

**MINUTES OF A MEETING OF THE SCRUTINY COMMISSION FOR HEALTH ISSUES
HELD AT THE BOURGES/VIERSEN ROOM - TOWN HALL
ON 13 SEPTEMBER 2011**

Present: Councillors B Rush (Chairman), D Lamb, P Nash, J Stokes,
K Sharp, N Shabbir, N Sandford

Also present David Wiles, Chair of LINK
Luke Pagliaro, Youth Council Representative
Alex Hall, Youth Council Representative
Councillor Fitzgerald, Cabinet Member for Adult Social Services
Councillor Peach, Ward Councillor for Park Ward
Councillor Burton Ward Councillor for Werrington

NHS Peterborough: Dr Sushil Jathanna, Chief Executive, Peterborough Primary Care
Trust
Peter Wightman - Interim Director, Primary Care
Sarah Shuttlewood, Director of Acute Commissioning
Jessica Bawden - Joint Director of Communications and Patient
Experience
Dr Michael Caskey - Director of Clinical Change

Officers Present: Sherry Peck, Head of Commissioning
Denise Radley, Director of Adult Social Services
Marie Southgate, Lawyer
Paulina Ford, Senior Governance Officer, Scrutiny
Dania Castagliuolo, Governance Officer

1. Apologies

Apologies for absence were received from Councillor Fower. Councillor Sandford was in attendance as substitute for Councillor Fower.

2. Declarations of Interest and Whipping Declarations

No declarations of interest were made.

3. Minutes

3.1 The Commission agreed to note the comments received from NHS Peterborough on minutes from meetings held on 14 June and 27 June 2011.

3.2 Minutes of the meeting held on 14 June 2011 were approved as an accurate record.

3.3 Minutes of the meeting held on 27 June 2011 were approved as an accurate record.

3.4 Minutes of the meeting held on 19 July 2011 were approved as an accurate record.

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

There were no requests for call-in to consider.

5. Teenage Pregnancy Strategy update and Evaluation of Peterborough Young Men's Project

The report informed the Committee on the progress of the implementation of the teenage pregnancy strategy over the past ten years and the outcomes of the evaluation of the young men's project. Strong supporting evidence and an independent review had indicated that the work had a positive impact on young men. The evaluation contained evidence that the project has been successful in that:

- Young men were interested in sexual health where they needed to protect their own or sexual partners
- The service appealed to young men since it offered what they wanted, not what service providers wanted or choose to offer
- The numbers of young men attending the service represented good value for money
- Young men were demonstrating a change in behaviour
- 65% were already c card registered and they informed the project that they did use it.
- Interviews undertaken in March 2011 with young men during the project evaluation indicated that 75% of the young men regularly use condoms as a direct result of the information they had received through the project confirming that the project has had a positive impact in terms of the uptake of condom use.

As a result the learning from the project had been used to re-commission the project but with a wider remit including targeting young women with risky behaviour. The current project was being delivered by NACRO. The teenage pregnancy figures had remained static.

Observations and questions were raised and discussed including:

- *What age is sex education taught in schools? The officer could not confirm the age but believed it was between the ages of 13 and 16 years old. Young men had commented that the sex education received at schools was more from a biological approach. What had been taught at NACRO had been more about emotional and risky behaviours. Young people were being trained to peer educate.*
- *Will this project show us returns in the near future? The project would target hard core young men and would challenge their behaviour. It was difficult to say if this would change behaviours in the short term.*
- *The teenage pregnancy rates in Peterborough were still one of the highest in the country. Members felt that young men and young women should be targeted together. The Youth Council could be used to get the message across. When the project was re-commissioned the brief had included young women as well as young men. Young people were also being used to deliver the message to their peers through the youth inspectors programme.*
- *Had the programme looked at focusing on young peoples aspirations? The early intervention programme was being refocused to include looking at the aspirations of young people and would also include alcohol and substance misuse. Evidence had shown that there was a link between inappropriate sexual behaviour and lack of aspiration.*
- *The report had mentioned 'the success of the implementation of the Teenage Pregnancy strategy over the past ten years'. The figures for teenage pregnancy had not improved. How would you therefore define success? Members were advised that it had been difficult to assess success as it would be difficult to know what the figures would have been like if the Teenage Pregnancy Strategy had not been introduced. Teenage pregnancies may have escalated without the strategy in place. The c Card had been a success in that 75% of young people were using it. The figures had remained relatively static.*

ACTION AGREED

That the Head of Commissioning report back to the Commission in twelve months time on the impact and progress made with the Young Men's Project. The report to also include the outcomes of the refocus of the Early Intervention Programme.

