

The Right Care at the Right Time

Seeking your views on the Primary Care and Urgent Care
Commissioning Strategies for Peterborough.

5pm 18 May 2011 - 5pm 18 August 2011



Messages from our Clinicians



Dr Michael Caskey, Lead GP Commissioner for NHS Peterborough



Dr Harshad Mistry, GP Urgent Care Commissioner Lead for NHS Peterborough



Lt Colonel Rob Russell, Clinical Lead for Emergency and Critical Care, and Consultant in Emergency Medicine at Peterborough and Stamford Hospitals NHS Foundation Trust

Ensuring that patients in Peterborough have access to high quality, safe and effective health care is our main focus as doctors and clinicians, but with growing demand and increasingly limited budgets, this is becoming much more challenging. This document paints a very real picture of the challenges we face providing primary and urgent care, but also the opportunities that we have to make improvements to services for patients.

Taking on this challenge requires enough experienced and skilled teams supported by quality premises and equipment – NHS Direct, pharmacies, GP practices, our Walk-in Centre, GP out of hours and the hospital. We also need these teams to work together across the whole of the NHS and social care.

This primary and urgent care vision has been developed by listening to what patients want, talking to clinicians about what patients need, and listening to views from local people and councillors about needs in individual communities. It outlines how we can continue to make real improvements to local health services, make them much more stable for the future, and ultimately improve patients' experiences when using them. For primary care, by moving towards larger practices (where GPs and nurses can better support each other) and by tackling longstanding premises problems, practices can increase their quality of care, offer more services and improve patient access

to advice and appointments. Nationally we are seeing a move away from single-handed doctor surgeries and that has been happening in Peterborough too as doctors retire. The recent Kings Fund report, *Improving The Quality of Care in General Practice*, identifies the need to bring together isolated practices into larger primary care organisations. Ensuring high quality primary care is also an important foundation for the establishment of GP consortia.

For urgent care, we need to make it easier for patients to know which service to go to for the right treatment and make sure each service is properly supported. For urgent primary care problems, a patient's first choice should always be their GP who has knowledge of the patient's history and can ensure continuity of care in the future. We need to make sure patients are confident that they can access their practice for minor urgent health problems.

Creating a single walk-in centre supported with x-ray facilities and experienced staff near the city centre, will increase the range of less serious conditions that can be treated outside of the hospital. This will allow the hospital to focus its specialist teams to ensure timely, high quality care for the most serious cases. Reducing the duplication of services, and clearly signposting where patients go for what illness or injury, means we can provide the best possible care and service for patients from the resources available.

We need to know what you as a patient think to these proposals. This is a partnership between patients and clinicians. There are a range of ways to manage health problems, you can visit a community pharmacist, go to your GP, call the out of hours service, visit a walk-in centre or if it is a life-threatening emergency, visit the Emergency Department.

Message from our Chairman



The NHS is undergoing a period of significant change as set out in the NHS White Paper, Equity and Excellence: Liberating the NHS. These changes are subject to the outcome of the national listening exercise and passage of the bill through parliament. It is proposed that between now and 2013, groups of GPs will start to take over the responsibility for commissioning (buying) many NHS services. Responsibility for the commissioning of primary care services (services GPs themselves provide) would then pass to the National Commissioning Board during 2012 and 2013.

During this period of change, NHS Peterborough will continue responsibility for commissioning health and care services for Peterborough residents, and so it is essential that we continue to look at their developing needs and how good quality services can be maintained.

The primary care and urgent care services in Peterborough have been increased and developed over the years in an adhoc and piecemeal way; adding services when a particular need arose and moving services around to respond to circumstances – such as a GP 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 an overall strategy for change and development that is fair, consistent and strong for the future.

Since late 2010, we have been seeking views from GPs, nurses, councillors, MPs, patient groups and more about how we can best ensure local primary care and urgent care service are able to meet growing demand and are able to adapt to changing needs in the future. We've listened to all of the views and feedback and incorporated them into a vision for how we can improve local primary care services and urgent care services for the future, and we have a strategy for what needs to happen to reach that vision.

NHS Peterborough would like to know your views on our 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.

The implementation of this strategy is urgently required and I look forward to seeing the further comments in the consultation process to inform NHS Peterborough's Board's decision in September.

We will be consulting with the public on our proposals from **Wednesday 18 May to Thursday 18 August 2011**.

Derek Harris
Chairman of NHS Peterborough Board

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1. Executive summary



NHS Peterborough is the primary care trust for Peterborough. Our role is to plan and buy health and adult social care services for people in Peterborough and we are allocated a budget by the Department of Health and Peterborough City Council for this each year.

We buy (commission) and oversee primary care services such as GPs, dentists, pharmacists and opticians, as well as commission urgent care services such as the walk-in centres and accident and emergency.

Since 2010, we have been working with GPs, nurses, councillors, MPs, patient groups and more on a vision for how we can best ensure local primary care and urgent care service are able to meet growing demand and are able to adapt to changing needs in the future. NHS Peterborough is now consulting on this vision and on some specific proposals that will begin to make it a reality.

