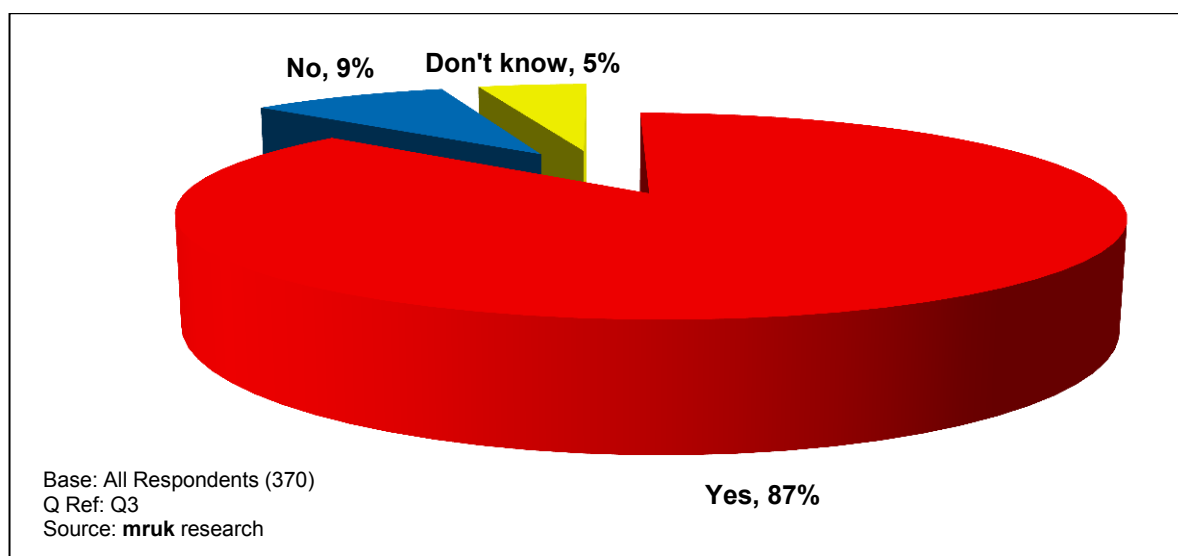
NHS Peterborough’s vision for urgent care is one where patients clearly understand where and how they can access urgent care services at the time they are needed. The services will be fully integrated and signpost patients to the service which is best able to meet their urgent care needs. The service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

Respondents were asked if they supported NHS Peterborough’s vision for urgent care.

Figure 3: Do you support NHS Peterborough’s vision for urgent care?



Nearly nine in ten respondents (87%) said they supported the vision for urgent care. Only 9% of respondents said they did not support the urgent care vision.

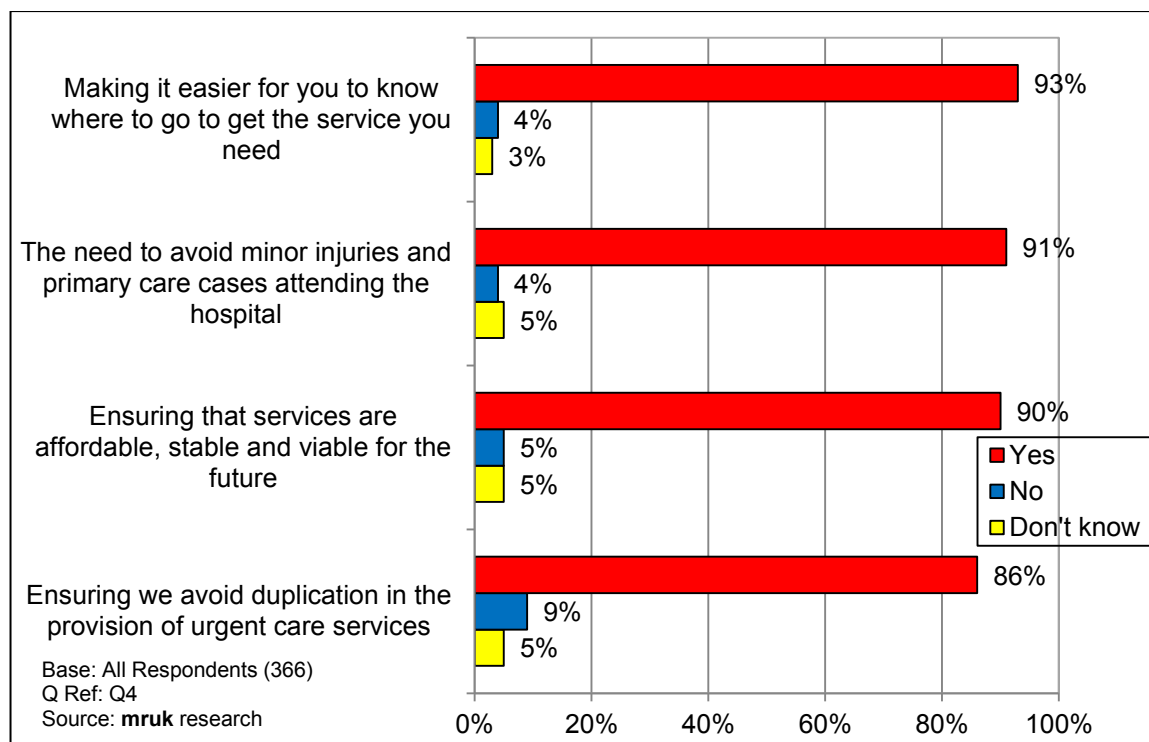
Respondents were invited to give additional comments on the urgent care vision. The most popular comments included:

- Better information on where to access treatment for minor or serious illnesses would be helpful - 6%
- Urgent care is essential - 3%
- Everyone should be confident of receiving the appropriate care - 2%
- Minor ailments should be treated at GPs surgeries / walk-in centres - 2%
- Would ensure people received the care they need - 2%

The questionnaire then asked if respondents supported the various specific factors of the vision for urgent care:

- Ensuring we avoid duplication in the provision of urgent care services
- The need to avoid minor injuries and primary care cases attending the hospital
- Making it easier for you to know where to go to get the service you need
- Ensuring that services are affordable, stable and viable for the future

Figure 4: Do you support the specifics in the vision for urgent care?



Over nine in ten respondents supported the vision of making it easier to know where to go to get the service needed (93%) and the need to avoid major injuries and primary care cases attending hospital (91%). A similar majority supported the vision to ensure services are affordable, stable and viable for the future (90%). Slightly fewer respondents (86%) supported the vision to ensure avoidance in duplication in the provision of urgent care services.

Of the 33 respondents who opposed the vision to avoid duplication in the provision of urgent care services 9% (3 respondents) did not think it was a good idea in general and 6% (2 respondents) felt local medical practices should not be closed and things should be left as they are. Other comments mentioned by one respondent each included:

- It can be difficult to contact the appropriate departments
- Sometimes duplication is unavoidable
- People need to be sure where to get the best treatment
- New premises need to be in a convenient location
- Improve existing premises
- Need more walk-in centres in the city
- Improve out of hours service / reduce the strain on hospitals

4. Preferred Options

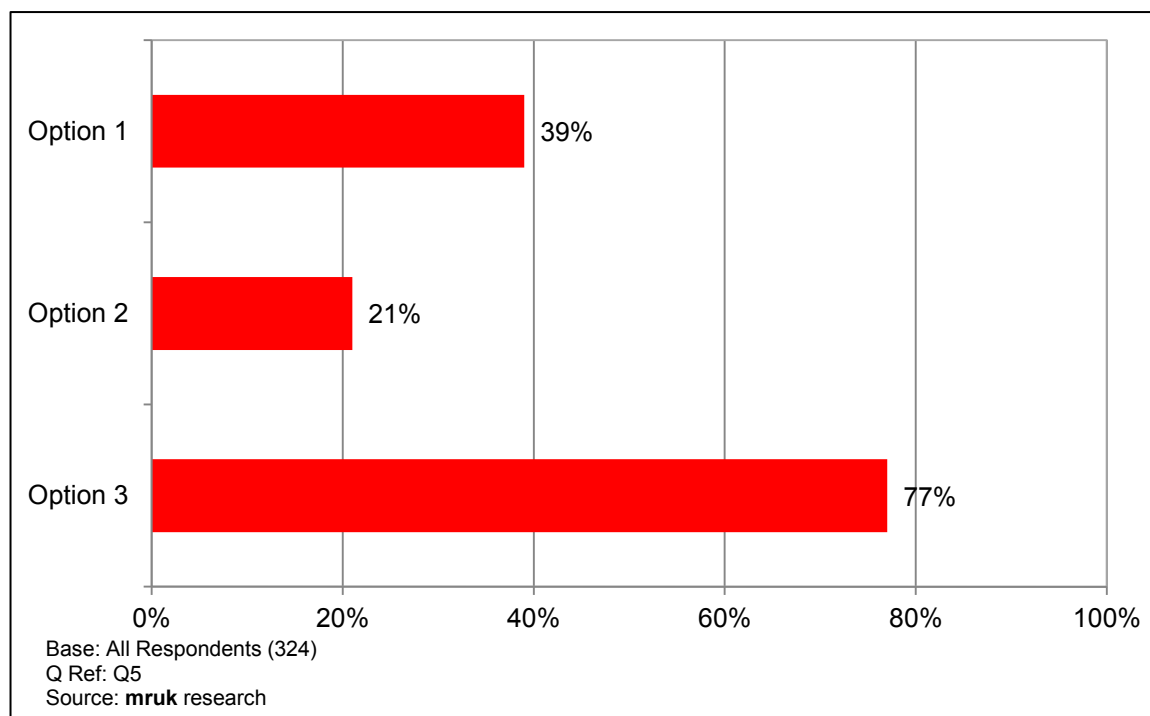
NHS Peterborough is considering three options in detail and presented them for consultation.

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.

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. A further £1 million savings would need to be found from other services.

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, 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.

Figure 5: Which is your preferred option to meet the primary care and urgent care requirements across the City?



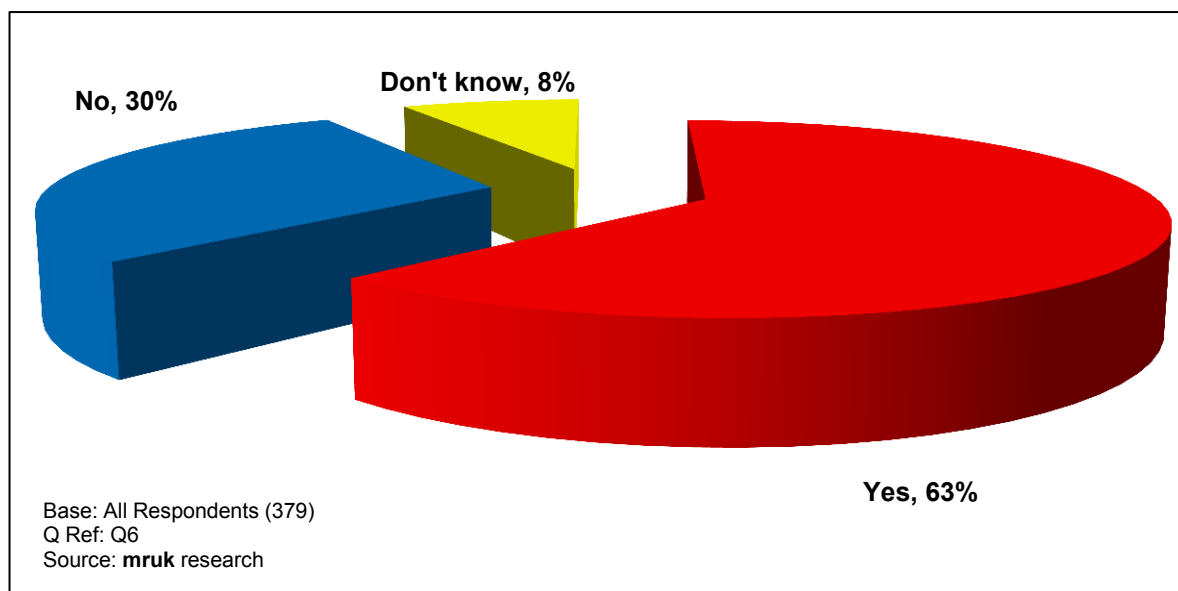
The highest proportion of respondents (77%) preferred option 3. Nearly two fifths preferred option 1 and felt nothing should be changed and 21% preferred option 2 as illustrated above.

Respondents were given the opportunity to suggest other proposals which NHS Peterborough should consider. Some 79% of respondents did not comment. Among those who did comment, (135 respondents) ideas included:

- Move to new premises / upgrade existing premises – 9 respondents
- Improved / free parking – 4 respondents
- Patients need more information – 4 respondents
- Reduce appointment waiting times – 4 respondents
- Some proposals should be looked at again- 3 respondents
- I'm opposed to the closure of local facilities – 3 respondents
- Bring practices from different areas to one convenient location – 3 respondents
- Start again and be more realistic – 3 respondents
- Options for extended opening times for practices – 2 respondents
- Be more efficient / waste less money – 2 respondents
- Try to avoid too much disruption to patients and staff – 2 respondents
- Increase out of hours services – 2 respondents
- GPs should take on more responsibilities – 2 respondents
- There should be a more local NHS Direct – 2 respondents
- Surgeries should be in a central / convenient location – 2 respondents

Respondents were then asked if they supported all of the changes in option 3.

Figure 6: Do you support all of the changes in NHS Peterborough's preferred option - Option 3?



Nearly two thirds of respondents said they supported all of the changes in option 3 (63%).

Three in ten respondents did not support all of the changes in option 3. These respondents were asked which changes in the preferred option they did support. The options included:

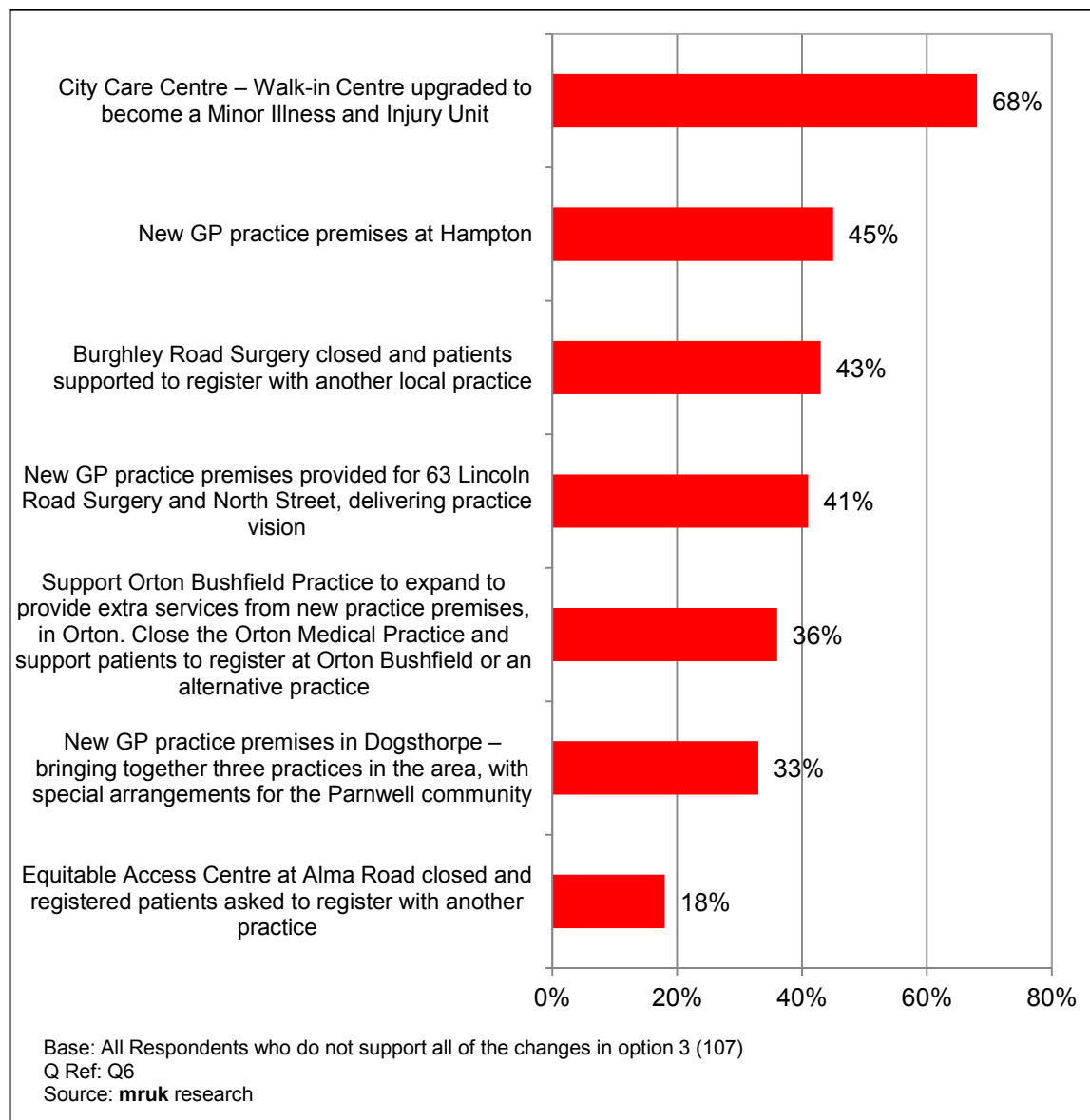
Primary Care Options

- New GP practice premises provided for 63 Lincoln Road Surgery and North Street, delivering practice 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 Options

- City Care Centre – Walk-in Centre upgraded to become a Minor Illness and Injury Unit
- Equitable Access Centre at Alma Road closed and registered patients asked to register with another practice

Figure 7: Which of the changes in the preferred option (option 3) do you support?



Respondents were most likely to support the option for a City Care Centre for urgent care (68%). Just under half of respondents who did not support all of the changes said they supported the new GP practice at Hampton (45%).

A further 43% of respondents supported the option to close the Burghley Road surgery and two fifths supported the new GP practice for Lincoln Street and North Street (41%).

Around a third of respondents (36%) supported the expansion of the Orton Bushfield practice and the new GP practice in Dogsthorpe (33%).


Only 18% of respondents said they supported the closure of the equitable access centre at Alma Road for urgent care.

5. Additional Comments


When asked if they had any other comments two thirds of respondents did not make any additional comments (66%). Other comments mentioned by 132 respondents included:

- I'm opposed to the closure of local facilities – 15 respondents
- The questionnaire is misleading / confusing – 9 respondents
- People should be able to access the GP of their choice at a time convenient to them – 5 respondents
- The community needs a service that meets their needs – 5 respondents
- Need better out of hours service – 5 respondents
- New premises must be in a convenient location for all – 5 respondents
- Plans should be implemented as soon as possible – 4 respondents
- Things are fine as they are – 4 respondents
- Larger practises are a good idea – 4 respondents
- More adequate parking facilities – 3 respondents
- People feel more comfortable with their own GPs – 3 respondents
- Would require a better / reliable public transport system – 3 respondents
- All health issues could be addressed under one roof – 3 respondents
- Walk-in centres are a waste of money – 3 respondents
- Patients opinions should be considered – 3 respondents
- Has to be cost effective / affordable – 3 respondents
- Staffing levels may not be sufficient – 2 respondents
- Any changes should be thought through thoroughly before being implemented – 2 respondents
- Most existing sites are lacking in space and comfort – 2 respondents
- Would prefer to use local surgery – 2 respondents
- The consultation document should be made more readily available to the public – 2 respondents
- Elderly patients should be given better treatment – 2 respondents
- GPs and patients need to be better educated regarding specialist NHS services – 2 respondents
- Patients' needs should be discussed on the phone, then dealt with when they attend and less time would be wasted – 2 respondents
- The consultation document is confusing – 2 respondents
- 'Hub' walk-in centres linked to local surgeries could be an efficient alternative to an ambulance trip – 2 respondents

Appendix A Questionnaire



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 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?

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

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

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 noutro idioma ou formato, diga-nos.

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

the Right Time Consultation.

Appendix 5

Formal responses from organisations and elected representatives

STEWART JACKSON MP



28 JUL 2011

HOUSE OF COMMONS

LONDON SW1A 0AA

Peter Wightman Esq.,
Interim Director – Primary Care
NHS Peterborough
2nd Floor, Town Hall
Peterborough
PE1 1FA

26 July 2011

Dear Peter,

NHS Peterborough Primary and Urgent Care Review

I welcome the opportunity to comment on the above consultation, launched in May.

I have read the Primary Care Trust's proposals with great care and interest. For the record, I have received a large number of representations in respect in particular on the future of the Alma Road Surgery and to a lesser extent, the Parnwell Surgery.

I am of course mindful of the efforts of the current senior management and Board of the PCT in seeking to protect important front line patient services in the city whilst returning the Trust to an even keel financially, which I appreciate has been a very difficult job. The PCT is to be commended too for their thorough and transparent consultation process since the 18th May.

I am pleased that the same number of GPs and nurses will be retained and that indicative GP out of hours cover will be enhanced under these plans.

I wish to make a number of points regarding the different options outlined in your comprehensive proposals paper entitled "*The Right Care at the Right Time*". Naturally, as I only represent wards in the central, north and east of the City Council area, I will only make reference to facilities located in my own constituency of Peterborough.

Representing Peterborough

Tel: 020 7219 8286 E-mail: jacksonsj@parliament.uk
Constituency office: 193 Dogsthorpe Road, Peterborough PE1 3AT

1. I support the consolidation of the outdated premises at **63 Lincoln Road and North Street Surgeries** respectively, into one large combined city centre location, perhaps at Cavell Court.
2. Whilst I welcome the commitment to continue to provide primary care in the **Parnwell area**, I remain concerned that at present, there are ***no plans to locate a substantive primary care facility in the East ward*** and this is a serious omission, given the area's demonstrable and well-documented poor(er) health outcomes (measured against the rest of the city and the region) and current status as a ward containing a number of Super Output Areas in the lowest 10% in respect of social deprivation, chronic illness, welfare dependency and poverty indices, in the UK. I trust that this can be re-examined without prejudicing the plans for primary care provision in the Dogsthorpe Ward?
3. I am NOT strongly opposed to the proposed closure of the **Burghley Road** surgery as I believe that there is adequate capacity within a reasonable distance to accommodate the transfer of its current patients.
4. With regard to **Alma Road**, I have a great deal of sympathy with the PCT in that it inherited a cost burden and contractual relationship with 3Well Medical which was seen as appropriate in 2008/9 but nevertheless was poorly planned and executed without proper regard to medium- and long-term financial viability or the impact on other city primary care facilities and was quite frankly, a shocking failure of senior management leadership. That said, whilst I understand the need to reduce costs, I would prefer to see a cheaper reconfiguration of the clinical offering currently available on the Alma Road site – either there or at an alternative location. In any event, I would not like to see the Alma Road facility continue as it is today, if in so doing and due to financial pressures, it jeopardises the future of one or more other primary care facilities in central Peterborough. I hope that a compromise can be reached with Dr Bankart and his colleagues.

5. Finally, I support the decision to convert and upgrade the **City Care Centre** in to a Minor Injuries Unit, which could relieve pressure on other GP practices and the Accident and Emergency Department at Peterborough City Hospital.

I do hope that you will be able to take into account my observations and I look forward to being briefed in due course on the final PCT proposals.

with kind regards

Yours sincerely



Stewart Jackson MP

Copies: Cllr John Peach and Cllr Pam Kreling, Peterborough City Council

Shailesh Vara MP
North West Cambridgeshire



HOUSE OF COMMONS
LONDON SW1A 0AA



Mr Derrick Harris
Chief Executive
NHS Peterborough
2nd Floor
Town Hall
Peterborough, PE1 1FA

Ref: WP/050811

5th August 2011

I write with reference to the PCT's consultation document and the preference for Option 3.

I have today spoken with Dr Bankart, Medical Director and Mr Rob Longhurst, Business Manager of the Alma Road Primary Care Centre. I enclose a copy email they sent to me which covers some of the points that we discussed.

I have to say I share their concerns. The email sets out a number of points which need to be taken seriously. They have put forward arguments which they say are backed up by evidence. However, the PCT, in preferring Option 3, makes certain claims which it appears are not supported by the appropriate evidence. I understand from Dr Bankart and Mr Longhurst that they have asked for information, but it is not being made available to them. Given the scale of the proposals, I believe it is important for there to be openness and transparency and for there to be full disclosure of all relevant information.

I also have some concerns as to the level of consultation that has taken place and whether all affected communities have had an opportunity to both understand and comment on the proposals.

Moreover, given the future status of the PCT, I would welcome some information on the measures to be taken to see these proposals through to conclusion.

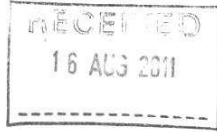
I very much hope that Option 3 is not a "done deal" and that there will be a genuine effort made to listen and take note of all the arguments put forward by both interested parties as well as the general public.

I look forward to hearing from you.

Yours sincerely,

cc Cllr Brian Rush

0811/013



11th August 2011

North Street Medical Practice

Dr Sushil Jathanna
Chief Executive
NHS Peterborough
2nd floor
Town Hall
Peterborough
PE1 1FA

1 North Street
Peterborough
PE1 2RA

Admin. phone:
01733 312525

Appoint. phone:
01733 312731

16/8/11

scanned & saved

stakeholder engagement

have copy to include in

feedback

Dear Dr Jathanna,

We are writing to you again at the end of the formal public consultation to seek your strong support in achieving new premises for patients at North Street and Lincoln Road surgeries. It is not an understatement to say that we are in crisis with our current infrastructure, which we, and our patients, feel is inappropriate for modern general practice.

We are sure you are aware that we look after approximately one sixth of the population of Peterborough of which a large subgroup is on the whole severely deprived, often elderly and with significantly higher morbidity than the average for this city, all of which need and demand the best standard of care possible.

Within our business case we have laid out in detail the plans we and our patients have for a truly new model for delivery of care with the emphasis on

- Disease prevention.
- Comprehensive service provision on one site
- Improved access
- Improved working environment for staff to aid recruitment and retention
- Integration of resources and coordination of professionals
- Developing further our important role in training the doctors and GPs of tomorrow (with track record of retention within Peterborough)
- Continue to be an important and supportive player in the development of clinical commissioning
- Improve further the levels of patient health and satisfaction
- Be a local leader in promoting and delivering first class General Practice services

Dr. Z J Myszka
Dr. L Jacobs
Dr. Anne Fowle

Dr. P J van den Bent
Dr. M P M Collombon
Dr. Peter Hadfield

Dr. Rodbe Tunkuda
Dr. P Hobhouse

Practice Manager Anita Lemon



Practice Fax:

We feel there is no need to reiterate here the immense problems within our current infrastructure as these are well documented over the last 10 years and discussed in detail within our most recently submitted business case. We strongly feel that we have a realistic proposal that addresses both the short and the long term needs of our patients and overcomes the present problems whilst taking us into the future needs of our population as well.

Last but not least we understand the immense pressure on the PCT in the current environment and the need to make the right decisions for the whole population of Peterborough.

We strongly believe that our proposal is essential for our patients, contributing both to economies of scale and allowing us to develop general practice to a level we can all be proud of and bring the necessary benefits to Peterborough, in this particular area, that they are entitled to as residents.

Yours sincerely

A handwritten signature in black ink, appearing to be 'Dr Z Myszka', written over a long, sweeping horizontal line that extends from the left towards the right side of the page.

Dr Z Myszka
Senior partner

Cambridgeshire and Peterborough Local

Pharmaceutical Committee supports the
NHS P's vision of Primary Care.

Any changes in GP practices locations
and WIC services will have effect on
pharmaceutical services provided by
community pharmacists.

The LPC requests that an impact
assessment is made of how these
changes will effect the network of

community pharmacies and the pharmaceutical
care offered to the population of
Peterborough.



The Surgery
63 Lincoln Road
Peterborough
PE1 2SF

Our ref RFT/WS/ccr

The Right Care at The Right Time Consultation
NHS Peterborough
2nd Floor
Town Hall
Bridge Street
Peterborough
PE1 1FA

16TH August 2011

Dear Chief Executive

Practice response to the Primary and Urgent Care Strategy

We are writing to let you have the formal response of our Practice to the consultation process seeking views about the proposed Primary Care and Urgent Care Commissioning Strategy for Peterborough.

We propose that the PCT board goes with Option 3 as outlined in the document 'The Right Care at the Right Time', for the following reasons:

Our main surgery operates from premises at 63 Lincoln Road, which is an old Victorian building and has been used as a doctor's surgery since 1911. Unfortunately it is no longer fit for the purpose and for the provision of high quality Primary Care Services in the 21st Century. There are some significant concerns for the health and safety of patients and staff working within the building. The specific issues with particular regard to patient safety are highlighted in our Outline Business Case. They are confirmed by an independent report from Lynn Rodrigues (Matron for Infection Prevention and Control, NHS Peterborough) regarding hygiene issues and we believe that the situation is critical. We do not believe we will satisfy the standards of the Care Quality Commission. We also do not have enough rooms for the staff we employ. 4 of 8 doctors work upstairs, with no access on the 1st floor for disabled people or the elderly with mobility problems, except by using stairs.

Equally important is the fact that our current premises do not lend themselves to innovation, development or to the provision of additional services in the future. Also of concern is that on the retirement of some the current partners, in the next 2 or 3 years, it will prove challenging, if not impossible, to recruit new high quality doctors because of the substandard premises, raising doubts about the long-term viability of 63 Lincoln Road as a General Practice.



Dr Stephen J Watson
Dr Richard F Trounce
Dr Sohrab Panday
Dr Susan J Grant
Dr Bernadine V Sharma
Dr Penny Miller
Dr Amar Hussain
Dr Emily Gwinnell

Mr Robert Bristow
Advanced Nurse Practitioner

16/8/11
Scanned & saved.
Stakeholder engagement
have copy to include
in feedback.

Telephone: General 01733 567807 Fax 01733 569230

Branch Surgery: 2 Church Street, Werrington, Peterborough, PE4 6QB. Tel: 01733 571110

Over recent years we have formed an increasingly close relationship with North Street Medical Practice. We are in the same cluster, and have long had aims to integrate our services and offer high quality care in a teaching environment, provide a wide range of services and increased availability with extended hours, to an ethnically diverse population, with large areas of deprivation. This is much easier to achieve with a larger workforce.

Along with the other changes proposed in Option 3, including ensuring that people access the right healthcare professional at the right time, we believe this is the best use of public monies for the Peterborough population, increasing the quality of care and containing costs. Too often the recent debates have been solely about keeping the Alma Road Practice/Walk in Service open, and not allowing the wider debate on the whole Peterborough health economy. We hope the board will evaluate the whole problem, listening to the quiet majority, not just the vocal minority.

We have produced an Outline Business Case, which is compliant with the direction of local and national strategy and compliments the aims of the Primary Care and Urgent Care Strategy and QIPP initiative.

We would urge you to take Option 3 forward to the next stage.

Yours faithfully

A handwritten signature in black ink, appearing to read 'Richard Trounce', written in a cursive style.

Dr R Trounce
On behalf of the partners and staff at 63 Lincoln Road

Late response received on 7 Sept 2011

Message from Councillor Miners:

As a local resident of Dogsthorpe and also a Dogsthorpe Ward Councillor I cannot argue with the "The Right Care at the Right Time" If only it was in place now, and will it ever arrive?

Noting the high deprivation levels within the Ward and general levels of poor health of many local people, and the general lack of adequate NHS facilities locally, I very much welcome changes that will help ensure patients especially in the Dogsthorpe Ward have access to high quality, safe and affective health care services.

On a personal level Option 1 is dead in the water; Dogsthorpe Ward will suffer greatly with this "do nothing" approach. However, concerning Options 2 and 3 – I have a dilemma as both gives Dogsthorpe what it needs and deserves.

The real debate in Peterborough is obviously between Option 2 and 3 – with strong arguments on both sides. Location is a very big agenda item nationally – how local communities can take control, be heard, be consulted.

Perhaps what the local community wants should take a far more important role, than the delivery of achieving a certain level of financial savings.

Returning to Dogsthorpe Ward, I obviously very much welcome the presence of a new GP practice premise locally and certain locations have been suggested, they include:-

- John Mansfield Centre, Walton Avenue
- Focus Centre, Chestnut Avenue
- The Peverels Building, Pine Tree Close
- The recently vacated building at Newark Court, Newark Avenue
- Royal Arms Building on Eye Road

Obviously, the more central location the better, in order of priority the location could run as follows:-

1. John Mansfield Centre, Walton Avenue
2. The Peverels, Pine Tree Close
3. Newark Court, Newark Avenue
4. Focus Centre – is now developing rapidly as a youth/football centre of excellence and may not have the spare capacity for the construction of a new GP Practise premise.

Please note these are my own personal comments and I look forward to hearing from you.

Regards

Councillor Adrian Miners

Our ref: AR/lg

18 August 2011

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

The Prioory
Prioory Road
St Ives
PE27 5BB

Tel: 01480 308222
Fax: 01480 308234

Direct Dial: 01480 308223
Email: matthew.winn@cambridgeshirepct.nhs.uk
website: www.cambscommunityservices.nhs.uk

Dear Sirs

THE RIGHT CARE AT THE RIGHT TIME CONSULTATION

Please find enclosed the response from Cambridgeshire Community Services as a provider and stakeholder. To aid feedback, we have provided an overview from our Board and a detailed feedback from the staff working in the Out of Hours and Walk-in Centre service. The consultation and options were discussed at our July Board.

The key points from the Board were:

- **The vision for OOH and urgent care:** The objectives were clear and aligned to models we would support. Simplifying access and improving City Centre provision for primary care and minor injuries aligns with other models and would support care in community settings. In both cases the finances covered in the presentation were insufficient to provide evidence on how the savings would be achieved. Also the projected savings it was unclear if any assumed benefits had been applied for the WIC/OOH tender. We therefore do not have sufficient evidence to know if the preferred option gives any assurance on services being affordable and therefore stable and viable for the future, in response to that specific question. We therefore did not feel we could confirm/refute 9.2 part d without further financial evidence of how new premises would be provided and whether they would accommodate community services.
- We supported option 3 and welcomed the weighting of the assessment to support quality of care. The concerns we had in relation to implementing this model reflected similar concerns raised by staff, notably whether those named practices were supporting the changes and whether the PCT had capacity to drive this through within the timeline, noting that the change in the Walk-in Centre to a more limited minor injuries service would occur a year before any major primary care capacity was available.

As a consequence of this it would seem sensible to ensure clear plans were in place for primary care to expand their capacity and enhance their access to enable patient's choice, particularly with a high commuter population needing interventions in hours outside the core operating hours of primary care currently.

We support the proposals for primary care based on limited evidence we have and the understanding that consolidation of practices will enable opportunities for community services to be co-located to work with primary care and support the various changes in care planned as per QIPP proposals.

The finances do not enable us to understand where the financial benefits will accrue from.

NHS D is not referred to within the consultation and it will be essential that they are fully engaged in any changes to ensure effective communication with the public and to ensure they have a comprehensive understanding of current services and any referral rules that the PCT expects to be adhered to.

This also will need to take into account potential use of the piloted 111 service if it is to be rolled out as the urgent care number and how this will interface with the proposed Minor Injuries Unit and Out of Hours services.

The other key point raised by staff related to concerns regarding patient flow and the timing and effectiveness of any public communications aimed at educating the public in the alternatives and diverting people into primary care to ensure the Minor injuries Unit can deal appropriately with its referrals (please see appendix with further detail).

We would value being engaged in further work following the outcome of the consultation as we can appreciate synergies of our existing business in North of Cambridgeshire where three minor injury units are already operating, thus providing an exciting opportunity to create an integrated care solution.

Yours faithfully

A handwritten signature in black ink, appearing to read 'Matthew Winn', with a long horizontal flourish extending to the right.

MATTHEW WINN
CHIEF EXECUTIVE

Att: Appendix - Right Care Right Time - WIC Consultation Response

Walk in Centre Response to “Right Care Right Time” Public Consultation

Staff had the opportunity to attend staff and public sessions led by NHS Peterborough and had access to the consultation document both in hard copy and by email link – this has supported their informed response.

All staff have been encouraged to submit their individual comments using the response forms but are, as a department, also submitting comments in specific regard to the proposed changes to Unscheduled Care, both as staff members and as members of the public. The following consensus of opinions were obtained after holding a staff open session in the department for Walk in Centre staff and are presented as bullet point comments and queries:

1. This could be a positive move as it will reduce the amount of points of access to those that are appropriate
2. What will happen to blood testing for patients on fertility treatment at weekends as this has to happen on a set day?
3. There will need to be an interim blood service – if the time line is as it is currently then the MIU will be operational before larger surgeries have their new premises built and will therefore not have room capacity to take work back.
4. Work will have to be sent back to GP surgeries before the transition to MIU occurs to enable GPs to absorb this work and to release staff in the WIC to undertake extensive training that will be required.
5. Will a weekend clinic for dressings be commissioned elsewhere as we have a number of people attend for daily dressings?
6. Who will manage weekend Tinzaparin Injections for ambulant patients?
7. To ensure we can signpost onwards could GP surgeries retain some daily slots for the management of minor illnesses?
8. General availability of GP appointments may have to increase and not just spread the hours over different days without increasing hours.
9. Are the opening times based on factual need, and ask when the actual peak for attending ED for conditions we might be expected to respond to occurs and would other times be more relevant?
10. Might separation of the working hours of the MIU and OOH help reduce confusion – with the MIU closing at 18:30 and OOH opening at 18:30?
11. Will there be capacity in the department to locate all services being commissioned?
12. This could and is likely in the medium term to have an impact on OOH services. If there is reduced capacity for walk in service minor illnesses, (recognising we cannot maintain our current level of illness activity and take on injuries), and if GPs have little extended capacity, then patients will contact the OOH service.
13. Public education will be key – how can this be made explicitly clear, need more than a leaflet and need a public campaign over a long period of time with stands in public places, public contact and a heavy advertising campaign with information going to every house hold not just in Peterborough but borderline areas as well.

14. We will have to have strict inclusion and exclusion criteria and backing when we signpost patient away
15. Calling the service Minor Injuries will be beneficial as call the service Minor Illness and Injury will be perceived as being the walk in service as is now plus injury.
16. As a department we have to ensure we have suitable access to other services at times that are required. Those we discussed include access to the early pregnancy unit and maternity services – as we are aware they often refer their caller in to ourselves which would have to cease.
17. Consideration to the Crisis team would need to be given, as patients are sent to us by the team and asked to wait for their arrival, whilst this is much improved the patient can then be in our department for 4 hours requiring a private room and clinical supervision.
18. CASH services may need to expand and consider weekend opening or extended hours on Mondays and bank holidays dependent upon the level of service we are commissioned to provide. Eg we have discussed EC but would we continue doing routine pregnancy testing for under 16's which is not usual for an MIU.
19. Easier access to the Paediatric Assessment Unit will be required – so that they will accept referrals from ourselves and not just GPs.
20. Clear pathways understood by all will be required, particularly from GP surgeries and ensuring surgeries understand the services we will and will not provide. For example we get surgeries sending patients for routine ECG's and for D-Dimer testing both which should be provided by them.
21. Clarity for NHS Direct to changes in service provision.
22. Management of sharps injuries – will this continue
23. Training will need to meet the needs of the new department – this is expensive, intensive and thorough and will need clear mentorship from very experienced clinicians.
24. The skill mix of the service will have to change to reflect the high level of autonomous practise required. Similar units across the country have highly skilled ENP staff who are paid and work to band 7 requirements.
25. The service will have to be funded to meet the requirements of an MIU – increased costs due to plastering, support services, crutches, training both initial and ongoing at a high level.
26. Support service availability for the imaging department.

We look forward to working with NHS Peterborough in exploring the best fit for Peterborough, and remain committed to enhancing our services within the area.

Cambridgeshire Local Medical Committee

Representing General Practice in the areas of Cambridgeshire and Peterborough PCTs

Farmhouse Suite, Glebe Farm Campus, Knapwell, Cambridge CB23 4GG
Telephone: 01954 268156 Fax: 01954 268198 Email: office@cambslmc.org

Chief Executive:
Executive Officer:
Administrator:

Dr Guy Watkins
Jacqueline Sheriff
Chris Fraser

Chair:
Vice Chair:

Dr Simon Poole
Dr Harshad Mistry

15th August 2011

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

Dear Sirs,

Re: The Right Care at the Right Time – Seeking Views on the Primary Care and Urgent Care Commissioning Strategies for Peterborough

Cambridgeshire Local Medical Committee is the independent statutory organisation that represents the views of the county's General Practitioners. The Committee has discussed the above mentioned consultation, and this is our response.

Developing a Vision

The Committee agrees that NHS Peterborough should develop a vision for primary and urgent care in Peterborough rather than continuing to be reactive to changes that evolve within the PCT's area, and is broadly supportive of your proposals, but wishes to make the following comments.

Small vs medium to larger practices

The Committee understands why the PCT believes that medium and larger practices are better placed to deliver services to patients but would like to emphasise that small practices also have their virtues and are often highly valued by patients. There is also evidence from The King's Fund to suggest that single handed practices engage better with patients than larger practices.

The BMA has observed that one advantage that small surgeries have is that sometimes the addition of a relatively modest scheme in redevelopment could have a significant impact, e.g. an extra consulting room and expansion of a reception. This could be achieved with a capital grant which can be granted more quickly than a larger scheme.

The Committee believes that small practices may only be chosen by a small proportion of patients overall, but nonetheless can form an essential part of the NHS.

The Committee, whilst therefore supportive of the direction of travel within these proposals, is keen to see the rights of smaller contractors, and the patients who choose to register in smaller practices, protected.

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

The Committee agrees that NHS Peterborough has a duty to commission services that are affordable, stable and viable for the future and that serve the needs of local patients.

Accessing urgent care services

The Committee agrees that more work is needed to help patients understand where and how they can access urgent care services. The Committee is pleased to note the proposal to upgrade the City Care Centre to become a minor illness and injury unit and acknowledges that patients currently registered at Alma Road would be supported to register at one of the five alternative practices located within a 15 minute walk of their former practice.

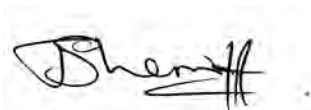
Consolidating several practices within a single centre

The Committee notes that one of the aims of NHS Peterborough is to bring together several existing practices into new larger multi-functional buildings that are fit for purpose.

The Committee fully supports new premises being provided for 63 Lincoln Road Surgery and North Street, and new GP premises in Dogsthorpe and Hampton.

The Committee is aware that several of the practices affected are keen to engage with this plan though there are some that are opposed to it, in particular to the closure of the Orton Medical Practice. The Committee acknowledges that the contract to continue to provide services at Orton Medical Practice was a temporary one but would urge the PCT to work with the GPs currently providing the service to ensure that patients are not disadvantaged by the proposals.

Yours faithfully,

A handwritten signature in black ink, appearing to read 'J. Sheriff', with a stylized flourish at the end.

Jacqueline Sheriff
Executive Officer

LINK

Peterborough Local Involvement Network

Peterborough LINK
c/o Unit 11
Evans Business Centre
Gateway Park
Lincoln
LN6 9UH

The Right Care at the Right Time - Primary and Urgent Care Consultation 2011

Peterborough LINK distributed 300 surveys with a 30% return rate. See **appendix 1**

The findings of this survey were:

OPTIONS	APPROVAL
Option 1	10%*
Option 2	13%*
Option 3	60%*
Don't know/understand	14%*
Out of area/ not want to comment	4%*
None of these options	1%*

*Percentages rounded up to nearest whole number

Further to the above votes, comments were submitted to LINK for inclusion in this submission.

(Comments regarding abstaining from voting due to out-of-area have been omitted for the purpose of this submission)

Transport and/or transport needs (parking)

1. No one likes change when they feel threatened by it. The need for transport for the elderly must also be considered – some sort of 'dial-a-ride' system perhaps.
2. Parnell surgery is convenient – do not have to use any transport.
3. It seems that there would be too many closures in the Lincoln Road area ie Burghley and Alma Rd. I am not knowledgeable about other practises in the area which patients would be able to go to, ideally within walking distance.

4. I would agree with option 3 – but do not agree with the closure of Alma Rd Surgery. I am aware there are old people buildings in Alma Rd so they would not be able to go to surgeries further away especially if disabled.

5. 63 Lincoln Rd/North St has very modern efficient system but need more suitable premises, close to bus station and parking.

6. We Urgently need a Health Centre in Hampton as we have to share the space with a library and from September 2010 residents of Hampton have to travel to the Yaxley H/C or Nene Valley H/C if they are not car owners, it is a public transport – 2 buses needed to travel to these H/Cs.

7. Please make sure all necessary parking and adaptations have been made from the beginning.

Disability issues

1. We must bring the older buildings up to standard to cope with wheelchairs and people with mobility problems. Option 3 looks the best way to do this.

2. All Patients with learning difficulties should be treated the same as everybody. This is very important.

Consultation process/survey and/or lack of information provided

1. Have ticked option 3 because this is what NHS Peterborough wants to do for their patients. I have also ticked option of don't understand as I really do not have the details and therefore experience skill or knowledge as to the long term effects of all the options. Those who know best (or we would think know best) from experience I hope, have looked at all the options before suggesting option 3 as the most suitable.

2. I am against the closing of Alma Rd. Too many changes have been wrapped together in only 3 options. The range of changes proposed need to be consulted on their own. Most of these do not directly affect me however I would have indirect affect. E.g.: closure of one surgery would mean more patients having to register with a different surgery and having an impact on the services that surgery provides.

3. Don't understand all the details therefore experience, skill or knowledge as to the long term effects.

4. It does not say where 63 Lincoln Rd will move to.

5. It would have been helpful to know where, when and what the savings would be.

6. This is of great concern that the focus of the future care is centred around two city centre practises. There is no guarantee that any extra GP hours will be provided at the new proposed combined practises. The funding required to make these changes have not been clearly demonstrated and could lead to further cuts being made to other GP services.