6. Scrutiny Review of Mental health Services – Joint Committee

The report informed the Commission of the proposal to set up a Joint Health Scrutiny Committee to respond to a forthcoming consultation on proposals for the redesign of mental health services in Cambridgeshire and Peterborough. The Commission were asked to agree to:

- The setting up of a Joint Health Scrutiny Committee between Cambridgeshire County Council and Peterborough for the purpose of scrutinising the proposals for the redesign of mental health services.
- Nominate up to five members plus substitutes to the Joint Health Scrutiny Committee.

RECOMMENDATION

The Commission recommended that a Joint Health Committee between Cambridgeshire County Council and Peterborough be set up for the purpose of scrutinising the proposals for the redesign of mental health services.

ACTION

The Senior Governance Officer to receive nominations for membership of the Joint Health Committee from the membership of the Scrutiny Commission for Health Issues.

7. Interim Report on Outcome of the Consultation for Primary and Urgent Care Services

The report informed the Commission of the NHS Peterborough's Primary and Urgent Care Strategy consultation and responses received. The report detailed:

- Full details of the consultation process
- Consultation responses, including the full report from MRUK Research
- Key themes from the formal responses, meetings and petitions
- NHS Peterborough's responses to the key themes and questions raised
- Urgent Care analysis and conclusions
- Primary Care analysis and conclusions
- Provisional recommendations to the Board following consultation
- Provisional implementation timetable

Responses to the consultation had 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

The results from the consultation had shown that:

- there was a strong majority of support (87%) for NHSP's vision for urgent care

- there was a strong majority of support (78%) for NHSP's vision for primary care
- there was a majority support for option 3 (77%) to fully implement the vision.
- there was significant minority support for option 1 (39%) to do nothing.

Two changes highlighted from the original option three for Urgent Care provision that had been put forward was:

1. The proposal for a telephone triage via a three digit 111 local number from March 2013 to improve patient experience and the efficiency of the urgent care system.
2. Integration of urgent care functions in one provider (i.e. call handling and triage services; GP out of hours; Minor Injury Unit services).

Primary Care

Seven practices in Peterborough were in the lowest 10% nationally for patient satisfaction levels. Recovery plans for those surgeries had been put in place and the Thomas Walker Surgery had already seen satisfaction levels improve. It was therefore proposed to implement the Primary Care Access plan.

GP practices had 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. There was also sufficient capacity in Orton should Orton Medical Practice close.

Further proposals from the following practices had been received:

North Street and 63 Lincoln Road described 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 met the PCT's criteria, potential sites were available and could proceed to Full Business Case if funding were available.

East and Dogsthorpe – the two practices running services at Parnwell, Welland and Dogsthorpe had 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 had formed an implementation group, which included patient representatives from Welland, Parnwell and Dogsthorpe and proposed working with the group to define the satellite services it could deliver. Stagecoach had indicated a willingness to consider changes to bus routes to ensure the Parnwell bus stopped outside the new surgery. Getting confirmation of transport routes would be important to the decision regarding the nature of satellite services in Parnwell. The outline business case met the PCT's criteria, potential sites were available and could proceed to Full Business Case. The premises' costs were self funding through savings made by vacating existing premises.

Alma Road, Burghley Road and Church Walk - the three providers of these services had submitted a proposal to move services to the Healthy Living Centre and combine as one clinical team operating under one contract from March 2013. The proposal had been received after the consultation period. Whilst it had potential further work was 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 had 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 remained. The PCT would need to identify another practice to provide enhanced services to Longueville Court care home, if the caretaker contract with OMP ended. Another practice in Peterborough had shown an interest in providing the service.