7. Can only support special arrangement if I know what special arrangements will be made.

Surgery commentary

1. 63 Lincoln Rd and North St are a nightmare – they do the best they can under the circumstances – but deserve better – all credit to them.
2. I am all for thinking ahead – Hampton is a farce – developers should have built separate building to accommodate the volume of residents (money wasted again) 3.
3. Lots of comment about changes to practices/changes in location. Nothing to say about improvements to services and how this will come about. Impression given is all about saving money.
4. I live over 20 miles from location and do not feel knowledgeable to comment. The options are written in such a way that one is led to tick option 3 which the NHS preferred choice, surveys are written to get the result they want. Perhaps next time the survey should not be so closed.
5. Alma Rd walk in centre is an essential NHS Service and must be maintained. Having been a patient at the North St Medical Practice I believe the best option for this practice will be to amalgamate with a more purpose built site.
6. No need for Alma Rd, should support an improved city centre development
7. In option 2 63 Lincoln Rd will have a new building. North St will have an extended building. Why not do as in option 3 and put them both in a new building using the sale of North Street building. How long will it be until North St will want to move? This will provide the preferred bigger practises and not loose Alma Rd.
8. Why keep Alma Rd with a patient list of just 2000 when we already have a walk-in-centre? We don't need two. The Ortons and Hampton Health Centre also need improving and options 3 is the only positive way forward.
9. 63 Lincoln road will close in 2012 after CQC inspection was that there's not a plan in place for a new building, along with North St 23,000 patients will be without a surgery

City Care Centre/Walk-in Centre

1. The City Care Centre must be used to assist the demand of the PCH A&E and GPs. The building is a minor hospital with 34 beds and clinic services it offers. It's services should be used for the people of Peterborough and surrounding district and can only be of benefit to all.
2. It is essential that the walk in centre is open 24hrs you cannot depend on the GP out of hours service, it gets busy at times you can wait 6-8 hours.
3. If you change services at City Care Centre walk in, you need to offer an alternative when surgeries are closed.

General commentary

1. Option 3 is not the perfect answer but It seems to be better than 1 or 2.
2. More amalgamation of some practices will preserve patient standards and save money.

3. Large surgeries are not what patients want. Established surgeries in Peterborough should not be closed to offer new surgeries in the new townships.
4. Have ticked option 3 as this is what NHS Peterborough want to do for their patients.
5. Special arrangement on paper sounds good but practically it does not work as illness can strike at any time.
6. None of these – surely it is not beyond the wit of the PCT to find a way to retain the present Alma Rd AND implement the changes of option 3.
7. Option 3 appears to be the best for Peterborough.
8. Why should north of the river suffer to give the Hamptons everything is it the GPs or the council giving it all to Hampton again.
9. Go for it – this is rapidly growing city so think big.

Following the conclusion of the consultation process, LINK would request a reply from the Primary Care Trust to this submission – including commentary - so that it can share the feedback with its membership.

Yours sincerely



David Whiles
Chair, Peterborough LINK

Formal Response to Peterborough PCT Consultation “The Right Care at The Right Time” by 3Well Medical

Executive Summary

After careful evaluation of the PCT Consultation documents provided at its website, 3Well’s main conclusions are summarised here:

- Options 2 and 3 cannot be successfully implemented in their current form. The PCT’s Access, Service Quality and Financial performance will be worsened by these options.
- We do not believe that the PCT’s plans for other GP’s to absorb capacity, which it proposes to remove under Option 3, are robust enough or properly financed. There is a significant risk that there will be a potentially dangerous shortfall in GP provision under this option.
- It is very likely that depleted provision of GP access will lead to further large increases in A&E attendances (20-30,000 per year) which will more than wipe out any potential financial savings elsewhere and cause real capacity issues for A&E.
- The PCT’s own Equality Impact Assessment admits that the “Health care needs of vulnerable and excluded groups may not be adequately provided” under its preferred option.ⁱ
- Whilst we would support our colleague practices that need new buildings, the current range of options seem extravagant and ill-timed, given the current PCT’s financial difficulties. More options need to be considered and we have suggested some.
- The PCT’s cost comparison figures are inaccurate and lead them to the wrong conclusions. In fact, for both registered and walk-in patients, we believe that Alma Road is the most cost effective service provider in the City. There is no scenario we can see under Options 2 or 3 where closing Alma Road and using alternative providers would create a financial saving compared to keeping it open.
- The PCT’s dealings with Alma Road have in many cases been anti-competitive and the removal of this service would also deny patients the choice they are entitled to.
- The PCT has assessed itself as being very weak in terms of its capacity to execute and in its coordination and control. It has been destabilised by continual changes to the executive team over the few months and has only a skeleton staff left. The PCT is due to be disbanded in 2013, well before many of the planned changes will have been implemented. No transition plan has been described. The likelihood of the PCT being able to successfully implement any significant changes is vanishingly low. We can’t afford to take this risk with the health of our patients.
- No Risk Assessment of the proposed changes has been presented, nor any contingency plans for the inevitable variances from plan that will occur

In view of these conclusions, we believe that proceeding with Option 2 or 3 would be unsafe and would worsen rather than improve the financial position of the PCT. If we are correct, our colleagues will not get the new premises for which they have been planning.

Our more detailed comments are given below.

Introduction

The main issues raised by the consultation, in relation to Primary and Urgent care are:

1. Adequacy of access
2. Quality of care
3. Cost effectiveness
4. Overall cost

In addition to addressing these points, the consultation should have answered some additional issues, but has failed to do so. these include:

5. How do the proposed options fit in the context of national policy developments? This includes the requirement for patients to be able to choose the service that they prefer to use and for competition provided through choice to be a driver for improved quality and cost-effectiveness of services.
6. In view of the expected disbanding of PCT's and SHA's before the proposed completion of Option 2 or 3 changes, how will continuity and complete, effective execution of the planned changes be assured?
7. The options proposed assume that the required changes in behaviour of both the medical professions and the patients can be accomplished but no robust plan is presented for achieving this.
8. The consultation documents assume that any planned change can be achieved but does not identify risks to their accomplishment, nor strategies for managing risk.

Unless fully developed plans are made available to the public, their ability to evaluate them is impaired, compromising the meaningfulness of any consultation results.

Adequacy of access

The Reason for Alma Road's existence

The PCT issued a tender for the provision of Equitable Access services at Alma Road in 2008. The reasons for this provision and the choice of site were:

- a.) GP services in that area of Central Peterborough were "stretched".ⁱⁱ
- b.) There are substantial health inequalities between the more affluent areas of the city and the Central Ward. The Alma Road facility, situated on the boundary of Central Ward, is ideally situated to assist in improving the health outcomes for hard-to-reach groups living in this area. Central Peterborough is one of the most deprived areas in the country.
- c.) To offer a choice in the timing and ease of access to GP consultations and providing long opening hours to answer needs relating to:
 - I. Commuters leaving and arriving back into Peterborough outside normal GP surgery hours.
 - II. Agricultural workers who are dependent on gangmaster transport and are often away from the city during normal GP surgery hours.
 - III. People with chaotic lifestyles; asylum seekers; addicts; those with mental health conditions.

- d.) The area around Millfield has some of the highest levels of deprivation in the city. This also means low levels of vehicle ownership. The ability to easily walk to an extended hours, 7am-10pm GP service is an important element of access for many residents.

The PCT publically stated and defended this reasoning for establishing the Equitable Access Centre and its services, including statements and presentations made to the Health Oversight and Scrutiny Committee of Peterborough City Council.

No information has been presented as part of the consultation to evidence a change in the need for services since it was originally justified. Indeed, the continued need is demonstrated by:

- Alma Road satisfying a demand for 24,000 consultations for walk-in patients in its first year, from a standing start. Many of the patients using the walk-in services stated that they were unable to get timely appointments at the practices where they were registered.
- Alma Road has now built a registered list of over 2300 patients to their GP practice in addition to still seeing walk-in patients at a rate of 21,680 consultations a year. Quoting PCT figures for anticipated practice growth, Alma Road is growing more than ten times faster than any other practice in the city in percentage terms.ⁱⁱⁱ Patients would not continue to flock to the Alma Road services unless they were needed and preferred.
- The consultation documents confirm that A&E has its highest demand at times when GP surgeries and both walk-in Centres are open.^{iv} There must therefore be a shortage of GP and Urgent Care provision!
- Attendances at A&E for minor cases (which could normally be dealt with by GP practices) increased over 25% from 2010-11^v and "Primary Care" cases are a further 9% up in the first quarter of 2011-12.^{vi}
- Increasing demand due to increasing population, with 20,000 more inhabitants expected within the next five years.^{vii}

If the high levels of need in Central Peterborough continue, then any reduction of service can be expected to result in an increase in undesirable health outcomes: early deaths; untoward incidents etc. It is unacceptable in these conditions to consider redirecting funds from the provision of front line care to the improvement of buildings in other parts of the city. Such a plan will be met by the local residents with outrage.

The PCT claims that patients are "confused" about which services to attend in different circumstances. It offers no concrete evidence for this statement. From the numbers attending each service, the evidence is that people are managing very well to exercise their right of choice based on the reputation of the different services and the experiences of their friends and family. The PCT should be honest and state that patients are not going to the services that it wants them to attend, and they would like to favour one provider over another. This is anti-competitive behaviour which we believe to be in breach of the NHS Principles and Rules for Cooperation and Competition.

PCT's Proposed alternative provision

We have calculated that if Option 3 is adopted, around 80,000 appointments a year will need to be replaced. Peter Wightman of the PCT has a copy of our calculations. The PCT cannot claim that

access and service quality will be maintained under Option 3 unless alternative provisions can be demonstrated to provide at least the equivalent number of appointments. Our understanding is that the PCT's only plan for this provision is that other local GP's will provide additional capacity. Even then, their plan anticipates that registered patients will be absorbed by other practices, but walk-in patients will just "go away." There is NO explicit replacement for the 21,680 walk-in appointments that are currently provided by Alma Road. Further, there is a planned REDUCTION of 20% in the opening hours at the City Care Centre Walk-in service.^{viii}

The PCT currently argue that the provision of walk-in services is like adding a lane to a motorway: they say it simply creates extra traffic. Their follow-up argument is that if you take away the extra lane, the extra traffic will disappear. (Reminder: currently this is more than 21,680 appointments a year at Alma Road.) This view of the PCT strikes us as extremely cynical. There certainly is a small proportion of patients who do not *need* to be visiting a doctor at all, but do so to seek reassurance and basic advice. To suggest that there are thousands of patients who invent an illness and go to the doctor "just for something to do" could be seen as extremely judgemental, arrogant and uncaring.

There are some further important questions:

1. Other GP's have said that they will be able to provide additional capacity ONCE THEIR NEW BUILDINGS are ready. This is planned for 2014^{ix}, yet the PCT wants to close Alma Road in 2012.^x Who will provide service meantime?
2. Why would other GP's provide additional capacity once competition is removed? They have not responded whilst competition has been provided by Alma Road.
3. Why would the other GP's provide additional capacity when the finances from the PCT to pay for the additional staff required falls short by £1m a year?^{xi} GP's will not pay for this from their own pockets!
4. The PCT has not set any contractually enforceable targets for access, capacity or longer opening hours for existing GP's. The Evening Telegraph reports Peter Wightman as saying that he has received "assurances" from the GP's that they will provide adequate access.^{xii} Can we afford to gamble on "assurances"?
5. The PCT has failed to explain any contingencies that can be enforced if the best assurances of GP's do not translate into adequate capacity and access?

A safer way to monitor access and manage change

It is plainly unacceptable to gamble with the health of patients. If the PCT were to consider moving provision to other providers (competition and choice issues aside), then this would have to be a gradual and managed process during which proof of deliverable alternative capacity and access would be secured before the original provision could be scaled back. This is required by NHS guidance on service redesign. In this way, there would always be somewhere for the patient to get the help they need. We believe that this would need to involve the introduction of some objective and some subjective metrics:

Objective measures

These measure how many patients are electing to join each practice and whether each practice is modifying its capacity and access sufficiently to satisfy the needs of its increased registered list and the services which would be reduced:

1. How many patients are currently registered on the list of the practice? (Change monitored each month.)
2. How many ten minute appointments are provided per 1000 patients per year, measured each month? The target should be based on 6.0 consultations per year per weighted patient. (Weighted patients reflect higher levels of need for some patients than others, using the Carr-Hill formula.)
3. What proportion of appointments is available before 8am, after 6.30pm, at weekends and on Bank Holidays? The proportion should reflect the proportion of patients joining after April 2012, since these extended hours were already available to them via Alma Road. This should be measured monthly.
4. What number and proportion of urgent care attendances were provided for registered patients at a practice at CCC / OOH, Alma Road or A&E? This should be measured monthly.

Clearly, if the other GP's are meeting their assurances:

- Patients from Alma Road will be choosing to register with other practices on the basis that they believe they will get a better service, and the list sizes of other practices would be growing.
- There will be a growth in the number of available appointments commensurate with the growth in weighted registered patients.
- There will be an increase in extended hours provision which will be adequate to replace the current provision from Alma Road.
- There will be a reducing proportion of registered patients seeking Urgent Care instead of seeking care within their registered practice.

If these changes are measured and sensible targets achieved, then a commensurate reduction in capacity provided by Alma Road could be safely considered.

Subjective measures

In Change Management, the so called "soft factors" are as important as the calculable "hard factors." In the context of this consultation, it doesn't matter if the planning is perfect: the outcome will be determined by how patients choose to behave. It is their ACTUAL behaviour that determines how and when patients present for care, not the plans which were made concerning how they SHOULD behave. It is therefore important to have some subjective measures too.

These should be:

1. Quarterly patient survey results on satisfaction with access at registered practices.
2. Quarterly report from Patient Participation Groups for each practice concerning access for registered patients.

Additional necessary action

We should remember that A&E attendances are shooting up, even whilst we still have all the GP practices and both walk-in centres, and that these A&E attendances cost at least 2-3 times the cost of walk-in attendances at Alma Road. Therefore providing only a replacement of the 80,000 consultations referred to earlier will not be enough to halt the spiralling cost of urgent care in the City. To even return to 2010-11 levels of minor cases, we need to achieve a reduction of 36% of minor cases going through A&E this year and to return to 2009-10 levels, we need to see a further

25% reduction. This will require further capacity provision equivalent to around an additional 10,000 appointments a year. It is difficult to see how the current Options 2 or 3 can achieve this. The maintenance and even expansion of Alma Road is probably the most cost-effective way to achieve this.

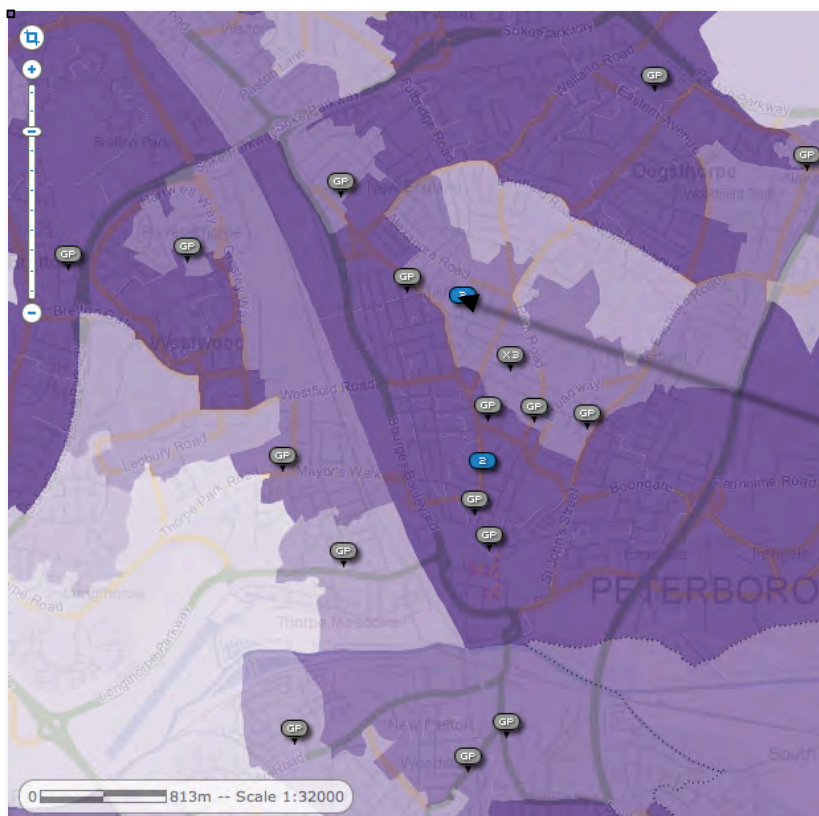
Quality of Care

Health inequalities must be addressed

A fundamental measure of the Quality of Care must be the ability to deliver equally high quality service to all members of our community. One of the major reasons for establishing the Equitable Access Centre at Alma Road was to provide better access for ALL patients, but with a particular aim to contribute to the reduction of health inequalities. Yet, the PCT's own Equality Impact Assessment relating to this consultation concludes that:

- “Unregistered population not adequately provided with primary care when needed who may then create demand on other existing services.”
- “Health care needs of vulnerable and excluded groups may not be adequately provided.”
- “Some patients may find accessing walk in services similar to those offered by Alma Road difficult due to the extra distance to the City Care Centre”

We find it abhorrent that the PCT are planning to knowingly reduce front line care services to the detriment of the most vulnerable members of society in order to make claimed financial savings which it then plans to spend on building improvements in other parts of the City. We want to work with our colleagues in all parts of the City to ensure that all citizens are equally well served, but that services to the most vulnerable are especially protected.



Map of Multiple Deprivation for Central Peterborough. Dark purple is in the 20% most deprived areas in England.

Source: shape.dh.gov.uk

◆ Alma Road

QOF

The PCT has suggested that Quality Outcome Framework scores are generally lower for smaller practices than they are for larger practices. However, the raw QOF score is not a fair measurement because QOF measures how well a practice responds to the medical conditions present in their patient population. Some of the QOF points are not available to some smaller practices simply because some conditions are not present among their patients. Alma Road agreed with Richard Spiers, Medical Director at the PCT, that our Quality should be measured in terms of the Achievable QOF points. This means that if a condition is present in our practice population, we should be measured on how well we manage it. If the condition is not present, the practice should not be penalised for its absence! Due to this factor, larger practices will often get a higher score simply because more points are attainable. A simple comparison of QOF totals therefore misjudges smaller practices.

In order to measure the quality of different practices against each other, the PCT should rank them on the basis of Available QOF points. It should be noted that in 2010-11, Alma Road's score on available clinical QOF points was over 99%. In no way can that be described as a lower quality practice!

Practice size

The PCT equates "small practices" to small clinical teams, which it suggests perform at a lower quality due to the lower levels of mutual updating, training and mentoring which take place in smaller teams.

Alma Road is falsely identified in the consultation document as a "small practice" simply based on the size of the registered patient list. However, Alma Road offers two services: for registered patients (now over 2300 patients) and a walk-in service (currently approximately 21,680 consultations per annum, which is equivalent to a further 2700+ registered patients). Furthermore, 3Well operates a single clinical team to provide service at both Botolph Bridge Community Health Centre (a further 5,500 registered patients) and at Alma Road. This team is therefore managing the equivalent of 10,500 patients – over two and a half times the 4,000 threshold which the PCT considers to be the minimum for good quality. In addition, the 3Well team has regular internal training, audit and governance meetings and provides training for medical students from Cambridge University. Staff from 3Well also regularly attend training provided at cluster level and within the City as well as specialist courses provided nationally. Continuous Professional Development is an embedded part of our ethos and operating methodology and unquestionably contributes to the high quality standards that we maintain. We believe that Alma Road demonstrates all the attributes of the "ideal practice" which the PCT is seeking to promote.

Continuity / stability

The PCT regards stability and continuity as important in a GP practice and Alma Road agrees with this. During the last couple of years, most practices would acknowledge that it has become increasingly difficult to recruit quality clinical staff. The PCT has actually contributed to the challenges Alma Road has faced in settling a team of clinicians. Staff have left and have refrained from joining Alma Road simply because its future has been continually under threat since the PCT's financial problems came to light.

We have to point out that the PCT itself has hardly been a beacon of stability, with four CEO's and multiple directors within a period of a year, and with the recent redundancies of a large proportion of its staff. As yet, we have seen no transition plans for the transfer of responsibilities and resources to its successor organisations after its demise in April 2013.

Practice buildings

The concentration of information concerning facilities and buildings in the consultation is concerning. It may be that some of the buildings used by GP's need replacing or upgrading, but:

1. The Care Quality Commission have confirmed to Geoff Catlin (Patient Participation and Action Group) that they will not close any GP surgery on the basis of building quality. There are questions about the timing of the incoming CQC registration requirements as well. Some of these buildings issues do not have to be dealt with now and should certainly be subservient to the delivery of adequate front line care.
2. Since the PCT is expected to cease to exist in 2013, it should not be taking on responsibilities for more new buildings at this point. GP's can easily borrow money, develop their own premises and be reimbursed rent on a basis determined by the District Valuer. The PCT does not have to invest its own capital or resource to achieve newer, more suitable buildings. This has been demonstrated by practices across the country and also in the NHSP's catchment area.
3. What other options have been considered besides new buildings? For example, Hampton Health Centre is ideally located within a shopping centre which is open 24x7. If this centre were to expand its hours of opening to match Alma Road, they could double the number of patients they serve from the existing premises, with NO additional property cost implications. This alone would contribute an estimated £200-250k per year to the savings the PCT is seeking. It would also be very popular with Hampton patients.
4. The proposed new practice buildings are expected to increase rent costs by £900,000 per year. Based on the PCT's average building occupation costs for 2009-10, this will buy an increase of 3,050m² in space available.^{xiii} PCT figures show 6.35m² as the average space provided per 100 weighted patients at July 2011. The inference is that the new buildings will be sufficient for 48,000 weighted patients, even though the population is expected to grow by 20,000 in the next five years. With its current levels of debt, the PCT seems to be embarking now on a project to provide 2.5 times the capacity that it says is needed. Or perhaps the new premises are 2.5 times the average cost. Which is it?
5. <http://shape.dh.gov.uk> also states that at 2009/10, this PCT had 10.82% of its estate unutilised. What urgent actions is the PCT taking to release this property in order to both reduce its cost and realise its capital value to reduce its borrowings?

Cost Effectiveness

Competitive tenders

The PCT states that its APMS contracts are particularly expensive when compared to other GP contracts. We would point out that:

1. You cannot compare APMS and GMS/PMS contracts on a like-for-like basis without making adjustments to take into consideration that:

- a. APMS contracts are for a fixed term. There is a more significant risk than for GMS/PMS contracts that they may not be extended. Risk is reflected in the contract price.
 - b. APMS contracts are subject to Key Performance indicators which do not apply to GMS and PMS contracts. Up to 25% of contract value is at risk for failure to perform. Risk is reflected in the contract price.
 - c. Enhanced services, which are optional for other practices and attract additional payments, are already included in APMS contracts.
 - d. Extended hours of opening attract additional payments for GMS/PMS contracts, but these are included in APMS contracts. In the case of Alma Road, we open TWICE the hours of an average practice per week, yet receive NO additional payment. If our service were paid the same amount as GMS/PMS practices, per hour for each additional opening hour, the contract would cost over £200,000 more per annum.
2. The APMS contracts were let as a result of a competitive tendering process. The PCT were obliged by tendering rules to award the contracts to the organisations which demonstrated best value for the patient and taxpayer. The competitive tender was open to all existing local GP's, some of whom decided to tender but presumably did not offer such good value. Since there were no other parties who demonstrated better value, it must be assumed that the APMS contracts entered into by the PCT are best value and that therefore comparisons with other contracts are spurious and inappropriate.

Cost comparisons

Throughout the consultation document, the PCT has continually confused and mixed the numbers it has used, making real and otherwise easily attainable comparisons impossible.

Let us be clear, Alma Road's contract is to provide two services:

- Registered patient service based on an annual cost of £72.30 per patient.
- Walk-in service for non-registered patients at a cost of £297.94 per session, where a session is a three hour period, during which patients are seen at 15 minute intervals. (i.e. £24.83 per consultation.)

Two complications are introduced in the PCT calculations for the cost of registered patients:

1. **Patient weighting.** This is a national formula, called the Carr-Hill formula, based on the levels of need / deprivation for a particular patient population. Alma Road has a level of need that is well above average. The last calculation we saw for Alma Road's Carr-Hill formula was over 1.1. This means that whilst we have around 2300 patients registered, this is equivalent to 2530 weighted patients.
2. **Actual payments to date.** Alma Road has actually been credited £64.59 for each net new patient registered in 2010-11 (so far, substantially less than the contract provides for.) In our first year this was significantly less. If we consider the cost per weighted patient, which the PCT is using for practice comparison, this comes to £58.72, which is convincingly less than any other practice in Peterborough.

Further complications are introduced in the PCT calculation of costs for Walk-in patients:

1. **The inclusion of the cost of premises.** This is not included in the comparison of patient costs for registered patients, so why is it introduced for walk-in attendances?

Furthermore, the cost that has been used is not one we recognise and the PCT has been unable to explain how it is calculated.

2. The cost per walk-in consultation for Alma Road includes the cost for registered patients, which entirely invalidates the calculation!

In view of the fact that Alma Road started its service from scratch, with no registered patients and at an unknown location, the contract carries a minimum income guarantee, payable until the permanent building is delivered, at £848,000 per annum. Alma Road already made a very significant contribution to PCT finances by agreeing to reduce this to £725,000 for the 2010-11 year, whilst maintaining longer opening hours than required, at its own cost, estimated at a further cost of £42,000. This equals a financial sacrifice of £165,000 in 2009-10. This is not a sustainable level of sacrifice. Yet it demonstrated very clearly the significant level of commitment that 3Well has to the local health economy and to the patients it serves. It demonstrates a willingness to work in cooperation with the PCT wherever possible to this end.

The cost per walk-in consultation which Alma Road has been using is based on actual payments received for walk-in patients divided by the number of walk-in consultations = £29.08. This is a long way from the £40 claimed by the PCT. If the PCT wants its alternative numbers to be accepted as credible, it must show how they are calculated for each of the parties compared.

On the basis of real, comparable numbers, Alma Road offers the very best of financial value for the PCT and the taxpayer.

We believe that we are among the top 2-3 practices in Peterborough in terms of value per registered patient and the best value for walk-in patients. This means that in almost every case, any decision to direct patients to other practices or centres for Urgent Care will result in an INCREASE in cost compared with Alma Road. This is the exact opposite of what the PCT is setting out to achieve!

Additional evidence

1. Ability to convert walk-in patients to registered patients.

Alma Road is unique in Peterborough in that it can convert walk-in patients to registered patients. Since patients in deprived areas consult their GP practice about 8 times a year, the cost benefits of this can quickly be demonstrated:

1 walk-in patient = 8 appointments per year at £29.08 = annual cost of £232.64

1 registered patient, unlimited appointments per year = annual contract cost £72.30

Difference = £160.34 per year per patient.

2300 patients registered to date = £368,782 SAVINGS per year.

2. Cost of alternative provision

a. Registered patients

If the average cost per weighted registered patient per year across Peterborough is £80 (even on the unequal basis of the PCT's comparisons), and the equivalent cost that Alma Road has received is £58.72 per patient, moving 3100 patients (projected

to proposed time of closure) to an average cost practice would cost an EXTRA £65,968 per annum

b. Walk-in patients

If the 21,680 appointments given to walk-in patients at Alma Road in 2010-11 were provided at City Care Centre, the ADDITIONAL annual cost would be £236,746.

If the 21,680 appointments given to walk-in patients at Alma Road in 2010-11 were provided at A&E, the ADDITIONAL annual cost would be at least £735,386.

Conclusion: There is no scenario in which removing Alma Road will save money. Indeed, the financial case for keeping, or even expanding Alma Road is very compelling, just as the PCT said it was when opening the service in 2009.

National Policy context

Patient choice and competition

There are national rules relating to patients' right to choose between different providers and PCT's are not permitted to constrain that choice unduly. On 28th July this year, The NHS Cooperation and Competition Panel (CCP) published "its most significant ruling on the promotion of choice since the advisory body was set up in 2009" saying that it had found "many examples of primary care trusts excessively constraining patients' ability to choose." It went on to say, "If these abuses are not tackled, there is a 'serious risk' that the benefits of choice, which include 'higher quality services and better value for money' will not be fully realized."

Mr Andrew Taylor, CEO of the panel stressed that "these are not new rules. We are simply providing commissioners with guidance on how to apply the existing rules".^{xiv}

There are multiple examples during the consultation process and before that the PCT has favoured other providers in preference to Alma Road, and this behavior clearly contravenes the guidance that the NHS has been giving and the CCP is now re-emphasising.

The wishes of the public have clearly been blatantly disregarded by the PCT. The Peterborough Evening Telegraph reported on 15th September 2010, when the previous consultation was halted:

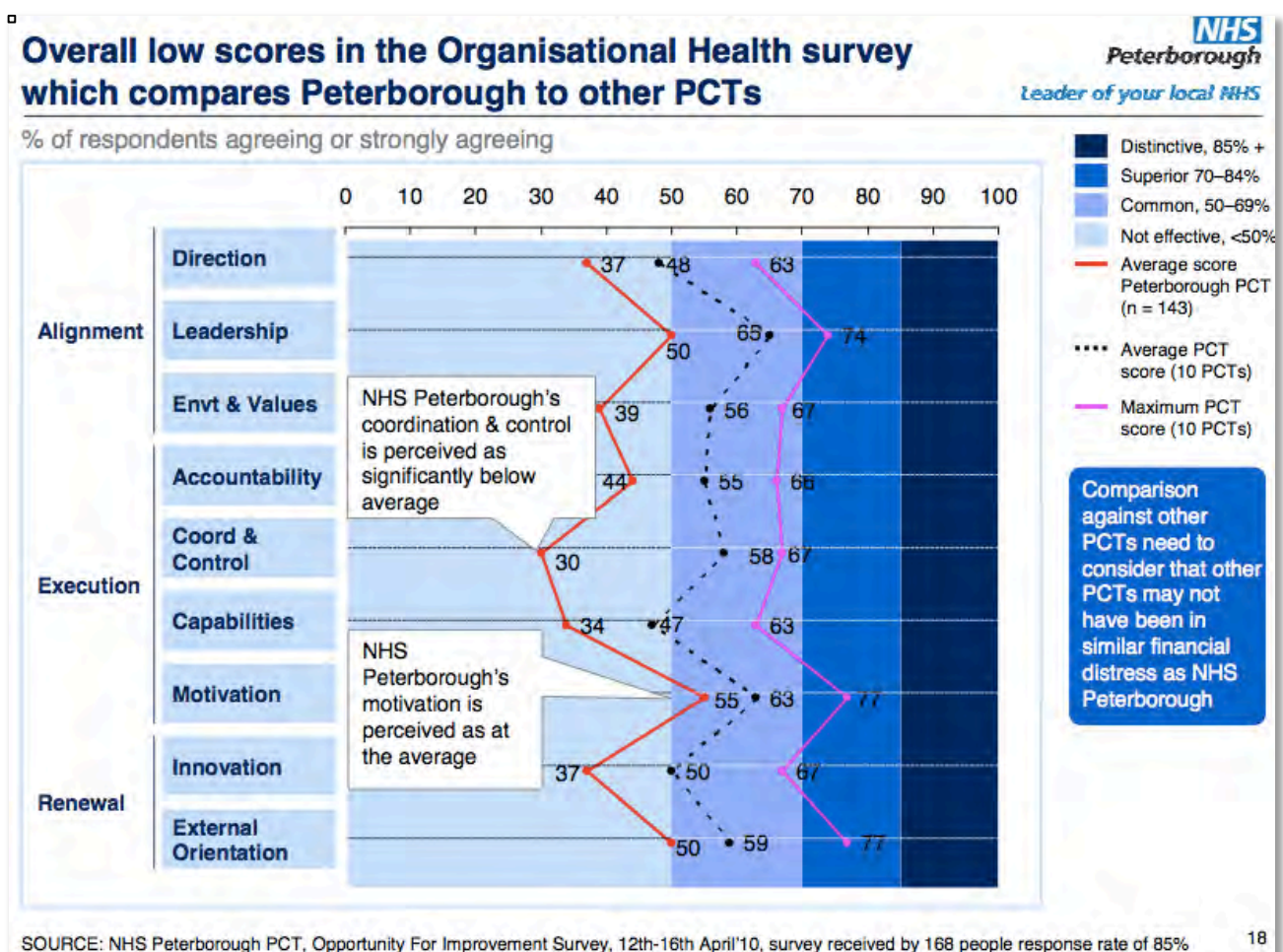
The PCT's new chief executive Paul Zollinger-Read told a meeting of Peterborough City Council's Health Scrutiny Committee on Monday that the decision was taken as a result of "public opposition" to the plans... "We have had a lot of public opposition to this and I think we very clearly need to listen to this opposition."

This contrasts with the current consultation document published on 18 May 2011 which again proposes the closure of Alma Road Primary Care Centre and says that it 'has been developed by listening to what patients want'. Clearly these two opposing statements can't both be right!

Ability to Implement

Significant doubts surround the PCT's ability to successfully implement any programme of significant change. At the May 2010 PCT Board Meeting, CEO Sheila Bremner presented the results of an Organisational Health Survey, which compared Peterborough PCT against other PCT's. (Copy shown below.) Peterborough scored significantly less than its peers, with most results categorising this PCT as "Not Effective". Its scores across all areas measured were on average 15% below PCT averages across the country. The two lowest scores related to its ability to Execute. For "Capability", the PCT scored just 34% and for "Coordination and Control", it scored just 30% - 28% lower than the average of other PCTs!

Since last May, there have been three more CEO's, a succession of Finance Directors, Interim Directors and a shared executive arrangement with Cambridgeshire PCT. This continual upheaval and change of direction cannot have created a settled environment that enhances the chances of success for any significant change management project. In addition, the PCT has been shedding staff at an astonishing rate over the past few months, leaving its capacity to undertake anything other than basic functions severely depleted. Morale has understandably slumped to a very low level among PCT staff.



Meanwhile, the PCT Board's own **Board Assurance Framework** report in July 2011 admits there is a high risk that it will have:

- “Insufficient capacity and capability within NHS Peterborough to deliver all of the goals and initiatives linked to the White Paper and abolishment of PCTs” (BAF1)
- “inability to provide services to local population.”(BAF2)
- “Inability to deliver on strategic priorities.” (BAF3)

At the same time, there is a national plan to transition many of the functions of the PCT’s to as yet ill-defined GP consortia. There is no clear process for determining how or when this will happen in Peterborough’s case, nor for determining whether the new consortia will have the resources, skills or will to complete programmes of change that the PCT might initiate now.

Denying the past

We should be highly suspicious of any group of executives representing the PCT who so quickly cast off the strategic planning, decisions and commitments of their recently departed colleagues. Alma Road was a key part of the PCT’s Five Year Strategy, initiated in 2009. We have seen again and again a “that was then, this is now” attitude. Why would anyone believe any undertakings from someone who has already reneged on undertakings given in the PCT’s name by their predecessor? This is especially true of Interim Executives whose tenure with the PCT is expected to be short. GP Practices which are expecting to get new buildings (just as Alma Road was promised) shouldn’t be surprised if these plans are delayed or shelved. If the PCT’s assumptions on cost savings don’t pan out, the funds won’t be available and we will enter the land of smoke and mirrors. In this world, it seems to be regarded as a virtue to change to the next strategy before it is even determined if the previous one is working or not.

Conclusion: Given the backdrop of the PCT’s recent past failures, very low self-assessment of execution capability and capacity, inability to honour commitments, frequent changes of course, the recent further decline in headcount and limited remaining life of the PCT, **no reasonable person would embark on the changes envisaged in Options 2 and 3 of the consultation with any expectation of success!** There are far too many unknowns and too high a price to pay for failure in finance terms, but more importantly in potential health losses. Failure of this project is almost certain. The PCT consultation documents do not include any element of Risk Assessment, so we are not able to see if this has even been professionally assessed, let alone if the contingencies that are planned are adequate to deal with foreseeable difficulties and challenges.

Summary

On anything more than a surface inspection, the PCT consultation documents and process is found wanting. Many “facts and figures” are quoted, but their source, derivation and context are often obscure or confusing. The average reader has two options: accept it at face value, or reject it as incomplete or unfathomable.

3Well believes that the only option which makes sense in the consultation is option 1. Options 2

and 3 do not have enough robust evidence to support them, or credible plans for successful implementation. We believe there are other options which should be considered and which could enjoy the wide support of both patients and the healthcare community whilst preserving the choice and competition that encourage ongoing innovation and improvement.

Until this point, we have not found the PCT ready to even consider other options seriously.

Endnotes

- i Equality Impact Assessment Primary and Urgent Care, p.12 available at <http://www.peterborough.nhs.uk/default.asp?id=1221> on 05/08/2011
- ii PCT Annual Report, 1st April 2010, p.43
- iii Spreadsheet "Budgets issued to practices (v2).xls" Issued by Caroline Hall, PCT Director of Finance by email on 08/07/2011
- iv "The Right Care at The Right Time" consultation document, p.11
- v Peterborough Evening Telegraph, "Worry over rise in PCH A&E patients" 04/07/2011
- vi Email from PSHFT General Manager responsible for Emergency Department. 07/07/2011
- vii "The Right Care at The Right Time" consultation document, p.10
- viii MIU Opening hours only 8am-8pm. "The Right Care at The Right Time" consultation document, p.12
- ix "The Right Care at The Right Time" consultation document, p.20
- x "The Right Care at The Right Time" consultation document, p.23
- xi Data to support this calculation has also been provided to Peter Wightman.
- xii Peterborough Evening Telegraph, "NHS Peterborough consultation: New fear over GPs provision in the city" 20/07/2011
- xiii Source: <http://shape.dh.gov.uk>
- xiv Financial Times, "Limits on patient choice attached" 27/07/2011 accessed at <http://www.ft.com/cms/s/0/1ed92f1c-b86d-11e0-b62b-00144feabdc0.html#axzz1Tsm1x6mO>

The Right Care at The Right Time Consultation		
NHS Peterborough		First Health (UK) Limited Dogsthorpe Medical Centre and Burghley Road Surgery

17th Aug 2011

Dear Chairman

Comments on “The Right Care at The Right Time Consultation”

Thank you for the pre consultation discussion and the opportunity to comment on the strategy.

Our comments are from two GP Practices directly affected by the proposed changes.

We serve patients from some of the most deprived wards in Peterborough and won our contracts at Burghley Road and Dogsthorpe in open competition in 2009.

COMMENTS:

1. We support the general direction of travel - moving to a lesser number of larger GP practices in modern purpose built premises which should improve quality, opening hours and the range and cost effectiveness of services.
2. We propose a modification to your Preferred Option 3. Instead of closing Burghley Road, it would merge with the nearby Church Walk Surgery and relocate into the underused modern Healthy Living Centre. This has been agreed between the Welland Medical Practice and First Health as a joint proposal.
 - a. It will improve the quality of care for these patients who are from the most deprived wards of Peterborough
 - b. It will retain the culturally sensitive services that we and Church Walk deliver and enable us to further tailor them to patients needs. This was a major issue in tendering Burghley Road in 2009 and remains an issue for our patients today (about 85% are Asian Muslim).
 - c. It will save more money than the PCT’s Option 3 because it also facilitates significant savings in the merger of Dogsthorpe and Eye Road practices into the PCT’s proposed New Dogsthorpe Premises.
 - d. Our patients strongly support the retention of the Burghley Road Surgery services BUT want them provided in purpose built modern premises.
3. We are acutely aware of the serious health inequalities and deprivation suffered by our patients in the Burghley Road area. Reducing services in such a deprived area is counter to national policy of reducing inequalities.
4. First Health and the Welland Medical Practice are happy to work with the Alma Road practice to make best use of the Healthy Living Centre space.
5. Urgent Care – we agree with the PCT’s analysis that walk in services are triplicated in Peterborough.

- a. There is a grave danger if Alma Road is closed that tens of thousands more patients may go to A&E with a major cost and service impact.
- b. A better solution, drawing on best practice elsewhere in England, would be to co-locate all walk in & out of hours services as a “front door” to A&E thus resolving more care in a primary setting and deflecting inappropriate A&E attendances at peak times.

Yours faithfully



Neil Wilson

Director

Councillor John Peach
195 Broadway
Peterborough PE1 4DS
Telephone 01733 340184
e-mail john.peach@peterborough.gov.uk



Peterborough Primary Care Trust
Consultation
Town Hall
Bridge Street
Peterborough

Wednesday 17th August 2011

Dear Sirs,

As a City Councillor for the Park Ward area of the city for some 23 years I wish to make the following responses to your consultation document regarding Primary Care services in Peterborough.

Yours sincerely,

A handwritten signature in black ink that reads "John Peach". The signature is written in a cursive, slightly slanted style.

Councillor John Peach.

My comments mostly centre on the Alma Road surgery but have nothing against, indeed would be pleased if the North Street and Lincoln Road surgeries could find a new and better home.

Adequacy of access

The Reason for Alma Road's existence

The PCT issued a tender for the provision of Equitable Access services at Alma Road in 2008. The reasons for this provision and the choice of site were:

- a.) GP services in that area of Central Peterborough were "stretched". This is reiterated on p43 of the PCT's Annual Report, published in April 2010.
- b.) There are substantial health inequalities between the more affluent areas of the city and the Central Ward. The Alma Road facility, situated on the boundary of Central Ward, is ideally situated to assist in improving the health outcomes for hard-to-reach groups living in this area. Central Peterborough is one of the most deprived areas in the country.
- c.) Government policy was for every PCT to have an Equitable Access centre, providing much more choice in the timing and ease of access to GP consultations and providing long opening hours for:
 - I. Commuters leaving and arriving back into Peterborough outside normal GP surgery hours.
 - II. Agricultural workers who are dependent on gang master transport and are often away from the city during normal GP surgery hours.
 - III. People with chaotic lifestyles; asylum seekers; addicts; those with mental health conditions.
- d.) The area around Millfield has some of the highest levels of deprivation in the city. This also means low levels of vehicle ownership. The ability to easily walk to an extended hours, 7am-10pm GP service is an important element of access for many residents.

The PCT publically stated and defended this reasoning for establishing the Equitable Access Centre and its services, including statements and presentations made to the Health Oversight and Scrutiny Committee of Peterborough City Council.

No information has been presented as part of the consultation to evidence a change in the need for services since it was originally justified. Indeed, the continued need is demonstrated by:

- Alma Road satisfying a demand for 24,000 consultations for walk-in patients in its first year, from a standing start. Many of the patients using the walk-in services

stated that they were unable to get timely appointments at the practices where they were registered.

- Alma Road has now built a registered list of over 2300 patients to their GP practice in addition to still seeing walk-in patients at a rate of 21,680 consultations a year. Quoting PCT figures for anticipated practice growth, Alma Road is growing more than ten times faster than any other practice in the city in percentage terms. Patients would not continue to flock to the Alma Road services unless they were needed and preferred.
- The consultation documents confirm that Urgent care services (Alma Road, City Care Centre and PCH A&E) are at their busiest during normal GP opening hours! There must therefore be a shortage of GP provision!
- Attendances at A&E for minor cases (which could normally be dealt with by GP practices) increased over 25% from 2010-11 and are a further 9% up in the first quarter of 2011-12. (Source: Email from General Manager at PCH)

If the high levels of need in Central Peterborough (including the Park ward area I represent) continue, then any reduction of service can be expected to result in an increase in undesirable health outcomes: early deaths; untoward incidents etc. It is unacceptable in these conditions to consider redirecting funds from the provision of front line care to the improvement of buildings in other parts of the city. Such a plan will be met by the local residents with outrage.

The PCT claims that patients are “confused” about which services to attend in different circumstances. It offers no concrete evidence for this statement. From the numbers attending each service, the evidence is that people are managing very well to exercise their right of choice based on the reputation of the different services and the experiences of their friends and family. The PCT should be honest and state that patients are not going to the services that it wants them to attend, and they would like to favour one provider over another. This is anti-competitive behaviour which I believe to be in breach of the NHS Principles and Rules for Cooperation and Competition.

PCT's proposed alternative provision

I have calculated that if Option 3 is adopted, that around 80,000 appointments a year will need to be replaced. Peter Wightman of the PCT has a copy of our calculations. The PCT cannot claim that access and service quality will be maintained under Option 3 unless alternative provisions can be demonstrated to provide at least the equivalent number of appointments. Our understanding is that the PCT's only plan for this provision is that other local GP's will provide additional capacity. Even then, their plan anticipated that registered patients will be absorbed by other practices, but walk-in patients will just “go away.” There is NO explicit replacement for the 21,680 walk-in appointments that are currently provided by Alma Road. Further, there is a planned REDUCTION of 20% in the opening hours at the City Care Centre Walk-in service.

The PCT currently argue that the provision of walk-in services is like adding a lane to a motorway: they say it simply creates extra traffic. Their follow-up argument is that if you take away the extra lane, the extra traffic will disappear. (Reminder: currently this is more than 21,680 appointments a year at Alma Road.) This PCT view strikes us as extremely

Councillor John Peach
195 Broadway
Peterborough PE1 4DS
Telephone 01733 340184
e-mail john.peach@peterborough.gov.uk



cynical. There certainly are a small proportion of patients who do not need to be visiting a doctor at all, but do so to seek reassurance and basic advice. To suggest that there are thousands of patients who invent an illness and go to the doctor "just for something to do" is extremely judgemental, arrogant and uncaring.

There are some further important questions:

1. Other GP's have said that they will be able to provide additional capacity ONCE THEIR NEW BUILDINGS are ready. This is planned for 2014, yet the PCT wants to close Alma Road in 2012. Who will provide service meantime?
2. Why would other GP's provide additional capacity once competition is removed? They have not responded whilst competition has been provided by Alma Road.
3. Why would the other GP's provide additional capacity when the finances from the PCT to pay for the additional staff required falls short by £1m a year? GP's will not pay for this from their own pockets!
4. The PCT has not set any contractually enforceable targets for access, capacity or longer opening hours for existing GP's. The Evening Telegraph reports Peter Wightman as saying that he has received "assurances" from the GP's that they will provide adequate access. Can we afford to gamble on "assurances"?
5. What contingencies has the PCT got which can be enforced if the best assurances of GP's do not translate into adequate capacity and access?

Additional necessary action

We should remember that A&E attendances are shooting up, even whilst we still have all the GP practices and both walk-in centres, and that these A&E attendances cost at least 2-3 times the cost of walk-in attendances at Alma Road. Therefore providing only a replacement of the 80,000 consultations referred to earlier will not be enough to halt the spiralling cost of urgent care in the city. To even return to 2010-11 levels of minor cases, we need to achieve a reduction of 36% of minor cases going through A&E this year and to return to 2009-10 levels, we need to see a further 25% reduction. It is difficult to see how the current Options 2 or 3 can achieve this. The maintenance and even expansion of Alma Road is probably the most cost-effective way to achieve this.

Quality of Care

Health inequalities must be addressed

A fundamental measure of the Quality of Care must be the ability to deliver equally high quality service to all members of our community. One of the major reasons for establishing the Equitable Access Centre at Alma Road was to provide better access for ALL patients, but with a particular aim to contribute to the reduction of health inequalities. Yet, the PCT's own Equality Impact Assessment relating to this consultation concludes that:

- Unregistered population not adequately provided with primary care when needed who may then create demand on other existing services.
- Health care needs of vulnerable and excluded groups may not be adequately provided.

- Some patients may find accessing walk in services similar to those offered by Alma Road difficult due to the extra distance to the City Care Centre

We find it abhorrent that the PCT are planning to knowingly reduce front line care services to the detriment of the most vulnerable members of society in order to make financial savings which it plans to spend on building improvements in other parts of the city. We want to work with our colleagues in all parts of the City to ensure that all citizens are equally well served, but that services to the most vulnerable are especially protected.

Practice size

The PCT equates “small practices” to small clinical teams, which it suggests perform at a lower quality due to the lower levels of mutual updating, training and mentoring which take place in smaller teams.

Alma Road is falsely identified in the consultation document as a “small practice” simply based on the size of the registered patient list. However, Alma Road offers two services: for registered patients (now over 2300 patients) and a walk-in service (currently approximately 21,680 consultations per annum, which is equivalent to a further 2700+ registered patients). Furthermore, 3Well operate a single clinical team to provide service at both Botolph Bridge Community Health Centre (a further 5,500 registered patients) and at Alma Road. This team is therefore managing the equivalent of 10,500 patients – over two and a half times the 4,000 threshold which the PCT considers to be the minimum for good quality. In addition, the 3Well team has regular internal training, audit and governance meetings and provides training for medical students from Cambridge University.

Practice buildings

The concentration of information concerning facilities and buildings in the consultation is concerning. It may be that some of the buildings used by GP’s need replacing or upgrading, but:

1. The Care Quality Commission have confirmed to Geoff Catlin (Patient Participation and Action Group) that they will not close any GP surgery on the basis of building quality. There are questions about the timing of the incoming CQC registration requirements as well. Some of these buildings issues do not have to be dealt with now and should certainly be subservient to the delivery of adequate front line care.
2. Since the PCT ceases to exist in 2013, it should not be taking on responsibilities for more new buildings at this point. GP’s can easily borrow money, develop their own premises and be reimbursed rent on a basis determined by the District Valuer. The PCT does not have to invest its own capital or resource to achieve newer, more suitable buildings.
3. What other options have been considered besides new buildings? For example, Hampton Health Centre is ideally located within a shopping centre which is open 24x7. It has parking for 5,000 cars. If this centre were to expand its hours of opening to match Alma Road, they could double the number of patients they serve from the existing premises, with NO additional property cost implications. This

alone would contribute about £250k per year to the savings the PCT is seeking. It would also be very popular with Hampton patients.

4. The proposed increase in the cost of rent of £900,000 per year across the proposed new buildings represents an increase of 3,050m², based on average occupancy costs for the PCT, sourced from <http://shape.dh.gov.uk>. PCT figures show 6.35m² as the average space provided per 100 weighted patients at July 2011. This suggests that the PCT are planning to provide for an additional 48,000 weighted patients, despite predicting a population growth of only 20,000 by 2016. When the PCT is stretched for resources to provide front-line care, why is it embarking now on a project to provide 2.5 times the capacity which it says is needed?
5. <http://shape.dh.gov.uk> also states that at 2009/10, this PCT had 10.82% of its estate unutilised. What urgent actions is the PCT taking to release this property in order to both reduce its cost and realise its capital value to reduce its borrowings?

Cost comparisons

Throughout the consultation document, the PCT has continually confused and mixed the numbers it has used, making real comparisons impossible.

Let us be clear, Alma Road's contract is to provide two services:

- Registered patient service based on an annual cost of £72.30 per patient.
- Walk-in service for non-registered patients at a cost of £297.94 per session, where a session is a three hour period, during which patients are seen at 15 minute intervals. (i.e. £24.83 per consultation.)

Two complications are introduced in the PCT calculations for the cost of registered patients:

1. Patient weighting. This is a national formula, called the Carr-Hill formula, based on the levels of need for a particular patient population. Alma Road has a level of need which is well above average. The last calculation we saw for Alma Road's Carr-Hill formula was over 1.1. This means that whilst we have around 2300 patients registered, this is equivalent to 2530 weighted patients.
2. First year payments. In the year that new patients are registered, a reduced level of payment may apply. Alma Road has actually been credited £64.59 for each net new patient registered in 2010-11.

Further complications are introduced in the PCT calculation of costs for Walk-in patients:

1. The inclusion of the cost of premises. This is not included in the comparison of patient costs for registered patients, so why is it introduced for walk-in attendances? Furthermore, the cost that has been used is not one we recognise and the PCT have been unable to explain how it is calculated.
2. The cost per walk-in consultation for Alma Road includes the cost for registered patients, which entirely invalidates the calculation!

Councillor John Peach
195 Broadway
Peterborough PE1 4DS
Telephone 01733 340184
e-mail john.peach@peterborough.gov.uk



In view of the fact that Alma Road started its service from scratch, with no registered patients and at an unknown location, the contract carried a minimum income guarantee, payable until the permanent building is delivered, at £848,000 per annum. Alma Road already made a very significant contribution to PCT finances by agreeing to reduce this to £725,000 for the 2010-11 year, whilst maintaining longer opening hours than required, at its own cost, estimated at a further cost of £42,000. This equals a financial sacrifice of £165,000 in 2009-10. This is not a sustainable level of sacrifice. Yet it demonstrated very clearly the significant level of commitment that 3Well has to the local health economy and to the patients it serves. It demonstrates a willingness to work in cooperation with the PCT wherever possible to this end.

The cost per walk-in consultation which Alma Road has been using is based on actual payments received for walk-in patients divided by the number of walk-in consultations = £29.08. This is a long way from the £40 claimed by the PCT. If the PCT wants its alternative numbers to be accepted as credible, it must show how they are calculated for each of the parties compared.

On the basis of real, comparable numbers, Alma Road offers the very best of financial value for the PCT and the taxpayer.

I believe that we are among the top 2-3 practices in terms of value per registered patient and the best value for walk-in patients. This means that in almost every case, any decision to direct patients to other practices or centres for urgent care will result in an INCREASE in cost compared with Alma Road. This is the exact opposite of what the PCT is setting out to achieve!

Additional evidence

1. Ability to convert walk-in patients to registered patients.

Alma Road is unique in Peterborough in that it can convert walk-in patients to registered patients. Since patients in deprived areas consult their GP practice about 8 times a year, the cost benefits of this can quickly be demonstrated:

1 walk-in patient = 8 appointments per year at £29.08 = annual cost of £232.64
1 registered patient, unlimited appointments per year = annual cost £72.30
Difference = £160.34 per year per patient.
2300 patients registered to date = £368,782 SAVINGS per year.

2. Cost of alternative provision

a. Registered patients

If the average cost per registered patient per year is £80 (even on the unequal basis of the PCT's comparisons), and the cost that Alma Road has received is £64.59 per patient, moving 2300 patients to an average cost practice would cost and EXTRA £35,443 per annum

b. Walk-in patients

Councillor John Peach
195 Broadway
Peterborough PE1 4DS
Telephone 01733 340184
e-mail john.peach@peterborough.gov.uk



If the 21,680 appointments given to walk-in patients at Alma Road were provided at City Care Centre, the ADDITIONAL annual cost would be £236,746.

If the 21,680 appointments given to walk-in patients at Alma Road were provided at A&E, the ADDITIONAL annual cost would be £735,386.

Conclusion: There is no scenario in which removing Alma Road will save money. Indeed, the financial case for keeping Alma Road is very compelling.

Given the backdrop of the PCT's recent past failures, very low self-assessment of execution capability and capacity, inability to honour commitments, frequent changes of course, the recent further decline in headcount and limited remaining life of the PCT, no sane person would embark on the changes envisaged in Options 2 and 3 of the consultation with any expectation of success! There are far too many unknowns and too high a price to pay for almost certain failure. The PCT consultation documents do not include any element of Risk Assessment, so we are not able to see if this has even been done, let alone if the contingencies that are planned are adequate to deal with foreseeable difficulties and challenges

On anything more than a surface inspection, the PCT consultation documents and process is found wanting. Many "facts and figures" are quoted, but their source, derivation and context are often obscure or confusing. The average reader has two options: accept it at face value, or reject it as incomplete or unfathomable.

I believe that the only option which makes sense in the consultation is option 1. Options 2 and 3 do not have enough robust evidence to support them, or credible plans for successful implementation. I further believe there are other options which should be considered and which could enjoy the wide support of both patients and the healthcare community whilst preserving the choice and competition that encourage ongoing innovation and improvement.

The Right Care at the Right Time

I am writing in response to the proposals for change to Primary and Urgent care in Peterborough. I set out below the views of the Ailsworth Medical Centre Patients Group in my capacity as Chair of that group.

Our major concern is the degree of ambiguity and lack of clarity as to the proposals for the Ailsworth Medical Practice. It is not, for example, referred to in Appendix 2 on p. 34 or on p.17 under option 3. We are concerned that the proposals have been developed without a clear direction for Ailsworth which is increasing anxiety in the patients.

We would point out that many of the areas outlined in the PCT vision described on p.13 are already provided by the Ailsworth practice as outlined below:

Services

- Offers full range of services including enhanced services such as minor surgery, health checks. ***These are in place and under further development already***
- Community services provided at the practice e.g. health visitor, counsellor. ***Already provided***
- Extended services such as ultrasound. ***Some already provided***
- Achieves excellent quality standards. ***Has achieved outstanding results on both QOF scores and on patient survey results consistently outperforming local PCT and national standards***

Workforce

- Stable workforce – Five GPs and three nurses or health care assistants. ***Currently 2 doctors but being reviewed with other members of the local GP Consortia***
- Mandatory training provided in-house, including nurse training. ***Education services being developed***
- Teaching practice. ***Developments under way to become a teaching practice***

Premises

- Purpose built, with sufficient space, meeting Care Quality Commission standards. ***Facilities clean and spacious. Further expansion planned.***
- 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. ***Patients are delighted with the quality of service and appointment availability as clearly illustrated in the survey findings***
- Is open for extended hours (weekends and/or evenings). ***Out of hours appointments and surgery access is provided.***

Value For Money

- Is one of the most efficient practices in Peterborough ***Provides excellent quality care for a rural and vulnerable community. Any assessment of cost would need to consider the total true economic cost of change including transport and increased patient care costs if access availability decreased. We believe any proposal for change to services in Ailsworth should be subject to close financial scrutiny.***

As the Patients Group we would request that you provide further clarity on the plans for Ailsworth specifically and we are prepared to meet with you to discuss any such proposals.

Yours Sincerely

Greg Hayden
Chair, Ailsworth Medical Centre Patients Group
7 Porters Lane
Easton on the Hill
Stamford
Lincs
PE9 3NF

07860 419 717

Louise Barnett
Interim Chief Executive
Direct Dial: 01733 677933
Email: louise.barnett@pbh-tr.nhs.uk

Peterborough City Hospital
Bretton Gate
Peterborough
PE3 9GZ

Executive Assistant: Rebekah Pickles
Direct Dial: 01733 677933 Email: rebekah.pickles@pbh-tr.nhs.uk

Our Ref: RB/JP/Right Care Right Time response

FOR DISCLOSURE BY RECIPIENT ONLY

18 August 2011

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

Dear Colleagues,

The Right Care at The Right Time Consultation

We are responding to the above consultation in letter format rather than using the consultation proforma, as we have a number of detailed comments to provide. If this is an issue for you please let me know.

Peterborough and Stamford Hospitals NHS Foundation Trust (the Trust) is fully supportive of any strategies which will deliver greater access to emergency services and ensure that our community can access unplanned care that is delivered by the most appropriate health professional in the most appropriate place. The Trust is also supportive of strategies which will reduce duplication and thereby reduce spend on unplanned care. The current duplication in services results in patients often attending the wrong place and having to be redirected, this means that the PCT pays twice for these patients to be seen.

Feedback on the three options detailed in the consultation paper is considered within these two contexts.

Option 1

The Trust does not support the option of 'do nothing'. There are a number of opportunities to deliver unplanned care via a fully integrated system which reduces duplication and reduces spend.

Options 2 and 3

The Trust supports the expansion of local GP surgeries to offer greater access for patients to primary care services.

Whilst a minor injury unit at the City Care Centre was part of the Greater Peterborough Health Investment Plan scheme, Alma Road had not been planned. Since the Alma Road Equitable Access Centre has been established, this GP-led service has resulted in improved access for patients and appropriate referrals to our A&E service, compared with the nurse-led City Care Centre Walk-in Centre, where we receive a higher proportion of inappropriate referrals.

Alternative Option

Following consideration of the consultation document we would like the following to be considered.

To have a single effective GP-led walk-in/minor injuries centre. To revisit the provision of the Out of Hours service and how this could be integrated into the urgent care model to provide access at night which is when patients feel at their most vulnerable. The Out of Hours service could be supported by the A&E clinical teams to provide added resilience. As part of this service we would envisage GPs working alongside hospital staff to provide appropriate care.

Patients will continue to have a choice of services; including NHS Direct, GP and practice services as well as one GP-led walk-in/minor injury service.

We are open to exploring with NHS Peterborough the development of an effective integrated urgent care service to ensure that patients can be assessed by an appropriate professional and be managed through their unscheduled care pathway in the most expeditious way appropriate, avoiding unnecessary diagnostics and admission. The outcome for patients will be shorter waiting times and a comprehensive seamless service between primary, social and acute care.

To prevent unnecessary admission to hospital, our pathways will include direct access to the intermediate care beds at the City Care Centre following assessment.

Strong encouragement via comprehensive communications will continue to be required to ensure that those high dependency acute services are available in a timely way to those needing the most intervention.

We would like to explore the feasibility of this alternative option with you, and would be grateful if you could contact John Randall, Medical Director, on 01733 677925 to pursue this.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Louise Barnett', with a horizontal line underneath.

Louise Barnett
Interim Chief Executive

Agreement between:

Welland Medical Practice
First Health (Peterborough)
3Well Medical

Proposed collaboration in response to NHS Peterborough's vision for future care in "The Right Care at the Right Time - primary and urgent care consultation"

1. Background

Welland and First Health have been working together since March this year toward merging our practices which both have branches in Dogsthorpe and in the Park/Central Wards. They have also been in collaboration with Alma Road Primary Care Centre.

Welland and First Health practices have lists over 4500 patients but because of split site working do not enjoy the economies and proficiencies of scale envisaged in Peterborough's vision for future primary care services. As a merged practice operating from two sites we will secure quality resilience and meet the efficiency goals in the PCT strategy. Alma Road currently has just under 2500 additional registered patients.

Welland and First Health practices have inadequate premises in 3 of their 4 sites (PCT recently upgraded First Health Dogsthorpe) that would be costly to renovate to meet Care Quality Commission Standards (that become mandatory from April 2013). The PCT strategy places a high priority on investing in new premises to serve Dogsthorpe and East Ward. They also have a priority to find permanent accommodation for Alma Road Primary Care Centre who are currently in temporary accommodation.

2. Progress in Dogsthorpe/East Ward

Welland and First Health have signed a Heads of Agreement committing them to work towards merger and developing new premises in Dogsthorpe/East Ward. The merger will conclude at the latest by the time the new premises open.
[see also our business case submission for new premises]

3. Progress in Central & Park Wards

Welland and First Health plan to merge and create a new combined surgery in this area from their existing sites in Church Walk and Burghley Road. Welland and First Health propose to locate in the Healthy Living Centre and would have a list of over 4000 patients in this culturally sensitive deprived area.

That proposal has recently been enhanced by discussions with 3Well about Alma Road Centre who have had similar proposals for relocating to the Healthy Living Centre.

That would establish a registered list of about 7000 patients between the three practices.

Talks are ongoing with 3Well but we have agreed to establish a joint venture to serve our three registered lists from the Healthy Living Centre and to share and integrate the services as closely as possible. We will share all the things that can be shared to give regular patients a single reception and common phone access, we all use SystemOne so we can give all clinicians access to patients information.

We will tailor the service to better respond to the cultural needs & preferences of our patients and will have the scale & capacity in this bigger practice to deliver that in conjunction with our Patient Groups.

We plan to run this in "joint venture" mode for perhaps a year to build confidence, increase collaboration and then move to merger.

3Well will continue to operate the agreed Walk In service as a separate entity but we will explore synergies to minimise the cost of that and maximise resilience.

The move could happen in weeks rather than months and would realise substantial savings by ceasing to use the 3 previous sites including rent; rates; utilities; cleaning; IT costs; some insurance costs and telephony etc.

Signed on behalf of the practices:

Welland Medical Practice



First Health



3Well Medical



Date 7th Sept 2011

NHS PETERBOROUGH
Vision for Primary and Urgent Care in Peterborough
(Web and Self Completion results)

Postcode Sector

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	BLANK	50	13.0	13.0	13.0
	PE1	2	.5	.5	13.5
	PE1 1SE	1	.3	.3	13.8
	PE1 1TU	1	.3	.3	14.1
	PE1 1UP	1	.3	.3	14.3
	PE1 2AT	1	.3	.3	14.6
	PE1 2BD	1	.3	.3	14.8
	PE1 2BQ	1	.3	.3	15.1
	PE1 2EJ	1	.3	.3	15.4
	PE1 2HG	1	.3	.3	15.6
	PE1 2JJ	1	.3	.3	15.9
	PE1 2LF	1	.3	.3	16.1
	PE1 2NP	1	.3	.3	16.4
	PE1 2QB	1	.3	.3	16.7
	PE1 2RA	4	1.0	1.0	17.7
	PE1 2SN	1	.3	.3	18.0
	PE1 2TP	1	.3	.3	18.2
	PE1 2TR	1	.3	.3	18.5
	PE1 2UR	1	.3	.3	18.8
	PE1 3AF	1	.3	.3	19.0
	PE1 3BF	2	.5	.5	19.5
	PE1 3BN	1	.3	.3	19.8
	PE1 3DU	1	.3	.3	20.1
	PE1 3FG	2	.5	.5	20.6
	PE1 3LB	1	.3	.3	20.8
	PE1 3LU	1	.3	.3	21.1
	PE1 3PA	1	.3	.3	21.4
	PE1 3QF	1	.3	.3	21.6
	PE1 3SH	1	.3	.3	21.9
	PE1 3TQ	1	.3	.3	22.1
	PE1 4BB	3	.8	.8	22.9
	PE1 4BD	1	.3	.3	23.2
	PE1 4DR	1	.3	.3	23.4
	PE1 4DT	1	.3	.3	23.7
	PE1 4DU	1	.3	.3	24.0
	PE1 4DW	1	.3	.3	24.2
	PE1 4DX	1	.3	.3	24.5
	PE1 4EN	1	.3	.3	24.7
	PE1 4ET	1	.3	.3	25.0
	PE1 4EX	1	.3	.3	25.3
	PE1 4EZ	1	.3	.3	25.5
	PE1 4HH	1	.3	.3	25.8
	PE1 4HU	1	.3	.3	26.0
	PE1 4LR	1	.3	.3	26.3
	PE1 4LU	1	.3	.3	26.6

NHS PETERBOROUGH
Vision for Primary and Urgent Care in Peterborough
(Web and Self Completion results)

Postcode Sector

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	PE1 4NQ	2	.5	.5	27.1
	PE1 4NS	2	.5	.5	27.6
	PE1 4PD	1	.3	.3	27.9
	PE1 4PH	1	.3	.3	28.1
	PE1 4PN	1	.3	.3	28.4
	PE1 4RA	1	.3	.3	28.6
	PE1 4RU	1	.3	.3	28.9
	PE1 4SB	2	.5	.5	29.4
	PE1 4SL	1	.3	.3	29.7
	PE1 4SN	1	.3	.3	29.9
	PE1 4SX	1	.3	.3	30.2
	PE1 4UX	1	.3	.3	30.5
	PE1 4YA	1	.3	.3	30.7
	PE1 4YE	1	.3	.3	31.0
	PE1 4YG	1	.3	.3	31.3
	PE1 4YJ	1	.3	.3	31.5
	PE1 4YQ	1	.3	.3	31.8
	PE1 4YS	1	.3	.3	32.0
	PE1 5DZ	1	.3	.3	32.3
	PE1 5JG	1	.3	.3	32.6
	PE1 5LG	1	.3	.3	32.8
	PE1 5LL	1	.3	.3	33.1
	PE1 5LS	1	.3	.3	33.3
	PE1 5RX	1	.3	.3	33.6
	PE1 5UT	1	.3	.3	33.9
	PE1 5YZ	1	.3	.3	34.1
	PE1 6LP	1	.3	.3	34.4
	PE2	5	1.3	1.3	35.7
	PE2 5DZ	2	.5	.5	36.2
	PE2 5EF	2	.5	.5	36.7
	PE2 5ER	1	.3	.3	37.0
	PE2 5FH	1	.3	.3	37.2
	PE2 5FN	1	.3	.3	37.5
	PE2 5HF	1	.3	.3	37.8
	PE2 5JY	1	.3	.3	38.0
	PE2 5NF	2	.5	.5	38.5
	PE2 5NG	1	.3	.3	38.8
	PE2 5NY	1	.3	.3	39.1
	PE2 5PD	1	.3	.3	39.3
	PE2 5PS	2	.5	.5	39.8
	PE2 5QG	1	.3	.3	40.1
	PE2 5RB	1	.3	.3	40.4
	PE2 5RP	1	.3	.3	40.6
	PE2 5RU	1	.3	.3	40.9
	PE2 5RY	1	.3	.3	41.1

NHS PETERBOROUGH
Vision for Primary and Urgent Care in Peterborough
(Web and Self Completion results)

Postcode Sector

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	PE2 5TH	5	1.3	1.3	42.4
	PE2 5TL	1	.3	.3	42.7
	PE2 5TP	1	.3	.3	43.0
	PE2 5TT	1	.3	.3	43.2
	PE2 5TW	1	.3	.3	43.5
	PE2 5UG	1	.3	.3	43.8
	PE2 5XD	1	.3	.3	44.0
	PE2 5XF	2	.5	.5	44.5
	PE2 5XG	1	.3	.3	44.8
	PE2 5XH	1	.3	.3	45.1
	PE2 5XQ	2	.5	.5	45.6
	PE2 5XX	1	.3	.3	45.8
	PE2 5YQ	1	.3	.3	46.1
	PE2 6FG	1	.3	.3	46.4
	PE2 6FQ	1	.3	.3	46.6
	PE2 6HA	1	.3	.3	46.9
	PE2 6SL	1	.3	.3	47.1
	PE2 6SP	1	.3	.3	47.4
	PE2 6UR	1	.3	.3	47.7
	PE2 6YB	1	.3	.3	47.9
	PE2 6YD	1	.3	.3	48.2
	PE2 6YP	3	.8	.8	49.0
	PE2 6YY	1	.3	.3	49.2
	PE2 6YZ	2	.5	.5	49.7
	PE2 7AH	1	.3	.3	50.0
	PE2 7AS	1	.3	.3	50.3
	PE2 7BA	1	.3	.3	50.5
	PE2 7DN	1	.3	.3	50.8
	PE2 7FD	1	.3	.3	51.0
	PE2 7ZF	1	.3	.3	51.3
	PE2 8BZ	1	.3	.3	51.6
	PE2 8ED	1	.3	.3	51.8
	PE2 8ER	1	.3	.3	52.1
	PE2 8PD	1	.3	.3	52.3
	PE2 8RZ	1	.3	.3	52.6
	PE2 8TG	1	.3	.3	52.9
	PE2 8TS	1	.3	.3	53.1
	PE2 8UQ	1	.3	.3	53.4
	PE2 9AJ	1	.3	.3	53.6
	PE2 9AN	1	.3	.3	53.9
	PE2 9DB	1	.3	.3	54.2
	PE2 9DN	1	.3	.3	54.4
	PE2 9HZ	1	.3	.3	54.7
	PE2 9JA	1	.3	.3	54.9
	PE2 9JT	1	.3	.3	55.2

NHS PETERBOROUGH
Vision for Primary and Urgent Care in Peterborough
(Web and Self Completion results)

Postcode Sector

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	PE2 9PB	1	.3	.3	55.5
	PE2 9QD	1	.3	.3	55.7
	PE2 9QZ	1	.3	.3	56.0
	PE2 9RD	1	.3	.3	56.3
	PE2 9RQ	2	.5	.5	56.8
	PE2 9RR	1	.3	.3	57.0
	PE2 9RS	2	.5	.5	57.6
	PE2 9RU	1	.3	.3	57.8
	PE3	3	.8	.8	58.6
	PE3 6BA	1	.3	.3	58.9
	PE3 6BU	1	.3	.3	59.1
	PE3 6BW	1	.3	.3	59.4
	PE3 6DD	1	.3	.3	59.6
	PE3 6ER	1	.3	.3	59.9
	PE3 6JL	1	.3	.3	60.2
	PE3 6JQ	1	.3	.3	60.4
	PE3 6LA	2	.5	.5	60.9
	PE3 6LS	1	.3	.3	61.2
	PE3 6LU	1	.3	.3	61.5
	PE3 6RX	1	.3	.3	61.7
	PE3 6SS	2	.5	.5	62.2
	PE3 6SZ	4	1.0	1.0	63.3
	PE3 7EN	2	.5	.5	63.8
	PE3 7EY	1	.3	.3	64.1
	PE3 7JE	1	.3	.3	64.3
	PE3 7JS	1	.3	.3	64.6
	PE3 7JW	1	.3	.3	64.8
	PE3 7LG	1	.3	.3	65.1
	PE3 7LJ	1	.3	.3	65.4
	PE3 7LS	1	.3	.3	65.6
	PE3 7LX	1	.3	.3	65.9
	PE3 8BA	1	.3	.3	66.1
	PE3 8EB	2	.5	.5	66.7
	PE3 8EU	1	.3	.3	66.9
	PE3 8JG	1	.3	.3	67.2
	PE3 8JP	1	.3	.3	67.4
	PE3 8LG	1	.3	.3	67.7
	PE3 8LN	1	.3	.3	68.0
	PE3 9AA	2	.5	.5	68.5
	PE3 9AD	2	.5	.5	69.0
	PE3 9AU	3	.8	.8	69.8
	PE3 9NL	2	.5	.5	70.3
	PE3 9NQ	1	.3	.3	70.6
	PE3 9NW	2	.5	.5	71.1
	PE3 9PE	1	.3	.3	71.4

NHS PETERBOROUGH
Vision for Primary and Urgent Care in Peterborough
(Web and Self Completion results)

Postcode Sector

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	PE3 9PG	2	.5	.5	71.9
	PE3 9QL	1	.3	.3	72.1
	PE3 9SH	1	.3	.3	72.4
	PE3 9SR	1	.3	.3	72.7
	PE3 9UB	1	.3	.3	72.9
	PE3 9UH	2	.5	.5	73.4
	PE3 9UQ	1	.3	.3	73.7
	PE3 9XQ	1	.3	.3	74.0
	PE3 9XY	2	.5	.5	74.5
	PE3 9YA	1	.3	.3	74.7
	PE4	3	.8	.8	75.5
	PE4 5AA	1	.3	.3	75.8
	PE4 5AD	1	.3	.3	76.0
	PE4 5AH	1	.3	.3	76.3
	PE4 5AS	1	.3	.3	76.6
	PE4 5AY	1	.3	.3	76.8
	PE4 5BU	1	.3	.3	77.1
	PE4 6 GL	1	.3	.3	77.3
	PE4 6AG	1	.3	.3	77.6
	PE4 6AN	1	.3	.3	77.9
	PE4 6BS	2	.5	.5	78.4
	PE4 6EY	1	.3	.3	78.6
	PE4 6HB	1	.3	.3	78.9
	PE4 6JF	1	.3	.3	79.2
	PE4 6JG	1	.3	.3	79.4
	PE4 6LH	1	.3	.3	79.7
	PE4 6LN	1	.3	.3	79.9
	PE4 6LP	1	.3	.3	80.2
	PE4 6LX	1	.3	.3	80.5
	PE4 6NU	1	.3	.3	80.7
	PE4 6NY	2	.5	.5	81.3
	PE4 6PQ	1	.3	.3	81.5
	PE4 6QE	1	.3	.3	81.8
	PE4 6QQ	1	.3	.3	82.0
	PE4 6QY	2	.5	.5	82.6
	PE4 6QZ	1	.3	.3	82.8
	PE4 6RH	1	.3	.3	83.1
	PE4 6RR	1	.3	.3	83.3
	PE4 6SJ	1	.3	.3	83.6
	PE4 7BA	1	.3	.3	83.9
	PE4 7DN	1	.3	.3	84.1
	PE4 7GE	1	.3	.3	84.4
	PE4 7TJ	2	.5	.5	84.9
	PE4 7TZ	1	.3	.3	85.2
	PE4 7UG	1	.3	.3	85.4

NHS PETERBOROUGH
Vision for Primary and Urgent Care in Peterborough
(Web and Self Completion results)

Postcode Sector

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	PE4 7UT	1	.3	.3	85.7
	PE4 7XG	1	.3	.3	85.9
	PE4 7YG	1	.3	.3	86.2
	PE4 7YY	2	.5	.5	86.7
	PE4 7YZ	1	.3	.3	87.0
	PE4 8BJ	1	.3	.3	87.2
	PE5 7AE	1	.3	.3	87.5
	PE5 7AN	1	.3	.3	87.8
	PE5 7AU	1	.3	.3	88.0
	PE5 7BJ	1	.3	.3	88.3
	PE6 7AB	1	.3	.3	88.5
	PE6 7LW	1	.3	.3	88.8
	PE6 7NF	1	.3	.3	89.1
	PE6 7PY	1	.3	.3	89.3
	PE6 7TF	1	.3	.3	89.6
	PE6 7XL	1	.3	.3	89.8
	PE6 7XU	1	.3	.3	90.1
	PE6 8DU	1	.3	.3	90.4
	PE6 8HJ	1	.3	.3	90.6
	PE6 PDE	1	.3	.3	90.9
	PE7	1	.3	.3	91.1
	PE7 3UA	1	.3	.3	91.4
	PE7 8AN	1	.3	.3	91.7
	PE7 8AP	2	.5	.5	92.2
	PE7 8AS	1	.3	.3	92.4
	PE7 8AX	1	.3	.3	92.7
	PE7 8EE	1	.3	.3	93.0
	PE7 8EL	2	.5	.5	93.5
	PE7 8EP	1	.3	.3	93.8
	PE7 8ET	1	.3	.3	94.0
	PE7 8EW	2	.5	.5	94.5
	PE7 8GD	1	.3	.3	94.8
	PE7 8GH	1	.3	.3	95.1
	PE7 8GL	2	.5	.5	95.6
	PE7 8GN	1	.3	.3	95.8
	PE7 8GR	1	.3	.3	96.1
	PE7 8GS	1	.3	.3	96.4
	PE7 8GY	2	.5	.5	96.9
	PE7 8HS	2	.5	.5	97.4
	PE7 8JT	1	.3	.3	97.7
	PE7 8LG	1	.3	.3	97.9
	PE7 8LX	1	.3	.3	98.2
	PE7 8NA	1	.3	.3	98.4
	PE7 8NG	1	.3	.3	98.7
	PE8	1	.3	.3	99.0

NHS PETERBOROUGH
Vision for Primary and Urgent Care in Peterborough
(Web and Self Completion results)

Postcode Sector

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	PE8 6LY	1	.3	.3	99.2
	REFUSED	3	.8	.8	100.0
	Total	384	100.0	100.0	

NHS PETERBOROUGH
Vision for Primary and Urgent Care in Peterborough

Postcode Sector

		OVERALL	Q2 Support "Moving away from smaller practices to medium to larger practices"		Q2 Support "Ensuring we meet rising demand"		Q2 Support "Ensuring that all premises are high quality and can meet the needs of local people"		Q2 Support "Ensuring that services are affordable, stable and viable for the future"		Q3 Support NHS Peterborough's vision for urgent care?		Q4 Support "Ensuring we avoid duplication in the provision of urgent care services"	
		TOTAL	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
TOTAL	Count	384	247	99	344	11	355	7	341	14	321	32	314	33
	Col %	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
PE1	Count	2	1	1	2	0	2	0	2	0	2	0	1	1
	Col %	1%	0%	1%	1%	0%	1%	0%	1%	0%	1%	0%	0%	3%
PE1 1	Count	3	2	1	2	0	3	0	3	0	2	1	2	0
	Col %	1%	1%	1%	1%	0%	1%	0%	1%	0%	1%	3%	1%	0%
PE1 2	Count	17	13	2	16	0	16	0	16	0	12	1	11	3
	Col %	4%	5%	2%	5%	0%	5%	0%	5%	0%	4%	3%	4%	9%
PE1 3	Count	13	8	2	7	2	9	0	9	0	9	4	11	2
	Col %	3%	3%	2%	2%	18%	3%	0%	3%	0%	3%	13%	4%	6%
PE1 4	Count	38	21	11	34	1	34	1	33	2	31	4	33	1
	Col %	10%	9%	11%	10%	9%	10%	14%	10%	14%	10%	13%	11%	3%
PE1 5	Count	8	5	2	8	0	8	0	8	0	7	0	7	0
	Col %	2%	2%	2%	2%	0%	2%	0%	2%	0%	2%	0%	2%	0%
PE1 6	Count	1	1	0	1	0	1	0	1	0	1	0	1	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
PE2	Count	5	4	1	4	1	5	0	4	1	5	0	4	1
	Col %	1%	2%	1%	1%	9%	1%	0%	1%	7%	2%	0%	1%	3%
PE2 5	Count	40	21	17	34	2	36	1	34	2	31	6	29	5
	Col %	10%	9%	17%	10%	18%	10%	14%	10%	14%	10%	19%	9%	15%
PE2 6	Count	14	4	8	9	1	9	1	8	1	10	2	7	4
	Col %	4%	2%	8%	3%	9%	3%	14%	2%	7%	3%	6%	2%	12%
PE2 7	Count	6	6	0	6	0	6	0	6	0	6	0	6	0
	Col %	2%	2%	0%	2%	0%	2%	0%	2%	0%	2%	0%	2%	0%
PE2 8	Count	8	6	2	8	0	8	0	6	2	6	2	5	2
	Col %	2%	2%	2%	2%	0%	2%	0%	2%	14%	2%	6%	2%	6%
PE2 9	Count	17	9	7	14	0	16	0	16	0	13	0	15	1
	Col %	4%	4%	7%	4%	0%	5%	0%	5%	0%	4%	0%	5%	3%
PE3	Count	3	3	0	3	0	3	0	3	0	3	0	3	0
	Col %	1%	1%	0%	1%	0%	1%	0%	1%	0%	1%	0%	1%	0%
PE3 6	Count	18	15	1	17	0	17	0	17	0	18	0	16	0
	Col %	5%	6%	1%	5%	0%	5%	0%	5%	0%	6%	0%	5%	0%
PE3 7	Count	10	8	0	10	0	10	0	10	0	7	1	7	1
	Col %	3%	3%	0%	3%	0%	3%	0%	3%	0%	2%	3%	2%	3%
PE3 8	Count	8	7	1	8	0	8	0	7	0	6	1	6	1
	Col %	2%	3%	1%	2%	0%	2%	0%	2%	0%	2%	3%	2%	3%
PE3 9	Count	26	23	3	22	3	26	0	26	0	25	1	24	1
	Col %	7%	9%	3%	6%	27%	7%	0%	8%	0%	8%	3%	8%	3%
PE4	Count	3	0	2	3	0	3	0	3	0	3	0	3	0
	Col %	1%	0%	2%	1%	0%	1%	0%	1%	0%	1%	0%	1%	0%

NHS PETERBOROUGH
Vision for Primary and Urgent Care in Peterborough

Postcode Sector

		Q4 Support "The need to avoid minor injuries and primary care cases attending the hospital"		Q4 Support "Making it easier for you to know where to go to get the service you need"		Q4 Support "Ensuring that services are affordable, stable and viable for the future"		Q5a Preferred option 1?	Q5a Preferred option 2?	Q5a Preferred option 3?
		Yes	No	Yes	No	Yes	No	Yes	Yes	Yes
TOTAL	Count	331	14	341	13	329	18	90	42	249
	Col %	100%	100%	100%	100%	100%	100%	100%	100%	100%
PE1	Count	2	0	2	0	2	0	0	2	0
	Col %	1%	0%	1%	0%	1%	0%	0%	5%	0%
PE1 1	Count	3	0	2	0	3	0	0	0	3
	Col %	1%	0%	1%	0%	1%	0%	0%	0%	1%
PE1 2	Count	12	1	13	1	13	1	4	4	11
	Col %	4%	7%	4%	8%	4%	6%	4%	10%	4%
PE1 3	Count	11	1	10	1	10	1	4	2	8
	Col %	3%	7%	3%	8%	3%	6%	4%	5%	3%
PE1 4	Count	31	2	34	1	31	3	5	5	25
	Col %	9%	14%	10%	8%	9%	17%	6%	12%	10%
PE1 5	Count	8	0	8	0	8	0	0	0	8
	Col %	2%	0%	2%	0%	2%	0%	0%	0%	3%
PE1 6	Count	1	0	1	0	1	0	0	0	1
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%
PE2	Count	5	0	5	0	5	0	1	2	3
	Col %	2%	0%	1%	0%	2%	0%	1%	5%	1%
PE2 5	Count	30	2	32	3	30	2	23	1	16
	Col %	9%	14%	9%	23%	9%	11%	26%	2%	6%
PE2 6	Count	10	2	10	2	8	3	8	0	4
	Col %	3%	14%	3%	15%	2%	17%	9%	0%	2%
PE2 7	Count	6	0	6	0	6	0	0	0	5
	Col %	2%	0%	2%	0%	2%	0%	0%	0%	2%
PE2 8	Count	8	0	8	0	7	1	2	0	6
	Col %	2%	0%	2%	0%	2%	6%	2%	0%	2%
PE2 9	Count	15	1	15	1	15	1	3	1	11
	Col %	5%	7%	4%	8%	5%	6%	3%	2%	4%
PE3	Count	3	0	3	0	3	0	0	0	1
	Col %	1%	0%	1%	0%	1%	0%	0%	0%	0%
PE3 6	Count	16	0	17	0	17	0	2	2	14
	Col %	5%	0%	5%	0%	5%	0%	2%	5%	6%
PE3 7	Count	8	0	8	0	8	0	0	2	7
	Col %	2%	0%	2%	0%	2%	0%	0%	5%	3%
PE3 8	Count	7	1	8	0	7	0	1	3	5
	Col %	2%	7%	2%	0%	2%	0%	1%	7%	2%
PE3 9	Count	25	0	25	0	25	0	3	1	20
	Col %	8%	0%	7%	0%	8%	0%	3%	2%	8%
PE4	Count	3	0	3	0	3	0	0	1	2
	Col %	1%	0%	1%	0%	1%	0%	0%	2%	1%

NHS PETERBOROUGH
Vision for Primary and Urgent Care in Peterborough

Postcode Sector

		OVERALL	Q2 Support "Moving away from smaller practices to medium to larger practices"		Q2 Support "Ensuring we meet rising demand"		Q2 Support "Ensuring that all premises are high quality and can meet the needs of local people"		Q2 Support "Ensuring that services are affordable, stable and viable for the future"		Q3 Support NHS Peterborough's vision for urgent care?		Q4 Support "Ensuring we avoid duplication in the provision of urgent care services"	
		TOTAL	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
PE4 5	Count	6	4	2	6	0	6	0	6	0	5	0	6	0
	Col %	2%	2%	2%	2%	0%	2%	0%	2%	0%	2%	0%	2%	0%
PE4 6	Count	25	20	4	25	0	25	0	24	1	25	0	24	0
	Col %	7%	8%	4%	7%	0%	7%	0%	7%	7%	8%	0%	8%	0%
PE4 7	Count	13	9	2	11	0	11	1	12	0	11	0	12	0
	Col %	3%	4%	2%	3%	0%	3%	14%	4%	0%	3%	0%	4%	0%
PE4 8	Count	1	1	0	1	0	1	0	1	0	1	0	1	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
PE5 7	Count	4	3	1	4	0	3	1	4	0	4	0	4	0
	Col %	1%	1%	1%	1%	0%	1%	14%	1%	0%	1%	0%	1%	0%
PE6 7	Count	7	5	1	7	0	6	1	7	0	6	1	6	1
	Col %	2%	2%	1%	2%	0%	2%	14%	2%	0%	2%	3%	2%	3%
PE6 8	Count	2	1	0	1	0	1	0	1	0	1	0	1	0
	Col %	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
PE6 P	Count	1	0	1	0	0	1	0	1	0	1	0	1	0
	Col %	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
PE7	Count	1	1	0	1	0	1	0	1	0	1	0	1	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
PE7 3	Count	1	0	1	1	0	1	0	1	0	1	0	1	0
	Col %	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
PE7 8	Count	28	17	6	27	0	27	0	26	1	23	2	26	1
	Col %	7%	7%	6%	8%	0%	8%	0%	8%	7%	7%	6%	8%	3%
PE8	Count	1	1	0	1	0	1	0	1	0	1	0	1	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
PE8 6	Count	1	0	1	1	0	1	0	1	0	1	0	0	0
	Col %	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Blank / Refused	Count	53	28	19	50	1	50	1	43	4	43	6	39	8
	Col %	14%	11%	19%	15%	9%	14%	14%	13%	29%	13%	19%	12%	24%

NHS PETERBOROUGH
Vision for Primary and Urgent Care in Peterborough

Postcode Sector

		Q4 Support "The need to avoid minor injuries and primary care cases attending the hospital"		Q4 Support "Making it easier for you to know where to go to get the service you need"		Q4 Support "Ensuring that services are affordable, stable and viable for the future"		Q5a Preferred option 1?	Q5a Preferred option 2?	Q5a Preferred option 3?
		Yes	No	Yes	No	Yes	No	Yes	Yes	Yes
PE4 5	Count	6	0	6	0	6	0	0	0	6
	Col %	2%	0%	2%	0%	2%	0%	0%	0%	2%
PE4 6	Count	23	0	25	0	23	1	2	2	23
	Col %	7%	0%	7%	0%	7%	6%	2%	5%	9%
PE4 7	Count	12	0	12	0	12	0	1	3	10
	Col %	4%	0%	4%	0%	4%	0%	1%	7%	4%
PE4 8	Count	1	0	1	0	1	0	0	0	1
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%
PE5 7	Count	4	0	4	0	3	0	0	0	2
	Col %	1%	0%	1%	0%	1%	0%	0%	0%	1%
PE6 7	Count	7	0	6	1	7	0	1	0	5
	Col %	2%	0%	2%	8%	2%	0%	1%	0%	2%
PE6 8	Count	1	0	1	0	1	0	0	1	0
	Col %	0%	0%	0%	0%	0%	0%	0%	2%	0%
PE6 P	Count	1	0	1	0	1	0	0	0	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%
PE7	Count	1	0	1	0	1	0	0	0	1
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%
PE7 3	Count	1	0	1	0	1	0	0	0	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%
PE7 8	Count	24	2	25	1	27	0	5	4	21
	Col %	7%	14%	7%	8%	8%	0%	6%	10%	8%
PE8	Count	1	0	1	0	1	0	0	0	1
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%
PE8 6	Count	0	0	0	0	0	0	1	0	0
	Col %	0%	0%	0%	0%	0%	0%	1%	0%	0%
Blank / Refused	Count	45	2	47	2	43	5	24	6	29
	Col %	14%	14%	14%	15%	13%	28%	27%	14%	12%

Base: All respondents

NHS PETERBOROUGH

Vision for Primary and Urgent Care in Peterborough

Organisation

		Q2 Support "Moving away from smaller practices to medium to larger practices"		Q2 Support "Ensuring we meet rising demand"		Q2 Support "Ensuring that all premises are high quality and can meet the needs of local people"		Q2 Support "Ensuring that services are affordable, stable and viable for the future"		Q3 Support NHS Peterborough's vision for urgent care?		Q4 Support "Ensuring we avoid duplication in the provision of urgent care services"		Q4 Support "The need to avoid minor injuries and primary care cases attending the hospital"		Q4 Support "Making it easier for you to know where to go to get the service you need"	
		OVERALL	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes
		TOTAL															
TOTAL	Count	384	247	99	344	11	355	7	341	14	321	32	314	33	331	14	341
	Col %	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Ainworth Medical Centre Patients Group	Count	1	0	1	1	0	1	0	0	0	1	0	1	0	1	0	1
	Col %	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Cambridgeshire and Peterborough LPC	Count	1	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Circle of Heritage Group	Count	1	1	0	1	0	1	0	1	0	0	1	1	0	0	1	1
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	3%	0%	0%	0%	7%	0%	0%
Councillor on PCC	Count	1	1	0	1	0	1	0	1	0	0	1	0	1	0	0	1
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	3%	0%	3%	0%	0%	0%	0%
Disability Forum / Link	Count	1	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Fletton Surgery	Count	1	0	1	1	0	1	0	0	1	0	1	0	1	0	0	1
	Col %	0%	0%	1%	0%	0%	0%	0%	0%	7%	0%	3%	0%	3%	0%	0%	0%
Link (Periphery)	Count	1	0	0	1	0	1	0	1	0	1	0	1	0	1	0	1
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Local Resident	Count	1	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Millfield Medical Centre	Count	2	2	0	1	1	2	0	2	0	2	0	2	0	2	0	2
	Col %	1%	1%	0%	0%	9%	1%	0%	1%	0%	1%	0%	1%	0%	1%	0%	1%
North Street Surgery	Count	2	2	0	2	0	2	0	2	0	2	0	1	0	1	0	2
	Col %	1%	1%	0%	1%	0%	1%	0%	1%	0%	1%	0%	0%	0%	0%	0%	1%
Old Fletton Surgery	Count	1	0	1	1	0	1	0	0	1	0	1	0	1	0	0	1
	Col %	0%	0%	1%	0%	0%	0%	0%	0%	7%	0%	3%	0%	3%	0%	0%	0%
OMP Patient	Count	1	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Patient	Count	1	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Patient Participation Group	Count	1	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
PCC Councillor	Count	1	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Peterborough Link	Count	2	1	1	2	0	2	0	2	0	2	0	2	0	2	0	2
	Col %	1%	0%	1%	1%	0%	1%	0%	1%	0%	1%	0%	1%	0%	1%	0%	1%
Peterborough Patient Consultation Forum	Count	1	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
PPAG	Count	1	0	0	0	0	0	0	0	0	0	1	1	0	1	0	1
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	3%	0%	0%	0%	0%	0%	0%
Private individual	Count	6	3	3	6	0	6	0	4	2	4	1	5	1	5	1	6
	Col %	2%	1%	3%	2%	0%	2%	0%	1%	14%	1%	3%	2%	3%	2%	7%	2%
Walk-in Centre	Count	1	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Blank / Refused	Count	356	228	92	318	10	328	7	319	10	300	26	291	29	306	12	313
	Col %	93%	92%	93%	92%	91%	92%	100%	94%	71%	93%	81%	93%	88%	92%	86%	92%

NHS PETERBOROUGH

Vision for Primary and Urgent Care in Peterborough

Organisation

		Q4 Support "Making it easier for you to know where to go to get the service you need"	Q4 Support "Ensuring that services are affordable, stable and viable for the future"		Q5a Preferred option 1?	Q5a Preferred option 2?	Q5a Preferred option 3?
		No	Yes	No	Yes	Yes	Yes
TOTAL	Count	13	329	18	90	42	249
	Col %	100%	100%	100%	100%	100%	100%
Ailsworth Medical Centre Patients Group	Count	0	0	0	0	0	0
	Col %	0%	0%	0%	0%	0%	0%
Cambridgeshire and Peterborough LPC	Count	0	1	0	0	0	0
	Col %	0%	0%	0%	0%	0%	0%
Circle of Heritage Group	Count	0	1	0	0	1	1
	Col %	0%	0%	0%	0%	2%	0%
Councillor on PCC	Count	0	1	0	0	1	0
	Col %	0%	0%	0%	0%	2%	0%
Disability Forum / Link	Count	0	1	0	0	0	1
	Col %	0%	0%	0%	0%	0%	0%
Fletton Surgery	Count	0	1	0	1	0	0
	Col %	0%	0%	0%	1%	0%	0%
Link (Periphery)	Count	0	1	0	0	0	1
	Col %	0%	0%	0%	0%	0%	0%
Local Resident	Count	0	1	0	0	0	1
	Col %	0%	0%	0%	0%	0%	0%
Millfield Medical Centre	Count	0	2	0	0	0	2
	Col %	0%	1%	0%	0%	0%	1%
North Street Surgery	Count	0	1	0	1	0	1
	Col %	0%	0%	0%	1%	0%	0%
Old Fletton Surgery	Count	0	0	1	1	0	0
	Col %	0%	0%	6%	1%	0%	0%
OMP Patient	Count	0	1	0	0	0	1
	Col %	0%	0%	0%	0%	0%	0%
Patient	Count	0	1	0	0	0	1
	Col %	0%	0%	0%	0%	0%	0%
Patient Participation Group	Count	0	1	0	0	0	1
	Col %	0%	0%	0%	0%	0%	0%
PCC Councillor	Count	0	1	0	0	0	1
	Col %	0%	0%	0%	0%	0%	0%
Peterborough Link	Count	0	2	0	0	0	2
	Col %	0%	1%	0%	0%	0%	1%
Peterborough Patient Consultation Forum	Count	0	1	0	0	0	1
	Col %	0%	0%	0%	0%	0%	0%
PPAG	Count	0	1	0	0	0	0
	Col %	0%	0%	0%	0%	0%	0%
Private individual	Count	0	4	1	1	2	2
	Col %	0%	1%	6%	1%	5%	1%
Walk-in Centre	Count	0	1	0	0	0	1
	Col %	0%	0%	0%	0%	0%	0%
Blank / Refused	Count	13	306	16	86	38	232
	Col %	100%	93%	89%	96%	90%	93%

Base: All respondents

NHS PETERBOROUGH
Vision for Primary and Urgent Care in Peterborough

Q1 Do you support NHS Peterborough's vision for primary care (section 3) ?