Hampton – had described at a high level the services they could provide from the new premises. Further information was needed, including proposed opening hours. The outline business case met the NHSP's criteria, potential sites were available and the scheme could proceed to Full Business Case if funding was available.

Other smaller proposals had been put forward by the Grange, Thistlemoor and Millfield Medical and further time was needed to give those proposals due consideration.

Proposed recommendations which were to be presented to the NHS Peterborough Board were:

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.
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

3. **Four New Health Centres**

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

The final approval of each scheme would be subject to the agreement of a **full business case**. This would include a 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.

The business case approval for the practice located in **East** wards would depend on approval of a local access plan for services to patients from Welland, Dogsthorpe and Parnwell, including transport arrangements and satellite services.

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 was procured to take on the contract for GP support to Orton Longueville (currently provided by Orton Medical Practice) in place by December 2011.

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 (HLC). 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 plan

To complete this by 4 November, to allow the Board to decide in November the future of services for patients registered at these locations.

5. Other Primary Care Commissioning Matters

- a) Implement access improvement plan with quarterly reporting to the Board
- b) Publish further information on practice accessibility and clinical quality to support patient choice of practice and encourage use by practices of NHS Choices website.
- c) Practices to lead local involvement processes to clarify future plans for:
 - Move of practices to the Healthy Living Centre (led by Welland, First Health, 3Well)
 - Use of sites at Dogsthorpe, Eye Road (Welland) and Parnwell prior to new health centre being available (led by Welland and First Health)
 - Branch services at Werrington (led by 63 Lincoln Road)
- d) NHS Peterborough to take further time to consider proposals for high priority small premises schemes

Observations and questions were raised and discussed including:

- Members were concerned about the ability of patients to access GP Practices in particular with regard to not being able to book appointments in advance and opening hours of practices. What was the PCT doing to ensure all practices across the City were providing a good degree of accessibility? *Personal medical service contracts were in place with the majority of contractors. The contract was currently in the process of being revised to amend the terms of reference to include a requirement that the GP Practices achieve as a minimum standard of performance a ranking in the upper quartile of the top 25% nationally ranked GP Practices.*
- Some members felt that if all GP Practices were able to bring their accessibility inline with Alma Road with regard to advanced booking appointments and opening hours there would not be as greater need for Alma Road.
- Members were concerned about access to public transport and felt it was a key issue particularly with regard to the proposed new surgery at East and Dogsthorpe ward. *The Full Business Case for this new surgery would not be signed off until the transport issues had been sorted out. Discussions were taking place with Stagecoach and a proposal had been put forward to change the route of an existing bus route to include a stop at the new Health Centre.*
- Which practice had put forward an interest in servicing Longueville Court? *The procurement process for the contractor was an open process and therefore as there may be more than one contractor applying it was not appropriate to mention who they were at this stage.*