		OVERALL	Q2 Support "Moving away from smaller practices to medium to larger practices"		Q2 Support "Ensuring we meet rising demand"		Q2 Support "Ensuring that all premises are high quality and can meet the needs of local people"		Q2 Support "Ensuring that services are affordable, stable and viable for the future"		Q3 Support NHS Peterborough's vision for urgent care?		Q4 Support "Ensuring we avoid duplication in the provision of urgent care services"	
		TOTAL	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
TOTAL	Count	373	244	99	342	10	352	7	338	14	317	31	311	33
	Col %	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Yes	Count	292	232	37	283	4	289	0	283	1	277	2	269	3
	Col %	78%	95%	37%	83%	40%	82%	0%	84%	7%	87%	6%	86%	9%
No	Count	66	8	54	49	5	50	7	43	13	34	28	31	29
	Col %	18%	3%	55%	14%	50%	14%	100%	13%	93%	11%	90%	10%	88%
Don't know	Count	15	4	8	10	1	13	0	12	0	6	1	11	1
	Col %	4%	2%	8%	3%	10%	4%	0%	4%	0%	2%	3%	4%	3%

Q1 Do you support NHS Peterborough's vision for primary care (section 3) ?

		Q4 Support "The need to avoid minor injuries and primary care cases attending the hospital"		Q4 Support "Making it easier for you to know where to go to get the service you need"		Q4 Support "Ensuring that services are affordable, stable and viable for the future"		Q5a Preferred option 1?	Q5a Preferred option 2?	Q5a Preferred option 3?
		Yes	No	Yes	No	Yes	No	Yes	Yes	Yes
TOTAL	Count	328	14	338	13	326	18	90	42	243
	Col %	100%	100%	100%	100%	100%	100%	100%	100%	100%
Yes	Count	270	4	283	0	277	0	48	32	229
	Col %	82%	29%	84%	0%	85%	0%	53%	76%	94%
No	Count	47	10	45	12	37	18	38	9	9
	Col %	14%	71%	13%	92%	11%	100%	42%	21%	4%
Don't know	Count	11	0	10	1	12	0	4	1	5
	Col %	3%	0%	3%	8%	4%	0%	4%	2%	2%

Base: All respondents

NHS PETERBOROUGH

Vision for Primary and Urgent Care in Peterborough

Q1 Comments

	OVERALL	Q2 Support "Moving away from smaller practices to medium to larger practices"		Q2 Support "Ensuring we meet rising demand"		Q2 Support "Ensuring that all premises are high quality and can meet the needs of local people"		Q2 Support "Ensuring that services are affordable, stable and viable for the future"		Q3 Support NHS Peterborough's vision for urgent care?		Q4 Support "Ensuring we avoid duplication in the provision of urgent care services"		Q4 Support "The need to avoid minor injuries and primary care cases attending the hospital"		
		TOTAL	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
TOTAL	Count	66	8	54	49	5	50	7	43	13	34	28	31	29	47	10
	Col %	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Happy with things as they are	Count	9	2	7	7	0	9	0	7	2	5	3	4	4	9	0
	Col %	14%	25%	13%	14%	0%	18%	0%	16%	15%	15%	11%	13%	14%	19%	0%
I do not think that this will lead to improved medical care	Count	4	0	4	2	2	3	1	2	2	0	4	2	2	2	2
	Col %	6%	0%	7%	4%	40%	6%	14%	5%	15%	0%	14%	6%	7%	4%	20%
Waste of public money	Count	2	0	2	1	0	0	1	1	1	1	1	1	1	1	0
	Col %	3%	0%	4%	2%	0%	0%	14%	2%	8%	3%	4%	3%	3%	2%	0%
This is a cost cutting exercise	Count	3	0	2	3	0	3	0	3	0	3	0	2	1	2	1
	Col %	5%	0%	4%	6%	0%	6%	0%	7%	0%	9%	0%	6%	3%	4%	10%
Unaware of who the decision makers are	Count	2	0	2	2	0	1	1	1	1	2	0	2	0	2	0
	Col %	3%	0%	4%	4%	0%	2%	14%	2%	8%	6%	0%	6%	0%	4%	0%
Do not want any local closures	Count	5	1	4	4	0	3	1	4	0	2	2	2	2	3	1
	Col %	8%	13%	7%	8%	0%	6%	14%	9%	0%	6%	7%	6%	7%	6%	10%
More travel / expense	Count	3	0	3	1	0	1	0	1	0	0	2	1	1	1	1
	Col %	5%	0%	6%	2%	0%	2%	0%	2%	0%	0%	7%	3%	3%	2%	10%
Would become less personal	Count	4	0	4	4	0	4	0	3	1	4	0	2	1	3	0
	Col %	6%	0%	7%	8%	0%	8%	0%	7%	8%	12%	0%	6%	3%	6%	0%
Not cost effective	Count	1	0	1	1	0	1	0	1	0	1	0	1	0	1	0
	Col %	2%	0%	2%	2%	0%	2%	0%	2%	0%	3%	0%	3%	0%	2%	0%
Concerned about childcare	Count	2	1	1	2	0	2	0	1	1	1	1	1	1	1	1
	Col %	3%	13%	2%	4%	0%	4%	0%	2%	8%	3%	4%	3%	3%	2%	10%
There are existing premises that could be used	Count	3	3	0	3	0	3	0	3	0	1	2	1	2	3	0
	Col %	5%	38%	0%	6%	0%	6%	0%	7%	0%	3%	7%	3%	7%	6%	0%
Need more information	Count	1	0	1	0	0	0	0	0	0	0	1	0	1	0	0
	Col %	2%	0%	2%	0%	0%	0%	0%	0%	0%	0%	4%	0%	3%	0%	0%
Doesn't seem a viable solution financially	Count	1	0	1	0	0	0	0	0	0	0	1	0	1	0	0
	Col %	2%	0%	2%	0%	0%	0%	0%	0%	0%	0%	4%	0%	3%	0%	0%
The consultation is biased towards certain practices	Count	1	0	1	1	0	0	1	1	0	0	1	0	1	1	0
	Col %	2%	0%	2%	2%	0%	0%	14%	2%	0%	0%	4%	0%	3%	2%	0%
It hasn't been thought through properly	Count	2	0	1	1	0	1	0	1	0	0	2	0	2	1	1
	Col %	3%	0%	2%	2%	0%	2%	0%	2%	0%	0%	7%	0%	7%	2%	10%
I'm opposed to the closure of local facilities	Count	2	0	2	1	1	1	1	1	1	0	2	0	1	0	1
	Col %	3%	0%	4%	2%	20%	2%	14%	2%	8%	0%	7%	0%	3%	0%	10%
GP surgeries should be used for minor ailments	Count	2	0	2	2	0	2	0	1	0	1	1	2	0	2	0
	Col %	3%	0%	4%	4%	0%	4%	0%	2%	0%	3%	4%	6%	0%	4%	0%
Ignores the importance of out of hours services	Count	2	0	1	1	0	1	0	0	1	0	2	0	2	2	0
	Col %	3%	0%	2%	2%	0%	2%	0%	0%	8%	0%	7%	0%	7%	4%	0%
Too prescriptive	Count	1	0	1	1	0	1	0	1	0	1	0	1	0	1	0
	Col %	2%	0%	2%	2%	0%	2%	0%	2%	0%	3%	0%	3%	0%	2%	0%
Don't know / no comment	Count	16	1	14	12	2	14	1	11	3	12	3	9	6	12	2
	Col %	24%	13%	26%	24%	40%	28%	14%	26%	23%	35%	11%	29%	21%	26%	20%

NHS PETERBOROUGH

Vision for Primary and Urgent Care in Peterborough

Q1 Comments

		Q4 Support "Making it easier for you to know where to go to get the service you need"		Q4 Support "Ensuring that services are affordable, stable and viable for the future"		Q5a Preferred option 1?	Q5a Preferred option 2?	Q5a Preferred option 3?
		Yes	No	Yes	No	Yes	Yes	Yes
TOTAL	Count	45	12	37	18	38	9	9
	Col %	100%	100%	100%	100%	100%	100%	100%
Happy with things as they are	Count	8	0	7	2	4	1	3
	Col %	18%	0%	19%	11%	11%	11%	33%
I do not think that this will lead to improved medical care	Count	2	2	1	2	1	0	0
	Col %	4%	17%	3%	11%	3%	0%	0%
Waste of public money	Count	1	0	0	1	1	0	1
	Col %	2%	0%	0%	6%	3%	0%	11%
This is a cost cutting exercise	Count	2	1	2	1	1	0	0
	Col %	4%	8%	5%	6%	3%	0%	0%
Unaware of who the decision makers are	Count	2	0	1	1	0	1	0
	Col %	4%	0%	3%	6%	0%	11%	0%
Do not want any local closures	Count	3	1	3	1	3	1	2
	Col %	7%	8%	8%	6%	8%	11%	22%
More travel / expense	Count	1	1	0	2	2	0	0
	Col %	2%	8%	0%	11%	5%	0%	0%
Would become less personal	Count	3	0	2	1	3	1	0
	Col %	7%	0%	5%	6%	8%	11%	0%
Not cost effective	Count	1	0	1	0	0	0	1
	Col %	2%	0%	3%	0%	0%	0%	11%
Concerned about childcare	Count	2	0	1	1	1	0	1
	Col %	4%	0%	3%	6%	3%	0%	11%
There are existing premises that could be used	Count	3	0	3	0	0	2	0
	Col %	7%	0%	8%	0%	0%	22%	0%
Need more information	Count	0	0	0	0	1	0	0
	Col %	0%	0%	0%	0%	3%	0%	0%
Doesn't seem a viable solution financially	Count	0	0	0	0	1	0	0
	Col %	0%	0%	0%	0%	3%	0%	0%
The consultation is biased towards certain practices	Count	0	1	1	0	1	0	0
	Col %	0%	8%	3%	0%	3%	0%	0%
It hasn't been thought through properly	Count	1	1	1	1	1	1	0
	Col %	2%	8%	3%	6%	3%	11%	0%
I'm opposed to the closure of local facilities	Count	0	1	0	1	2	0	0
	Col %	0%	8%	0%	6%	5%	0%	0%
GP surgeries should be used for minor ailments	Count	2	0	1	0	0	0	1
	Col %	4%	0%	3%	0%	0%	0%	11%
Ignores the importance of out of hours services	Count	1	0	1	0	2	1	0
	Col %	2%	0%	3%	0%	5%	11%	0%
Too prescriptive	Count	1	0	1	0	1	0	0
	Col %	2%	0%	3%	0%	3%	0%	0%
Don't know / no comment	Count	12	4	11	4	13	1	0
	Col %	27%	33%	30%	22%	34%	11%	0%

Base: All respondents who said no at Q1

NHS PETERBOROUGH
Vision for Primary and Urgent Care in Peterborough

Q2 Do you support the specifics of NHS Peterborough's vision for primary care? Moving away from smaller practices to medium to larger practices

		OVERALL	Q2 Support "Moving away from smaller practices to medium to larger practices"		Q2 Support "Ensuring we meet rising demand"		Q2 Support "Ensuring that all premises are high quality and can meet the needs of local people"		Q2 Support "Ensuring that services are affordable, stable and viable for the future"		Q3 Support NHS Peterborough's vision for urgent care?		Q4 Support "Ensuring we avoid duplication in the provision of urgent care services"	
		TOTAL	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
TOTAL	Count	371	247	99	341	11	352	7	338	14	317	30	310	32
	Col %	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Yes	Count	247	247	0	242	2	245	0	242	1	233	4	227	6
	Col %	67%	100%	0%	71%	18%	70%	0%	72%	7%	74%	13%	73%	19%
No	Count	99	0	99	79	9	86	7	75	13	63	24	65	24
	Col %	27%	0%	100%	23%	82%	24%	100%	22%	93%	20%	80%	21%	75%
Don't know	Count	25	0	0	20	0	21	0	21	0	21	2	18	2
	Col %	7%	0%	0%	6%	0%	6%	0%	6%	0%	7%	7%	6%	6%

Q2 Do you support the specifics of NHS Peterborough's vision for primary care? Moving away from smaller practices to medium to larger practices

		Q4 Support "The need to avoid minor injuries and primary care cases attending the hospital"		Q4 Support "Making it easier for you to know where to go to get the service you need"		Q4 Support "Ensuring that services are affordable, stable and viable for the future"		Q5a Preferred option 1?	Q5a Preferred option 2?	Q5a Preferred option 3?
		Yes	No	Yes	No	Yes	No	Yes	Yes	Yes
TOTAL	Count	328	14	337	12	326	17	88	41	244
	Col %	100%	100%	100%	100%	100%	100%	100%	100%	100%
Yes	Count	234	2	239	0	235	0	32	26	201
	Col %	71%	14%	71%	0%	72%	0%	36%	63%	82%
No	Count	76	11	77	11	70	16	51	13	28
	Col %	23%	79%	23%	92%	21%	94%	58%	32%	11%
Don't know	Count	18	1	21	1	21	1	5	2	15
	Col %	5%	7%	6%	8%	6%	6%	6%	5%	6%

Base: All respondents

NHS PETERBOROUGH
Vision for Primary and Urgent Care in Peterborough

Q2 Do you support the specifics of NHS Peterborough's vision for primary care? Ensuring we meet rising demand

		OVERALL	Q2 Support "Moving away from smaller practices to medium to larger practices"		Q2 Support "Ensuring we meet rising demand"		Q2 Support "Ensuring that all premises are high quality and can meet the needs of local people"		Q2 Support "Ensuring that services are affordable, stable and viable for the future"		Q3 Support NHS Peterborough's vision for urgent care?		Q4 Support "Ensuring we avoid duplication in the provision of urgent care services"	
		TOTAL	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
TOTAL	Count	367	246	93	344	11	352	7	339	14	317	27	310	30
	Col %	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Yes	Count	344	242	79	344	0	340	4	328	10	307	18	299	22
	Col %	94%	98%	85%	100%	0%	97%	57%	97%	71%	97%	67%	96%	73%
No	Count	11	2	9	0	11	8	3	6	4	6	3	6	4
	Col %	3%	1%	10%	0%	100%	2%	43%	2%	29%	2%	11%	2%	13%
Don't know	Count	12	2	5	0	0	4	0	5	0	4	6	5	4
	Col %	3%	1%	5%	0%	0%	1%	0%	1%	0%	1%	22%	2%	13%

Q2 Do you support the specifics of NHS Peterborough's vision for primary care? Ensuring we meet rising demand

		Q4 Support "The need to avoid minor injuries and primary care cases attending the hospital"		Q4 Support "Making it easier for you to know where to go to get the service you need"		Q4 Support "Ensuring that services are affordable, stable and viable for the future"		Q5a Preferred option 1?	Q5a Preferred option 2?	Q5a Preferred option 3?
		Yes	No	Yes	No	Yes	No	Yes	Yes	Yes
TOTAL	Count	327	14	337	11	326	16	83	42	245
	Col %	100%	100%	100%	100%	100%	100%	100%	100%	100%
Yes	Count	314	8	327	4	316	10	73	40	237
	Col %	96%	57%	97%	36%	97%	63%	88%	95%	97%
No	Count	7	3	6	4	6	3	6	1	4
	Col %	2%	21%	2%	36%	2%	19%	7%	2%	2%
Don't know	Count	6	3	4	3	4	3	4	1	4
	Col %	2%	21%	1%	27%	1%	19%	5%	2%	2%

Base: All respondents

NHS PETERBOROUGH
Vision for Primary and Urgent Care in Peterborough

Q2 Do you support the specifics of NHS Peterborough's vision for primary care? Ensuring that all premises are high quality and can meet the needs of local people

	OVERALL	Q2 Support "Moving away from smaller practices to medium to larger practices"		Q2 Support "Ensuring we meet rising demand"		Q2 Support "Ensuring that all premises are high quality and can meet the needs of local people"		Q2 Support "Ensuring that services are affordable, stable and viable for the future"		Q3 Support NHS Peterborough's vision for urgent care?		Q4 Support "Ensuring we avoid duplication in the provision of urgent care services"		
		TOTAL	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
TOTAL	Count	370	246	96	344	11	355	7	341	14	318	27	312	30
	Col %	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Yes	Count	355	245	86	340	8	355	0	337	10	315	19	308	21
	Col %	96%	100%	90%	99%	73%	100%	0%	99%	71%	99%	70%	99%	70%
No	Count	7	0	7	4	3	0	7	3	4	2	3	2	5
	Col %	2%	0%	7%	1%	27%	0%	100%	1%	29%	1%	11%	1%	17%
Don't know	Count	8	1	3	0	0	0	0	1	0	1	5	2	4
	Col %	2%	0%	3%	0%	0%	0%	0%	0%	0%	0%	19%	1%	13%

Q2 Do you support the specifics of NHS Peterborough's vision for primary care? Ensuring that all premises are high quality and can meet the needs of local people

		Q4 Support "The need to avoid minor injuries and primary care cases attending the hospital"		Q4 Support "Making it easier for you to know where to go to get the service you need"		Q4 Support "Ensuring that services are affordable, stable and viable for the future"		Q5a Preferred option 1?	Q5a Preferred option 2?	Q5a Preferred option 3?
		Yes	No	Yes	No	Yes	No	Yes	Yes	Yes
TOTAL	Count	329	14	339	12	328	16	86	42	245
	Col %	100%	100%	100%	100%	100%	100%	100%	100%	100%
Yes	Count	323	8	335	5	325	9	78	40	243
	Col %	98%	57%	99%	42%	99%	56%	91%	95%	99%
No	Count	4	3	3	4	3	4	4	1	0
	Col %	1%	21%	1%	33%	1%	25%	5%	2%	0%
Don't know	Count	2	3	1	3	0	3	4	1	2
	Col %	1%	21%	0%	25%	0%	19%	5%	2%	1%

Base: All respondents

NHS PETERBOROUGH
Vision for Primary and Urgent Care in Peterborough

Q2 Do you support the specifics of NHS Peterborough's vision for primary care)? Ensuring that services are affordable, stable and viable for the future

	OVERALL	Q2 Support "Moving away from smaller practices to medium to larger practices"		Q2 Support "Ensuring we meet rising demand"		Q2 Support "Ensuring that all premises are high quality and can meet the needs of local people"		Q2 Support "Ensuring that services are affordable, stable and viable for the future"		Q3 Support NHS Peterborough's vision for urgent care?		Q4 Support "Ensuring we avoid duplication in the provision of urgent care services"		
		TOTAL	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
TOTAL	Count	369	245	96	343	11	354	7	341	14	317	27	311	30
	Col %	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Yes	Count	341	242	75	328	6	337	3	341	0	307	15	306	14
	Col %	92%	99%	78%	96%	55%	95%	43%	100%	0%	97%	56%	98%	47%
No	Count	14	1	13	10	4	10	4	0	14	5	8	3	11
	Col %	4%	0%	14%	3%	36%	3%	57%	0%	100%	2%	30%	1%	37%
Don't know	Count	14	2	8	5	1	7	0	0	0	5	4	2	5
	Col %	4%	1%	8%	1%	9%	2%	0%	0%	0%	2%	15%	1%	17%

Q2 Do you support the specifics of NHS Peterborough's vision for primary care)? Ensuring that services are affordable, stable and viable for the future

		Q4 Support "The need to avoid minor injuries and primary care cases attending the hospital"		Q4 Support "Making it easier for you to know where to go to get the service you need"		Q4 Support "Ensuring that services are affordable, stable and viable for the future"		Q5a Preferred option 1?	Q5a Preferred option 2?	Q5a Preferred option 3?
		Yes	No	Yes	No	Yes	No	Yes	Yes	Yes
TOTAL	Count	328	14	338	12	327	16	86	42	245
	Col %	100%	100%	100%	100%	100%	100%	100%	100%	100%
Yes	Count	314	5	322	5	323	2	69	39	243
	Col %	96%	36%	95%	42%	99%	13%	80%	93%	99%
No	Count	8	6	11	3	3	11	9	1	1
	Col %	2%	43%	3%	25%	1%	69%	10%	2%	0%
Don't know	Count	6	3	5	4	1	3	8	2	1
	Col %	2%	21%	1%	33%	0%	19%	9%	5%	0%

Base: All respondents

NHS PETERBOROUGH

Vision for Primary and Urgent Care in Peterborough

Q2a Please explain why?

		OVERALL	Q2 Support "Moving away from smaller practices to medium to larger practices"		Q2 Support "Ensuring we meet rising demand"		Q2 Support "Ensuring that all premises are high quality and can meet the needs of local people"		Q2 Support "Ensuring that services are affordable, stable and viable for the future"		Q3 Support NHS Peterborough's vision for urgent care?	
		TOTAL	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
TOTAL	Count	384	247	99	344	11	355	7	341	14	321	32
	Col %	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Bigger isn't always better	Count	6	0	6	5	1	6	0	5	1	5	1
	Col %	2%	0%	6%	1%	9%	2%	0%	1%	7%	2%	3%
Opposed to the closure of local medical practices	Count	16	5	11	15	0	15	1	15	1	11	4
	Col %	4%	2%	11%	4%	0%	4%	14%	4%	7%	3%	13%
Have to wait longer to see a GP	Count	2	0	1	2	0	2	0	2	0	2	0
	Col %	1%	0%	1%	1%	0%	1%	0%	1%	0%	1%	0%
More travelling at more expense	Count	4	1	3	3	1	4	0	3	0	2	0
	Col %	1%	0%	3%	1%	9%	1%	0%	1%	0%	1%	0%
Would provide a better service for all	Count	19	19	0	19	0	19	0	19	0	18	0
	Col %	5%	8%	0%	6%	0%	5%	0%	6%	0%	6%	0%
Larger practices could mean a less personal service	Count	25	3	19	23	1	24	1	24	0	19	4
	Col %	7%	1%	19%	7%	9%	7%	14%	7%	0%	6%	13%
Private sector companies could be involved in funding	Count	1	0	1	1	0	1	0	1	0	1	0
	Col %	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%
Would provide the highest standard of care available	Count	4	4	0	4	0	4	0	4	0	4	0
	Col %	1%	2%	0%	1%	0%	1%	0%	1%	0%	1%	0%
Larger premises would provide more services under one roof	Count	12	10	1	12	0	12	0	12	0	11	1
	Col %	3%	4%	1%	3%	0%	3%	0%	4%	0%	3%	3%
Would not be cost effective	Count	2	0	1	1	0	1	0	1	0	1	1
	Col %	1%	0%	1%	0%	0%	0%	0%	0%	0%	0%	3%
That's my preference	Count	1	0	1	1	0	1	0	1	0	0	0
	Col %	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%
Longer waiting times	Count	1	1	0	1	0	1	0	1	0	0	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Premises must be easily accessible by public transport	Count	4	3	1	4	0	4	0	4	0	3	1
	Col %	1%	1%	1%	1%	0%	1%	0%	1%	0%	1%	3%
Premises must be suitable for all	Count	1	1	0	1	0	1	0	1	0	1	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
All practices must provide a similar level of service	Count	1	1	0	1	0	1	0	1	0	1	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
It's fine the way it is	Count	3	1	1	1	0	1	0	2	0	1	1
	Col %	1%	0%	1%	0%	0%	0%	0%	1%	0%	0%	3%
Larger surgeries would mean less waiting times	Count	8	8	0	8	0	8	0	8	0	8	0
	Col %	2%	3%	0%	2%	0%	2%	0%	2%	0%	2%	0%
Location could be less convenient for some people	Count	3	0	1	2	0	2	0	2	0	2	1
	Col %	1%	0%	1%	1%	0%	1%	0%	1%	0%	1%	3%
GPs surgeries should be more accessible	Count	5	2	3	5	0	5	0	4	1	4	1
	Col %	1%	1%	3%	1%	0%	1%	0%	1%	7%	1%	3%

NHS PETERBOROUGH

Vision for Primary and Urgent Care in Peterborough

Q2a Please explain why?

		Q4 Support "Ensuring we avoid duplication in the provision of urgent care services"		Q4 Support "The need to avoid minor injuries and primary care cases attending the hospital"		Q4 Support "Making it easier for you to know where to go to get the service you need"		Q4 Support "Ensuring that services are affordable, stable and viable for the future"		Q5a Preferred option 1?	Q5a Preferred option 2?	Q5a Preferred option 3?
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	Yes	Yes
TOTAL	Count	314	33	331	14	341	13	329	18	90	42	249
	Col %	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Bigger isn't always better	Count	4	2	6	0	5	1	4	1	2	1	3
	Col %	1%	6%	2%	0%	1%	8%	1%	6%	2%	2%	1%
Opposed to the closure of local medical practices	Count	10	4	14	0	13	0	14	1	7	4	4
	Col %	3%	12%	4%	0%	4%	0%	4%	6%	8%	10%	2%
Have to wait longer to see a GP	Count	1	1	1	1	1	1	1	1	1	0	1
	Col %	0%	3%	0%	7%	0%	8%	0%	6%	1%	0%	0%
More travelling at more expense	Count	2	0	2	0	2	0	2	0	1	0	1
	Col %	1%	0%	1%	0%	1%	0%	1%	0%	1%	0%	0%
Would provide a better service for all	Count	19	0	19	0	19	0	19	0	2	0	16
	Col %	6%	0%	6%	0%	6%	0%	6%	0%	2%	0%	6%
Larger practices could mean a less personal service	Count	20	3	22	1	22	2	24	0	7	2	11
	Col %	6%	9%	7%	7%	6%	15%	7%	0%	8%	5%	4%
Private sector companies could be involved in funding	Count	1	0	1	0	1	0	1	0	1	0	1
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	1%	0%	0%
Would provide the highest standard of care available	Count	4	0	4	0	4	0	4	0	0	0	4
	Col %	1%	0%	1%	0%	1%	0%	1%	0%	0%	0%	2%
Larger premises would provide more services under one roof	Count	11	0	12	0	12	0	12	0	1	0	11
	Col %	4%	0%	4%	0%	4%	0%	4%	0%	1%	0%	4%
Would not be cost effective	Count	1	1	2	0	2	0	2	0	1	0	0
	Col %	0%	3%	1%	0%	1%	0%	1%	0%	1%	0%	0%
That's my preference	Count	1	0	1	0	1	0	1	0	0	0	1
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Longer waiting times	Count	1	0	1	0	0	0	1	0	0	0	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Premises must be easily accessible by public transport	Count	4	0	3	1	4	0	4	0	0	2	3
	Col %	1%	0%	1%	7%	1%	0%	1%	0%	0%	5%	1%
Premises must be suitable for all	Count	1	0	1	0	1	0	1	0	0	0	1
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
All practices must provide a similar level of service	Count	1	0	1	0	1	0	1	0	0	0	1
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
It's fine the way it is	Count	2	0	1	0	1	0	1	0	0	0	2
	Col %	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%
Larger surgeries would mean less waiting times	Count	6	0	8	0	8	0	8	0	0	1	6
	Col %	2%	0%	2%	0%	2%	0%	2%	0%	0%	2%	2%
Location could be less convenient for some people	Count	1	1	2	1	2	1	2	1	3	0	0
	Col %	0%	3%	1%	7%	1%	8%	1%	6%	3%	0%	0%
GPs surgeries should be more accessible	Count	4	1	4	1	5	0	4	1	2	1	4
	Col %	1%	3%	1%	7%	1%	0%	1%	6%	2%	2%	2%

NHS PETERBOROUGH

Vision for Primary and Urgent Care in Peterborough

Q2a Please explain why?

		OVERALL	Q2 Support "Moving away from smaller practices to medium to larger practices"		Q2 Support "Ensuring we meet rising demand"		Q2 Support "Ensuring that all premises are high quality and can meet the needs of local people"		Q2 Support "Ensuring that services are affordable, stable and viable for the future"		Q3 Support NHS Peterborough's vision for urgent care?	
		TOTAL	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
The level of care given is more important than the premises	Count	3	2	1	3	0	2	1	3	0	2	0
	Col %	1%	1%	1%	1%	0%	1%	14%	1%	0%	1%	0%
Appointments must be made more convenient for people who work	Count	1	1	0	1	0	1	0	1	0	1	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
National Insurance payers should get priority treatment	Count	1	0	1	1	0	1	0	1	0	1	0
	Col %	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%
Would be more cost effective	Count	5	5	0	5	0	5	0	5	0	4	1
	Col %	1%	2%	0%	1%	0%	1%	0%	1%	0%	1%	3%
Larger practices would mean more managers and less efficiency	Count	1	1	0	1	0	1	0	1	0	1	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Existing premises are not fit for purpose	Count	1	1	0	1	0	1	0	1	0	0	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Urgent cases need immediate access to a doctor	Count	3	2	0	3	0	3	0	3	0	3	0
	Col %	1%	1%	0%	1%	0%	1%	0%	1%	0%	1%	0%
GPs salaries should not be increased	Count	1	1	0	1	0	1	0	1	0	1	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
I think it's a good idea	Count	6	6	0	6	0	6	0	6	0	6	0
	Col %	2%	2%	0%	2%	0%	2%	0%	2%	0%	2%	0%
I think it's a bad idea	Count	2	0	2	0	2	1	1	1	1	1	1
	Col %	1%	0%	2%	0%	18%	0%	14%	0%	7%	0%	3%
This is a financial decision rather than a medical one	Count	2	1	1	1	1	2	0	2	0	2	0
	Col %	1%	0%	1%	0%	9%	1%	0%	1%	0%	1%	0%
Could be less efficient	Count	1	0	1	1	0	1	0	1	0	0	1
	Col %	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%	3%
Should be thought through thoroughly before being implemented	Count	2	1	1	1	0	1	0	1	0	1	1
	Col %	1%	0%	1%	0%	0%	0%	0%	0%	0%	0%	3%
Bigger waiting rooms mean more germs	Count	1	1	0	1	0	1	0	1	0	1	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Larger surgeries would accommodate more patients	Count	2	2	0	2	0	2	0	2	0	2	0
	Col %	1%	1%	0%	1%	0%	1%	0%	1%	0%	1%	0%
Improve existing facilities	Count	2	0	2	1	0	1	0	1	0	1	1
	Col %	1%	0%	2%	0%	0%	0%	0%	0%	0%	0%	3%
Option 1 is the only viable option	Count	2	1	1	2	0	2	0	2	0	2	0
	Col %	1%	0%	1%	1%	0%	1%	0%	1%	0%	1%	0%
Services will only deteriorate in the future	Count	1	0	1	1	0	1	0	1	0	1	0
	Col %	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%
The questionnaire is misleading	Count	2	0	2	0	0	0	0	0	0	0	2
	Col %	1%	0%	2%	0%	0%	0%	0%	0%	0%	0%	6%
Patient care is more important than premises	Count	3	2	0	1	0	1	0	1	0	2	1
	Col %	1%	1%	0%	0%	0%	0%	0%	0%	0%	1%	3%

NHS PETERBOROUGH

Vision for Primary and Urgent Care in Peterborough

Q2a Please explain why?

		Q4 Support "Ensuring we avoid duplication in the provision of urgent care services"		Q4 Support "The need to avoid minor injuries and primary care cases attending the hospital"		Q4 Support "Making it easier for you to know where to go to get the service you need"		Q4 Support "Ensuring that services are affordable, stable and viable for the future"		Q5a Preferred option 1?	Q5a Preferred option 2?	Q5a Preferred option 3?
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	Yes	Yes
The level of care given is more important than the premises	Count	3	0	3	0	3	0	3	0	1	2	2
	Col %	1%	0%	1%	0%	1%	0%	1%	0%	1%	5%	1%
Appointments must be made more convenient for people who work	Count	1	0	1	0	1	0	1	0	0	0	1
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
National Insurance payers should get priority treatment	Count	1	0	1	0	1	0	1	0	1	1	1
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	1%	2%	0%
Would be more cost effective	Count	4	1	5	0	5	0	5	0	0	1	4
	Col %	1%	3%	2%	0%	1%	0%	2%	0%	0%	2%	2%
Larger practices would mean more managers and less efficiency	Count	1	0	1	0	1	0	1	0	0	0	1
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Existing premises are not fit for purpose	Count	1	0	1	0	1	0	1	0	0	0	1
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Urgent cases need immediate access to a doctor	Count	3	0	3	0	3	0	3	0	0	0	3
	Col %	1%	0%	1%	0%	1%	0%	1%	0%	0%	0%	1%
GPs salaries should not be increased	Count	1	0	1	0	1	0	1	0	0	0	1
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
I think it's a good idea	Count	6	0	6	0	5	0	5	0	0	0	6
	Col %	2%	0%	2%	0%	1%	0%	2%	0%	0%	0%	2%
I think it's a bad idea	Count	1	1	1	1	1	1	1	1	0	0	1
	Col %	0%	3%	0%	7%	0%	8%	0%	6%	0%	0%	0%
This is a financial decision rather than a medical one	Count	2	0	2	0	2	0	2	0	0	0	2
	Col %	1%	0%	1%	0%	1%	0%	1%	0%	0%	0%	1%
Could be less efficient	Count	0	0	0	0	0	0	0	0	1	0	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	1%	0%	0%
Should be thought through thoroughly before being implemented	Count	2	0	2	0	2	0	1	1	1	0	1
	Col %	1%	0%	1%	0%	1%	0%	0%	6%	1%	0%	0%
Bigger waiting rooms mean more germs	Count	0	0	0	0	1	0	1	0	1	1	1
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	1%	2%	0%
Larger surgeries would accommodate more patients	Count	2	0	2	0	2	0	2	0	0	0	2
	Col %	1%	0%	1%	0%	1%	0%	1%	0%	0%	0%	1%
Improve existing facilities	Count	1	1	1	1	1	1	1	1	2	0	0
	Col %	0%	3%	0%	7%	0%	8%	0%	6%	2%	0%	0%
Option 1 is the only viable option	Count	2	0	2	0	2	0	2	0	0	0	2
	Col %	1%	0%	1%	0%	1%	0%	1%	0%	0%	0%	1%
Services will only deteriorate in the future	Count	0	0	0	0	0	0	0	0	1	0	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	1%	0%	0%
The questionnaire is misleading	Count	0	2	0	0	0	0	0	0	2	0	0
	Col %	0%	6%	0%	0%	0%	0%	0%	0%	2%	0%	0%
Patient care is more important than premises	Count	1	1	2	0	1	0	1	0	1	1	2
	Col %	0%	3%	1%	0%	0%	0%	0%	0%	1%	2%	1%

NHS PETERBOROUGH

Vision for Primary and Urgent Care in Peterborough

Q2a Please explain why?

		OVERALL	Q2 Support "Moving away from smaller practices to medium to larger practices"		Q2 Support "Ensuring we meet rising demand"		Q2 Support "Ensuring that all premises are high quality and can meet the needs of local people"		Q2 Support "Ensuring that services are affordable, stable and viable for the future"		Q3 Support NHS Peterborough's vision for urgent care?	
		TOTAL	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Save money by reducing the amount of managers	Count	1	0	1	1	0	1	0	0	1	0	1
	Col %	0%	0%	1%	0%	0%	0%	0%	0%	7%	0%	3%
People need to be sure of where to go for the correct treatment	Count	1	1	0	1	0	1	0	1	0	1	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
More information is required	Count	2	0	1	2	0	2	0	1	0	1	0
	Col %	1%	0%	1%	1%	0%	1%	0%	0%	0%	0%	0%
Get nursing staff caring for patients	Count	1	0	1	1	0	1	0	0	1	0	1
	Col %	0%	0%	1%	0%	0%	0%	0%	0%	7%	0%	3%
High quality premises are important	Count	1	0	1	1	0	1	0	0	1	0	1
	Col %	0%	0%	1%	0%	0%	0%	0%	0%	7%	0%	3%
Don't know / no comment	Count	218	160	32	196	5	203	3	194	7	193	6
	Col %	57%	65%	32%	57%	45%	57%	43%	57%	50%	60%	19%

Q2a Please explain why?

		Q4 Support "Ensuring we avoid duplication in the provision of urgent care services"		Q4 Support "The need to avoid minor injuries and primary care cases attending the hospital"		Q4 Support "Making it easier for you to know where to go to get the service you need"		Q4 Support "Ensuring that services are affordable, stable and viable for the future"		Q5a Preferred option 1?	Q5a Preferred option 2?	Q5a Preferred option 3?
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	Yes	Yes
Save money by reducing the amount of managers	Count	0	1	1	0	1	0	0	1	1	0	0
	Col %	0%	3%	0%	0%	0%	0%	0%	6%	1%	0%	0%
People need to be sure of where to go for the correct treatment	Count	1	0	1	0	1	0	1	0	0	0	1
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
More information is required	Count	2	0	1	0	2	0	0	0	0	0	0
	Col %	1%	0%	0%	0%	1%	0%	0%	0%	0%	0%	0%
Get nursing staff caring for patients	Count	0	1	1	0	1	0	1	0	1	0	0
	Col %	0%	3%	0%	0%	0%	0%	0%	0%	1%	0%	0%
High quality premises are important	Count	1	0	0	1	1	0	0	1	0	0	0
	Col %	0%	0%	0%	7%	0%	0%	0%	6%	0%	0%	0%
Don't know / no comment	Count	184	12	188	6	198	6	189	8	49	25	147
	Col %	59%	36%	57%	43%	58%	46%	57%	44%	54%	60%	59%

Base: All respondents

NHS PETERBOROUGH

Vision for Primary and Urgent Care in Peterborough

Q3 Do you support NHS Peterborough's vision for urgent care?

		OVERALL	Q2 Support "Moving away from smaller practices to medium to larger practices"		Q2 Support "Ensuring we meet rising demand"		Q2 Support "Ensuring that all premises are high quality and can meet the needs of local people"		Q2 Support "Ensuring that services are affordable, stable and viable for the future"		Q3 Support NHS Peterborough's vision for urgent care?		Q4 Support "Ensuring we avoid duplication in the provision of urgent care services"	
		TOTAL	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
TOTAL	Count	370	243	95	337	10	348	6	335	13	321	32	312	32
	Col %	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Yes	Count	321	233	63	307	6	315	2	307	5	321	0	292	11
	Col %	87%	96%	66%	91%	60%	91%	33%	92%	38%	100%	0%	94%	34%
No	Count	32	4	24	18	3	19	3	15	8	0	32	9	20
	Col %	9%	2%	25%	5%	30%	5%	50%	4%	62%	0%	100%	3%	63%
Don't know	Count	17	6	8	12	1	14	1	13	0	0	0	11	1
	Col %	5%	2%	8%	4%	10%	4%	17%	4%	0%	0%	0%	4%	3%

Q3 Do you support NHS Peterborough's vision for urgent care?

		Q4 Support "The need to avoid minor injuries and primary care cases attending the hospital"		Q4 Support "Making it easier for you to know where to go to get the service you need"		Q4 Support "Ensuring that services are affordable, stable and viable for the future"		Q5a Preferred option 1?	Q5a Preferred option 2?	Q5a Preferred option 3?
		Yes	No	Yes	No	Yes	No	Yes	Yes	Yes
TOTAL	Count	329	13	339	12	327	17	88	42	243
	Col %	100%	100%	100%	100%	100%	100%	100%	100%	100%
Yes	Count	300	5	312	3	304	5	65	34	233
	Col %	91%	38%	92%	25%	93%	29%	74%	81%	96%
No	Count	18	8	16	9	13	12	18	6	4
	Col %	5%	62%	5%	75%	4%	71%	20%	14%	2%
Don't know	Count	11	0	11	0	10	0	5	2	6
	Col %	3%	0%	3%	0%	3%	0%	6%	5%	2%

Base: All respondents

NHS PETERBOROUGH

Vision for Primary and Urgent Care in Peterborough

Q3a Please explain why?

		OVERALL	Q2 Support "Moving away from smaller practices to medium to larger practices"		Q2 Support "Ensuring we meet rising demand"		Q2 Support "Ensuring that all premises are high quality and can meet the needs of local people"		Q2 Support "Ensuring that services are affordable, stable and viable for the future"		Q3 Support NHS Peterborough's vision for urgent care?	
		TOTAL	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
TOTAL	Count	384	247	99	344	11	355	7	341	14	321	32
	Col %	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Focusing on urgent care may not lead to improved medical standards	Count	1	0	1	1	0	1	0	1	0	0	1
	Col %	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%	3%
Resources should not be diverted from local medical practices to support urgent care	Count	1	1	0	1	0	1	0	1	0	1	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Urgent care is essential	Count	13	6	7	13	0	12	1	13	0	12	1
	Col %	3%	2%	7%	4%	0%	3%	14%	4%	0%	4%	3%
These facilities are already available	Count	3	0	3	3	0	2	1	2	1	3	0
	Col %	1%	0%	3%	1%	0%	1%	14%	1%	7%	1%	0%
Better information on where to access treatment for minor or serious illnesses would be helpful	Count	22	15	6	21	0	20	1	21	0	20	1
	Col %	6%	6%	6%	6%	0%	6%	14%	6%	0%	6%	3%
Surgeries should be in convenient locations	Count	4	2	2	3	0	3	0	4	0	2	2
	Col %	1%	1%	2%	1%	0%	1%	0%	1%	0%	1%	6%
Appointments should be more easily available	Count	4	2	2	4	0	4	0	2	2	0	3
	Col %	1%	1%	2%	1%	0%	1%	0%	1%	14%	0%	9%
Minor ailments should be treated at GPs surgeries / walk-in centres	Count	9	8	1	9	0	9	0	9	0	9	0
	Col %	2%	3%	1%	3%	0%	3%	0%	3%	0%	3%	0%
Too much emphasis on premises rather than people	Count	2	0	2	1	0	1	1	2	0	0	0
	Col %	1%	0%	2%	0%	0%	0%	14%	1%	0%	0%	0%
All services should be in one location	Count	3	3	0	3	0	3	0	3	0	3	0
	Col %	1%	1%	0%	1%	0%	1%	0%	1%	0%	1%	0%
Everyone should be confident of receiving the appropriate care	Count	8	4	1	7	0	7	0	7	0	7	0
	Col %	2%	2%	1%	2%	0%	2%	0%	2%	0%	2%	0%
It would relieve the strain on the hospital	Count	3	2	0	2	0	2	0	2	0	3	0
	Col %	1%	1%	0%	1%	0%	1%	0%	1%	0%	1%	0%
Try not to waste money on duplication	Count	2	2	0	2	0	2	0	2	0	2	0
	Col %	1%	1%	0%	1%	0%	1%	0%	1%	0%	1%	0%
Fails to tackle the issue of those with serious pre existing illnesses	Count	1	0	1	1	0	1	0	1	0	0	1
	Col %	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%	3%
Appointments would be more easily available	Count	2	2	0	2	0	2	0	2	0	2	0
	Col %	1%	1%	0%	1%	0%	1%	0%	1%	0%	1%	0%
Things are fine as they are	Count	3	0	3	2	0	3	0	2	0	2	0
	Col %	1%	0%	3%	1%	0%	1%	0%	1%	0%	1%	0%
The rise in population means a rise in patients needing treatment	Count	3	2	1	3	0	3	0	3	0	2	1
	Col %	1%	1%	1%	1%	0%	1%	0%	1%	0%	1%	3%
Some of the staff need more training	Count	1	1	0	1	0	1	0	1	0	0	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Finances should come second to standard of care	Count	1	0	1	0	1	1	0	1	0	1	0
	Col %	0%	0%	1%	0%	9%	0%	0%	0%	0%	0%	0%

NHS PETERBOROUGH

Vision for Primary and Urgent Care in Peterborough

Q3a Please explain why?