- The report states that evidence suggests the Alma Road service had not reduced A&E attendance and that another PCT (Stockport) recently closed its walk-in service and saw no rise in attendance at A&E or Out of Hours GP services. Were there any other PCT's who had closed their walk-in services? *Three other PCT's who had closed their walk-in services had been contacted but it had been difficult to obtain information from them. Evidence had shown that when the Alma Road service opened there had been no change in the use of A&E. There was a need for an urgent care service in Peterborough but the best way to provide it would be in one location not two, to make it linked to the out of hours doctors surgeries, to have doctors and nurses working side by side and to integrate it with the 111 telephone service and to have diagnostics included.*
- In the report there is a table which shows the GP Peterborough Practices National Ranking April 2010 to March 2011. Alma Road ranked 2711 in the mid range national ranking table. Can you explain why you are proposing to close Alma Road but keep open some practices which were much lower in ranking? *Alma Road was being paid £730K to run the walk-in centre on top of the registered practice service and this was reflected in the ranking. Members were asked to note that some of the other practices were able to achieve much higher satisfaction levels with less funding per head. There was a need to be realistic about the commissioning budgets and the opportunity costs that were available.*
- What would happen to the 21,000 walk-in patients that attend Alma Road if it is closed? *A third of the 21,000 were double attending with their own surgery. They either went to their own surgery first or then also went to Alma Road for another opinion or the other way round. Some patients would attend the urgent care service that was being proposed and others would go back to general practice.*
- Members felt that Alma Road was not a duplication of service and that people were going there because they could not get an appointment with their own GP. By taking away the walk-in service the PCT were deciding what people wanted and not giving them a choice. *The choice was not being taken away it would be replaced if the proposal went ahead with integration at the City Care Centre where a medical opinion would be available and an enhanced service. Members were advised that they should also consider that there were other aspects to be considered with regard to quality of service and not just access. Members should be aware of the whole performance issue not just one part of it.*
- It was a requirement of the previous government that all PCT's would have one of the walk-in centres. Have you completed any research in to how many PCT's have closed the walk-in centres and what impact it has had. *A third of the PCT's were looking at closing or making a change to their walk-in centres. Peterborough was ahead of the curve with this proposal. Those that had closed them had not had sufficient time to assess the impact.*
- Cllr Shabbir informed the Commission that he had been given a copy of an advert for a replacement GP at the Thomas Walker Centre to start in April 2012. His concern was that the advert had also stated "that it was currently a four partner practice with exciting opportunities to expand to an eight partner centre in 2013". Could someone clarify what this meant? *Dr John Hasty a Senior Partner at the Thomas Walker Centre addressed the Commission to respond. He explained that one of the partners was about to retire and therefore there would be a vacancy for the current practice. He also explained that the three independent practices that had originally set up at the Thomas Walker Centre had been in discussions with the PCT to discuss the proposal of the three practices merging into one larger group practice. The ultimate aim was to grow the practice from its current 13,000 patients to 20,000 patients. The PCT were aware of the proposal.*
- The Director for Adult Social Services noted that a statement from the Thomas Walker Centre had been handed round to the members of the Commission at the beginning of the meeting and that Dr Hasty had been referring to the content of that statement. The Director for Adult Social Services asked the Interim Director of Primary Care to explain how the new proposal would fit in with proposals already being put forward.
- The Interim Director of Primary Care advised the Commission that the three providers of services at Alma Road, Burghley Road and Church Walk had submitted a late proposal to move services to the Healthy Living Centre and combine as one clinical team

operating under one contract from March 2013. This proposal had been received after the consultation period and was high level. Whilst it had potential further work was needed to develop the proposal to consider it further, including the best option for location of long term condition services currently sited at the Healthy Living Centre. The Thomas Walker Site had a pharmacy, the Thomas Walker Medical Centre and the Healthy Living Centre. People occupying the site had been given an opportunity to respond to the proposal and the statement handed out at the meeting was an expression of concerns from the GP Practices at the Thomas Walker Medical Centre. Given the consultation and the views expressed about the new proposals it had been appropriate to delay recommendations to the Board on proposals regarding the Thomas Walker Medical Centre.

- Members noted that there was nothing in the report to state how Stanground surgeries were going to accommodate patients from 17,000 houses. *Members were advised that there was extra capacity across Orton Bushfield, Hampton and Nene Valley. The two closest surgeries to Stanground were Fletton and Nene Valley and they did have space for extra patients. The PCT were aware of the need to plan for the Stanground Community.*
- Councillor Fitzgerald, Cabinet Member for Adult Services addressed the Commission and advised Members that the issues that they had raised had also been raised by him with the PCT and had been looked at in depth over the past weeks. Councillor Fitzgerald was broadly supportive of the proposals from the PCT and recognised the work that had been done to provide a compromise. The facility at Thorpe Road would offer a better enhanced service and GP's would be available. The walk-in centre would not be cut it would just be moved to Thorpe Road. The Alma Road facilities would not cease operating until the new services were in place.
- Members had noted that the Government had recently announced that there had been a £2.1 Billion increase in funding to the NHS and yet the PCT had stated that there had been a decrease in its budget. *Members were informed that NHS spending had doubled in the last ten years and the Chief Executive of the Peterborough Primary Care Trust had also inherited a deficit which he had been charged with reducing and managing the recovery plan. There had been cuts in budgets despite there being a slight increase in funding. Health Care inflation had been much greater than the average CPI, people were living longer and there had been much greater need for health care. New technology and increase in the cost of drugs had also contributed. All PCT's across the country were charged with having to make savings.*

The Chair invited members of the public and Ward Councillors to address the Commission.