		Q4 Support "Ensuring we avoid duplication in the provision of urgent care services"		Q4 Support "The need to avoid minor injuries and primary care cases attending the hospital"		Q4 Support "Making it easier for you to know where to go to get the service you need"		Q4 Support "Ensuring that services are affordable, stable and viable for the future"		Q5a Preferred option 1?	Q5a Preferred option 2?	Q5a Preferred option 3?
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	Yes	Yes
TOTAL	Count	314	33	331	14	341	13	329	18	90	42	249
	Col %	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Focusing on urgent care may not lead to improved medical standards	Count	0	0	0	0	0	0	0	0	1	0	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	1%	0%	0%
Resources should not be diverted from local medical practices to support urgent care	Count	1	0	1	0	1	0	1	0	0	0	1
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Urgent care is essential	Count	11	2	12	1	12	1	13	0	5	1	6
	Col %	4%	6%	4%	7%	4%	8%	4%	0%	6%	2%	2%
These facilities are already available	Count	0	2	2	0	2	0	1	1	3	0	0
	Col %	0%	6%	1%	0%	1%	0%	0%	6%	3%	0%	0%
Better information on where to access treatment for minor or serious illnesses would be helpful	Count	20	1	22	0	21	0	21	0	2	2	15
	Col %	6%	3%	7%	0%	6%	0%	6%	0%	2%	5%	6%
Surgeries should be in convenient locations	Count	3	1	2	1	3	0	3	0	0	2	3
	Col %	1%	3%	1%	7%	1%	0%	1%	0%	0%	5%	1%
Appointments should be more easily available	Count	1	3	3	1	4	0	2	2	2	1	1
	Col %	0%	9%	1%	7%	1%	0%	1%	11%	2%	2%	0%
Minor ailments should be treated at GPs surgeries / walk-in centres	Count	9	0	9	0	9	0	9	0	1	1	7
	Col %	3%	0%	3%	0%	3%	0%	3%	0%	1%	2%	3%
Too much emphasis on premises rather than people	Count	2	0	2	0	2	0	2	0	1	1	0
	Col %	1%	0%	1%	0%	1%	0%	1%	0%	1%	2%	0%
All services should be in one location	Count	3	0	3	0	3	0	3	0	0	0	2
	Col %	1%	0%	1%	0%	1%	0%	1%	0%	0%	0%	1%
Everyone should be confident of receiving the appropriate care	Count	7	0	7	0	7	0	7	0	1	1	6
	Col %	2%	0%	2%	0%	2%	0%	2%	0%	1%	2%	2%
It would relieve the strain on the hospital	Count	2	0	2	0	2	0	2	0	0	0	3
	Col %	1%	0%	1%	0%	1%	0%	1%	0%	0%	0%	1%
Try not to waste money on duplication	Count	2	0	2	0	2	0	2	0	0	0	2
	Col %	1%	0%	1%	0%	1%	0%	1%	0%	0%	0%	1%
Fails to tackle the issue of those with serious pre existing illnesses	Count	0	1	1	0	1	0	1	0	0	0	0
	Col %	0%	3%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Appointments would be more easily available	Count	1	0	2	0	2	0	2	0	0	0	2
	Col %	0%	0%	1%	0%	1%	0%	1%	0%	0%	0%	1%
Things are fine as they are	Count	2	0	2	0	2	1	2	0	2	0	1
	Col %	1%	0%	1%	0%	1%	8%	1%	0%	2%	0%	0%
The rise in population means a rise in patients needing treatment	Count	2	0	2	0	2	1	3	0	1	1	2
	Col %	1%	0%	1%	0%	1%	8%	1%	0%	1%	2%	1%
Some of the staff need more training	Count	1	0	1	0	1	0	1	0	0	0	1
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Finances should come second to standard of care	Count	1	0	1	0	1	0	1	0	0	0	1
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

NHS PETERBOROUGH

Vision for Primary and Urgent Care in Peterborough

Q3a Please explain why?

		OVERALL	Q2 Support "Moving away from smaller practices to medium to larger practices"		Q2 Support "Ensuring we meet rising demand"		Q2 Support "Ensuring that all premises are high quality and can meet the needs of local people"		Q2 Support "Ensuring that services are affordable, stable and viable for the future"		Q3 Support NHS Peterborough's vision for urgent care?	
		TOTAL	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Strict teamwork will be required by staff	Count	2	1	1	0	1	2	0	2	0	2	0
	Col %	1%	0%	1%	0%	9%	1%	0%	1%	0%	1%	0%
Would ensure people received the care they need	Count	7	5	2	7	0	7	0	6	0	7	0
	Col %	2%	2%	2%	2%	0%	2%	0%	2%	0%	2%	0%
I think it's a good idea	Count	3	2	0	2	0	3	0	3	0	3	0
	Col %	1%	1%	0%	1%	0%	1%	0%	1%	0%	1%	0%
Older people need more care	Count	2	2	0	2	0	2	0	2	0	2	0
	Col %	1%	1%	0%	1%	0%	1%	0%	1%	0%	1%	0%
I'm opposed to the closure of GPs surgeries	Count	1	1	0	1	0	1	0	1	0	1	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Would provide a better standard of service	Count	4	4	0	4	0	4	0	4	0	4	0
	Col %	1%	2%	0%	1%	0%	1%	0%	1%	0%	1%	0%
This is an unnecessary expense	Count	2	0	2	1	1	2	0	1	1	0	2
	Col %	1%	0%	2%	0%	9%	1%	0%	0%	7%	0%	6%
Walk-in centres should remain open	Count	2	2	0	2	0	2	0	2	0	2	0
	Col %	1%	1%	0%	1%	0%	1%	0%	1%	0%	1%	0%
Improve existing premises	Count	2	1	1	1	0	1	0	1	0	1	1
	Col %	1%	0%	1%	0%	0%	0%	0%	0%	0%	0%	3%
Open more walk-in centres	Count	1	0	1	1	0	1	0	1	0	0	0
	Col %	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%
Cut costs by closing the hospital	Count	1	1	0	1	0	1	0	1	0	0	1
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	3%
This would benefit the staff more than patients	Count	1	0	1	1	0	1	0	1	0	0	0
	Col %	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%
Too much waste in the NHS	Count	1	0	1	0	0	0	0	0	0	0	1
	Col %	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%	3%
Any new premises should have good access for disabled people	Count	2	0	2	1	0	1	0	1	0	1	1
	Col %	1%	0%	2%	0%	0%	0%	0%	0%	0%	0%	3%
Flawed project, lacking in data and finance	Count	2	0	1	0	0	0	0	0	0	0	2
	Col %	1%	0%	1%	0%	0%	0%	0%	0%	0%	0%	6%
The questionnaire is confusing	Count	3	1	2	3	0	3	0	2	1	2	1
	Col %	1%	0%	2%	1%	0%	1%	0%	1%	7%	1%	3%
People need to be sure where to get the correct treatment	Count	3	3	0	3	0	3	0	3	0	3	0
	Col %	1%	1%	0%	1%	0%	1%	0%	1%	0%	1%	0%
There is a need for improvement	Count	1	1	0	1	0	1	0	1	0	1	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Patients need more information on the services available	Count	2	1	0	1	0	1	0	1	0	1	1
	Col %	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	3%
I'm opposed to the closure of local facilities	Count	3	0	3	3	0	3	0	3	0	2	1
	Col %	1%	0%	3%	1%	0%	1%	0%	1%	0%	1%	3%

NHS PETERBOROUGH

Vision for Primary and Urgent Care in Peterborough

Q3a Please explain why?

		Q4 Support "Ensuring we avoid duplication in the provision of urgent care services"		Q4 Support "The need to avoid minor injuries and primary care cases attending the hospital"		Q4 Support "Making it easier for you to know where to go to get the service you need"		Q4 Support "Ensuring that services are affordable, stable and viable for the future"		Q5a Preferred option 1?	Q5a Preferred option 2?	Q5a Preferred option 3?
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	Yes	Yes
Strict teamwork will be required by staff	Count	2	0	2	0	2	0	2	0	0	0	1
	Col %	1%	0%	1%	0%	1%	0%	1%	0%	0%	0%	0%
Would ensure people received the care they need	Count	5	0	7	0	7	0	7	0	1	0	4
	Col %	2%	0%	2%	0%	2%	0%	2%	0%	1%	0%	2%
I think it's a good idea	Count	3	0	3	0	3	0	3	0	0	0	3
	Col %	1%	0%	1%	0%	1%	0%	1%	0%	0%	0%	1%
Older people need more care	Count	2	0	2	0	2	0	2	0	0	0	2
	Col %	1%	0%	1%	0%	1%	0%	1%	0%	0%	0%	1%
I'm opposed to the closure of GPs surgeries	Count	1	0	1	0	1	0	1	0	0	0	1
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Would provide a better standard of service	Count	3	0	4	0	4	0	3	0	0	1	3
	Col %	1%	0%	1%	0%	1%	0%	1%	0%	0%	2%	1%
This is an unnecessary expense	Count	1	1	2	0	1	1	0	1	2	0	0
	Col %	0%	3%	1%	0%	0%	8%	0%	6%	2%	0%	0%
Walk-in centres should remain open	Count	1	1	2	0	2	0	2	0	0	0	2
	Col %	0%	3%	1%	0%	1%	0%	1%	0%	0%	0%	1%
Improve existing premises	Count	1	1	1	1	1	1	1	1	1	0	1
	Col %	0%	3%	0%	7%	0%	8%	0%	6%	1%	0%	0%
Open more walk-in centres	Count	0	1	0	0	0	0	1	0	1	0	0
	Col %	0%	3%	0%	0%	0%	0%	0%	0%	1%	0%	0%
Cut costs by closing the hospital	Count	0	1	1	0	1	0	1	0	0	1	0
	Col %	0%	3%	0%	0%	0%	0%	0%	0%	0%	2%	0%
This would benefit the staff more than patients	Count	0	0	0	0	0	0	0	0	0	0	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Too much waste in the NHS	Count	0	1	0	0	0	0	0	0	1	0	0
	Col %	0%	3%	0%	0%	0%	0%	0%	0%	1%	0%	0%
Any new premises should have good access for disabled people	Count	1	1	1	1	1	1	1	1	1	1	0
	Col %	0%	3%	0%	7%	0%	8%	0%	6%	1%	2%	0%
Flawed project, lacking in data and finance	Count	0	2	0	0	0	1	0	1	2	0	0
	Col %	0%	6%	0%	0%	0%	8%	0%	6%	2%	0%	0%
The questionnaire is confusing	Count	2	1	3	0	3	0	2	1	2	0	1
	Col %	1%	3%	1%	0%	1%	0%	1%	6%	2%	0%	0%
People need to be sure where to get the correct treatment	Count	3	0	3	0	3	0	3	0	0	0	3
	Col %	1%	0%	1%	0%	1%	0%	1%	0%	0%	0%	1%
There is a need for improvement	Count	1	0	1	0	1	0	1	0	0	0	1
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Patients need more information on the services available	Count	2	0	2	0	2	0	2	0	0	0	1
	Col %	1%	0%	1%	0%	1%	0%	1%	0%	0%	0%	0%
I'm opposed to the closure of local facilities	Count	2	0	2	0	2	0	2	0	3	0	0
	Col %	1%	0%	1%	0%	1%	0%	1%	0%	3%	0%	0%

NHS PETERBOROUGH

Vision for Primary and Urgent Care in Peterborough

Q3a Please explain why?

		OVERALL	Q2 Support "Moving away from smaller practices to medium to larger practices"		Q2 Support "Ensuring we meet rising demand"		Q2 Support "Ensuring that all premises are high quality and can meet the needs of local people"		Q2 Support "Ensuring that services are affordable, stable and viable for the future"		Q3 Support NHS Peterborough's vision for urgent care?	
		TOTAL	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Public should be kept informed of any decisions	Count	1	0	0	1	0	1	0	1	0	0	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Improve out of hours services	Count	2	1	1	2	0	2	0	2	0	0	2
	Col %	1%	0%	1%	1%	0%	1%	0%	1%	0%	0%	6%
No need for two walk-in centres	Count	1	1	0	1	0	1	0	1	0	1	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
As long as money is spent on healthcare and not management	Count	1	0	1	1	0	1	0	1	0	1	0
	Col %	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%
Ignores the importance of out of hours services	Count	2	0	1	1	0	1	0	0	1	0	2
	Col %	1%	0%	1%	0%	0%	0%	0%	0%	7%	0%	6%
There are too many options	Count	1	0	1	1	0	1	0	1	0	1	0
	Col %	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%
A minor illness / injury unit would not be cost effective	Count	1	0	1	1	0	1	0	0	1	0	1
	Col %	0%	0%	1%	0%	0%	0%	0%	0%	7%	0%	3%
I think it's a bad idea	Count	2	0	1	0	1	0	1	0	1	0	2
	Col %	1%	0%	1%	0%	9%	0%	14%	0%	7%	0%	6%
Don't know / no comment	Count	242	170	45	222	7	230	2	220	6	217	4
	Col %	63%	69%	45%	65%	64%	65%	29%	65%	43%	68%	13%

Q3a Please explain why?

		Q4 Support "Ensuring we avoid duplication in the provision of urgent care services"		Q4 Support "The need to avoid minor injuries and primary care cases attending the hospital"		Q4 Support "Making it easier for you to know where to go to get the service you need"		Q4 Support "Ensuring that services are affordable, stable and viable for the future"		Q5a Preferred option 1?	Q5a Preferred option 2?	Q5a Preferred option 3?
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	Yes	Yes
Public should be kept informed of any decisions	Count	1	0	0	0	1	0	0	0	0	0	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Improve out of hours services	Count	1	1	2	0	2	0	2	0	0	1	1
	Col %	0%	3%	1%	0%	1%	0%	1%	0%	0%	2%	0%
No need for two walk-in centres	Count	1	0	1	0	1	0	1	0	0	0	1
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
As long as money is spent on healthcare and not management	Count	1	0	1	0	1	0	1	0	0	1	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	2%	0%
Ignores the importance of out of hours services	Count	0	2	2	0	1	0	1	0	2	1	0
	Col %	0%	6%	1%	0%	0%	0%	0%	0%	2%	2%	0%
There are too many options	Count	1	0	1	0	1	0	1	0	1	0	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	1%	0%	0%
A minor illness / injury unit would not be cost effective	Count	1	0	0	1	1	0	0	1	0	0	0
	Col %	0%	0%	0%	7%	0%	0%	0%	6%	0%	0%	0%
I think it's a bad idea	Count	0	2	0	2	0	2	0	2	1	0	0
	Col %	0%	6%	0%	14%	0%	15%	0%	11%	1%	0%	0%
Don't know / no comment	Count	210	8	211	6	220	4	213	7	53	26	171
	Col %	67%	24%	64%	43%	65%	31%	65%	39%	59%	62%	69%

NHS PETERBOROUGH
Vision for Primary and Urgent Care in Peterborough

Base: All respondents

NHS PETERBOROUGH

Vision for Primary and Urgent Care in Peterborough

Q4 Do you support the specifics in the vision for urgent care? Ensuring we avoid duplication in the provision of urgent care services

		OVERALL	Q2 Support "Moving away from smaller practices to medium to larger practices"		Q2 Support "Ensuring we meet rising demand"		Q2 Support "Ensuring that all premises are high quality and can meet the needs of local people"		Q2 Support "Ensuring that services are affordable, stable and viable for the future"		Q3 Support NHS Peterborough's vision for urgent care?		Q4 Support "Ensuring we avoid duplication in the provision of urgent care services"	
		TOTAL	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
TOTAL	Count	366	240	96	335	11	346	7	333	14	313	32	314	33
	Col %	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Yes	Count	314	227	65	299	6	308	2	306	3	292	9	314	0
	Col %	86%	95%	68%	89%	55%	89%	29%	92%	21%	93%	28%	100%	0%
No	Count	33	6	24	22	4	21	5	14	11	11	20	0	33
	Col %	9%	3%	25%	7%	36%	6%	71%	4%	79%	4%	63%	0%	100%
Don't know	Count	19	7	7	14	1	17	0	13	0	10	3	0	0
	Col %	5%	3%	7%	4%	9%	5%	0%	4%	0%	3%	9%	0%	0%

Q4 Do you support the specifics in the vision for urgent care? Ensuring we avoid duplication in the provision of urgent care services

		Q4 Support "The need to avoid minor injuries and primary care cases attending the hospital"		Q4 Support "Making it easier for you to know where to go to get the service you need"		Q4 Support "Ensuring that services are affordable, stable and viable for the future"		Q5a Preferred option 1?	Q5a Preferred option 2?	Q5a Preferred option 3?
		Yes	No	Yes	No	Yes	No	Yes	Yes	Yes
TOTAL	Count	329	14	337	13	326	18	86	40	242
	Col %	100%	100%	100%	100%	100%	100%	100%	100%	100%
Yes	Count	299	5	308	2	302	3	57	31	234
	Col %	91%	36%	91%	15%	93%	17%	66%	78%	97%
No	Count	20	9	19	10	14	15	22	8	1
	Col %	6%	64%	6%	77%	4%	83%	26%	20%	0%
Don't know	Count	10	0	10	1	10	0	7	1	7
	Col %	3%	0%	3%	8%	3%	0%	8%	3%	3%

Base: All respondents

NHS PETERBOROUGH

Vision for Primary and Urgent Care in Peterborough

Q4 Do you support the specifics in the vision for urgent care? The need to avoid minor injuries and primary care cases attending the hospital

		OVERALL	Q2 Support "Moving away from smaller practices to medium to larger practices"		Q2 Support "Ensuring we meet rising demand"		Q2 Support "Ensuring that all premises are high quality and can meet the needs of local people"		Q2 Support "Ensuring that services are affordable, stable and viable for the future"		Q3 Support NHS Peterborough's vision for urgent care?		Q4 Support "Ensuring we avoid duplication in the provision of urgent care services"	
		TOTAL	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
TOTAL	Count	362	239	93	333	11	344	7	331	14	311	30	310	31
	Col %	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Yes	Count	331	234	76	314	7	323	4	314	8	300	18	299	20
	Col %	91%	98%	82%	94%	64%	94%	57%	95%	57%	96%	60%	96%	65%
No	Count	14	2	11	8	3	8	3	5	6	5	8	5	9
	Col %	4%	1%	12%	2%	27%	2%	43%	2%	43%	2%	27%	2%	29%
Don't know	Count	17	3	6	11	1	13	0	12	0	6	4	6	2
	Col %	5%	1%	6%	3%	9%	4%	0%	4%	0%	2%	13%	2%	6%

Q4 Do you support the specifics in the vision for urgent care? The need to avoid minor injuries and primary care cases attending the hospital

		Q4 Support "The need to avoid minor injuries and primary care cases attending the hospital"		Q4 Support "Making it easier for you to know where to go to get the service you need"		Q4 Support "Ensuring that services are affordable, stable and viable for the future"		Q5a Preferred option 1?	Q5a Preferred option 2?	Q5a Preferred option 3?
		Yes	No	Yes	No	Yes	No	Yes	Yes	Yes
TOTAL	Count	331	14	336	13	325	18	82	41	241
	Col %	100%	100%	100%	100%	100%	100%	100%	100%	100%
Yes	Count	331	0	324	3	315	7	65	39	234
	Col %	100%	0%	96%	23%	97%	39%	79%	95%	97%
No	Count	0	14	6	8	4	10	10	1	2
	Col %	0%	100%	2%	62%	1%	56%	12%	2%	1%
Don't know	Count	0	0	6	2	6	1	7	1	5
	Col %	0%	0%	2%	15%	2%	6%	9%	2%	2%

Base: All respondents

NHS PETERBOROUGH

Vision for Primary and Urgent Care in Peterborough

Q4 Do you support the specifics in the vision for urgent care? Making it easier for you to know where to go to get the service you need

		OVERALL	Q2 Support "Moving away from smaller practices to medium to larger practices"		Q2 Support "Ensuring we meet rising demand"		Q2 Support "Ensuring that all premises are high quality and can meet the needs of local people"		Q2 Support "Ensuring that services are affordable, stable and viable for the future"		Q3 Support NHS Peterborough's vision for urgent care?		Q4 Support "Ensuring we avoid duplication in the provision of urgent care services"	
		TOTAL	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
TOTAL	Count	366	242	94	337	11	348	7	335	14	315	30	312	31
	Col %	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Yes	Count	341	239	77	327	6	335	3	322	11	312	16	308	19
	Col %	93%	99%	82%	97%	55%	96%	43%	96%	79%	99%	53%	99%	61%
No	Count	13	0	11	4	4	5	4	5	3	3	9	2	10
	Col %	4%	0%	12%	1%	36%	1%	57%	1%	21%	1%	30%	1%	32%
Don't know	Count	12	3	6	6	1	8	0	8	0	0	5	2	2
	Col %	3%	1%	6%	2%	9%	2%	0%	2%	0%	0%	17%	1%	6%

Q4 Do you support the specifics in the vision for urgent care? Making it easier for you to know where to go to get the service you need

		Q4 Support "The need to avoid minor injuries and primary care cases attending the hospital"		Q4 Support "Making it easier for you to know where to go to get the service you need"		Q4 Support "Ensuring that services are affordable, stable and viable for the future"		Q5a Preferred option 1?	Q5a Preferred option 2?	Q5a Preferred option 3?
		Yes	No	Yes	No	Yes	No	Yes	Yes	Yes
TOTAL	Count	330	14	341	13	329	18	85	42	243
	Col %	100%	100%	100%	100%	100%	100%	100%	100%	100%
Yes	Count	324	6	341	0	324	9	69	41	239
	Col %	98%	43%	100%	0%	98%	50%	81%	98%	98%
No	Count	3	8	0	13	2	9	11	0	0
	Col %	1%	57%	0%	100%	1%	50%	13%	0%	0%
Don't know	Count	3	0	0	0	3	0	5	1	4
	Col %	1%	0%	0%	0%	1%	0%	6%	2%	2%

Base: All respondents

NHS PETERBOROUGH
Vision for Primary and Urgent Care in Peterborough

Q4 Do you support the specifics in the vision for urgent care? Ensuring that services are affordable, stable and viable for the future

	OVERALL	Q2 Support "Moving away from smaller practices to medium to larger practices"		Q2 Support "Ensuring we meet rising demand"		Q2 Support "Ensuring that all premises are high quality and can meet the needs of local people"		Q2 Support "Ensuring that services are affordable, stable and viable for the future"		Q3 Support NHS Peterborough's vision for urgent care?		Q4 Support "Ensuring we avoid duplication in the provision of urgent care services"		
		TOTAL	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
TOTAL	Count	364	241	94	335	11	346	7	333	14	314	30	311	31
	Col %	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Yes	Count	329	235	70	316	6	325	3	323	3	304	13	302	14
	Col %	90%	98%	74%	94%	55%	94%	43%	97%	21%	97%	43%	97%	45%
No	Count	18	0	16	10	3	9	4	2	11	5	12	3	15
	Col %	5%	0%	17%	3%	27%	3%	57%	1%	79%	2%	40%	1%	48%
Don't know	Count	17	6	8	9	2	12	0	8	0	5	5	6	2
	Col %	5%	2%	9%	3%	18%	3%	0%	2%	0%	2%	17%	2%	6%

Q4 Do you support the specifics in the vision for urgent care? Ensuring that services are affordable, stable and viable for the future

		Q4 Support "The need to avoid minor injuries and primary care cases attending the hospital"		Q4 Support "Making it easier for you to know where to go to get the service you need"		Q4 Support "Ensuring that services are affordable, stable and viable for the future"		Q5a Preferred option 1?	Q5a Preferred option 2?	Q5a Preferred option 3?
		Yes	No	Yes	No	Yes	No	Yes	Yes	Yes
TOTAL	Count	330	14	339	13	329	18	84	42	243
	Col %	100%	100%	100%	100%	100%	100%	100%	100%	100%
Yes	Count	315	4	324	2	329	0	61	39	238
	Col %	95%	29%	96%	15%	100%	0%	73%	93%	98%
No	Count	7	10	9	9	0	18	15	1	0
	Col %	2%	71%	3%	69%	0%	100%	18%	2%	0%
Don't know	Count	8	0	6	2	0	0	8	2	5
	Col %	2%	0%	2%	15%	0%	0%	10%	5%	2%

Base: All respondents

NHS PETERBOROUGH

Vision for Primary and Urgent Care in Peterborough

Q4a Please explain why?

		OVERALL	Q2 Support "Moving away from smaller practices to medium to larger practices"		Q2 Support "Ensuring we meet rising demand"		Q2 Support "Ensuring that all premises are high quality and can meet the needs of local people"		Q2 Support "Ensuring that services are affordable, stable and viable for the future"		Q3 Support NHS Peterborough's vision for urgent care?	
		TOTAL	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
TOTAL	Count	384	247	99	344	11	355	7	341	14	321	32
	Col %	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
I don't think urgent care should supersede local medical practices	Count	1	0	1	1	0	1	0	1	0	0	1
	Col %	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%	3%
Minor ailments should be treated at GPs surgeries	Count	6	4	2	6	0	6	0	5	1	5	0
	Col %	2%	2%	2%	2%	0%	2%	0%	1%	7%	2%	0%
These facilities are already available	Count	3	0	3	2	1	2	1	2	1	3	0
	Col %	1%	0%	3%	1%	9%	1%	14%	1%	7%	1%	0%
I think it's a good idea	Count	16	10	4	16	0	16	0	16	0	14	0
	Col %	4%	4%	4%	5%	0%	5%	0%	5%	0%	4%	0%
I don't think it's a good idea	Count	5	0	3	3	0	4	0	3	1	2	3
	Col %	1%	0%	3%	1%	0%	1%	0%	1%	7%	1%	9%
Patients welfare is more important than costs	Count	2	0	2	1	0	1	1	2	0	2	0
	Col %	1%	0%	2%	0%	0%	0%	14%	1%	0%	1%	0%
I'm opposed to the closure of local medical practices / leave things as they are	Count	4	1	3	4	0	4	0	4	0	2	1
	Col %	1%	0%	3%	1%	0%	1%	0%	1%	0%	1%	3%
People need more information on the services available	Count	8	6	2	8	0	8	0	8	0	7	0
	Col %	2%	2%	2%	2%	0%	2%	0%	2%	0%	2%	0%
Less waiting times	Count	3	3	0	3	0	3	0	3	0	3	0
	Col %	1%	1%	0%	1%	0%	1%	0%	1%	0%	1%	0%
Better value for money	Count	6	4	2	6	0	6	0	6	0	6	0
	Col %	2%	2%	2%	2%	0%	2%	0%	2%	0%	2%	0%
It can be difficult to contact the appropriate departments	Count	2	1	1	2	0	1	1	2	0	1	1
	Col %	1%	0%	1%	1%	0%	0%	14%	1%	0%	0%	3%
All treatments could be done under one roof	Count	3	3	0	3	0	3	0	3	0	3	0
	Col %	1%	1%	0%	1%	0%	1%	0%	1%	0%	1%	0%
Should be more cost effective	Count	6	4	2	6	0	6	0	4	0	6	0
	Col %	2%	2%	2%	2%	0%	2%	0%	1%	0%	2%	0%
Sometimes duplication is unavoidable	Count	1	0	1	1	0	1	0	1	0	0	1
	Col %	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%	3%
Good management is very important	Count	2	0	2	1	1	2	0	2	0	2	0
	Col %	1%	0%	2%	0%	9%	1%	0%	1%	0%	1%	0%
People need to be sure where to get the best treatment	Count	16	10	4	15	0	15	0	14	1	13	2
	Col %	4%	4%	4%	4%	0%	4%	0%	4%	7%	4%	6%
Location of new premises is important	Count	4	4	0	4	0	4	0	4	0	3	1
	Col %	1%	2%	0%	1%	0%	1%	0%	1%	0%	1%	3%
Try to avoid duplication	Count	2	1	0	2	0	2	0	2	0	2	0
	Col %	1%	0%	0%	1%	0%	1%	0%	1%	0%	1%	0%
People should be updated regularly on their illness or injury	Count	1	1	0	1	0	1	0	1	0	1	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

NHS PETERBOROUGH

Vision for Primary and Urgent Care in Peterborough

Q4a Please explain why?

		Q4 Support "Ensuring we avoid duplication in the provision of urgent care services"		Q4 Support "The need to avoid minor injuries and primary care cases attending the hospital"		Q4 Support "Making it easier for you to know where to go to get the service you need"		Q4 Support "Ensuring that services are affordable, stable and viable for the future"		Q5a Preferred option 1?	Q5a Preferred option 2?	Q5a Preferred option 3?
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	Yes	Yes
TOTAL	Count	314	33	331	14	341	13	329	18	90	42	249
	Col %	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
I don't think urgent care should supersede local medical practices	Count	0	0	0	0	0	0	0	0	1	0	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	1%	0%	0%
Minor ailments should be treated at GPs surgeries	Count	6	0	5	1	6	0	6	0	0	0	5
	Col %	2%	0%	2%	7%	2%	0%	2%	0%	0%	0%	2%
These facilities are already available	Count	1	2	3	0	3	0	2	1	3	0	0
	Col %	0%	6%	1%	0%	1%	0%	1%	6%	3%	0%	0%
I think it's a good idea	Count	15	0	15	0	15	0	15	0	3	1	12
	Col %	5%	0%	5%	0%	4%	0%	5%	0%	3%	2%	5%
I don't think it's a good idea	Count	1	3	3	1	2	2	2	3	3	0	2
	Col %	0%	9%	1%	7%	1%	15%	1%	17%	3%	0%	1%
Patients welfare is more important than costs	Count	2	0	2	0	2	0	2	0	0	0	0
	Col %	1%	0%	1%	0%	1%	0%	1%	0%	0%	0%	0%
I'm opposed to the closure of local medical practices / leave things as they are	Count	2	2	4	0	4	0	4	0	1	2	1
	Col %	1%	6%	1%	0%	1%	0%	1%	0%	1%	5%	0%
People need more information on the services available	Count	7	0	8	0	7	0	8	0	0	0	7
	Col %	2%	0%	2%	0%	2%	0%	2%	0%	0%	0%	3%
Less waiting times	Count	3	0	2	0	3	0	3	0	0	0	3
	Col %	1%	0%	1%	0%	1%	0%	1%	0%	0%	0%	1%
Better value for money	Count	6	0	6	0	6	0	6	0	1	1	5
	Col %	2%	0%	2%	0%	2%	0%	2%	0%	1%	2%	2%
It can be difficult to contact the appropriate departments	Count	1	1	2	0	1	1	2	0	1	0	1
	Col %	0%	3%	1%	0%	0%	8%	1%	0%	1%	0%	0%
All treatments could be done under one roof	Count	3	0	3	0	3	0	3	0	1	0	1
	Col %	1%	0%	1%	0%	1%	0%	1%	0%	1%	0%	0%
Should be more cost effective	Count	6	0	6	0	6	0	5	0	0	0	4
	Col %	2%	0%	2%	0%	2%	0%	2%	0%	0%	0%	2%
Sometimes duplication is unavoidable	Count	0	1	1	0	1	0	1	0	0	0	0
	Col %	0%	3%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Good management is very important	Count	2	0	2	0	2	0	2	0	0	0	2
	Col %	1%	0%	1%	0%	1%	0%	1%	0%	0%	0%	1%
People need to be sure where to get the best treatment	Count	14	1	14	1	16	0	14	1	1	1	11
	Col %	4%	3%	4%	7%	5%	0%	4%	6%	1%	2%	4%
Location of new premises is important	Count	4	0	3	1	4	0	4	0	0	1	4
	Col %	1%	0%	1%	7%	1%	0%	1%	0%	0%	2%	2%
Try to avoid duplication	Count	2	0	2	0	2	0	2	0	0	0	2
	Col %	1%	0%	1%	0%	1%	0%	1%	0%	0%	0%	1%
People should be updated regularly on their illness or injury	Count	1	0	1	0	1	0	1	0	0	0	1
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

NHS PETERBOROUGH

Vision for Primary and Urgent Care in Peterborough

Q4a Please explain why?

		OVERALL	Q2 Support "Moving away from smaller practices to medium to larger practices"		Q2 Support "Ensuring we meet rising demand"		Q2 Support "Ensuring that all premises are high quality and can meet the needs of local people"		Q2 Support "Ensuring that services are affordable, stable and viable for the future"		Q3 Support NHS Peterborough's vision for urgent care?	
		TOTAL	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
New premises need to be in a convenient location	Count	3	2	1	3	0	3	0	3	0	3	0
	Col %	1%	1%	1%	1%	0%	1%	0%	1%	0%	1%	0%
Would provide a better standard of service	Count	5	4	1	5	0	5	0	4	0	5	0
	Col %	1%	2%	1%	1%	0%	1%	0%	1%	0%	2%	0%
There are too many options	Count	1	0	1	1	0	1	0	1	0	1	0
	Col %	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%
Some specifics are a waste of money	Count	1	0	1	1	0	1	0	1	0	0	1
	Col %	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%	3%
Improve existing premises	Count	1	0	1	0	0	0	0	0	0	0	1
	Col %	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%	3%
Need more walk-in centres in the city	Count	1	0	1	1	0	1	0	1	0	0	0
	Col %	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%
I'm against the closure of local facilities	Count	5	0	5	5	0	5	0	3	2	2	3
	Col %	1%	0%	5%	1%	0%	1%	0%	1%	14%	1%	9%
GPs may not be able to cope with the demand	Count	1	1	0	1	0	1	0	1	0	1	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
People are living longer which means more patients over a longer period of time	Count	1	0	1	1	0	1	0	1	0	1	0
	Col %	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%
The questionnaire is misleading	Count	5	1	3	2	0	2	0	2	0	1	4
	Col %	1%	0%	3%	1%	0%	1%	0%	1%	0%	0%	13%
Will the public have to foot the bill?	Count	1	0	0	0	0	0	0	0	0	0	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Sometimes a minor injury can develop into something more serious	Count	2	1	1	2	0	2	0	2	0	2	0
	Col %	1%	0%	1%	1%	0%	1%	0%	1%	0%	1%	0%
Less value for money	Count	2	0	2	2	0	2	0	2	0	2	0
	Col %	1%	0%	2%	1%	0%	1%	0%	1%	0%	1%	0%
Improve out of hours service / reduce the strain on hospitals	Count	2	1	0	1	0	1	0	0	0	0	1
	Col %	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	3%
Better trained staff	Count	1	0	0	1	0	1	0	1	0	1	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Chronic illnesses should be treated by doctors and not nurses	Count	1	1	0	1	0	1	0	1	0	1	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
There should be a review of doctors salaries	Count	1	1	0	1	0	1	0	1	0	0	1
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	3%
No need for two walk-in centres	Count	1	1	0	1	0	1	0	1	0	1	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
As long as money is spent on healthcare and not management	Count	1	0	1	1	0	1	0	1	0	1	0
	Col %	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%
Don't know / no comment	Count	257	182	48	229	9	239	4	232	8	224	11
	Col %	67%	74%	48%	67%	82%	67%	57%	68%	57%	70%	34%

NHS PETERBOROUGH
Vision for Primary and Urgent Care in Peterborough

Q4a Please explain why?

		Q4 Support "Ensuring we avoid duplication in the provision of urgent care services"		Q4 Support "The need to avoid minor injuries and primary care cases attending the hospital"		Q4 Support "Making it easier for you to know where to go to get the service you need"		Q4 Support "Ensuring that services are affordable, stable and viable for the future"		Q5a Preferred option 1?	Q5a Preferred option 2?	Q5a Preferred option 3?
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	Yes	Yes
New premises need to be in a convenient location	Count	1	1	3	0	3	0	3	0	0	2	1
	Col %	0%	3%	1%	0%	1%	0%	1%	0%	0%	5%	0%
Would provide a better standard of service	Count	4	0	5	0	5	0	5	0	1	0	3
	Col %	1%	0%	2%	0%	1%	0%	2%	0%	1%	0%	1%
There are too many options	Count	1	0	1	0	1	0	1	0	0	0	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Some specifics are a waste of money	Count	1	0	1	0	0	1	1	0	0	0	0
	Col %	0%	0%	0%	0%	0%	8%	0%	0%	0%	0%	0%
Improve existing premises	Count	0	1	0	1	0	1	0	1	1	0	0
	Col %	0%	3%	0%	7%	0%	8%	0%	6%	1%	0%	0%
Need more walk-in centres in the city	Count	0	1	0	0	0	0	1	0	1	0	0
	Col %	0%	3%	0%	0%	0%	0%	0%	0%	1%	0%	0%
I'm against the closure of local facilities	Count	2	2	4	0	4	0	3	1	5	0	0
	Col %	1%	6%	1%	0%	1%	0%	1%	6%	6%	0%	0%
GPs may not be able to cope with the demand	Count	1	0	1	0	1	0	1	0	0	0	1
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
People are living longer which means more patients over a longer period of time	Count	1	0	1	0	1	0	1	0	0	1	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	2%	0%
The questionnaire is misleading	Count	2	3	2	1	2	1	2	1	3	1	1
	Col %	1%	9%	1%	7%	1%	8%	1%	6%	3%	2%	0%
Will the public have to foot the bill?	Count	0	0	0	0	0	0	0	0	0	0	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Sometimes a minor injury can develop into something more serious	Count	2	0	1	1	2	0	2	0	1	0	1
	Col %	1%	0%	0%	7%	1%	0%	1%	0%	1%	0%	0%
Less value for money	Count	1	1	1	1	1	1	1	1	2	0	0
	Col %	0%	3%	0%	7%	0%	8%	0%	6%	2%	0%	0%
Improve out of hours service / reduce the strain on hospitals	Count	0	1	2	0	1	0	0	0	1	2	0
	Col %	0%	3%	1%	0%	0%	0%	0%	0%	1%	5%	0%
Better trained staff	Count	1	0	0	0	1	0	1	0	0	0	1
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Chronic illnesses should be treated by doctors and not nurses	Count	1	0	1	0	1	0	0	0	0	0	1
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
There should be a review of doctors salaries	Count	0	1	1	0	1	0	1	0	0	1	0
	Col %	0%	3%	0%	0%	0%	0%	0%	0%	0%	2%	0%
No need for two walk-in centres	Count	1	0	1	0	1	0	1	0	0	0	1
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
As long as money is spent on healthcare and not management	Count	1	0	1	0	1	0	1	0	0	1	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	2%	0%
Don't know / no comment	Count	218	12	223	6	231	6	222	9	60	28	178
	Col %	69%	36%	67%	43%	68%	46%	67%	50%	67%	67%	71%

NHS PETERBOROUGH
Vision for Primary and Urgent Care in Peterborough

Base: All respondents

NHS PETERBOROUGH
Vision for Primary and Urgent Care in Peterborough

Q5a Which is your preferred option to meet the primary care and urgent care requirements across the city? Option 1

	OVERALL	Q2 Support "Moving away from smaller practices to medium to larger practices"		Q2 Support "Ensuring we meet rising demand"		Q2 Support "Ensuring that all premises are high quality and can meet the needs of local people"		Q2 Support "Ensuring that services are affordable, stable and viable for the future"		Q3 Support NHS Peterborough's vision for urgent care?		Q4 Support "Ensuring we avoid duplication in the provision of urgent care services"		
		TOTAL	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
TOTAL	Count	230	129	81	204	9	212	6	201	13	185	27	179	32
	Col %	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Yes	Count	90	32	51	73	6	78	4	69	9	65	18	57	22
	Col %	39%	25%	63%	36%	67%	37%	67%	34%	69%	35%	67%	32%	69%
No	Count	123	90	24	118	3	119	2	118	3	107	8	108	10
	Col %	53%	70%	30%	58%	33%	56%	33%	59%	23%	58%	30%	60%	31%
Don't know	Count	17	7	6	13	0	15	0	14	1	13	1	14	0
	Col %	7%	5%	7%	6%	0%	7%	0%	7%	8%	7%	4%	8%	0%

Q5a Which is your preferred option to meet the primary care and urgent care requirements across the city? Option 1

		Q4 Support "The need to avoid minor injuries and primary care cases attending the hospital"		Q4 Support "Making it easier for you to know where to go to get the service you need"		Q4 Support "Ensuring that services are affordable, stable and viable for the future"		Q5a Preferred option 1?	Q5a Preferred option 2?	Q5a Preferred option 3?
		Yes	No	Yes	No	Yes	No	Yes	Yes	Yes
TOTAL	Count	194	13	202	13	192	17	90	35	122
	Col %	100%	100%	100%	100%	100%	100%	100%	100%	100%
Yes	Count	65	10	69	11	61	15	90	18	18
	Col %	34%	77%	34%	85%	32%	88%	100%	51%	15%
No	Count	115	3	120	1	117	1	0	16	99
	Col %	59%	23%	59%	8%	61%	6%	0%	46%	81%
Don't know	Count	14	0	13	1	14	1	0	1	5
	Col %	7%	0%	6%	8%	7%	6%	0%	3%	4%

Base: All respondents

NHS PETERBOROUGH
Vision for Primary and Urgent Care in Peterborough

Q5a Which is your preferred option to meet the primary care and urgent care requirements across the city? Option 2

	OVERALL	Q2 Support "Moving away from smaller practices to medium to larger practices"		Q2 Support "Ensuring we meet rising demand"		Q2 Support "Ensuring that all premises are high quality and can meet the needs of local people"		Q2 Support "Ensuring that services are affordable, stable and viable for the future"		Q3 Support NHS Peterborough's vision for urgent care?		Q4 Support "Ensuring we avoid duplication in the provision of urgent care services"		
		TOTAL	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
TOTAL	Count	202	120	65	181	5	185	5	180	8	166	21	162	26
	Col %	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Yes	Count	42	26	13	40	1	40	1	39	1	34	6	31	8
	Col %	21%	22%	20%	22%	20%	22%	20%	22%	13%	20%	29%	19%	31%
No	Count	136	82	46	121	4	124	4	120	7	114	12	114	15
	Col %	67%	68%	71%	67%	80%	67%	80%	67%	88%	69%	57%	70%	58%
Don't know	Count	24	12	6	20	0	21	0	21	0	18	3	17	3
	Col %	12%	10%	9%	11%	0%	11%	0%	12%	0%	11%	14%	10%	12%

Q5a Which is your preferred option to meet the primary care and urgent care requirements across the city? Option 2

		Q4 Support "The need to avoid minor injuries and primary care cases attending the hospital"		Q4 Support "Making it easier for you to know where to go to get the service you need"		Q4 Support "Ensuring that services are affordable, stable and viable for the future"		Q5a Preferred option 1?	Q5a Preferred option 2?	Q5a Preferred option 3?
		Yes	No	Yes	No	Yes	No	Yes	Yes	Yes
TOTAL	Count	176	8	180	10	175	12	57	42	122
	Col %	100%	100%	100%	100%	100%	100%	100%	100%	100%
Yes	Count	39	1	41	0	39	1	18	42	18
	Col %	22%	13%	23%	0%	22%	8%	32%	100%	15%
No	Count	118	6	121	7	116	9	35	0	97
	Col %	67%	75%	67%	70%	66%	75%	61%	0%	80%
Don't know	Count	19	1	18	3	20	2	4	0	7
	Col %	11%	13%	10%	30%	11%	17%	7%	0%	6%

Base: All respondents

NHS PETERBOROUGH
Vision for Primary and Urgent Care in Peterborough

Q5a Which is your preferred option to meet the primary care and urgent care requirements across the city? Option 3

	OVERALL	Q2 Support "Moving away from smaller practices to medium to larger practices"		Q2 Support "Ensuring we meet rising demand"		Q2 Support "Ensuring that all premises are high quality and can meet the needs of local people"		Q2 Support "Ensuring that services are affordable, stable and viable for the future"		Q3 Support NHS Peterborough's vision for urgent care?		Q4 Support "Ensuring we avoid duplication in the provision of urgent care services"		
		TOTAL	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
TOTAL	Count	324	227	70	295	7	303	5	297	8	279	23	273	27
	Col %	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Yes	Count	249	201	28	237	4	243	0	243	1	233	4	234	1
	Col %	77%	89%	40%	80%	57%	80%	0%	82%	13%	84%	17%	86%	4%
No	Count	58	19	37	45	3	46	5	41	7	35	16	28	24
	Col %	18%	8%	53%	15%	43%	15%	100%	14%	88%	13%	70%	10%	89%
Don't know	Count	17	7	5	13	0	14	0	13	0	11	3	11	2
	Col %	5%	3%	7%	4%	0%	5%	0%	4%	0%	4%	13%	4%	7%

Q5a Which is your preferred option to meet the primary care and urgent care requirements across the city? Option 3

		Q4 Support "The need to avoid minor injuries and primary care cases attending the hospital"		Q4 Support "Making it easier for you to know where to go to get the service you need"		Q4 Support "Ensuring that services are affordable, stable and viable for the future"		Q5a Preferred option 1?	Q5a Preferred option 2?	Q5a Preferred option 3?
		Yes	No	Yes	No	Yes	No	Yes	Yes	Yes
TOTAL	Count	291	8	294	10	288	12	57	36	249
	Col %	100%	100%	100%	100%	100%	100%	100%	100%	100%
Yes	Count	234	2	239	0	238	0	18	18	249
	Col %	80%	25%	81%	0%	83%	0%	32%	50%	100%
No	Count	44	6	43	8	37	11	36	18	0
	Col %	15%	75%	15%	80%	13%	92%	63%	50%	0%
Don't know	Count	13	0	12	2	13	1	3	0	0
	Col %	4%	0%	4%	20%	5%	8%	5%	0%	0%

Base: All respondents

NHS PETERBOROUGH

Vision for Primary and Urgent Care in Peterborough

Q5 Comments

		OVERALL	Q2 Support "Moving away from smaller practices to medium to larger practices"		Q2 Support "Ensuring we meet rising demand"		Q2 Support "Ensuring that all premises are high quality and can meet the needs of local people"		Q2 Support "Ensuring that services are affordable, stable and viable for the future"		Q3 Support NHS Peterborough's vision for urgent care?	
		TOTAL	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
TOTAL	Count	5	2	3	3	2	4	1	3	2	4	1
	Col %	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Try to avoid confusion when appointments are being made	Count	1	0	1	1	0	1	0	1	0	1	0
	Col %	20%	0%	33%	33%	0%	25%	0%	33%	0%	25%	0%
Don't know / no comment	Count	4	2	2	2	2	3	1	2	2	3	1
	Col %	80%	100%	67%	67%	100%	75%	100%	67%	100%	75%	100%

Q5 Comments

		Q4 Support "Ensuring we avoid duplication in the provision of urgent care services"		Q4 Support "The need to avoid minor injuries and primary care cases attending the hospital"		Q4 Support "Making it easier for you to know where to go to get the service you need"		Q4 Support "Ensuring that services are affordable, stable and viable for the future"		Q5a Preferred option 1?	Q5a Preferred option 2?	Q5a Preferred option 3?
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	Yes	Yes
TOTAL	Count	3	2	4	1	4	1	4	1	0	0	0
	Col %	100%	100%	100%	100%	100%	100%	100%	100%	0%	0%	0%
Try to avoid confusion when appointments are being made	Count	1	0	1	0	1	0	1	0	0	0	0
	Col %	33%	0%	25%	0%	25%	0%	25%	0%	0%	0%	0%
Don't know / no comment	Count	2	2	3	1	3	1	3	1	0	0	0
	Col %	67%	100%	75%	100%	75%	100%	75%	100%	0%	0%	0%

Base: All respondents who said no to all options at Q5a

NHS PETERBOROUGH

Vision for Primary and Urgent Care in Peterborough

Q5 Are there any other proposals we should consider?

		OVERALL	Q2 Support "Moving away from smaller practices to medium to larger practices"		Q2 Support "Ensuring we meet rising demand"		Q2 Support "Ensuring that all premises are high quality and can meet the needs of local people"		Q2 Support "Ensuring that services are affordable, stable and viable for the future"		Q3 Support NHS Peterborough's vision for urgent care?	
		TOTAL	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
TOTAL	Count	384	247	99	344	11	355	7	341	14	321	32
	Col %	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Start again and be more realistic	Count	3	2	1	2	0	3	0	3	0	2	0
	Col %	1%	1%	1%	1%	0%	1%	0%	1%	0%	1%	0%
Options for extended opening times for practices	Count	4	3	0	3	0	3	0	3	0	2	2
	Col %	1%	1%	0%	1%	0%	1%	0%	1%	0%	1%	6%
Options should be made clearer	Count	1	0	0	1	0	1	0	1	0	0	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Bring practices from different areas to one convenient location	Count	3	1	2	3	0	3	0	3	0	2	0
	Col %	1%	0%	2%	1%	0%	1%	0%	1%	0%	1%	0%
Be more efficient / waste less money	Count	4	2	2	4	0	4	0	3	1	3	1
	Col %	1%	1%	2%	1%	0%	1%	0%	1%	7%	1%	3%
Make sure nursing sisters do not exceed their authority	Count	1	0	1	1	0	1	0	1	0	0	0
	Col %	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%
Reduce management salaries	Count	1	0	1	1	0	1	0	1	0	1	0
	Col %	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%
Leave current services alone	Count	2	0	2	0	0	2	0	2	0	0	1
	Col %	1%	0%	2%	0%	0%	1%	0%	1%	0%	0%	3%
Improved / free parking	Count	4	4	0	4	0	4	0	4	0	4	0
	Col %	1%	2%	0%	1%	0%	1%	0%	1%	0%	1%	0%
Some proposals should be looked at again	Count	3	2	0	3	0	3	0	3	0	3	0
	Col %	1%	1%	0%	1%	0%	1%	0%	1%	0%	1%	0%
Website could be made easier to understand	Count	1	1	0	1	0	1	0	1	0	1	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Patients need more information	Count	4	2	2	3	0	3	0	4	0	3	1
	Col %	1%	1%	2%	1%	0%	1%	0%	1%	0%	1%	3%
Give GPs and nurses more say in spending	Count	1	1	0	1	0	1	0	1	0	1	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
People should use only their own local surgery	Count	2	1	1	2	0	2	0	1	0	2	0
	Col %	1%	0%	1%	1%	0%	1%	0%	0%	0%	1%	0%
Reduce appointment waiting times	Count	4	1	3	4	0	4	0	3	1	4	0
	Col %	1%	0%	3%	1%	0%	1%	0%	1%	7%	1%	0%
Move to new premises / upgrade existing premises	Count	10	7	3	9	0	9	0	8	1	8	1
	Col %	3%	3%	3%	3%	0%	3%	0%	2%	7%	2%	3%
I trust the planners to do their jobs	Count	1	1	0	1	0	1	0	1	0	1	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Elderly patients should be given priority	Count	1	1	0	0	1	1	0	1	0	1	0
	Col %	0%	0%	0%	0%	9%	0%	0%	0%	0%	0%	0%
People should be charged for missed appointments	Count	1	1	0	1	0	1	0	1	0	1	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

NHS PETERBOROUGH

Vision for Primary and Urgent Care in Peterborough

Q5 Are there any other proposals we should consider?

		Q4 Support "Ensuring we avoid duplication in the provision of urgent care services"		Q4 Support "The need to avoid minor injuries and primary care cases attending the hospital"		Q4 Support "Making it easier for you to know where to go to get the service you need"		Q4 Support "Ensuring that services are affordable, stable and viable for the future"		Q5a Preferred option 1?	Q5a Preferred option 2?	Q5a Preferred option 3?
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	Yes	Yes
TOTAL	Count	314	33	331	14	341	13	329	18	90	42	249
	Col %	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Start again and be more realistic	Count	3	0	3	0	3	0	3	0	1	0	1
	Col %	1%	0%	1%	0%	1%	0%	1%	0%	1%	0%	0%
Options for extended opening times for practices	Count	2	2	3	1	3	1	3	1	1	1	2
	Col %	1%	6%	1%	7%	1%	8%	1%	6%	1%	2%	1%
Options should be made clearer	Count	1	0	0	0	1	0	0	0	0	0	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Bring practices from different areas to one convenient location	Count	3	0	3	0	3	0	2	0	2	0	1
	Col %	1%	0%	1%	0%	1%	0%	1%	0%	2%	0%	0%
Be more efficient / waste less money	Count	2	1	3	0	3	0	3	0	2	0	2
	Col %	1%	3%	1%	0%	1%	0%	1%	0%	2%	0%	1%
Make sure nursing sisters do not exceed their authority	Count	1	0	1	0	1	0	1	0	0	0	1
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Reduce management salaries	Count	0	1	0	1	0	1	0	1	1	0	0
	Col %	0%	3%	0%	7%	0%	8%	0%	6%	1%	0%	0%
Leave current services alone	Count	1	0	2	0	1	0	2	0	1	0	1
	Col %	0%	0%	1%	0%	0%	0%	1%	0%	1%	0%	0%
Improved / free parking	Count	4	0	4	0	4	0	4	0	1	0	3
	Col %	1%	0%	1%	0%	1%	0%	1%	0%	1%	0%	1%
Some proposals should be looked at again	Count	3	0	3	0	3	0	3	0	0	0	2
	Col %	1%	0%	1%	0%	1%	0%	1%	0%	0%	0%	1%
Website could be made easier to understand	Count	1	0	1	0	1	0	1	0	0	0	1
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Patients need more information	Count	4	0	3	0	3	0	3	0	0	1	3
	Col %	1%	0%	1%	0%	1%	0%	1%	0%	0%	2%	1%
Give GPs and nurses more say in spending	Count	1	0	1	0	1	0	1	0	0	0	1
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
People should use only their own local surgery	Count	1	0	2	0	2	0	2	0	0	0	1
	Col %	0%	0%	1%	0%	1%	0%	1%	0%	0%	0%	0%
Reduce appointment waiting times	Count	4	0	4	0	4	0	3	1	0	2	2
	Col %	1%	0%	1%	0%	1%	0%	1%	6%	0%	5%	1%
Move to new premises / upgrade existing premises	Count	9	0	8	1	10	0	9	1	3	1	7
	Col %	3%	0%	2%	7%	3%	0%	3%	6%	3%	2%	3%
I trust the planners to do their jobs	Count	1	0	1	0	1	0	1	0	0	0	1
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Elderly patients should be given priority	Count	1	0	1	0	1	0	1	0	0	0	1
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
People should be charged for missed appointments	Count	1	0	0	0	1	0	1	0	0	0	1
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

NHS PETERBOROUGH

Vision for Primary and Urgent Care in Peterborough

Q5 Are there any other proposals we should consider?

		OVERALL	Q2 Support "Moving away from smaller practices to medium to larger practices"		Q2 Support "Ensuring we meet rising demand"		Q2 Support "Ensuring that all premises are high quality and can meet the needs of local people"		Q2 Support "Ensuring that services are affordable, stable and viable for the future"		Q3 Support NHS Peterborough's vision for urgent care?	
		TOTAL	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Try to avoid too much disruption to patients and staff	Count	2	2	0	2	0	2	0	2	0	2	0
	Col %	1%	1%	0%	1%	0%	1%	0%	1%	0%	1%	0%
Increase out of hours services	Count	3	1	1	3	0	3	0	2	1	2	1
	Col %	1%	0%	1%	1%	0%	1%	0%	1%	7%	1%	3%
A fairer method of booking appointments	Count	2	0	1	2	0	2	0	1	1	1	1
	Col %	1%	0%	1%	1%	0%	1%	0%	0%	7%	0%	3%
Minor ailments should be treated at GP surgeries	Count	1	0	1	1	0	1	0	1	0	0	1
	Col %	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%	3%
GPs should take on more responsibilities	Count	2	1	0	2	0	2	0	2	0	2	0
	Col %	1%	0%	0%	1%	0%	1%	0%	1%	0%	1%	0%
There should be a more local NHS Direct	Count	2	1	1	2	0	2	0	2	0	2	0
	Col %	1%	0%	1%	1%	0%	1%	0%	1%	0%	1%	0%
It would require a reliable transport system	Count	1	0	1	1	0	1	0	1	0	1	0
	Col %	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%
Begin again with independent advisors	Count	1	0	1	1	0	0	1	1	0	0	1
	Col %	0%	0%	1%	0%	0%	0%	14%	0%	0%	0%	3%
Close all privately owned facilities	Count	1	1	0	1	0	1	0	1	0	1	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Better management	Count	1	0	1	1	0	1	0	0	1	0	1
	Col %	0%	0%	1%	0%	0%	0%	0%	0%	7%	0%	3%
Less non medical staff / managers	Count	1	0	0	0	0	0	0	0	0	0	1
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	3%
I'm opposed to the closure of local facilities	Count	5	1	4	5	0	5	0	5	0	3	2
	Col %	1%	0%	4%	1%	0%	1%	0%	1%	0%	1%	6%
More walk-in centres	Count	2	1	1	2	0	2	0	2	0	0	2
	Col %	1%	0%	1%	1%	0%	1%	0%	1%	0%	0%	6%
Drunks should not be treated in hospital	Count	1	1	0	1	0	1	0	1	0	1	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Surgeries should be in a central / convenient location	Count	2	1	1	2	0	2	0	2	0	2	0
	Col %	1%	0%	1%	1%	0%	1%	0%	1%	0%	1%	0%
More specialist nurses	Count	1	1	0	1	0	1	0	1	0	1	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
A+E and minor injuries should be treated in one place	Count	1	0	1	1	0	1	0	0	1	0	1
	Col %	0%	0%	1%	0%	0%	0%	0%	0%	7%	0%	3%
Don't know / no comment	Count	304	206	67	272	10	280	6	272	7	264	15
	Col %	79%	83%	68%	79%	91%	79%	86%	80%	50%	82%	47%

NHS PETERBOROUGH

Vision for Primary and Urgent Care in Peterborough

Q5 Are there any other proposals we should consider?

		Q4 Support "Ensuring we avoid duplication in the provision of urgent care services"		Q4 Support "The need to avoid minor injuries and primary care cases attending the hospital"		Q4 Support "Making it easier for you to know where to go to get the service you need"		Q4 Support "Ensuring that services are affordable, stable and viable for the future"		Q5a Preferred option 1?	Q5a Preferred option 2?	Q5a Preferred option 3?
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	Yes	Yes
Try to avoid too much disruption to patients and staff	Count	2	0	2	0	2	0	2	0	0	0	2
	Col %	1%	0%	1%	0%	1%	0%	1%	0%	0%	0%	1%
Increase out of hours services	Count	2	1	3	0	3	0	2	1	2	0	1
	Col %	1%	3%	1%	0%	1%	0%	1%	6%	2%	0%	0%
A fairer method of booking appointments	Count	1	1	1	1	2	0	1	1	1	0	1
	Col %	0%	3%	0%	7%	1%	0%	0%	6%	1%	0%	0%
Minor ailments should be treated at GP surgeries	Count	1	0	1	0	0	1	1	0	0	0	0
	Col %	0%	0%	0%	0%	0%	8%	0%	0%	0%	0%	0%
GPs should take on more responsibilities	Count	2	0	2	0	2	0	2	0	0	0	2
	Col %	1%	0%	1%	0%	1%	0%	1%	0%	0%	0%	1%
There should be a more local NHS Direct	Count	2	0	2	0	2	0	2	0	1	0	0
	Col %	1%	0%	1%	0%	1%	0%	1%	0%	1%	0%	0%
It would require a reliable transport system	Count	1	0	1	0	1	0	1	0	0	1	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	2%	0%
Begin again with independent advisors	Count	0	1	1	0	0	1	1	0	1	0	0
	Col %	0%	3%	0%	0%	0%	8%	0%	0%	1%	0%	0%
Close all privately owned facilities	Count	1	0	1	0	1	0	1	0	0	0	1
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Better management	Count	0	1	1	0	1	0	0	1	1	0	0
	Col %	0%	3%	0%	0%	0%	0%	0%	6%	1%	0%	0%
Less non medical staff / managers	Count	1	0	1	0	1	0	1	0	0	0	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
I'm opposed to the closure of local facilities	Count	3	1	4	0	4	0	4	0	3	1	1
	Col %	1%	3%	1%	0%	1%	0%	1%	0%	3%	2%	0%
More walk-in centres	Count	1	1	2	0	2	0	2	0	0	1	1
	Col %	0%	3%	1%	0%	1%	0%	1%	0%	0%	2%	0%
Drunks should not be treated in hospital	Count	1	0	1	0	1	0	0	0	0	0	1
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Surgeries should be in a central / convenient location	Count	2	0	2	0	2	0	2	0	1	0	0
	Col %	1%	0%	1%	0%	1%	0%	1%	0%	1%	0%	0%
More specialist nurses	Count	1	0	1	0	1	0	1	0	0	0	1
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
A+E and minor injuries should be treated in one place	Count	1	0	0	1	1	0	0	1	0	0	0
	Col %	0%	0%	0%	7%	0%	0%	0%	6%	0%	0%	0%
Don't know / no comment	Count	249	23	262	9	269	9	263	10	68	34	207
	Col %	79%	70%	79%	64%	79%	69%	80%	56%	76%	81%	83%

Base: All respondents

NHS PETERBOROUGH
Vision for Primary and Urgent Care in Peterborough

Q6 Do you support all of the changes in NHS Peterborough's preferred option - Option 3?

	OVERALL	Q2 Support "Moving away from smaller practices to medium to larger practices"		Q2 Support "Ensuring we meet rising demand"		Q2 Support "Ensuring that all premises are high quality and can meet the needs of local people"		Q2 Support "Ensuring that services are affordable, stable and viable for the future"		Q3 Support NHS Peterborough's vision for urgent care?		Q4 Support "Ensuring we avoid duplication in the provision of urgent care services"		
		TOTAL	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
TOTAL	Count	379	244	99	341	11	352	7	338	14	318	32	312	33
	Col %	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Yes	Count	237	197	21	224	4	229	0	229	0	224	2	220	1
	Col %	63%	81%	21%	66%	36%	65%	0%	68%	0%	70%	6%	71%	3%
No	Count	113	34	71	92	7	96	7	84	13	71	29	69	32
	Col %	30%	14%	72%	27%	64%	27%	100%	25%	93%	22%	91%	22%	97%
Don't know	Count	29	13	7	25	0	27	0	25	1	23	1	23	0
	Col %	8%	5%	7%	7%	0%	8%	0%	7%	7%	7%	3%	7%	0%

Q6 Do you support all of the changes in NHS Peterborough's preferred option - Option 3?

		Q4 Support "The need to avoid minor injuries and primary care cases attending the hospital"		Q4 Support "Making it easier for you to know where to go to get the service you need"		Q4 Support "Ensuring that services are affordable, stable and viable for the future"		Q5a Preferred option 1?	Q5a Preferred option 2?	Q5a Preferred option 3?
		Yes	No	Yes	No	Yes	No	Yes	Yes	Yes
TOTAL	Count	329	14	339	13	327	18	89	42	247
	Col %	100%	100%	100%	100%	100%	100%	100%	100%	100%
Yes	Count	218	1	225	0	223	0	29	18	210
	Col %	66%	7%	66%	0%	68%	0%	33%	43%	85%
No	Count	86	13	89	13	81	17	56	23	21
	Col %	26%	93%	26%	100%	25%	94%	63%	55%	9%
Don't know	Count	25	0	25	0	23	1	4	1	16
	Col %	8%	0%	7%	0%	7%	6%	4%	2%	6%

Base: All respondents

NHS PETERBOROUGH

Vision for Primary and Urgent Care in Peterborough

Q6a Please explain why?

		OVERALL	Q2 Support "Moving away from smaller practices to medium to larger practices"		Q2 Support "Ensuring we meet rising demand"		Q2 Support "Ensuring that all premises are high quality and can meet the needs of local people"		Q2 Support "Ensuring that services are affordable, stable and viable for the future"		Q3 Support NHS Peterborough's vision for urgent care?	
		TOTAL	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
TOTAL	Count	384	247	99	344	11	355	7	341	14	321	32
	Col %	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
I'm opposed to the closure of local facilities	Count	13	3	9	10	1	11	1	9	3	8	4
	Col %	3%	1%	9%	3%	9%	3%	14%	3%	21%	2%	13%
Urgent care should not come before local medical practices	Count	1	0	1	1	0	1	0	1	0	0	1
	Col %	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%	3%
I think it's a good idea	Count	29	24	3	28	0	28	0	29	0	27	1
	Col %	8%	10%	3%	8%	0%	8%	0%	9%	0%	8%	3%
I think it's a bad idea	Count	5	1	3	5	0	4	1	5	0	4	1
	Col %	1%	0%	3%	1%	0%	1%	14%	1%	0%	1%	3%
Walk in centres should remain open	Count	3	2	1	3	0	3	0	3	0	2	0
	Col %	1%	1%	1%	1%	0%	1%	0%	1%	0%	1%	0%
Other options should be discussed	Count	3	2	1	3	0	3	0	3	0	3	0
	Col %	1%	1%	1%	1%	0%	1%	0%	1%	0%	1%	0%
Not cost effective	Count	6	2	3	6	0	5	1	5	1	5	1
	Col %	2%	1%	3%	2%	0%	1%	14%	1%	7%	2%	3%
Prefer smaller surgeries	Count	3	0	3	3	0	3	0	3	0	1	1
	Col %	1%	0%	3%	1%	0%	1%	0%	1%	0%	0%	3%
One large centre may not be able to cope with the high amount of patients	Count	3	2	0	3	0	3	0	3	0	3	0
	Col %	1%	1%	0%	1%	0%	1%	0%	1%	0%	1%	0%
New location may not be convenient to everyone	Count	15	9	6	14	1	15	0	14	0	12	1
	Col %	4%	4%	6%	4%	9%	4%	0%	4%	0%	4%	3%
Will ensure that GPs time is not wasted	Count	2	2	0	2	0	2	0	2	0	2	0
	Col %	1%	1%	0%	1%	0%	1%	0%	1%	0%	1%	0%
Larger practices may be less personal and accessible	Count	3	1	2	3	0	3	0	3	0	3	0
	Col %	1%	0%	2%	1%	0%	1%	0%	1%	0%	1%	0%
Individual opinions are being ignored	Count	1	0	1	1	0	1	0	1	0	1	0
	Col %	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%
We would prefer an efficient, modern service in one location	Count	3	3	0	3	0	3	0	3	0	3	0
	Col %	1%	1%	0%	1%	0%	1%	0%	1%	0%	1%	0%
All health issues could be addressed under one roof	Count	2	2	0	2	0	2	0	2	0	2	0
	Col %	1%	1%	0%	1%	0%	1%	0%	1%	0%	1%	0%
The questionnaire is confusing / misleading	Count	2	1	1	2	0	2	0	2	0	2	0
	Col %	1%	0%	1%	1%	0%	1%	0%	1%	0%	1%	0%
May not provide the expertise to deal with certain conditions	Count	1	0	1	1	0	1	0	1	0	0	1
	Col %	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%	3%
Things are fine as they are	Count	4	0	4	2	0	3	0	2	0	2	1
	Col %	1%	0%	4%	1%	0%	1%	0%	1%	0%	1%	3%
Some GP practices need new accommodation	Count	2	2	0	2	0	2	0	2	0	1	0
	Col %	1%	1%	0%	1%	0%	1%	0%	1%	0%	0%	0%

NHS PETERBOROUGH

Vision for Primary and Urgent Care in Peterborough

Q6a Please explain why?

		Q4 Support "Ensuring we avoid duplication in the provision of urgent care services"		Q4 Support "The need to avoid minor injuries and primary care cases attending the hospital"		Q4 Support "Making it easier for you to know where to go to get the service you need"		Q4 Support "Ensuring that services are affordable, stable and viable for the future"		Q5a Preferred option 1?	Q5a Preferred option 2?	Q5a Preferred option 3?
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	Yes	Yes
TOTAL	Count	314	33	331	14	341	13	329	18	90	42	249
	Col %	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
I'm opposed to the closure of local facilities	Count	9	3	13	0	12	0	12	1	4	2	4
	Col %	3%	9%	4%	0%	4%	0%	4%	6%	4%	5%	2%
Urgent care should not come before local medical practices	Count	0	0	0	0	0	0	0	0	1	0	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	1%	0%	0%
I think it's a good idea	Count	28	1	27	0	27	0	27	0	2	1	27
	Col %	9%	3%	8%	0%	8%	0%	8%	0%	2%	2%	11%
I think it's a bad idea	Count	4	1	5	0	4	1	5	0	2	1	0
	Col %	1%	3%	2%	0%	1%	8%	2%	0%	2%	2%	0%
Walk in centres should remain open	Count	2	1	3	0	3	0	3	0	0	1	1
	Col %	1%	3%	1%	0%	1%	0%	1%	0%	0%	2%	0%
Other options should be discussed	Count	3	0	3	0	3	0	3	0	1	1	2
	Col %	1%	0%	1%	0%	1%	0%	1%	0%	1%	2%	1%
Not cost effective	Count	3	2	5	0	5	0	4	1	3	2	1
	Col %	1%	6%	2%	0%	1%	0%	1%	6%	3%	5%	0%
Prefer smaller surgeries	Count	3	0	3	0	2	1	3	0	0	0	1
	Col %	1%	0%	1%	0%	1%	8%	1%	0%	0%	0%	0%
One large centre may not be able to cope with the high amount of patients	Count	3	0	3	0	3	0	3	0	1	0	2
	Col %	1%	0%	1%	0%	1%	0%	1%	0%	1%	0%	1%
New location may not be convenient to everyone	Count	14	0	15	0	13	1	12	0	1	2	11
	Col %	4%	0%	5%	0%	4%	8%	4%	0%	1%	5%	4%
Will ensure that GPs time is not wasted	Count	2	0	2	0	2	0	2	0	0	0	2
	Col %	1%	0%	1%	0%	1%	0%	1%	0%	0%	0%	1%
Larger practices may be less personal and accessible	Count	2	0	2	0	2	0	2	0	1	0	2
	Col %	1%	0%	1%	0%	1%	0%	1%	0%	1%	0%	1%
Individual opinions are being ignored	Count	0	1	1	0	1	0	1	0	0	1	0
	Col %	0%	3%	0%	0%	0%	0%	0%	0%	0%	2%	0%
We would prefer an efficient, modern service in one location	Count	3	0	3	0	3	0	3	0	0	0	3
	Col %	1%	0%	1%	0%	1%	0%	1%	0%	0%	0%	1%
All health issues could be addressed under one roof	Count	1	0	2	0	2	0	2	0	0	0	2
	Col %	0%	0%	1%	0%	1%	0%	1%	0%	0%	0%	1%
The questionnaire is confusing / misleading	Count	2	0	2	0	2	0	2	0	1	0	0
	Col %	1%	0%	1%	0%	1%	0%	1%	0%	1%	0%	0%
May not provide the expertise to deal with certain conditions	Count	0	1	1	0	1	0	1	0	0	0	0
	Col %	0%	3%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Things are fine as they are	Count	3	0	3	0	3	1	2	1	3	0	1
	Col %	1%	0%	1%	0%	1%	8%	1%	6%	3%	0%	0%
Some GP practices need new accommodation	Count	2	0	2	0	2	0	2	0	0	0	2
	Col %	1%	0%	1%	0%	1%	0%	1%	0%	0%	0%	1%

NHS PETERBOROUGH

Vision for Primary and Urgent Care in Peterborough

Q6a Please explain why?

		OVERALL	Q2 Support "Moving away from smaller practices to medium to larger practices"		Q2 Support "Ensuring we meet rising demand"		Q2 Support "Ensuring that all premises are high quality and can meet the needs of local people"		Q2 Support "Ensuring that services are affordable, stable and viable for the future"		Q3 Support NHS Peterborough's vision for urgent care?	
		TOTAL	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Elderly patients to receive the very best of treatment	Count	1	0	1	0	1	1	0	1	0	1	0
	Col %	0%	0%	1%	0%	9%	0%	0%	0%	0%	0%	0%
Diabetic blood tests should be done pre breakfast	Count	1	0	0	1	0	1	0	1	0	1	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Would not be in the best interests of all patients	Count	2	0	2	1	1	2	0	1	0	1	0
	Col %	1%	0%	2%	0%	9%	1%	0%	0%	0%	0%	0%
Cut costs in other areas and not in the treatment of patients	Count	2	0	2	2	0	2	0	1	1	1	1
	Col %	1%	0%	2%	1%	0%	1%	0%	0%	7%	0%	3%
A growth in population means more people needing treatment	Count	1	0	1	1	0	1	0	1	0	1	0
	Col %	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%
Bigger isn't always better	Count	2	2	0	2	0	2	0	2	0	2	0
	Col %	1%	1%	0%	1%	0%	1%	0%	1%	0%	1%	0%
Some areas have not been included in the consultation	Count	1	1	0	1	0	1	0	1	0	1	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Improved GP services would relieve the strain on hospitals	Count	1	1	0	1	0	1	0	1	0	1	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
More advertising to promote better health	Count	1	1	0	1	0	1	0	1	0	1	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
People can be unsure of where to go for the correct treatment	Count	2	2	0	2	0	2	0	2	0	2	0
	Col %	1%	1%	0%	1%	0%	1%	0%	1%	0%	1%	0%
Larger premises are needed for an increasing population	Count	1	1	0	1	0	1	0	1	0	1	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Waste of public money	Count	1	1	0	1	0	1	0	1	0	1	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
I have no confidence in the PCT	Count	2	0	2	0	0	0	0	0	0	0	2
	Col %	1%	0%	2%	0%	0%	0%	0%	0%	0%	0%	6%
More cost effective	Count	4	4	0	4	0	4	0	4	0	4	0
	Col %	1%	2%	0%	1%	0%	1%	0%	1%	0%	1%	0%
Will not produce a better level of care	Count	1	0	1	1	0	1	0	1	0	1	0
	Col %	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%
Would produce a better level of care	Count	4	4	0	4	0	4	0	4	0	4	0
	Col %	1%	2%	0%	1%	0%	1%	0%	1%	0%	1%	0%
I agree with option 2	Count	2	1	1	2	0	2	0	1	0	2	0
	Col %	1%	0%	1%	1%	0%	1%	0%	0%	0%	1%	0%
Poor questionnaire design	Count	1	0	1	1	0	1	0	1	0	0	1
	Col %	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%	3%
Improve existing premises / move to new premises	Count	1	1	0	1	0	1	0	1	0	0	1
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	3%
People should be able to choose which GP they see	Count	2	1	1	2	0	2	0	2	0	2	0
	Col %	1%	0%	1%	1%	0%	1%	0%	1%	0%	1%	0%

NHS PETERBOROUGH

Vision for Primary and Urgent Care in Peterborough

Q6a Please explain why?

		Q4 Support "Ensuring we avoid duplication in the provision of urgent care services"		Q4 Support "The need to avoid minor injuries and primary care cases attending the hospital"		Q4 Support "Making it easier for you to know where to go to get the service you need"		Q4 Support "Ensuring that services are affordable, stable and viable for the future"		Q5a Preferred option 1?	Q5a Preferred option 2?	Q5a Preferred option 3?
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	Yes	Yes
Elderly patients to receive the very best of treatment	Count	1	0	1	0	1	0	1	0	0	0	1
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Diabetic blood tests should be done pre breakfast	Count	1	0	1	0	1	0	1	0	0	0	1
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Would not be in the best interests of all patients	Count	1	0	1	0	1	0	1	0	2	0	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	2%	0%	0%
Cut costs in other areas and not in the treatment of patients	Count	1	1	1	1	2	0	1	1	2	0	0
	Col %	0%	3%	0%	7%	1%	0%	0%	6%	2%	0%	0%
A growth in population means more people needing treatment	Count	1	0	1	0	1	0	1	0	1	0	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	1%	0%	0%
Bigger isn't always better	Count	2	0	2	0	2	0	2	0	0	0	2
	Col %	1%	0%	1%	0%	1%	0%	1%	0%	0%	0%	1%
Some areas have not been included in the consultation	Count	1	0	1	0	1	0	1	0	0	0	1
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Improved GP services would relieve the strain on hospitals	Count	1	0	1	0	1	0	1	0	0	0	1
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
More advertising to promote better health	Count	1	0	1	0	1	0	1	0	0	0	1
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
People can be unsure of where to go for the correct treatment	Count	2	0	2	0	2	0	2	0	0	0	2
	Col %	1%	0%	1%	0%	1%	0%	1%	0%	0%	0%	1%
Larger premises are needed for an increasing population	Count	1	0	1	0	1	0	1	0	0	0	1
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Waste of public money	Count	1	0	1	0	1	0	1	0	1	0	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	1%	0%	0%
I have no confidence in the PCT	Count	0	2	0	0	0	0	0	0	2	0	0
	Col %	0%	6%	0%	0%	0%	0%	0%	0%	2%	0%	0%
More cost effective	Count	4	0	4	0	4	0	4	0	0	0	4
	Col %	1%	0%	1%	0%	1%	0%	1%	0%	0%	0%	2%
Will not produce a better level of care	Count	0	1	0	1	0	1	0	1	1	0	0
	Col %	0%	3%	0%	7%	0%	8%	0%	6%	1%	0%	0%
Would produce a better level of care	Count	4	0	4	0	4	0	4	0	1	0	2
	Col %	1%	0%	1%	0%	1%	0%	1%	0%	1%	0%	1%
I agree with option 2	Count	1	1	2	0	2	0	1	0	0	1	0
	Col %	0%	3%	1%	0%	1%	0%	0%	0%	0%	2%	0%
Poor questionnaire design	Count	1	0	1	0	1	0	1	0	0	0	1
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Improve existing premises / move to new premises	Count	0	1	1	0	1	0	1	0	0	1	0
	Col %	0%	3%	0%	0%	0%	0%	0%	0%	0%	2%	0%
People should be able to choose which GP they see	Count	2	0	2	0	2	0	2	0	0	1	0
	Col %	1%	0%	1%	0%	1%	0%	1%	0%	0%	2%	0%

NHS PETERBOROUGH
Vision for Primary and Urgent Care in Peterborough

Q6a Please explain why?

	OVERALL	Q2 Support "Moving away from smaller practices to medium to larger practices"		Q2 Support "Ensuring we meet rising demand"		Q2 Support "Ensuring that all premises are high quality and can meet the needs of local people"		Q2 Support "Ensuring that services are affordable, stable and viable for the future"		Q3 Support NHS Peterborough's vision for urgent care?		
		TOTAL	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Not thought through properly	Count	1	0	0	0	0	0	0	0	0	1	
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	3%	
Don't know / no comment	Count	249	171	48	221	7	229	4	220	9	213	14
	Col %	65%	69%	48%	64%	64%	65%	57%	65%	64%	66%	44%

Q6a Please explain why?

		Q4 Support "Ensuring we avoid duplication in the provision of urgent care services"		Q4 Support "The need to avoid minor injuries and primary care cases attending the hospital"		Q4 Support "Making it easier for you to know where to go to get the service you need"		Q4 Support "Ensuring that services are affordable, stable and viable for the future"		Q5a Preferred option 1?	Q5a Preferred option 2?	Q5a Preferred option 3?
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	Yes	Yes
Not thought through properly	Count	0	1	0	1	0	1	0	1	1	0	0
	Col %	0%	3%	0%	7%	0%	8%	0%	6%	1%	0%	0%
Don't know / no comment	Count	204	16	208	11	222	7	213	12	59	28	171
	Col %	65%	48%	63%	79%	65%	54%	65%	67%	66%	67%	69%

Base: All respondents

NHS PETERBOROUGH
Vision for Primary and Urgent Care in Peterborough

Q6b If no, which of the changes in the preferred option do you support? New GP practice premises provided for 63 Lincoln Road Surgery and North Street, delivering practice vision

		OVERALL	Q2 Support "Moving away from smaller practices to medium to larger practices"		Q2 Support "Ensuring we meet rising demand"		Q2 Support "Ensuring that all premises are high quality and can meet the needs of local people"		Q2 Support "Ensuring that services are affordable, stable and viable for the future"		Q3 Support NHS Peterborough's vision for urgent care?		Q4 Support "Ensuring we avoid duplication in the provision of urgent care services"	
		TOTAL	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
TOTAL	Count	100	30	64	83	5	85	6	74	12	61	29	62	31
	Col %	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Yes	Count	41	23	15	40	0	39	1	37	1	29	7	32	6
	Col %	41%	77%	23%	48%	0%	46%	17%	50%	8%	48%	24%	52%	19%
No	Count	43	7	34	31	3	32	5	27	9	25	14	21	22
	Col %	43%	23%	53%	37%	60%	38%	83%	36%	75%	41%	48%	34%	71%
Don't know	Count	16	0	15	12	2	14	0	10	2	7	8	9	3
	Col %	16%	0%	23%	14%	40%	16%	0%	14%	17%	11%	28%	15%	10%

Q6b If no, which of the changes in the preferred option do you support? New GP practice premises provided for 63 Lincoln Road Surgery and North Street, delivering practice vision

		Q4 Support "The need to avoid minor injuries and primary care cases attending the hospital"		Q4 Support "Making it easier for you to know where to go to get the service you need"		Q4 Support "Ensuring that services are affordable, stable and viable for the future"		Q5a Preferred option 1?	Q5a Preferred option 2?	Q5a Preferred option 3?
		Yes	No	Yes	No	Yes	No	Yes	Yes	Yes
TOTAL	Count	78	12	81	11	73	16	48	22	20
	Col %	100%	100%	100%	100%	100%	100%	100%	100%	100%
Yes	Count	36	2	38	2	37	1	6	17	18
	Col %	46%	17%	47%	18%	51%	6%	13%	77%	90%
No	Count	32	8	32	8	28	12	31	4	1
	Col %	41%	67%	40%	73%	38%	75%	65%	18%	5%
Don't know	Count	10	2	11	1	8	3	11	1	1
	Col %	13%	17%	14%	9%	11%	19%	23%	5%	5%

Base: All respondents who said no at Q6

NHS PETERBOROUGH
Vision for Primary and Urgent Care in Peterborough

Q6b If no, which of the changes in the preferred option do you support? New GP practice premises in Dogsthorpe - bringing together three practices in the area, with special arrangements for the Parnwell community

	OVERALL	Q2 Support "Moving away from smaller practices to medium to larger practices"		Q2 Support "Ensuring we meet rising demand"		Q2 Support "Ensuring that all premises are high quality and can meet the needs of local people"		Q2 Support "Ensuring that services are affordable, stable and viable for the future"		Q3 Support NHS Peterborough's vision for urgent care?		Q4 Support "Ensuring we avoid duplication in the provision of urgent care services"		
		TOTAL	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
TOTAL	Count	99	30	63	82	5	84	6	73	12	60	29	61	31
	Col %	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Yes	Count	33	20	11	31	0	30	2	30	1	24	6	25	6
	Col %	33%	67%	17%	38%	0%	36%	33%	41%	8%	40%	21%	41%	19%
No	Count	41	8	32	30	3	32	3	27	8	21	16	20	19
	Col %	41%	27%	51%	37%	60%	38%	50%	37%	67%	35%	55%	33%	61%
Don't know	Count	25	2	20	21	2	22	1	16	3	15	7	16	6
	Col %	25%	7%	32%	26%	40%	26%	17%	22%	25%	25%	24%	26%	19%

Q6b If no, which of the changes in the preferred option do you support? New GP practice premises in Dogsthorpe - bringing together three practices in the area, with special arrangements for the Parnwell community

		Q4 Support "The need to avoid minor injuries and primary care cases attending the hospital"		Q4 Support "Making it easier for you to know where to go to get the service you need"		Q4 Support "Ensuring that services are affordable, stable and viable for the future"		Q5a Preferred option 1?	Q5a Preferred option 2?	Q5a Preferred option 3?
		Yes	No	Yes	No	Yes	No	Yes	Yes	Yes
TOTAL	Count	77	12	80	11	72	16	48	22	19
	Col %	100%	100%	100%	100%	100%	100%	100%	100%	100%
Yes	Count	31	2	32	1	31	0	8	16	9
	Col %	40%	17%	40%	9%	43%	0%	17%	73%	47%
No	Count	28	8	28	8	24	13	27	3	5
	Col %	36%	67%	35%	73%	33%	81%	56%	14%	26%
Don't know	Count	18	2	20	2	17	3	13	3	5
	Col %	23%	17%	25%	18%	24%	19%	27%	14%	26%

Base: All respondents who said no at Q6

NHS PETERBOROUGH

Vision for Primary and Urgent Care in Peterborough

Q6b If no, which of the changes in the preferred option do you support? Support Prton 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

	OVERALL	Q2 Support "Moving away from smaller practices to medium to larger practices"		Q2 Support "Ensuring we meet rising demand"		Q2 Support "Ensuring that all premises are high quality and can meet the needs of local people"		Q2 Support "Ensuring that services are affordable, stable and viable for the future"		Q3 Support NHS Peterborough's vision for urgent care?		Q4 Support "Ensuring we avoid duplication in the provision of urgent care services"		
		TOTAL	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
TOTAL	Count	107	31	68	86	7	90	7	78	13	66	29	64	32
	Col %	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Yes	Count	39	23	13	35	2	35	3	34	3	30	5	28	9
	Col %	36%	74%	19%	41%	29%	39%	43%	44%	23%	45%	17%	44%	28%
No	Count	53	5	44	38	5	43	3	34	7	30	17	27	18
	Col %	50%	16%	65%	44%	71%	48%	43%	44%	54%	45%	59%	42%	56%
Don't know	Count	15	3	11	13	0	12	1	10	3	6	7	9	5
	Col %	14%	10%	16%	15%	0%	13%	14%	13%	23%	9%	24%	14%	16%

Q6b If no, which of the changes in the preferred option do you support? Support Prton 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

		Q4 Support "The need to avoid minor injuries and primary care cases attending the hospital"		Q4 Support "Making it easier for you to know where to go to get the service you need"		Q4 Support "Ensuring that services are affordable, stable and viable for the future"		Q5a Preferred option 1?	Q5a Preferred option 2?	Q5a Preferred option 3?
		Yes	No	Yes	No	Yes	No	Yes	Yes	Yes
TOTAL	Count	81	13	84	13	76	17	55	22	19
	Col %	100%	100%	100%	100%	100%	100%	100%	100%	100%
Yes	Count	34	3	36	2	36	1	8	16	12
	Col %	42%	23%	43%	15%	47%	6%	15%	73%	63%
No	Count	33	9	34	11	29	13	43	1	3
	Col %	41%	69%	40%	85%	38%	76%	78%	5%	16%
Don't know	Count	14	1	14	0	11	3	4	5	4
	Col %	17%	8%	17%	0%	14%	18%	7%	23%	21%

Base: All respondents who said no at Q6

NHS PETERBOROUGH
Vision for Primary and Urgent Care in Peterborough

Q6b If no, which of the changes in the preferred option do you support? New GP practice premises at Hampton

	OVERALL	Q2 Support "Moving away from smaller practices to medium to larger practices"		Q2 Support "Ensuring we meet rising demand"		Q2 Support "Ensuring that all premises are high quality and can meet the needs of local people"		Q2 Support "Ensuring that services are affordable, stable and viable for the future"		Q3 Support NHS Peterborough's vision for urgent care?		Q4 Support "Ensuring we avoid duplication in the provision of urgent care services"		
		TOTAL	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
TOTAL	Count	99	31	62	83	5	85	6	74	11	62	27	60	29
	Col %	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Yes	Count	45	21	22	42	1	41	4	37	4	29	10	27	14
	Col %	45%	68%	35%	51%	20%	48%	67%	50%	36%	47%	37%	45%	48%
No	Count	29	4	23	21	2	22	1	18	5	18	11	15	13
	Col %	29%	13%	37%	25%	40%	26%	17%	24%	45%	29%	41%	25%	45%
Don't know	Count	25	6	17	20	2	22	1	19	2	15	6	18	2
	Col %	25%	19%	27%	24%	40%	26%	17%	26%	18%	24%	22%	30%	7%

Q6b If no, which of the changes in the preferred option do you support? New GP practice premises at Hampton

		Q4 Support "The need to avoid minor injuries and primary care cases attending the hospital"		Q4 Support "Making it easier for you to know where to go to get the service you need"		Q4 Support "Ensuring that services are affordable, stable and viable for the future"		Q5a Preferred option 1?	Q5a Preferred option 2?	Q5a Preferred option 3?
		Yes	No	Yes	No	Yes	No	Yes	Yes	Yes
TOTAL	Count	76	12	79	11	72	14	46	21	21
	Col %	100%	100%	100%	100%	100%	100%	100%	100%	100%
Yes	Count	38	4	39	4	37	3	13	16	11
	Col %	50%	33%	49%	36%	51%	21%	28%	76%	52%
No	Count	20	6	20	6	17	9	24	1	2
	Col %	26%	50%	25%	55%	24%	64%	52%	5%	10%
Don't know	Count	18	2	20	1	18	2	9	4	8
	Col %	24%	17%	25%	9%	25%	14%	20%	19%	38%

Base: All respondents who said no at Q6

NHS PETERBOROUGH
Vision for Primary and Urgent Care in Peterborough

Q6b If no, which of the changes in the preferred option do you support? Burghley Road Surgery closed and patients supported to register with another local practice

	OVERALL	Q2 Support "Moving away from smaller practices to medium to larger practices"		Q2 Support "Ensuring we meet rising demand"		Q2 Support "Ensuring that all premises are high quality and can meet the needs of local people"		Q2 Support "Ensuring that services are affordable, stable and viable for the future"		Q3 Support NHS Peterborough's vision for urgent care?		Q4 Support "Ensuring we avoid duplication in the provision of urgent care services"		
		TOTAL	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
TOTAL	Count	96	30	60	81	4	83	5	72	10	61	25	60	26
	Col %	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Yes	Count	41	23	16	40	0	38	2	35	4	33	6	32	7
	Col %	43%	77%	27%	49%	0%	46%	40%	49%	40%	54%	24%	53%	27%
No	Count	32	4	26	23	1	26	1	20	4	15	12	13	15
	Col %	33%	13%	43%	28%	25%	31%	20%	28%	40%	25%	48%	22%	58%
Don't know	Count	23	3	18	18	3	19	2	17	2	13	7	15	4
	Col %	24%	10%	30%	22%	75%	23%	40%	24%	20%	21%	28%	25%	15%

Q6b If no, which of the changes in the preferred option do you support? Burghley Road Surgery closed and patients supported to register with another local practice

		Q4 Support "The need to avoid minor injuries and primary care cases attending the hospital"		Q4 Support "Making it easier for you to know where to go to get the service you need"		Q4 Support "Ensuring that services are affordable, stable and viable for the future"		Q5a Preferred option 1?	Q5a Preferred option 2?	Q5a Preferred option 3?
		Yes	No	Yes	No	Yes	No	Yes	Yes	Yes
TOTAL	Count	74	11	77	10	70	13	46	19	21
	Col %	100%	100%	100%	100%	100%	100%	100%	100%	100%
Yes	Count	39	2	41	0	37	3	12	15	14
	Col %	53%	18%	53%	0%	53%	23%	26%	79%	67%
No	Count	19	7	19	8	17	8	25	2	1
	Col %	26%	64%	25%	80%	24%	62%	54%	11%	5%
Don't know	Count	16	2	17	2	16	2	9	2	6
	Col %	22%	18%	22%	20%	23%	15%	20%	11%	29%

Base: All respondents who said no at Q6

NHS PETERBOROUGH
Vision for Primary and Urgent Care in Peterborough

Q6b If no, which of the changes in the preferred option do you support? City Care Centre - Walk-in Centre upgraded to become a Minor Illness and Injury Unit

	OVERALL	Q2 Support "Moving away from smaller practices to medium to larger practices"		Q2 Support "Ensuring we meet rising demand"		Q2 Support "Ensuring that all premises are high quality and can meet the needs of local people"		Q2 Support "Ensuring that services are affordable, stable and viable for the future"		Q3 Support NHS Peterborough's vision for urgent care?		Q4 Support "Ensuring we avoid duplication in the provision of urgent care services"		
		TOTAL	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
TOTAL	Count	102	31	64	85	4	88	5	76	11	63	27	62	29
	Col %	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Yes	Count	69	25	39	62	2	64	2	55	5	48	13	48	13
	Col %	68%	81%	61%	73%	50%	73%	40%	72%	45%	76%	48%	77%	45%
No	Count	24	5	18	17	2	16	3	14	5	11	12	9	14
	Col %	24%	16%	28%	20%	50%	18%	60%	18%	45%	17%	44%	15%	48%
Don't know	Count	9	1	7	6	0	8	0	7	1	4	2	5	2
	Col %	9%	3%	11%	7%	0%	9%	0%	9%	9%	6%	7%	8%	7%

Q6b If no, which of the changes in the preferred option do you support? City Care Centre - Walk-in Centre upgraded to become a Minor Illness and Injury Unit

		Q4 Support "The need to avoid minor injuries and primary care cases attending the hospital"		Q4 Support "Making it easier for you to know where to go to get the service you need"		Q4 Support "Ensuring that services are affordable, stable and viable for the future"		Q5a Preferred option 1?	Q5a Preferred option 2?	Q5a Preferred option 3?
		Yes	No	Yes	No	Yes	No	Yes	Yes	Yes
TOTAL	Count	79	11	82	10	74	14	49	22	20
	Col %	100%	100%	100%	100%	100%	100%	100%	100%	100%
Yes	Count	62	2	64	2	58	4	26	18	18
	Col %	78%	18%	78%	20%	78%	29%	53%	82%	90%
No	Count	11	9	12	8	11	9	17	2	1
	Col %	14%	82%	15%	80%	15%	64%	35%	9%	5%
Don't know	Count	6	0	6	0	5	1	6	2	1
	Col %	8%	0%	7%	0%	7%	7%	12%	9%	5%

Base: All respondents who said no at Q6

NHS PETERBOROUGH
Vision for Primary and Urgent Care in Peterborough

Q6b If no, which of the changes in the preferred option do you support? Equitable access Centre at Alma Road closed and registered patients asked to register with another practice

		OVERALL	Q2 Support "Moving away from smaller practices to medium to larger practices"		Q2 Support "Ensuring we meet rising demand"		Q2 Support "Ensuring that all premises are high quality and can meet the needs of local people"		Q2 Support "Ensuring that services are affordable, stable and viable for the future"		Q3 Support NHS Peterborough's vision for urgent care?		Q4 Support "Ensuring we avoid duplication in the provision of urgent care services"	
		TOTAL	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
TOTAL	Count	99	30	63	83	4	86	5	75	11	62	27	61	29
	Col %	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Yes	Count	18	8	8	18	0	17	1	16	2	14	2	18	0
	Col %	18%	27%	13%	22%	0%	20%	20%	21%	18%	23%	7%	30%	0%
No	Count	63	18	41	51	1	53	3	44	8	36	22	29	27
	Col %	64%	60%	65%	61%	25%	62%	60%	59%	73%	58%	81%	48%	93%
Don't know	Count	18	4	14	14	3	16	1	15	1	12	3	14	2
	Col %	18%	13%	22%	17%	75%	19%	20%	20%	9%	19%	11%	23%	7%

Q6b If no, which of the changes in the preferred option do you support? Equitable access Centre at Alma Road closed and registered patients asked to register with another practice

		Q4 Support "The need to avoid minor injuries and primary care cases attending the hospital"		Q4 Support "Making it easier for you to know where to go to get the service you need"		Q4 Support "Ensuring that services are affordable, stable and viable for the future"		Q5a Preferred option 1?	Q5a Preferred option 2?	Q5a Preferred option 3?
		Yes	No	Yes	No	Yes	No	Yes	Yes	Yes
TOTAL	Count	78	11	81	10	73	14	47	22	20
	Col %	100%	100%	100%	100%	100%	100%	100%	100%	100%
Yes	Count	14	3	18	0	16	1	3	2	13
	Col %	18%	27%	22%	0%	22%	7%	6%	9%	65%
No	Count	50	7	48	9	43	12	37	18	3
	Col %	64%	64%	59%	90%	59%	86%	79%	82%	15%
Don't know	Count	14	1	15	1	14	1	7	2	4
	Col %	18%	9%	19%	10%	19%	7%	15%	9%	20%

Base: All respondents who said no at Q6

NHS PETERBOROUGH

Vision for Primary and Urgent Care in Peterborough

Q6b Please explain why?