Observations and questions were raised and discussed including:

- Councillor Burton, Ward Councillor for Werrington and patient at Alma Road addressed the Commission. Members were asked to note that the Joint Strategic Needs Assessment (JSNA) was a document that was a foundation for the formulation of the PCT's Strategy. The new JSNA had not yet been completed and therefore the PCT should have waited until it had been completed before they produced the Strategy. The last JSNA completed in 2007 had stated that reducing health inequalities within Peterborough and between Peterborough and the rest of the country were priorities. The Quality Impact Assessment provided by the PCT for the consultation based on the preferred Option 3 stated that health care needs of vulnerable and exclusive groups may not be adequately provided. Was the PCT therefore planning to ignore its own guidance? *Dr Caskey responded that the JSNA was in existence and still current but was being refreshed. The strategy and current JSNA were synergistic. The timing of the consultation had been important and there was a need to get on with it.*
- Rob Bailey, GP at Minister Medical Practice within the Thomas Walker Medical Centre addressed the Commission. Members were informed that the Minister Medical Practice had had discussions with the PCT to discuss the increased medical services they could offer at the Thomas Walker Medical Centre. They felt that the proposal for an additional

three surgeries at the Healthy Living Centre would lead to complete chaos and the increase in traffic would cause problems with residents. The Health Living Centre had been specifically built to provide a service to the people of Peterborough particularly in diabetes care which had been needed most in the Park and Central wards. The practices at the Thomas Walker Medical Centre did not feel that the proposals from 3Well, Burghley Road and Church Walk would be workable or that the efficiencies in cost would be realised. The proposal from 3Well, Burghley Road and Church Walk had come as a complete surprise to the current incumbents of the Healthy Living Centre and it had been poorly managed.

- Geoff Catlin a member of the Patient Participation Action Group representing Alma Road and Boltoph Bridge Surgeries addressed the Commission. He stated that the sum total of the respondents to the consultation that voted for Option 3 was only 0.16% of the population of Peterborough. He was concerned that the PCT did not have financial plans in place to support the proposed strategy and that the PCT had not used the latest data to base their proposals on. He advised the Commission that the Alma Road and Boltoph Bridge patient Participation Action Groups had lodged an official complaint against Peterborough PCT in respect of its conduct and actions in respect of the consultation. Mr Catlin was concerned about the walk-in services as he had recently been in contact with Cambridgeshire Community Care Trust who had advised Mr Catlin that they were in consultation with the PCT and were hoping to come to an agreement to take over services on 31 December 2011. Mr Catlin was concerned that there had been no mention of the involvement of Cambridgeshire Community Care Trust. *The PCT advised that the City Care Centre walk-in services were currently being provided by the Peterborough Community Services and they are working with the Cambridgeshire Community Care provider. The proposals clearly state that the PCT would go out to procure a new provider to provide an integrated urgent care service. It would therefore be a competitive procurement process.*
- Members noted that Mr Catlin had referred to more recent data being available and therefore wanted to know if the more recent data would have impacted on the proposals put forward by the PCT. *Members were advised that the data would not have made any difference to the proposals as it was only one piece of the jig saw which had helped reach the conclusion of what was the best overarching principle about the overall size of practices.*
- Mary Cook representing the Peterborough Pensioners Association addressed the Commission and wanted to know if Peterborough was a demonstration site for health care. She was also concerned about the removal of the Alma Road walk-in centre and leaving only one walk-in centre. She also raised concerns about the lack of information regarding the proposed new 111 telephone triage service and how the strategy would support the health care needs of the future. *Members were informed that Peterborough had always been one of the leaders in innovative health care and that the whole strategy was based on being able to support for the cities health care needs of the future. There was a need to develop and support primary care in order to provide for the future.*
- A member of the public addressed the Commission who was concerned that the consultation had not reflected the patient's needs and the demographics of the city. He was also concerned that the various petitions that had been submitted had also not been taken into account and there had been no mention of the amount of people who had signed the petitions. He requested that the consultation be returned for further development and consultation. *The PCT responded advising that the needs of the population had been taken into consideration and this had been done with integrity and honesty. With regard to the process of the consultation there had been a long period of pre engagement prior to the consultation commencing and external advice had been taken with regard to the process of the consultation. The PCT had said that they had listened and as a result of that new proposals may come forward which would allow the PCT to better meet the needs of the people and would reflect some of the concerns and wishes that had been expressed. With regard to the petitions it should be noted that when a petition had been submitted only the numbers of signatures on the petition could be accepted not the number of people in the household.*