		OVERALL	Q2 Support "Moving away from smaller practices to medium to larger practices"		Q2 Support "Ensuring we meet rising demand"		Q2 Support "Ensuring that all premises are high quality and can meet the needs of local people"		Q2 Support "Ensuring that services are affordable, stable and viable for the future"		Q3 Support NHS Peterborough's vision for urgent care?	
		TOTAL	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
TOTAL	Count	113	34	71	92	7	96	7	84	13	71	29
	Col %	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Some of the changes are for saving money	Count	1	0	1	1	0	1	0	1	0	0	1
	Col %	1%	0%	1%	1%	0%	1%	0%	1%	0%	0%	3%
Things are fine as they are	Count	7	2	5	4	1	4	1	3	2	2	5
	Col %	6%	6%	7%	4%	14%	4%	14%	4%	15%	3%	17%
Waste of public money	Count	4	1	3	3	0	4	0	3	0	2	0
	Col %	4%	3%	4%	3%	0%	4%	0%	4%	0%	3%	0%
Walk in centres should remain open	Count	2	0	1	1	0	1	0	1	0	1	1
	Col %	2%	0%	1%	1%	0%	1%	0%	1%	0%	1%	3%
I think it's a bad idea	Count	1	0	1	1	0	1	0	1	0	1	0
	Col %	1%	0%	1%	1%	0%	1%	0%	1%	0%	1%	0%
New location may not be convenient to everyone	Count	3	3	0	3	0	3	0	3	0	3	0
	Col %	3%	9%	0%	3%	0%	3%	0%	4%	0%	4%	0%
Individual opinions are being ignored	Count	2	0	2	2	0	2	0	2	0	2	0
	Col %	2%	0%	3%	2%	0%	2%	0%	2%	0%	3%	0%
Our local area needs a new surgery	Count	1	0	1	1	0	1	0	1	0	0	1
	Col %	1%	0%	1%	1%	0%	1%	0%	1%	0%	0%	3%
I think it's a good idea	Count	1	0	1	1	0	0	1	1	0	0	1
	Col %	1%	0%	1%	1%	0%	0%	14%	1%	0%	0%	3%
Minor procedures should be carried out at GPs surgery	Count	1	0	1	1	0	1	0	1	0	1	0
	Col %	1%	0%	1%	1%	0%	1%	0%	1%	0%	1%	0%
Current location is inconvenient	Count	3	1	1	3	0	3	0	3	0	2	1
	Col %	3%	3%	1%	3%	0%	3%	0%	4%	0%	3%	3%
I have more confidence in hospitals than walk-in centres	Count	1	0	1	0	1	1	0	1	0	0	1
	Col %	1%	0%	1%	0%	14%	1%	0%	1%	0%	0%	3%
Some surgeries are full and are not taking in new patients	Count	2	0	2	1	0	2	0	1	0	1	0
	Col %	2%	0%	3%	1%	0%	2%	0%	1%	0%	1%	0%
There are too many options	Count	3	0	3	3	0	3	0	2	1	2	1
	Col %	3%	0%	4%	3%	0%	3%	0%	2%	8%	3%	3%
A rise in population means a rise in patients	Count	1	1	0	1	0	1	0	1	0	1	0
	Col %	1%	3%	0%	1%	0%	1%	0%	1%	0%	1%	0%
Don't agree with fewer / larger surgeries	Count	2	0	2	2	0	2	0	2	0	0	1
	Col %	2%	0%	3%	2%	0%	2%	0%	2%	0%	0%	3%
Increase out of hours services	Count	3	0	3	3	0	3	0	2	1	2	1
	Col %	3%	0%	4%	3%	0%	3%	0%	2%	8%	3%	3%
Other practices that are reasonably accessible exist in the area	Count	2	1	1	2	0	2	0	2	0	2	0
	Col %	2%	3%	1%	2%	0%	2%	0%	2%	0%	3%	0%
Current system is too confusing	Count	1	0	1	1	0	0	1	1	0	1	0
	Col %	1%	0%	1%	1%	0%	0%	14%	1%	0%	1%	0%

NHS PETERBOROUGH
Vision for Primary and Urgent Care in Peterborough

Q6b Please explain why?

		Q4 Support "Ensuring we avoid duplication in the provision of urgent care services"		Q4 Support "The need to avoid minor injuries and primary care cases attending the hospital"		Q4 Support "Making it easier for you to know where to go to get the service you need"		Q4 Support "Ensuring that services are affordable, stable and viable for the future"		Q5a Preferred option 1?	Q5a Preferred option 2?	Q5a Preferred option 3?
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	Yes	Yes
TOTAL	Count	69	32	86	13	89	13	81	17	56	23	21
	Col %	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Some of the changes are for saving money	Count	0	0	0	0	0	0	0	0	1	0	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	2%	0%	0%
Things are fine as they are	Count	1	6	2	3	3	2	2	3	6	1	0
	Col %	1%	19%	2%	23%	3%	15%	2%	18%	11%	4%	0%
Waste of public money	Count	3	0	3	0	3	0	3	0	3	1	0
	Col %	4%	0%	3%	0%	3%	0%	4%	0%	5%	4%	0%
Walk in centres should remain open	Count	2	0	2	0	2	0	2	0	0	0	1
	Col %	3%	0%	2%	0%	2%	0%	2%	0%	0%	0%	5%
I think it's a bad idea	Count	0	1	0	1	0	1	0	1	1	0	0
	Col %	0%	3%	0%	8%	0%	8%	0%	6%	2%	0%	0%
New location may not be convenient to everyone	Count	2	0	3	0	3	0	3	0	0	2	0
	Col %	3%	0%	3%	0%	3%	0%	4%	0%	0%	9%	0%
Individual opinions are being ignored	Count	0	2	2	0	2	0	2	0	1	1	0
	Col %	0%	6%	2%	0%	2%	0%	2%	0%	2%	4%	0%
Our local area needs a new surgery	Count	0	1	1	0	1	0	1	0	0	0	0
	Col %	0%	3%	1%	0%	1%	0%	1%	0%	0%	0%	0%
I think it's a good idea	Count	0	1	1	0	0	1	1	0	1	0	0
	Col %	0%	3%	1%	0%	0%	8%	1%	0%	2%	0%	0%
Minor procedures should be carried out at GPs surgery	Count	1	0	1	0	1	0	1	0	0	1	0
	Col %	1%	0%	1%	0%	1%	0%	1%	0%	0%	4%	0%
Current location is inconvenient	Count	2	1	3	0	3	0	3	0	1	1	1
	Col %	3%	3%	3%	0%	3%	0%	4%	0%	2%	4%	5%
I have more confidence in hospitals than walk-in centres	Count	1	0	1	0	0	1	0	0	1	0	0
	Col %	1%	0%	1%	0%	0%	8%	0%	0%	2%	0%	0%
Some surgeries are full and are not taking in new patients	Count	1	0	2	0	2	0	2	0	1	0	0
	Col %	1%	0%	2%	0%	2%	0%	2%	0%	2%	0%	0%
There are too many options	Count	2	1	3	0	3	0	2	1	2	0	0
	Col %	3%	3%	3%	0%	3%	0%	2%	6%	4%	0%	0%
A rise in population means a rise in patients	Count	1	0	1	0	1	0	1	0	0	0	0
	Col %	1%	0%	1%	0%	1%	0%	1%	0%	0%	0%	0%
Don't agree with fewer / larger surgeries	Count	1	1	1	0	0	1	2	0	1	0	0
	Col %	1%	3%	1%	0%	0%	8%	2%	0%	2%	0%	0%
Increase out of hours services	Count	2	1	3	0	3	0	3	0	3	0	0
	Col %	3%	3%	3%	0%	3%	0%	4%	0%	5%	0%	0%
Other practices that are reasonably accessible exist in the area	Count	2	0	2	0	2	0	2	0	0	1	1
	Col %	3%	0%	2%	0%	2%	0%	2%	0%	0%	4%	5%
Current system is too confusing	Count	1	0	1	0	1	0	1	0	0	0	0
	Col %	1%	0%	1%	0%	1%	0%	1%	0%	0%	0%	0%

NHS PETERBOROUGH

Vision for Primary and Urgent Care in Peterborough

Q6b Please explain why?

		OVERALL	Q2 Support "Moving away from smaller practices to medium to larger practices"		Q2 Support "Ensuring we meet rising demand"		Q2 Support "Ensuring that all premises are high quality and can meet the needs of local people"		Q2 Support "Ensuring that services are affordable, stable and viable for the future"		Q3 Support NHS Peterborough's vision for urgent care?	
		TOTAL	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
People need to be sure where to go for the correct treatment	Count	1	1	0	1	0	1	0	1	0	1	0
	Col %	1%	3%	0%	1%	0%	1%	0%	1%	0%	1%	0%
People feel more comfortable with their own GP	Count	1	0	1	1	0	1	0	0	1	1	0
	Col %	1%	0%	1%	1%	0%	1%	0%	0%	8%	1%	0%
I'm against the closure of local practices	Count	8	3	4	7	0	6	1	7	0	4	2
	Col %	7%	9%	6%	8%	0%	6%	14%	8%	0%	6%	7%
Would be more efficient	Count	1	0	1	1	0	1	0	0	1	0	1
	Col %	1%	0%	1%	1%	0%	1%	0%	0%	8%	0%	3%
New premises must be GP led	Count	1	0	1	1	0	1	0	0	1	0	1
	Col %	1%	0%	1%	1%	0%	1%	0%	0%	8%	0%	3%
You can always see a doctor in an emergency	Count	1	0	1	1	0	1	0	0	1	0	1
	Col %	1%	0%	1%	1%	0%	1%	0%	0%	8%	0%	3%
New buildings required, but not at the expense of services	Count	1	0	0	0	0	0	0	0	0	0	1
	Col %	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	3%
Out of hours transport should be available	Count	1	1	0	1	0	1	0	1	0	0	1
	Col %	1%	3%	0%	1%	0%	1%	0%	1%	0%	0%	3%
Don't know / no comment	Count	57	20	33	45	5	49	3	43	5	42	8
	Col %	50%	59%	46%	49%	71%	51%	43%	51%	38%	59%	28%

Q6b Please explain why?

		Q4 Support "Ensuring we avoid duplication in the provision of urgent care services"		Q4 Support "The need to avoid minor injuries and primary care cases attending the hospital"		Q4 Support "Making it easier for you to know where to go to get the service you need"		Q4 Support "Ensuring that services are affordable, stable and viable for the future"		Q5a Preferred option 1?	Q5a Preferred option 2?	Q5a Preferred option 3?
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	Yes	Yes
People need to be sure where to go for the correct treatment	Count	1	0	1	0	1	0	1	0	0	1	0
	Col %	1%	0%	1%	0%	1%	0%	1%	0%	0%	4%	0%
People feel more comfortable with their own GP	Count	0	1	1	0	1	0	0	1	1	0	0
	Col %	0%	3%	1%	0%	1%	0%	0%	6%	2%	0%	0%
I'm against the closure of local practices	Count	4	3	7	0	6	0	5	0	4	5	0
	Col %	6%	9%	8%	0%	7%	0%	6%	0%	7%	22%	0%
Would be more efficient	Count	0	1	1	0	1	0	0	1	1	0	0
	Col %	0%	3%	1%	0%	1%	0%	0%	6%	2%	0%	0%
New premises must be GP led	Count	0	1	1	0	1	0	0	1	1	0	0
	Col %	0%	3%	1%	0%	1%	0%	0%	6%	2%	0%	0%
You can always see a doctor in an emergency	Count	1	0	0	1	1	0	0	1	0	0	0
	Col %	1%	0%	0%	8%	1%	0%	0%	6%	0%	0%	0%
New buildings required, but not at the expense of services	Count	0	1	0	1	0	1	0	1	1	0	0
	Col %	0%	3%	0%	8%	0%	8%	0%	6%	2%	0%	0%
Out of hours transport should be available	Count	1	0	0	1	1	0	1	0	0	1	1
	Col %	1%	0%	0%	8%	1%	0%	1%	0%	0%	4%	5%
Don't know / no comment	Count	40	10	43	6	47	6	43	7	26	8	17
	Col %	58%	31%	50%	46%	53%	46%	53%	41%	46%	35%	81%

NHS PETERBOROUGH
Vision for Primary and Urgent Care in Peterborough

Base: All respondents who said no at Q6

NHS PETERBOROUGH

Vision for Primary and Urgent Care in Peterborough

Q7 Any other comments?

		OVERALL	Q2 Support "Moving away from smaller practices to medium to larger practices"		Q2 Support "Ensuring we meet rising demand"		Q2 Support "Ensuring that all premises are high quality and can meet the needs of local people"		Q2 Support "Ensuring that services are affordable, stable and viable for the future"		Q3 Support NHS Peterborough's vision for urgent care?	
		TOTAL	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
TOTAL	Count	384	247	99	344	11	355	7	341	14	321	32
	Col %	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Staffing levels may not be sufficient	Count	2	0	0	2	0	2	0	2	0	2	0
	Col %	1%	0%	0%	1%	0%	1%	0%	1%	0%	1%	0%
People should be able to access the GP of their choice at a time convenient to them	Count	5	3	2	5	0	5	0	5	0	5	0
	Col %	1%	1%	2%	1%	0%	1%	0%	1%	0%	2%	0%
The community needs a service that meets their needs	Count	5	3	1	5	0	5	0	4	1	4	1
	Col %	1%	1%	1%	1%	0%	1%	0%	1%	7%	1%	3%
Any changes should be thought through thoroughly before being implemented	Count	2	0	2	1	1	1	1	1	1	1	1
	Col %	1%	0%	2%	0%	9%	0%	14%	0%	7%	0%	3%
I'm opposed to the closure of local facilities	Count	15	4	9	10	1	9	2	9	2	6	5
	Col %	4%	2%	9%	3%	9%	3%	29%	3%	14%	2%	16%
The questionnaire is misleading / confusing	Count	9	5	2	8	0	8	0	8	0	7	1
	Col %	2%	2%	2%	2%	0%	2%	0%	2%	0%	2%	3%
Patients must be able to access care when they need it	Count	1	0	0	1	0	1	0	1	0	1	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Plans should be implemented as soon as possible	Count	4	4	0	4	0	4	0	3	1	4	0
	Col %	1%	2%	0%	1%	0%	1%	0%	1%	7%	1%	0%
There should be more information	Count	1	0	1	1	0	1	0	1	0	0	0
	Col %	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%
New premises must be in a convenient location for all	Count	5	2	2	5	0	5	0	5	0	5	0
	Col %	1%	1%	2%	1%	0%	1%	0%	1%	0%	2%	0%
The website could be more user friendly	Count	1	0	1	1	0	1	0	1	0	1	0
	Col %	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%
Increased use of Triage nurses at GP surgeries would be helpful	Count	1	1	0	1	0	1	0	1	0	1	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Things are fine as they are	Count	4	0	4	3	1	4	0	3	0	2	1
	Col %	1%	0%	4%	1%	9%	1%	0%	1%	0%	1%	3%
Less middle management, more accountability	Count	1	0	1	1	0	1	0	1	0	1	0
	Col %	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%
More adequate parking facilities	Count	3	3	0	3	0	3	0	3	0	3	0
	Col %	1%	1%	0%	1%	0%	1%	0%	1%	0%	1%	0%
Would require a better / reliable public transport system	Count	3	3	0	2	0	2	0	2	0	3	0
	Col %	1%	1%	0%	1%	0%	1%	0%	1%	0%	1%	0%
All services should have the same level of efficiency	Count	1	1	0	1	0	1	0	1	0	1	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Most existing sites are lacking in space and comfort	Count	2	2	0	2	0	2	0	2	0	2	0
	Col %	1%	1%	0%	1%	0%	1%	0%	1%	0%	1%	0%
Would improve doctor patient relationships	Count	1	1	0	1	0	1	0	1	0	1	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

NHS PETERBOROUGH

Vision for Primary and Urgent Care in Peterborough

Q7 Any other comments?

		Q4 Support "Ensuring we avoid duplication in the provision of urgent care services"		Q4 Support "The need to avoid minor injuries and primary care cases attending the hospital"		Q4 Support "Making it easier for you to know where to go to get the service you need"		Q4 Support "Ensuring that services are affordable, stable and viable for the future"		Q5a Preferred option 1?	Q5a Preferred option 2?	Q5a Preferred option 3?
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	Yes	Yes
TOTAL	Count	314	33	331	14	341	13	329	18	90	42	249
	Col %	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Staffing levels may not be sufficient	Count	2	0	2	0	2	0	2	0	0	0	2
	Col %	1%	0%	1%	0%	1%	0%	1%	0%	0%	0%	1%
People should be able to access the GP of their choice at a time convenient to them	Count	5	0	5	0	5	0	5	0	0	0	4
	Col %	2%	0%	2%	0%	1%	0%	2%	0%	0%	0%	2%
The community needs a service that meets their needs	Count	5	0	4	1	5	0	4	1	0	0	4
	Col %	2%	0%	1%	7%	1%	0%	1%	6%	0%	0%	2%
Any changes should be thought through thoroughly before being implemented	Count	0	2	1	1	1	1	1	1	0	1	0
	Col %	0%	6%	0%	7%	0%	8%	0%	6%	0%	2%	0%
I'm opposed to the closure of local facilities	Count	7	5	8	3	9	2	6	4	8	1	3
	Col %	2%	15%	2%	21%	3%	15%	2%	22%	9%	2%	1%
The questionnaire is misleading / confusing	Count	6	1	5	0	7	0	6	0	2	0	5
	Col %	2%	3%	2%	0%	2%	0%	2%	0%	2%	0%	2%
Patients must be able to access care when they need it	Count	1	0	1	0	1	0	1	0	0	0	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Plans should be implemented as soon as possible	Count	4	0	3	1	4	0	4	0	1	0	3
	Col %	1%	0%	1%	7%	1%	0%	1%	0%	1%	0%	1%
There should be more information	Count	1	0	1	0	1	0	1	0	0	0	1
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
New premises must be in a convenient location for all	Count	5	0	5	0	5	0	5	0	0	0	5
	Col %	2%	0%	2%	0%	1%	0%	2%	0%	0%	0%	2%
The website could be more user friendly	Count	1	0	1	0	1	0	1	0	0	0	1
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Increased use of Triage nurses at GP surgeries would be helpful	Count	1	0	1	0	1	0	1	0	0	1	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	2%	0%
Things are fine as they are	Count	3	0	3	0	2	1	3	0	3	0	0
	Col %	1%	0%	1%	0%	1%	8%	1%	0%	3%	0%	0%
Less middle management, more accountability	Count	1	0	1	0	1	0	1	0	1	1	1
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	1%	2%	0%
More adequate parking facilities	Count	3	0	3	0	3	0	3	0	1	0	2
	Col %	1%	0%	1%	0%	1%	0%	1%	0%	1%	0%	1%
Would require a better / reliable public transport system	Count	3	0	3	0	3	0	2	0	0	0	3
	Col %	1%	0%	1%	0%	1%	0%	1%	0%	0%	0%	1%
All services should have the same level of efficiency	Count	1	0	1	0	1	0	1	0	0	0	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Most existing sites are lacking in space and comfort	Count	2	0	2	0	2	0	2	0	0	0	2
	Col %	1%	0%	1%	0%	1%	0%	1%	0%	0%	0%	1%
Would improve doctor patient relationships	Count	1	0	1	0	1	0	1	0	0	0	1
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

NHS PETERBOROUGH

Vision for Primary and Urgent Care in Peterborough

Q7 Any other comments?

		OVERALL	Q2 Support "Moving away from smaller practices to medium to larger practices"		Q2 Support "Ensuring we meet rising demand"		Q2 Support "Ensuring that all premises are high quality and can meet the needs of local people"		Q2 Support "Ensuring that services are affordable, stable and viable for the future"		Q3 Support NHS Peterborough's vision for urgent care?	
		TOTAL	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Larger practises are a good idea	Count	4	4	0	4	0	4	0	4	0	4	0
	Col %	1%	2%	0%	1%	0%	1%	0%	1%	0%	1%	0%
Would prefer to use local surgery	Count	2	1	1	2	0	2	0	2	0	2	0
	Col %	1%	0%	1%	1%	0%	1%	0%	1%	0%	1%	0%
People feel more comfortable with their own GPs	Count	3	3	0	3	0	3	0	3	0	3	0
	Col %	1%	1%	0%	1%	0%	1%	0%	1%	0%	1%	0%
The consultation document should be made more readily available to the public	Count	2	2	0	2	0	2	0	2	0	2	0
	Col %	1%	1%	0%	1%	0%	1%	0%	1%	0%	1%	0%
Elderly patients should be given better treatment	Count	2	1	1	1	1	2	0	2	0	2	0
	Col %	1%	0%	1%	0%	9%	1%	0%	1%	0%	1%	0%
More information in different formats for the visually impaired	Count	1	1	0	1	0	1	0	1	0	1	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
All health issues could be addressed under one roof	Count	3	3	0	3	0	3	0	3	0	3	0
	Col %	1%	1%	0%	1%	0%	1%	0%	1%	0%	1%	0%
Hopefully all of the promises made will be kept	Count	1	1	0	1	0	1	0	1	0	1	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Urgent cases should be seen straight away	Count	1	1	0	1	0	1	0	1	0	1	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Patients need to be confident in the treatment they receive	Count	1	1	0	1	0	1	0	1	0	1	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Walk-in centres are a waste of money	Count	3	2	1	2	1	3	0	3	0	2	1
	Col %	1%	1%	1%	1%	9%	1%	0%	1%	0%	1%	3%
Patients will suffer if GPs are taken away	Count	1	0	1	1	0	1	0	1	0	1	0
	Col %	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%
Patients opinions should be considered	Count	3	0	3	2	0	3	0	2	1	0	1
	Col %	1%	0%	3%	1%	0%	1%	0%	1%	7%	0%	3%
The council wastes a lot of public money	Count	1	0	1	1	0	1	0	1	0	1	0
	Col %	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%
Should mean appointments are more readily available	Count	1	1	0	1	0	1	0	1	0	0	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Most people will want option 3	Count	1	1	0	1	0	1	0	1	0	1	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Too many benefit claimants having dental surgery	Count	1	1	0	1	0	1	0	1	0	1	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
People need to be educated about home treatment	Count	1	1	0	1	0	1	0	1	0	1	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
People may not know whether their illness / injury comes under the "serious" category	Count	1	1	0	1	0	1	0	1	0	1	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Has to be cost effective / affordable	Count	3	1	2	3	0	3	0	2	0	2	0
	Col %	1%	0%	2%	1%	0%	1%	0%	1%	0%	1%	0%

NHS PETERBOROUGH

Vision for Primary and Urgent Care in Peterborough

Q7 Any other comments?

		Q4 Support "Ensuring we avoid duplication in the provision of urgent care services"		Q4 Support "The need to avoid minor injuries and primary care cases attending the hospital"		Q4 Support "Making it easier for you to know where to go to get the service you need"		Q4 Support "Ensuring that services are affordable, stable and viable for the future"		Q5a Preferred option 1?	Q5a Preferred option 2?	Q5a Preferred option 3?
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	Yes	Yes
Larger practises are a good idea	Count	4	0	4	0	4	0	4	0	0	0	3
	Col %	1%	0%	1%	0%	1%	0%	1%	0%	0%	0%	1%
Would prefer to use local surgery	Count	1	0	2	0	2	0	2	0	1	0	1
	Col %	0%	0%	1%	0%	1%	0%	1%	0%	1%	0%	0%
People feel more comfortable with their own GPs	Count	3	0	3	0	3	0	3	0	1	1	3
	Col %	1%	0%	1%	0%	1%	0%	1%	0%	1%	2%	1%
The consultation document should be made more readily available to the public	Count	2	0	2	0	2	0	2	0	0	0	2
	Col %	1%	0%	1%	0%	1%	0%	1%	0%	0%	0%	1%
Elderly patients should be given better treatment	Count	2	0	2	0	2	0	2	0	0	0	1
	Col %	1%	0%	1%	0%	1%	0%	1%	0%	0%	0%	0%
More information in different formats for the visually impaired	Count	1	0	0	0	1	0	1	0	0	0	1
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
All health issues could be addressed under one roof	Count	2	0	3	0	3	0	3	0	1	1	3
	Col %	1%	0%	1%	0%	1%	0%	1%	0%	1%	2%	1%
Hopefully all of the promises made will be kept	Count	1	0	1	0	1	0	1	0	0	0	1
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Urgent cases should be seen straight away	Count	1	0	1	0	1	0	1	0	0	0	1
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Patients need to be confident in the treatment they receive	Count	1	0	1	0	1	0	1	0	1	0	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	1%	0%	0%
Walk-in centres are a waste of money	Count	2	0	3	0	2	1	2	0	1	1	1
	Col %	1%	0%	1%	0%	1%	8%	1%	0%	1%	2%	0%
Patients will suffer if GPs are taken away	Count	1	0	1	0	1	0	1	0	0	0	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Patients opinions should be considered	Count	1	2	2	0	2	0	2	1	3	0	0
	Col %	0%	6%	1%	0%	1%	0%	1%	6%	3%	0%	0%
The council wastes a lot of public money	Count	1	0	1	0	1	0	1	0	1	0	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	1%	0%	0%
Should mean appointments are more readily available	Count	1	0	1	0	1	0	1	0	0	0	1
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Most people will want option 3	Count	1	0	0	0	1	0	1	0	0	0	1
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Too many benefit claimants having dental surgery	Count	1	0	1	0	1	0	1	0	0	0	1
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
People need to be educated about home treatment	Count	1	0	1	0	1	0	1	0	0	0	1
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
People may not know whether their illness / injury comes under the "serious" category	Count	1	0	1	0	1	0	1	0	0	0	1
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Has to be cost effective / affordable	Count	2	0	2	0	2	0	2	0	1	0	2
	Col %	1%	0%	1%	0%	1%	0%	1%	0%	1%	0%	1%

NHS PETERBOROUGH

Vision for Primary and Urgent Care in Peterborough

Q7 Any other comments?

		OVERALL	Q2 Support "Moving away from smaller practices to medium to larger practices"		Q2 Support "Ensuring we meet rising demand"		Q2 Support "Ensuring that all premises are high quality and can meet the needs of local people"		Q2 Support "Ensuring that services are affordable, stable and viable for the future"		Q3 Support NHS Peterborough's vision for urgent care?	
		TOTAL	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
GPs and patients need to be better educated regarding specialist NHS services	Count	2	2	0	2	0	2	0	2	0	1	1
	Col %	1%	1%	0%	1%	0%	1%	0%	1%	0%	0%	3%
Need better out of hours service	Count	5	2	3	5	0	5	0	3	2	2	2
	Col %	1%	1%	3%	1%	0%	1%	0%	1%	14%	1%	6%
The consultation document was easy to understand	Count	1	1	0	1	0	1	0	1	0	1	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Not sure if these proposals would affect my area	Count	1	0	1	0	0	1	0	1	0	1	0
	Col %	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%
GPs need to take on more appointments	Count	1	1	0	1	0	1	0	1	0	1	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Patients needs should be discussed on the phone, then dealt with when they attend and less time would be wasted	Count	2	1	1	2	0	2	0	2	0	2	0
	Col %	1%	0%	1%	1%	0%	1%	0%	1%	0%	1%	0%
GP surgeries need to improve before changes can be made	Count	1	1	0	1	0	1	0	1	0	1	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
GPs should take on more responsibilities	Count	1	1	0	1	0	1	0	1	0	1	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Minor ailments should be treated by GPs	Count	1	1	0	1	0	1	0	1	0	1	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
People need to be sure where to get the correct treatment	Count	1	1	0	1	0	1	0	1	0	1	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
More visible directions to the walk-in centre are needed	Count	1	1	0	1	0	1	0	1	0	1	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Current facilities are outdated	Count	1	1	0	1	0	1	0	1	0	1	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Larger practices could become more impersonal	Count	1	1	0	1	0	1	0	1	0	1	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
The consultation document is confusing	Count	2	1	1	2	0	2	0	2	0	1	1
	Col %	1%	0%	1%	1%	0%	1%	0%	1%	0%	0%	3%
'Hub' walk-in centres linked to local surgeries could be an efficient alternative to an ambulance trip	Count	2	1	1	2	0	2	0	2	0	1	1
	Col %	1%	0%	1%	1%	0%	1%	0%	1%	0%	0%	3%
What effect will this have on local pharmacies	Count	1	1	0	1	0	1	0	1	0	1	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
There should always be adequate staffing at weekends and on bank holidays	Count	1	1	0	1	0	1	0	1	0	1	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Money could be raised with the sale of existing sites	Count	1	1	0	1	0	1	0	1	0	0	1
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	3%
I'm opposed to surgeries being merged	Count	1	0	1	1	0	1	0	1	0	1	0
	Col %	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%
Urgent care and out of hours services should be able to access patients medical records	Count	1	0	0	1	0	1	0	1	0	1	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

NHS PETERBOROUGH

Vision for Primary and Urgent Care in Peterborough

Q7 Any other comments?

		Q4 Support "Ensuring we avoid duplication in the provision of urgent care services"		Q4 Support "The need to avoid minor injuries and primary care cases attending the hospital"		Q4 Support "Making it easier for you to know where to go to get the service you need"		Q4 Support "Ensuring that services are affordable, stable and viable for the future"		Q5a Preferred option 1?	Q5a Preferred option 2?	Q5a Preferred option 3?
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	Yes	Yes
GPs and patients need to be better educated regarding specialist NHS services	Count	1	1	2	0	2	0	2	0	0	1	1
	Col %	0%	3%	1%	0%	1%	0%	1%	0%	0%	2%	0%
Need better out of hours service	Count	3	2	5	0	5	0	4	1	2	0	3
	Col %	1%	6%	2%	0%	1%	0%	1%	6%	2%	0%	1%
The consultation document was easy to understand	Count	1	0	1	0	1	0	1	0	1	0	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	1%	0%	0%
Not sure if these proposals would affect my area	Count	1	0	1	0	1	0	1	0	0	0	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
GPs need to take on more appointments	Count	1	0	1	0	1	0	1	0	0	0	1
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Patients needs should be discussed on the phone, then dealt with when they attend and less time would be wasted	Count	2	0	2	0	2	0	2	0	0	0	1
	Col %	1%	0%	1%	0%	1%	0%	1%	0%	0%	0%	0%
GP surgeries need to improve before changes can be made	Count	1	0	1	0	1	0	1	0	0	0	1
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
GPs should take on more responsibilities	Count	1	0	1	0	1	0	1	0	0	0	1
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Minor ailments should be treated by GPs	Count	1	0	1	0	1	0	1	0	0	0	1
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
People need to be sure where to get the correct treatment	Count	1	0	1	0	1	0	1	0	0	1	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	2%	0%
More visible directions to the walk-in centre are needed	Count	1	0	1	0	1	0	1	0	0	0	1
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Current facilities are outdated	Count	1	0	1	0	1	0	1	0	0	0	1
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Larger practices could become more impersonal	Count	1	0	1	0	1	0	1	0	0	0	1
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
The consultation document is confusing	Count	1	1	2	0	2	0	2	0	0	1	1
	Col %	0%	3%	1%	0%	1%	0%	1%	0%	0%	2%	0%
'Hub' walk-in centres linked to local surgeries could be an efficient alternative to an ambulance trip	Count	2	0	2	0	2	0	2	0	0	0	2
	Col %	1%	0%	1%	0%	1%	0%	1%	0%	0%	0%	1%
What effect will this have on local pharmacies	Count	1	0	1	0	1	0	1	0	0	0	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
There should always be adequate staffing at weekends and on bank holidays	Count	1	0	1	0	1	0	0	0	0	0	1
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Money could be raised with the sale of existing sites	Count	0	1	1	0	1	0	1	0	0	1	0
	Col %	0%	3%	0%	0%	0%	0%	0%	0%	0%	2%	0%
I'm opposed to surgeries being merged	Count	1	0	1	0	1	0	1	0	0	1	0
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	2%	0%
Urgent care and out of hours services should be able to access patients medical records	Count	1	0	0	0	1	0	1	0	0	0	1
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

NHS PETERBOROUGH
Vision for Primary and Urgent Care in Peterborough

Q7 Any other comments?

		OVERALL	Q2 Support "Moving away from smaller practices to medium to larger practices"		Q2 Support "Ensuring we meet rising demand"		Q2 Support "Ensuring that all premises are high quality and can meet the needs of local people"		Q2 Support "Ensuring that services are affordable, stable and viable for the future"		Q3 Support NHS Peterborough's vision for urgent care?	
		TOTAL	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
People need to have routine check-ups to reduce the risk of future illnesses	Count	1	0	0	0	0	0	0	0	0	0	1
	Col %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	3%
This is a cost cutting exercise	Count	1	0	1	0	1	1	0	0	1	1	0
	Col %	0%	0%	1%	0%	9%	0%	0%	0%	7%	0%	0%
Don't know / no comment	Count	252	170	55	227	5	233	4	227	5	219	14
	Col %	66%	69%	56%	66%	45%	66%	57%	67%	36%	68%	44%

Q7 Any other comments?

		Q4 Support "Ensuring we avoid duplication in the provision of urgent care services"		Q4 Support "The need to avoid minor injuries and primary care cases attending the hospital"		Q4 Support "Making it easier for you to know where to go to get the service you need"		Q4 Support "Ensuring that services are affordable, stable and viable for the future"		Q5a Preferred option 1?	Q5a Preferred option 2?	Q5a Preferred option 3?
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	Yes	Yes
People need to have routine check-ups to reduce the risk of future illnesses	Count	0	1	1	0	0	0	0	0	1	1	0
	Col %	0%	3%	0%	0%	0%	0%	0%	0%	1%	2%	0%
This is a cost cutting exercise	Count	0	1	1	0	1	0	1	0	0	0	0
	Col %	0%	3%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Don't know / no comment	Count	209	16	219	8	224	8	219	10	60	29	171
	Col %	67%	48%	66%	57%	66%	62%	67%	56%	67%	69%	69%

Base: All respondents

Attachment 2 – Urgent Care Analysis and Conclusions

1. INTRODUCTION

In the consultation document the PCTs preferred option for urgent care services was to reduce the number of WIC facilities and to develop the CCC WIC into a Minor injuries unit: The main rationale for this was:

- To reduce overlapping services
- Maintain city centre provision of urgent care services
- Develop integrated minor injury and GP OOHs services

NHSP has carefully reviewed and considered all feedback and comments received during the consultation period from patients, the public and stakeholders. We have also considered the additional information received since the consultation process began with regard to the optimal arrangement for commissioning urgent care services. This includes:

- Further research on other urgent care models across the UK and their outcomes evidenced
- National requirements that have become clearer since the consultation started (national roll out of 111 service)
- Further analysis of urgent care activity data

As a result of this a revised proposal is being recommended due to the key themes outlined below.

2. KEY THEMES

2.1 Overview

The main feedback which have contributed to the conclusions in section 4.2 are:

- There is a widely held view that there needs to be better alignment and less overlap of urgent care services so that it is clear for patients where they need to go in an 'urgent' situation without having to utilise 'emergency' services
- The public want to have the option of accessing a medical care practitioner as well as other clinical staff
- Clinicians have confirmed that urgent care pathways can be streamlined and enhanced to ensure that patients are seen by the most appropriate professional in a timely manner.
- Integration of a 111 service into any new urgent care pathway
- Question of co-location with the hospital
- The recognition of the need for 'value for money' urgent care services

2.2 Implementing a 3 digit telephone 111 service

- The three digit number will be a national requirement from April 2013 and is a significant opportunity to improve patient experience and the efficiency of the urgent care system.
- 111 is a service which aims to ease access to services. It is free to use and encompasses telephone clinical assessment and triage with health advice and referral to other appropriate healthcare providers within a single contact.

- Implementing a 111 single point of access to all urgent care services will reduce the confusion felt by patients in accessing the right urgent care service at the right time, a point that was discussed as part of the consultation.
- This is a major service design change and it is essential it is integrated into existing urgent care services not just “bolted” on.
- Results from the national pilots are encouraging. Usage of the service increased month on month (Aug-10 – Nov10). Of the calls triaged (70% of total calls received) 62-64% were redirected to primary care, 11-13% were provided with self care advice. A further report which is expected to demonstrate a more definitive impact on ambulance services and ED attendances is due in Autumn 2011.

2.3 Combining doctors and nurses providing urgent care services is preferable because -

- The feedback from the consultation suggested that the availability of medical staff would provide maximum patient confidence and also responds to feedback about the frustration of attending services when courses of treatment or particular procedures can not be completed.
- Experience of other urgent care providers suggests that the combination of medical and nursing staff supported by access to radiology services is able to manage a wider range of conditions (increasing the alternatives to A&E) that can be treated outside of A&E. This would also address the rise in minor presentations currently reported by the Acute Trust. It maximises the extent to which patients can be redirected successfully to self care or their own practice.
- It is essential that the medical and nursing staff involved with minor injuries are specifically trained and experienced to treat large volumes of minor injury cases
- It will require additional investment to have medical input during core hours over and above the extra investment already made in the Out of Hours service for the midnight to 0600 shift.

2.4 Agreeing joint protocols with other providers

- The national clinical advisory team emphasised the importance of jointly developed and operated protocols for managing urgent care presentations between providers in the City. This view is strongly supported by local clinicians. E.g. mental health pathways, intermediate care services, emergency protocols e.g. heart attack, stroke etc
- The 111 service would provide a ‘front end’ to the urgent care service by triaging all calls and either signposting the patient to other appropriate services (such as the patient’s own GP), providing self care advice or to make appointments for them within the urgent care centre or with the GP Out of Hours service. This feature of the service will support the management of demand and provide the public with easy access to gain advice about the most appropriate service for their particular health complaint.
- There needs to be agreed pathways for flows into and out of the Urgent Care Services across Peterborough. The 111 service (supported by the OOH GP and minor injury service) will become the hub by which all urgent care services are accessed. Patients will either be given self advice by telephone, seen within the Urgent Care Centre and treated, or referred onto other services namely: hospital

emergency department, Intermediate Care Services, Mental Health services and GP Practices

2.5 Integration of urgent care functions in one provider (i.e. call handling and triage services; GP out of hours; Minor Injury Unit services) offers a significant opportunity for improved efficiency to deliver a better patient experience, clinical staff development and value for money through patient safety, reduced hand-offs and multi-disciplinary working.

- The proposed Urgent Care Centre (UCC) will comprise of three major elements –
 - 1) Front end call handling and triage service provided by the 111 service
 - 2) Minor Injury Unit open from 08:00 – 20:00 7 days a week
 - 3) GP Out of Hour Service from 18:30 – 08:00 Monday to Friday and 18.30 every Friday evening through to Monday 08.00
- This responds also to consultation feedback from patients expressing their desire to see a 24 hr medically led facility at the City Care Centre.
- It is essential that the provider has **contractual terms** which align the provider's service quality and financial objectives with those of the NHS Peterborough i.e. key performance indicators for the disposition of contacts: % of patients managed within the UCC, % of referrals to A&E services, % of patients referred to Intermediate Care Services and redirection to General Practice or redirection with self care advice.

2.6 Best location of urgent care services in Peterborough, on balance, is the City Care Centre and not the hospital site, though joint work with the hospital is critical. The City Care Centre was originally developed with plans to develop this into a minor injury unit, and all diagnostics are in place, as well as large treatment rooms for suturing and plastering. One concern raised by patients during the consultation is how easily services will be accessed by those reliant on public transport. The City Care Centre is well served by public buses, and this again supports the choice of location.

2.7 Effectiveness of Equitable Access Centres

- Services are popular – the Pulse magazine published an article in June 2011 which discussed that Darzi centres consistently outperformed the average GP practice on the ratings website NHS Choices, with comments praising ease of access and appointment availability
- Over 1/3 of PCTs are reviewing the future of their equitable access centres
- Stockport PCT closed its equitable access centre on the 30th September 2010 after 1 year and initially felt a slight increase in OOH activity as a result of the closure of the Centre. However year on year OOH activity did not increase, and there was no marked increase in A&E attendances or primary care activity.
- Local A&E data - There is no evidence locally that the Alma Road walk-in service has reduced A&E attendances. The majority of cases attending are minor illness. The Alma Road walk-in service is primarily used by patients in the Central ward Park wards. Patterns of attendances at A&E in these wards is no different to the pattern of attendance across Peterborough i.e. broadly static. Activity data over the last 4 years does not provide any evidence that access to a GP-walk in service has reduced A&E attendances in these wards.