- Councillor Peach, representing Park Ward addressed the Commission. He was concerned that the report presented containing the detailed outcomes of the consultations was at odds with the interim report giving high level results of the consultation. Could the PCT confirm that the 77% support for Option 3 related only to the 384 PCT questionnaire responses? Councillor Peach was concerned that the consultation had ignored approximately 9000 other responses received and that it was therefore unrepresentative of the whole consultation result. Councillor Peach requested that the Commission should take into consideration all of the comments and new issues highlighted during the meeting and request that they advise the PCT Board that the outcome of the consultation was unsafe and inadequate to make a strategic decision about the Primary and Urgent Care in the city.
- *The PCT advised that the 77% figure in support of Option three had related to the PCT questionnaire responses. It had been difficult to make a like for like comparison of the other responses as they had all been framed differently. The questionnaire had provided like for like responses. There had been extensive consultation and engagement with a large number of people during the consultation. Through the extensive consultation and listening to what people had wanted some of the options had been modified as a result of that listening exercise. The Primary and Urgent Care Strategy was for the whole of Peterborough.*
- Members were concerned that not all of the responses had been taken into account in the outcome of the consultation. Had all of the responses been included? *Members were advised that all the responses had been included in the report on the outcome of the consultations and all points raised had been considered and that was why Option three had been amended.*

The Commission requested that the PCT note the following key points raised that were made under the sections set out in the “Recommended Strategy” section of the draft PCT Board report (section 6).

Recommendation 6.1 – Adopt the Proposed Urgent Care Vision

Some individuals had expressed some anxieties regarding telephone services which hopefully could be considered further.

Recommendation 6.2 – Urgent Care Services

The Commission expressed concern because they were unclear of the links between the proposed services at the City Care Centre in the future and the recommendations in 6.4 which related to the registered patient GP services at Alma Road. The Commission would welcome the opportunity to reconsider this recommendation alongside the more detailed proposals for recommendation 6.4.

Recommendation 6.3 – Four New Health Centres

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

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

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

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

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

Recommendation 6.5 – other primary Care Commissioning Matters

The commission supported these recommendations with the following comments:

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

Other Comments

The Commission also recommends:

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

RECOMMENDATIONS

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

1. The Proposed Urgent Care Vision.

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

2. Urgent Care Services

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

3. Four New Health Centres

The Commission supports the proposals for four new Health Centres at

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

- Orton Bushfield

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

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

5. Other Primary Care Commission matters

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

8. Forward Plan of key Decisions

The Commission received the latest version of the Council's Forward Plan, containing key decisions that the Leader of the Council anticipated the Cabinet or individual Cabinet Members would make during the course of the following four months. Members were invited to comment on the Plan and, where appropriate, identify any relevant areas for inclusion in the Committee's work programme.

ACTION AGREED

The Commission noted the Forward Plan

9. Work Programme

Members noted the Commissions Work Programme for 2011/12.

10. Date of Next Meeting

Tuesday, 15 November 2011

CHAIRMAN
7.10 - 10.35 pm