3 FINANCE

3.1 Additional Costs

If NHS Peterborough is to commission a comprehensive urgent care centre, then additional investment will be required for the following –

1. Provision of medical cover during core hours (08:00 to 20:00) in the Urgent Care Centre is an additional cost.
2. The 111 service will be underpinned by NHS Pathways, for which there is no cost. However, costs will be incurred in developing the directory of services, it will require project management. Staff will need to be trained in the use of NHS Pathways. The procurement process will make it clear to the provider that they will need to develop the 111 service, and the directory of services, but the cost of this will need be factored into the final costs for the urgent care centre. (All PCTs will need to have a 111 service in place by April 2013 so the costs would be incurred anyway.
3. Type 3 Minor Injury units are subject to PbR tariff. Minor Injury units are defined as 'department that treats at least minor injuries and illnesses (sprains for example) and can be routinely accessed without appointment'. It has yet to be definitively confirmed whether an urgent care centre offering bookable and urgent appointments will also be liable to PbR tariffs.

3.2 Expected savings

Savings are predicated on the following -

- o Higher tariff A&E activity (such as that requiring investigations and/or procedures) would be diverted to the Urgent Care Centre where they will be seen for a lower cost.
- o Efficiencies can be negotiated by having a single provider delivering telephone triage, Out of Hours services, and minor injury services.
- o 111 will be redirecting patients away from A&E, and therefore the anticipated 15% shift from ED to UCC will be achieved.

Financial impact when fully implemented

Service	Activity attendances	Cost per attend	£	Change	
				Activity	Cost
Total A&E	31578		2,845,661	-5455	-£504,399
111	13906		156,700		£156,700
MIU + Medical	43104	29.96	1,513,092	0*	-£343,092
Out of Hours	26816		1,687,445	-	£187,494
Total savings	115404		6,262,898		-£503,297

The table below outlines the predicted savings for the above option over the next 4 years. For year two the expected shift of activity from ED to UCC has been reduced by 50% to allow the service to establish a 'call first' campaign to impact.

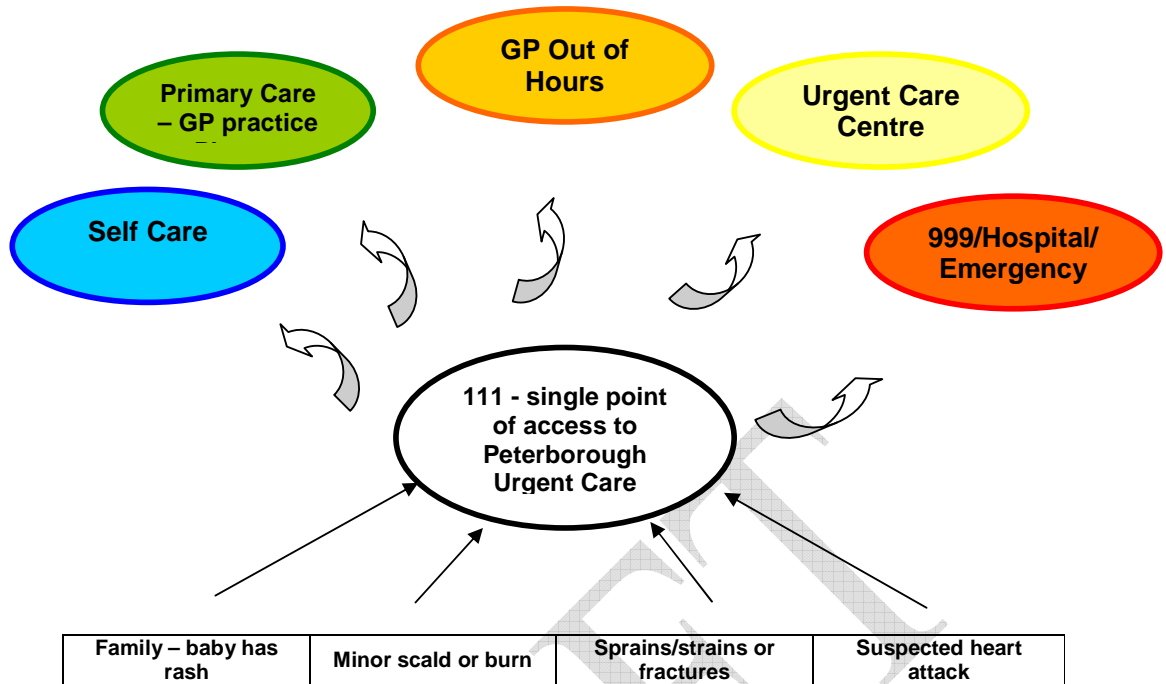
£000	2011/12	2012/13	2013/14	2014/15
Revised Option	233	-191	-473	-503
Original preferred option	233	-281	-684	-835

3.3 Potential risks

The following risks have been identified and risk scored.

Risk	Score (Using NZ risk rating tool of Likelihood Vs Consequence)	Planned mitigation
Activity shift assumptions not realised	3 x 4 = 12	<ul style="list-style-type: none"> A well planned communication/social marketing campaign will be planned to reinforce the use of 111 first. This is planned to take place over Years 1 & 2. Contractual levers to be in place for provider to support the shift. The modelling for the Urgent Care Centre has been realistic, and carefully considered. Clinical input into the modelling has been received from GP Commissioners and used as the basis for determining the levels of activity which could be redirected to the Urgent Care Centre.
Assumptions re costs are not realistic	2 x 4 = 8	<ul style="list-style-type: none"> The suggested financials for each element of the urgent care service have been tested against current providers. Assumptions underpinning the financials have been prudent.
Providers do not come forward as part of the procurement to provide the service	3 x 4 = 12	<ul style="list-style-type: none"> Market testing has already started and initial interest expressed by a number of providers. Robust management of procurement process in train
PbR tariff will need to be applied to Urgent Care Centre as this will be classed as a L3 A&E centre.	3 x 4 = 12	<ul style="list-style-type: none"> Precedent already set that there are models that do not use the national PbR guidance. Test the market

The Urgent Care Centre pathway is shown below –



DRAFT

Attachment 3 - Primary Care Analysis and Conclusions

1. Introduction

1.1 During the consultation period NHS Peterborough (NHSP) has asked practices :

- to submit proposals for major premises developments
- to submit proposals for urgent minor premises developments
- to submit recovery plans where their satisfaction rates are low for appointment access
- To clarify their capacity for additional patient registrations (in areas affected by potential practice closure)
- availability

1.2 This document summarises the information received from practices, considers this alongside comments received during the consultation period and discusses options available to NHSP with regard to commissioning General and Personal Medical Care.

1.3 In considering premises proposals it should be noted the costs are annual revenue costs for rent and rates based on current premises sizes and costs. The capital costs would be met by the practices or a third party. The final annual costs of the scheme would be identified through the full business case process.

2. 63 Lincoln Road and North Street

2.1 NHSP has received an outline business case from the practice. The proposal describes that the additional facilities and merging of the practices will enable the practice to offer the following:

- Additional hours: 8am to 8pm weekdays and Saturday mornings
- Additional services, e.g. well man and woman clinics, heart classes
- Diagnostic services currently at hospital, e.g. ultrasound
- Potential additional clinical services – minor surgery, audiometry
- Community support and mental health services – alcohol, counselling

2.2 It also ensures that there is a suitable environment for staff to work in meeting the necessary standards and supporting future recruitment. Six potential sites are identified in close proximity to the surgeries.

2.3 The space requested by the practice is 2500 square metres and is larger than the space budgeted for by the PCT 1800 square metres. The difference is primarily driven by potential additional services funded by clinical commissioning groups and accommodation for associated community services. Further work at full business case stage is required to assess the optimum and affordable size of the premises.

Finance

2.4 The net cost of the scheme is summarised below. This represents the cost of new premises less the current cost of premises. Key variables in the final cost are the size of the premises and cost per square metre delivered by the scheme.

Attachment 3 – Primary Care Analysis and Conclusions

	2011/12	2012/13	2013/14	2014/15
Change		0	0	340,000

N.B. if the scheme were funded at the size requested by the practices the net cost would be an extra £146,000.

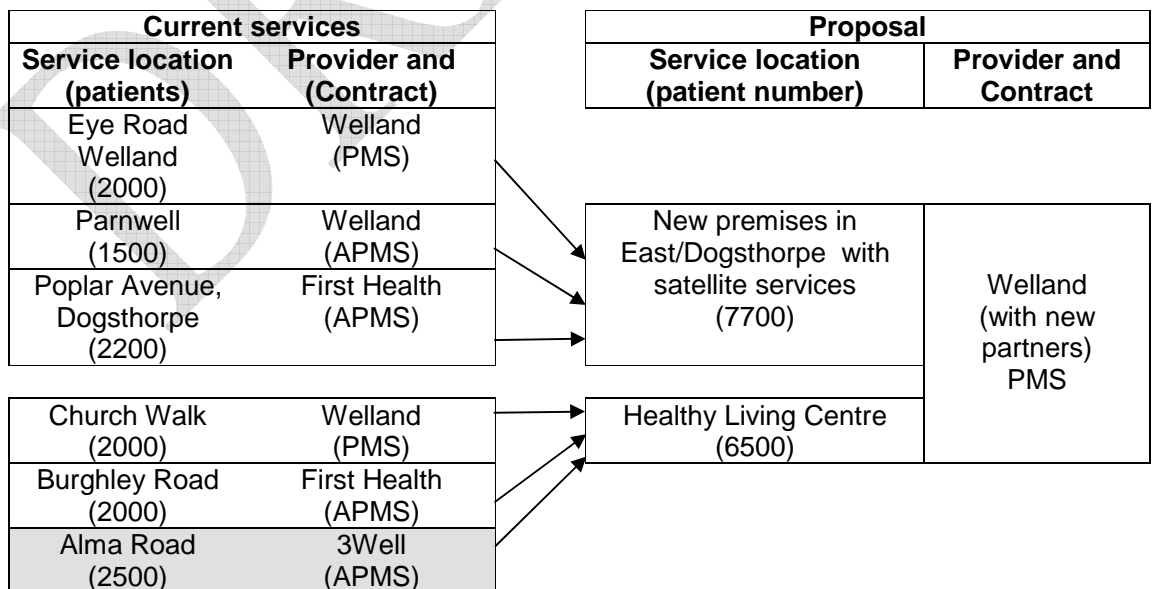
NHSP Conclusion

2.5 NHSP must support 63 Lincoln Road in their proposal to move to new premises where current premises do not meet essential standards. The lack of space at North Street is significantly affecting the services the practice can provide. The two practices have presented a good business case as to how new premises would enable them to significantly improve services for 26,000 patients, including a wider range of services and extended opening hours. NHSP should support the scheme subject to a full business case and identification of sufficient savings in other elements of the primary care budget.

3 Welland, First Health and 3Well (providers at Welland, Dogsthorpe, Parnwell, Church Walk, Burghley Road and Alma Road)

3.1 NHSP has received a detailed proposal from First Health and Welland to merge as practices and work from one or two new sites. The proposal includes a business case for new premises in East ward bringing together services from Parnwell, Dogsthorpe and Welland into one building and one team. There is also a proposal to continue Burghley Road and Church Walk services (branch of Welland) at the Healthy Living Centre.

3.2 At the end of the consultation period, 3Well (provider of services at Alma Road) has agreed with the two practices to join this proposed service merger. In total, this means a proposed move from 4 contracts at 6 locations to one organisation at 2 locations with 1 contract (illustrated below).



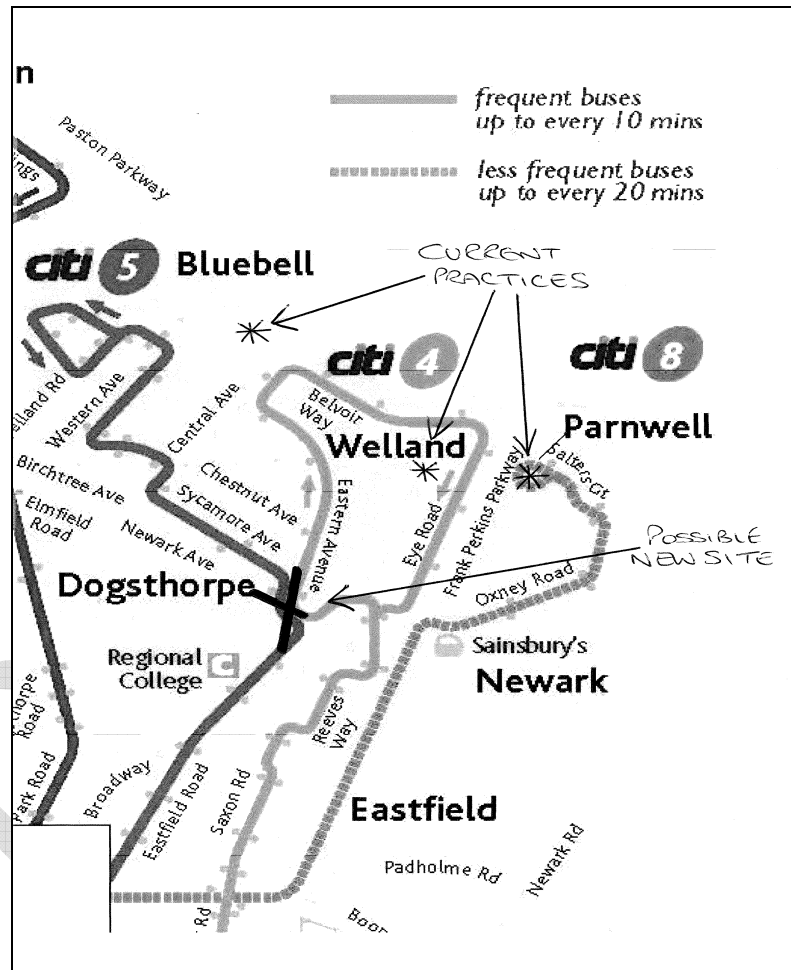
The proposed joining with 3Well is a new proposal and has not been developed in detail. The description that follows in paragraphs 3.3 to 3.8 applies to the proposal put forward by First Health and Welland.

Attachment 3 – Primary Care Analysis and Conclusions

Proposed service in East and Dogsthorpe wards

3.3 Location of services

- Move to new premises at a location as close as possible to the Eastern Avenue / Newark Avenue junction (see map below). This location has the advantage of being a short walk for many parts of Dogsthorpe and East ward (significantly increasing access for this neighbourhood). It is served by regular bus service for Dogsthorpe and Welland. The Parnwell bus route does not stop near this site but could do so if there were a change in the bus's route from Parnwell to the City. Stagecoach have indicated they are willing to consider this.



- The practice proposes running satellite services in the Dogsthorpe, Welland and Parnwell areas, (e.g. flu clinics, antenatal clinics, baby clinics). The specific services would be defined with a patient involvement group already established, with representatives from the three neighbourhoods. This would reflect the outcome of discussion with Stagecoach on bus route changes. The practice would present the details of these arrangements as part of their full business case.
- New premises could be available Summer 2013. The practice would continue services at Parnwell and Dogsthorpe until the new premises are available. It is possible to release further savings by moving services at Eye Road surgery to these two sites prior to the new premises being available. This would require further local

Attachment 3 – Primary Care Analysis and Conclusions

involvement, but would release savings of £45,000 in advance of the new building being ready.

3.4 *Services*

The practices have described the services they would aim to provide and these are summarised in appendix 2. The practices have proposed operating extended hours, i.e. 8 til 8 weekdays and Saturday mornings. The new premises would address the problem of poor premises quality at Welland and Parnwell and the space limitations of these buildings and at Dogsthorpe.

New Proposal for Services in Central/Park ward

3.5 *Location*

The original proposal described in the consultation process was to end services at Burghley Road and Church Walk sites with patients having the option to follow their clinicians to the East/Dogsthorpe site or register with another practice in central ward.

The practices have presented a new option which has the support of patients registered at Church Walk, Burghley Road and local councillors. The proposal is to operate as a two site practice, providing services from the Healthy Living Centre as well as the East / Dogsthorpe site.

3.6 The Healthy Living Centre is currently used for the delivery of services for patients with long term conditions including diabetes services for patients across the city. The premises are modern but under utilised. The site has the advantage of being accessible for the relatively deprived patients in Central ward, however, is less accessible for other patients across the city. There are potential alternatives for relocation, including the City Care Centre which would need to be planned carefully

3.7 Contracts

The proposed contractual changes are:

- Current contracts continue until March 2013. During this period, the contractors would work closely together providing services.
- NHSP would continue to commission caretaking services for Parnwell until the new premises are available.
- In March 2013, the First Health Dogsthorpe contract would end. Members of First Health would join the Welland team as part of a limited company to run the current PMS contract.
- When the new premises were open, the Parnwell contract would end.
- When the Parnwell and Dogsthorpe contracts end, patients would be invited to register with another practice, in the expectation that the majority will register with the newly integrated surgery team.

Finance

3.7 The revised option presents the same savings over four years, but a different annual profile. This is because the revised option avoids exit costs and First health are proposing ending the Dogsthorpe contract 12 months earlier

Attachment 3 – Primary Care Analysis and Conclusions

releasing savings. The premises savings, new costs and contractual savings are shown below.

	2011/12	2012/13	2013/14	2014/15	
Original option	38	-149	-224	-363	-697
Revised option		-66	-319	-319	-704

3.8 New Proposal to Join with 3Well

At the start of September a new proposal has been received from 3Well, Welland and First Health. They have proposed to join together as one clinical team at the Healthy Living Centre. The three have agreed (if approved by the PCT) to work as a joint venture with a view to full merger of clinical teams. This proposal has the advantage that it provides the patients registered at Alma Road with the opportunity to continue to be registered with their clinical team. However, a number of important questions are currently unanswered because this is a new proposal, namely:

- How the joint arrangement prior to merger would operate and the views of patients for this change
- How confident can NHSP be that the 3 practices will proceed successfully to merger
- There are no financial details
- There has been no local involvement to test this idea and its potential implications with local patients and stakeholders

Thomas Walker Centre

- 3.9 There are three practices at Thomas Walker Centre: Thomas Walker Surgery, Huntly Grove and Minster Medical. The three practices have declared their intention to work more closely together and merge as one service and one contract for their registered patients by March 2013 (appendix 3). The practices have also indicated that they would have capacity to grow by 4000 patients in their current premises.

NHSP Conclusion

- 3.10 In terms of services provided in East ward and Dogsthorpe, there is a clear proposal which the Board can approve to implementation. The proposed joining together of clinical teams of First Health and Welland offers a good opportunity to develop sustainable services, improve access for patients in East ward and deliver reduced costs to the NHS. The practice outline business case describes the improved services that would be delivered. It meets the PCT's criteria, potential sites are available and the case should proceed to Full Business Case. The premises costs are self funding through savings made by vacating existing premises and contractual changes. However, there is an important access question for patients in Parnwell. NHSP should pursue bus route changes with Stagecoach. In light of this, the practice should complete a local access plan, which demonstrates how patients in Parnwell, Welland and Dogsthorpe can access services through public transport or satellite services. i.e. if Bus routes are not changeable a more comprehensive range of services would be required in Parnwell.

- 3.11 The new proposal for services for patients registered at Burghley Road, Church Walk and Alma Road to join together and be provided from the

Attachment 3 – Primary Care Analysis and Conclusions

Healthy Living Centre is an interesting new idea which has potential. The proposal is consistent with NHSP's strategy and ensures some continuity for patient registered at the 3 sites. However, the idea has not yet been sufficiently developed or discussed with local people. In particular, greater clarity is needed for alternative suitable plans for long term conditions services at the HLC. Therefore, NHSP should:

- Invite the three practices to develop a more detailed proposal by 4 November which describes patients services and costs
- Careful consideration needs to be given to the future location of services currently based at the Healthy Living Centre and the suitability of relocation.
- The 3 practices need to lead a process of local involvement with patients and stakeholders affected by the change as part of the work to develop the proposal.

When this work has been completed, the Board can then decide the future commissioning plans for registered patients at Alma Road and Burghley Road. It is suggested to complete this work by 4 November to allow Board decision at the end of November.

4. Orton

4.1 Orton Bushfield has presented a high level vision for the practice's development over the next three years. This includes :

- Increased range of services
- Aim to proceed to teaching practice status
- Extended opening hours

4.2 Orton Bushfield have presented a transition plan describing how they would manage the move of patients from Orton Medical Practice (OMP) should this happen. Particular care would be taken to ensure smooth transition in the management of vulnerable patients. If the Orton Medical Practice contract ends on 12 December, patients would receive a letter from the PCT explaining their registration options. It is expected that the majority of patients would join Orton Bushfield.

4.3 Orton Medical have described the staff who may be interested to join Orton Bushfield – this includes some, but not all nurses and doctors. Orton Bushfield would welcome applications from these staff to join their expanded team.

4.4 Orton Medical Practice hold an NHS contract and a private contract with the Orton Longueville Nursing Home to provide medical input. Orton Bushfield would not be able to take on this responsibility in the short term as will be closely involved in expanding the practice and planning new premises. NHSP therefore, needs to procure another practice to provide this service (working with Orton Longueville). There are other practices in Peterborough willing to provide this service.

4.5 Orton Bushfield would expand to occupy the current premises to take on the additional registrations after the end of the OMP contract on 12 December 2011. An initial design meeting has been held with the landlord to explore options for the design of new premises at another part of the retail park. The landlord remains very interested to pursue the new development. New

Attachment 3 – Primary Care Analysis and Conclusions

premises offer an opportunity to improve the standards of accommodation for patients and staff. If the development does not take place Orton Bushfield could continue in the current premises, but the improved standards would not be achieved.

NHSP Conclusion

- 4.6 NHSP should implement the preferred option described in the consultation – i.e. support Orton Bushfield to expand when the Orton Medical Practice contract expires in December 2011. NHSP should work closely with the practices to ensure smooth transition, including as many staff as possible from OMP joining Orton Bushfield. NHSP should procure another practice to provide services to Longueville Court nursing home. NHSP should work with the practice and the landlord to design and build new premises.

5 Hampton

- 5.1 The practice has provided an outline business case describing the benefits the practice could provide to patients if it were to move to a new building, potential sites and the size of the premises. This includes the services the practices could provide to current registered patients and plans for managing growth.
- 5.2 The size of premises proposed by the practice exceeds the indicative space identified by NHSP. The net additional cost would be £50,000 to meet the additional space requested by the practice. In a fast growing area the critical question of the size of the premises needs careful assessment. The net costs for new premises (after removing the costs of current premises) would therefore be £85,000 at NHSP costs, £135,000 at the practice's proposed size.

NHSP Conclusion

- 5.3 Further information is needed from the practice to develop its strategy more clearly. The outline business case meets the NHSP's criteria, potential sites are available and the scheme should proceed to Full Business Case subject to identifying £85-135,000 per annum in savings in other elements of the strategy.

6 MINOR PREMISES PROPOSALS

- 6.1 NHS Peterborough invited proposals from practices for minor capital schemes. Three proposals have been received with a total value of £100,000 per annum.
- **The Grange:** Proposal for new premises to address problems of space, premises quality and planning restrictions on opening times of the current accommodation
 - **Thistlemoor:** The practice has undertaken a major redevelopment of its site to increase its capacity to manage a its growing patient list and increase the range of services. The practice is seeking approval for increased costs for accommodation to be used for the provision of PMS services.

Attachment 3 – Primary Care Analysis and Conclusions

- **Millfield Medical** – Proposal for revenue to continue provision of car parking provision. This is a large practice where the local neighbourhood has significant parking problems and the parking is regularly fully utilised.

6.2 In view of the quantity of work involved with the strategy, NHS Peterborough staff have not had sufficient capacity to give due consideration to these proposals against the agreed criteria. It is proposed that this work is completed to ensure a decision by the Board in November.

7. PREMISES AND CONTRACTUAL CHANGES FINANCIAL OVERVIEW

7.1 The table below illustrates the total financial forecast of costs for NHS Peterborough of the primary care recommended changes. This includes a range of assumptions and is for strategic purposes. Costs and savings will be finalised following full business cases and contract negotiations.

	Net change in recurring costs			
	2011/12	2012/13	2013/14	2014/15
1. Burghley Rd and Dogsthorpe	0	-66	-319	-319
2. 63 Lincoln Rd & North St	0	0	0	341
3. Hampton	0	0	0	84
4. Alma Road	0	-557	-921	-921
5. Orton	-25	-100	-100	-100
Small schemes	0	50	50	100
capital charges		23	45	45
Contingency	50	200	200	200
TOTAL	25	-450	-1,045	-570
Original preferred option	186	-1,038	-1,221	-886

The financial forecasts vary from the preferred option in the consultation document due to revisions to the plans affecting the timing for release of savings and addition of contingency sums in view of potential risks.

8 PRIMARY CARE CAPACITY

8.1 The table below illustrates the extra capacity for additional registrations identified by practices in key areas potentially affected by closure.

April 2012

Location	Need	Available	Practices who reported scope to grow
Central, Park and North Orton, Hampton, Stanground	4500	9780	Thistlemoor, Millfield Medical, Thomas Walker 3 practices, Park Medical Orton Bushfield, Hampton, Nene Valley
	1000	10500	

April 2017

Central, Park and North Orton, Hampton, Stanground	6500	25000	As above plus North Street and 63 Lincoln Road
	10400	14000	

Attachment 3 – Primary Care Analysis and Conclusions

- 8.2 Practices have the physical capacity and access to workforce to supply double the capacity needed to meet the need for additional registrations at practices in the Central and Park areas should Burghley Road and/or Alma Road close. This has been demonstrated by historical growth by practices. There is also sufficient capacity in Orton should Orton Medical Practice close.

9 PRIMARY CARE ACCESS

Appendix 5 shows the current performance, progress to date and proposed approach to change.

The key conclusions are primary care access satisfaction varies significantly across Peterborough with 7 practices performing in the lowest 10% nationally and five performing in the best 25%. The most effective strategy for improvement is change led by practices with input from those practices achieving good satisfaction levels – this has already been demonstrated by improvements at a practice with low satisfaction ratings. Good satisfaction relates to good management and not just the number of appointments provided.

10 Risks for NHS Peterborough

- Premises schemes are delivered late or to a higher cost than budgeted
- Proposed partnership arrangements between First Health, Welland and 3Well do not proceed to their intended conclusion
- Practices are not successful in implementing their access improvement plans
- Bus route negotiations are unsuccessful in East ward
- Insufficient management capacity to ensure implementation

Attachment 3 – Primary Care Analysis and Conclusions

Appendix 1- Additional services proposed by 63 Lincoln Road and North Street

(a) Additional services

- Well man and well woman clinics
- Smoking cessation services
- Gym on prescription
- Obesity clinics – adult and children
- Healthy eating classes
- Ischemic heart disease targeting high risk groups, including the Asian and Italian communities and other high risk groups
- Heart classes
- Rehabilitation schemes post hospital admission or for chronic disease such as COPD and MI
- Physiotherapy
- Encouraging pedestrian and cycle access to the new facility
- Sexual health and contraception services, including a teenage drop-in service
- Breast feeding support
- School visits for pupils to learn about health
- Focus on child health ensuring the best possible start in life with crèche facilities

(b) Additional clinical services that could be provided include:

- Minor injury
- Day case surgery - e.g. vasectomy, hernia repair
- Warfarin/INR monitoring
- Audiometry service
- Diabetic retinopathy service
- DVT service
- Alternative medicine, including osteopathy/chiropractic/acupuncture
- Chiropody and podiatry
- Secondary care at the new facility - consultant outpatient clinics held in primary care.
- Ear Microsuction

(c) Potential additional diagnostics:

- Echocardiography
- Bone densitometry
- Ultrasound scanning
- 24 hour ECG
- 24 hour BP
- Urodynamics
- Phlebotomy / near patient diagnostic testing

(d) Further services that could be provided from new premises include:

- Counselling
- Community mental health
- Social services

Attachment 3 – Primary Care Analysis and Conclusions

- Benefits advice / CAB
- Pathways to Work Programme with Job Centre Plus
- Job surgery – the 'Tomorrow's People' initiative helping the long term unemployed back to work.
- Immigrant services shared with New Link
- Council housing advisor
- Outreach service for the homeless
- Drug services – shared care with CDT
- Alcohol services
- Elderly care support - age concern
- Parenting classes

Services in section (a) would be provided. The other services depend on clinical commissioning group decisions and partnership with other providers.

DRAFT

Attachment 3 – Primary Care Analysis and Conclusions

Appendix 2 - Services proposed by First Health and Welland

<ul style="list-style-type: none">• Urgent Care<ul style="list-style-type: none">○ Nurse triage service aimed at providing immediate access to a clinician and reducing inappropriate A&E attendances.○ Call Centre within the new practice○ Extended opening hours surgery, i.e. 8am – 8pm, Saturday mornings.
<ul style="list-style-type: none">• Long Term Conditions:<ul style="list-style-type: none">○ CHD / CVD Secondary and Primary Prevention service including :<ul style="list-style-type: none">▪ ECG▪ Exercise Tolerance Testing▪ 24 hour ECG▪ Anticoagulation service▪ Nurse led cardiovascular service○ Local mental health services including:<ul style="list-style-type: none">▪ Counselling▪ Drug and alcohol services○ Further development of asthma and COPD service○ Further development of diabetes service
<ul style="list-style-type: none">• Other redesigned services aimed at treating patients in the right time / place<ul style="list-style-type: none">○ Dermatology / minor surgery service, to reduce hospital referrals where appropriate○ Outreach service for GPwSIs / consultant outpatient clinics○ Musculoskeletal service covering:<ul style="list-style-type: none">▪ Physiotherapy▪ Osteopathy▪ Chiropractor▪ Acupuncture▪ Gymnasium (could also be used for, e.g. pulmonary rehab, falls clinics, etc. as well as reducing obesity)
<ul style="list-style-type: none">• Women's and children's services including :<ul style="list-style-type: none">○ Midwifery○ Child Health / pre-school education
<ul style="list-style-type: none">• Healthy living services<ul style="list-style-type: none">○ Sexual health and family planning, focussing in particular on reducing teenage pregnancy○ Health promotion workshops○ Obesity and smoking prevention○ Domestic violence prevention○ Police Community Support Office○ Residents Association/Patient Participation Service
<ul style="list-style-type: none">• Bookable space for community use

Attachment 3 – Primary Care Analysis and Conclusions

Appendix 3 – Thomas Walker Surgery

Thomas Walker Medical Centre
Dr R G Bailey, Dr J W Hastie, Dr F Z Mazi Kotwal, Dr H G J Mistry,
Dr B K Shoban, Dr G Smart
Princes Street, Peterborough, PE1 2QP

Diane Siddle
Senior Primary Care Contracts Manager
NHSP
2nd Floor
Town Hall
Bridge Street
Peterborough

18 August 2011

Dear Diane

All three practices at the Centre - Huntly Grove Practice, Minster Medical Practice and Thomas Walker Surgery are all acquainted with the consultation process around the Primary Care and Urgent Care Commissioning Strategies. Of the proposed options for consultation, our preference is for Option 3.

With the proposed changes in mind, we would re-iterate Centre plans already advised to Peter Wightman in early July. Those plans being that the three practices are already in the earliest stages of working toward becoming a confederation/amalgamation into a single practice by April 2013. As advised to Peter, by that time, with adequately reimbursed expansion of the clinical team we envisage total Centre capacity approaching 18,000 patients. Consequently, with such an expanded clinical team we could offer registration to as many as 4000 patients from the surgeries that are closing as may choose to join us.

Additionally with further appropriately reimbursed expansion of our clinical team, we ultimately envisage capacity for approaching 20,000 patients. That would enable us to offer even more opportunities for registration.

We hope by sharing our plans with NHSP once more, this will in conjunction with the expressed views of the service users of Peterborough, help inform the decisions made on the future shape of primary care in the City.

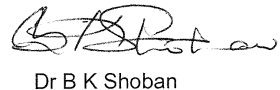
Yours sincerely



Dr R G Bailey



Dr J W Hastie



Dr B K Shoban

Attachment 3 – Primary Care Analysis and Conclusions

Appendix 4 - Services proposed by Hampton

- Blood tests
- More appointments for coils, nexplanon, and minor surgery
- Offer a full service for smoking cessation, at the moment we are sharing this with the pharmacies in the shopping centre as they have the space to offer the initial appointments and we can carry on supporting the patient after the initial 6 weeks.
- Space to have baby clinics, midwives and counselling services on site.
- Space to offer appointments with the Hinchingsbrooke midwife and to house additional services commissioned by the Borderline cluster, for example, providing a community eye clinic through ACES

DRAFT

Attachment 3 – Primary Care Analysis and Conclusions

Appendix 5 - Access

NHS PETERBOROUGH
Peterborough Primary Care Trust
Working in partnership with Peterborough City Council)

SUBJECT: PRIMARY CARE ACCESS PROGRESS UPDATE

ACTION REQUIRED: INFORMATION

MEETING: NHS PETERBOROUGH BOARD

DATE OF MEETING: 21 SEPTEMBER 2011

**REPORT OF: PETER WIGHTMAN
INTERIM DIRECTOR OF PRIMARY CARE**

1 INTRODUCTION

1.1 The purpose of this report is to provide the NHS Peterborough Board with a review of the latest performance information in relation to patient satisfaction with access to Primary Care. The report will also update the Board on work to improve performance and future plans in those practices where performance falls below expected standards and achievements.

2 BACKGROUND

2.1 The key approach to assessing how satisfied patients are with access and responsiveness to Primary Care is through the National GP Patient Survey, which gives patients the opportunity to reflect on their experience of GP practice. The responses to the survey measure patient experience and informs practices to understand where improvements are needed. The survey is conducted on behalf of the Department of Health and is administered by Ipsos MORI, an independent survey agency. Its coverage is comprehensive and is the largest survey with 5561,324 sent out. Responses nationally for 2010/11 were 1,994,410 (36%).

Attachment 3 – Primary Care Analysis and Conclusions

3 2010/11 GP Patient Survey Results

3.1 There are five key measures which are used to assess both PCT and practice performance. The high level results for NHS Peterborough, set against the national results, from April 2010 – March 2011 are attached in Appendix 1, but the key points for NHS Peterborough are :

- Overall satisfactions - 88% compared to 90% nationally
- Satisfaction with telephone access - 60% compared to 69% nationally
- Ability to book within two days – 78% compared to 79% nationally
- Ability to book well in advance – 65% compared to 71% nationally
- Ability to see a particular GP – 69% compared to 73% national.

3.2 The 2010/11 survey results indicate that patients in Peterborough experience wide variation between practices in terms of how easy it is to access appointments. Thirteen practices have an overall satisfaction rate equal or above the national rate of 90%. Appendix 1 shows five practices (8325 nationally), that fall into the upper quartile nationally 2010/11. There are seven practices that fall into the bottom 10% nationally for 2010/11:

- Hampton Health
- Old Fletton Medical Practice
- 63 Lincoln Road Surgery
- Botolph Bridge Community Health Centre (and 2009/10)
- Bretton Medical Practice (and 2009/10)
- Thomas Walker Surgery (and 2009/10)
- Minster Medical Practice (and 2009/10)

3.3 The seven practices above have been requested to review current systems in place and to demonstrate, via a recovery plan, how they intend to achieve significant improvements in patient satisfaction. Members of NHSP Primary Care team have been supporting practices to analyse the results and develop appropriate action plans. All seven practices have submitted a recovery plan .

Attachment 3 – Primary Care Analysis and Conclusions

4 PROGRESS SO FAR

4.1 The Board should be aware that Welland Medical Practice had previously been in the bottom 10% nationally, but have successfully addressed a number of issues, which has moved the practice out of the bottom 10%.

4.2 **Thomas Walker Surgery** – Thomas Walker Surgery has been in the bottom 10% nationally for two consecutive years. Since January 2011, the initial focus of PCT staff has been to support the Thomas Walker Surgery to develop robust plans to address specific areas of concern and to support them to 'buddy up' with a practice whose results are consistently good. The practice's main areas of concern continue to be telephone access (35%) and booking an appointment with a GP more than 2 days in advance (49%).

The practice has reviewed its systems to book appointments and the following changes and progress have been made so far :

- A phased approach to increase pre-bookable appointments from 4 to 5 weeks in advance has been introduced and patients are making use of the new system.
- Patients are able to access appointments in the morning for the same day and are no longer required to call more than once when further appointment slots have been released for the afternoon session.
- On line appointments are now being offered and utilised. This service will be reviewed quarterly to assess spread of appointments.
- A nurse practitioner has been employed to free up GP appointments and early indications show that there has been unused capacity for GPs and Nurse Practitioner most days.
- Communication to patients has increased, with the introduction of a practice newsletter. Changes to the appointment system have been advertised widely to patients.
- A survey carried out week beginning Monday 27/6/11 to Friday 1/7/2011 of 102 patients indicated; 62.5% of patients said it was easy to get through on the telephone, compared to 35% in the national survey and 80% of patients said they got the appointment they wanted, compared to 49% in the national survey.

Attachment 3 – Primary Care Analysis and Conclusions

- The practice is pursuing the development of a Patient Participation Group (PPG) to involve patients in improving access.
- Links have been formed with North Street Medical Practice (with high satisfaction ratings) to share best practice.

The practice will review the systems in place in the Autumn by giving patients the option to feedback on how they access their practice and will monitor the level of Non attendance and the level and type of complaints received.

4.3 Work with the other 6 Practices

Below is a summary of the key actions that practices are planning to take to improve access for their patients.

Old Fletton Surgery – The practice's main issues are with telephone access (42%) and ability to book an appointment more than 2 days in advance (52%). An action plan has been submitted and the practice has begun to address the issues by :

- A telephone audit has been completed to determine the busy periods. As a result of the audit, the reception area has been re-designed to create more space; an extra member of staff employed; and reception cover re-arranged to cope with demand.
- Booking and cancelling of appointments is now available on line.
- The practice has increased pre-bookable appointments from 4-5 weeks in advance
- A PPG is being developed and is being given support from its Commissioning Cluster.

Botolph Bridge Community Health Centre - The practice has been in the bottom 10% nationally for 2 consecutive years. The main issues of concern for the patients are telephone access (55%), ability to see specific GP (38%) and ability to book an appointment more than 2 days in advance (56%). An action plan has been submitted, with the practice acknowledging that key to improving satisfaction is to secure a stable workforce and has begun to address the issues by :

Attachment 3 – Primary Care Analysis and Conclusions

- Carrying out a regular telephone audit to highlight peaks and troughs and cover phones at busy times and recruit reception staff accordingly
- An extra Health Care Assistant will be recruited and there are now 2 Practice Nurses who provide Long Term Condition clinics. This will free up appointments for GPs and an additional GP has recently been employed to provide 120 extra appointments per week.
- The practice has an established PPG group and plans to develop a newsletter and page on the website informing patients of access developments and improvements.

Bretton Medical Centre - The practice has been in the bottom 10% nationally for two consecutive years. Its main issue is telephone access (42%). A new practice manager has been in post since Spring 2011 and has put in place plans to address this issue by ;

- Offering nurse telephone triage 5 days a week during busy periods and review extended hour's clinic.
- To completely review the telephone system by December 2011 and consider changing supplier.
- Providing in-house customer care training for reception and administration staff
- In July 2011, a Paramedic Emergency Practitioner and Advanced Practice Nurse has been employed to increase skill mix with plans to recruit for a new Partner/GP
- A patient satisfaction questionnaire to be carried out in Autumn 2011 and shared with the Patient Participation Group.

Hampton Health - The practice main issues are with ability to see a specific GP (48%); ability to book an appointment on the same day or next 2 days (61%) and book more than 2 days in advance (60%). The practice is currently constrained by space issues and the practice list has been closed since September 2010. An action plan has been submitted and the practice plans to address these issues by ;

- Review of appointment system and requests with patients able to book 6 weeks in advance and reception to triage patients more effectively to pass on to the correct clinician

Attachment 3 – Primary Care Analysis and Conclusions

- Reception Team Leaders and Health Care Assistant are to visit Yaxley Practice to share best practice
- Recruitment of a Nurse Practitioner to provide more appointments to increase skill mix and more patient choice. Additional appointments in extended hours by the Nurse Practitioner and Practice Nurse.
- PPG is already established, but is small and not well attended. The Practice intends to canvass patients in alternative ways and in recognition of the patient profile, by increasing the use of electronic and virtual media, such as Hampton Health face book page and direct email contact.

63 Lincoln Road – A new Practice Manager was appointed in May 2011 and has identified access as an issue that needs addressing. The practice's main issues are with telephone access (44%) and ability to book an appointment more than 2 days in advance (48%). An action plan has been submitted and the practice plans to address these issues by ;

- Two additional receptionists have recently been recruited and a review of staffing levels is to take place with an audit of patient requests to understand demand.
- Patients are now able to book appointments in the morning for the same day rather than calling back in the afternoon.
- Plans to produce a newsletter to inform patients of changes.
- The appointment system has been amended to give access to more appointments within 24hrs and more pre-bookable slots are to be accessed further in advance.

Minster Medical Practice – An Interim Practice Manager is currently in post and has identified a number of issues regarding access. The practice's main issues are with telephone access (33%), ability to see a specific GP (54%) and ability to book an appointment more than 2 days in advance (30%). An action plan has been submitted and the practice plans to address these issues by ;

- Telephone supplier has been contacted to review and re-configure the current system.
- In house training has taken place for all staff regarding quick response to calls

Attachment 3 – Primary Care Analysis and Conclusions

- Appointment system has recently been reviewed and changes made to allow more mix of appointments. Patients have been informed of changes by posters, practice booklet and information screen. A practice leaflet is being developed.
- Practice patient survey will be carried out in Autumn 2011 to identify if any of the changes made to the appointment system have allowed patients access to a GP of their choice.
- The practice are considering re-starting extended hours in Spring 2012

5 NEXT STEPS AND CONCLUSION

5.1 Performance Management and Reporting

From July 2011, a revised national survey will be sent out twice a year and will support a number of indicators in the NHS Outcomes Framework, which will be used to assess how well the NHS is performing. The survey will reflect patients' experience of access to their GP practice and additional questions about patients' own health will be asked, to monitor how the health of the population is improving. The results of the first questionnaire will be available in December 2011. The first wave of this survey was sent to patients in July 2011 and once the results are published an analysis will be undertaken by the PCT to assess improvements by those practices with recovery plans in place. The PCT will continue to support practices to address the issues that have been identified.

The practices identified in the report will be expected to provide to NHS Peterborough quarterly updates on progress, which should include as a minimum :

- Evidence of patient feedback (in addition to the national survey)
- Utilisation of NHS choices practice information and feedback, to monitor progress and implement further changes.
- Evidence that the planned changes have been implemented and an assessment made of how the changes have improved access and patient satisfaction.

Attachment 3 – Primary Care Analysis and Conclusions

5.2 PMS Rebalancing

NHS Peterborough Board will determine in September 2011, the process of implementing a PMS Rebalancing process from January 2012 onwards. The proposed approach sets out the recognition that there must be a strong correlation between funding into PMS practices and the level of service provision/resource utilisation. Where there is not a strong correlation, a set of Strategic Re-balancing Objectives will be agreed with each practice. From January 2012, PMS practices should be able to demonstrate how they are using historic PMS growth funds to achieve specific objectives, which include maintaining and improving access as a standard objective for all PMS practices. 63 Lincoln Road, Thomas Walker, Minster and Hampton are all PMS practices. We will require all PMS practices to aspire to achieve high levels of patient satisfaction by being placed within the national upper quartile results from the GP national patient survey and commit to deliver a minimum standard of access satisfaction.

6 Recommendation

- 6.1 NHSP Board are asked to note the current performance, progress to date and proposed approach to improving general practice access.

Attachment 3 – Primary Care Analysis and Conclusions

GP Peterborough Practices National Ranking April 2010 - March 2011								
Practice name	Telephone Access	48 Hour Access	Advance Booking	Seeing Preferred Doctor	Opening Hours	Overall Satisfaction	AVERAGE of 5 Questions	Rank England
UPPER QUARTILE -TOP 25% NATIONALLY								
AILS WORTH	96%	100%	95%	100%	92%	98%	96%	160
HUNTLY GROVE	96%	93%	95%	90%	93%	97%	94%	555
THORPE ROAD	94%	90%	98%	87%	89%	97%	92%	887
HODGSON	94%	87%	88%	97%	90%	96%	92%	945
PARNWELL	96%	97%	85%	86%	84%	81%	90%	1399
MID RANGE NATIONAL RANKING								
ALMA ROAD PRIMARY CARE CENTRE	84%	97%	82%	65%	96%	85%	85%	2711
MILLFIELD	87%	91%	79%	61%	86%	86%	81%	4013
THORNEY	86%	96%	54%	84%	85%	92%	81%	4016
THISTLEMOOR	65%	98%	84%	70%	84%	76%	80%	4160
NENE VALLEY	59%	84%	88%	83%	88%	92%	80%	4170
NORTH STREET	81%	83%	71%	78%	88%	95%	80%	4176
PASTON	83%	91%	67%	75%	83%	82%	80%	4349
BUSHFIELD	76%	64%	86%	78%	81%	88%	77%	5193
MILLFIELD SURGERY	85%	77%	82%	56%	84%	88%	77%	5200
WESTWOOD CLINIC	79%	92%	49%	76%	83%	90%	76%	5461
WESTGATE	63%	82%	67%	77%	90%	91%	76%	5536
THE GRANGE	62%	77%	78%	79%	76%	93%	74%	5882
DOGSTHORPE MEDICAL CENTRE	82%	92%	66%	45%	84%	86%	74%	6057
PARK MEDICAL CENTRE	71%	88%	67%	62%	79%	88%	73%	6139
LOWER QUARTILE BOTTOM 25% NATIONALLY								
ORTON MEDICAL PRACTICE	55%	80%	69%	72%	82%	90%	72%	6504
WELLAND MEDICAL	66%	76%	56%	63%	76%	79%	67%	7314
BOTTOM 10% NATIONALLY								
63 LINCOLN ROAD	48%	85%	50%	67%	81%	91%	66%	7522
FLETTON	47%	82%	53%	63%	82%	92%	65%	7597
BRETTON	46%	68%	65%	62%	82%	85%	65%	7634
HAMPTON HEALTH	81%	61%	63%	48%	69%	79%	64%	7689
BOTOLPH BRIDGE COMMUNITY HEALTH	62%	72%	60%	39%	81%	81%	63%	7842
THOMAS WALKER	39%	66%	50%	66%	79%	86%	60%	8007
MINSTER MEDICAL PRACTICE	36%	68%	31%	54%	77%	85%	53%	8246
Information from GP Patient Survey - East of England SHA : Ranking applies to 8325 practices nationally. The measures above include only those records expressing a definitive response (i.e. excludes not known, no response etc).								