Primary care

In primary care, the current pattern of services is increasingly not able to meet current and future needs because:

- Communities with the greatest health needs cannot access a full range of services because some of the premises used to deliver care are of poor quality or are too small.
- Smaller practices serving high need communities are struggling to meet key quality requirements and some are expected to close due to GP retirements.
- Patients report wide variation between practices in terms of how easy it is to access appointments.

Our vision for primary care in Peterborough is that every patient can register with a GP practice that is caring, accessible, offers a wide range of services and achieves high standards of care for patients.

To deliver this requires a range of providers with broad and stable clinical teams with sufficient capacity, operating from appropriate premises in the right locations. Overall the system needs to be affordable, with resources allocated fairly taking account of need.

To achieve this vision the proposed strategy is to move (over time) to fewer, larger practices to improve the quality of service being provided and enable greater efficiency.

To achieve this we will

- invest in four new primary care premises in high need areas and serving the new population at Hampton
- agree succession plans with small practices where GPs are nearing retirement
- work with those practices not providing good appointment access to improve
- ask patients to move and register with an existing practice where small practice contracts end (and there is a practice nearby with sufficient capacity).

Urgent care

Currently urgent care services are overlapping with two walk-in centre services which are duplicating those already funded in general practice and the GP out of hours service. There are multiple attendances by some patients, at different services, for the same simple conditions.

The GP out of hours service currently requires additional medical hours at night to ensure highest standards are achieved. Too many minor injury cases are managed at the hospital site, which can draw resources away from patients with more serious conditions. NHS Peterborough is not fully utilising the opportunities for managing minor injuries at the City Care Centre. Overall there is significant opportunity to streamline the system to allow resources to be directed towards the highest priorities.

Our vision for urgent care is one where patients clearly understand where and how they can access urgent care services when they are needed. The services will be fully integrated and will signpost patients to the service most suitable to meet their needs. The urgent care services will deliver high standards of care and will manage patients in alternative settings to the hospital, where appropriate. To achieve this requires clinical teams skilled in particular levels of emergency care, supported by diagnostic equipment, operating from modern premises with extended opening hours.

The proposed strategy for urgent care is to reduce duplication of walk-in centre services, upgrade the Walk-in Centre at the City Care Centre to a Minor Illness and Injury Unit (MIIU) and to focus hospital emergency services on more serious cases, and to strengthen GP out of hours services at night.

All of the changes as outlined in our vision for primary and urgent care will allow us to make sufficient savings to reinvest an extra £0.9 million per year in primary care premises, an extra £0.3 million in night time GP cover, and overall savings of £1.6 million per year towards NHS Peterborough's financial recovery.

To achieve this we will

- develop the Walk-in centre at the City Care Centre into a MIIU
- close or change the Alma Road Equitable Access Centre.

Changes to plans as a result of pre-consultation

The extensive pre-consultation exercise that NHS Peterborough conducted has led to changes to the original proposals. This includes a new option for the Equitable Access Centre operating with reduced walk-in hours and exploring new ideas on ways to address the access to GP services for people living in Parnwell. The formal consultation offers further opportunity for local people and stakeholders to shape the proposals to be considered by the NHS Peterborough Board in September.

See page 24 for more detail on how our pre-consultation work has influenced these proposals.

Comments or complaints

If you have any comments, concerns or complaints about the consultation or the process we are using to seek your views and feedback, please contact Jessica Bawden, Director of Communications and Patient Experience on 01733 758414 or email jessica.bawden@nhs.net.

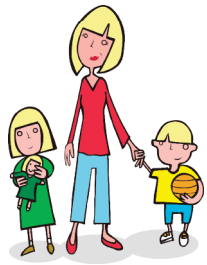
For further information or for copies of any of the documents referred to in this consultation please visit www.peterborough.nhs.uk or contact our involvement team by emailing involvement@peterboroughpct.nhs.uk, telephoning 01733 758 500, writing to Involvement Team, NHS Peterborough, 2nd Floor Town Hall, Peterborough, PE1 1FA.

2. Current Services and the need to change

Patients currently have the following choices for their primary care and urgent care needs.



Different people with different conditions



Child
Cough



Commuter
Stomach pains



Older person
Stroke



Young Person
Sprained ankle



Overweight
Diabetes risk



Family
Baby has rash

- 1** Calls GP for an appointment, gets one for later that day. Doesn't want to wait so goes to Walk-in Centre. Gets advice and told to go to pharmacy
- 2** Still goes to GP appointment later that day
- 3** Gets the same advice and goes to the pharmacy for over the counter medicine

- 1** Goes to Walk-in Centre
- 2** Given advice and told to go to pharmacy

- 1** Calls GP practice for an urgent appointment
- 2** Taken to A&E in ambulance from GP practice

- 1** Goes to A&E - Get treated but told could go to WIC
- 2** Follow-up appointment at GP

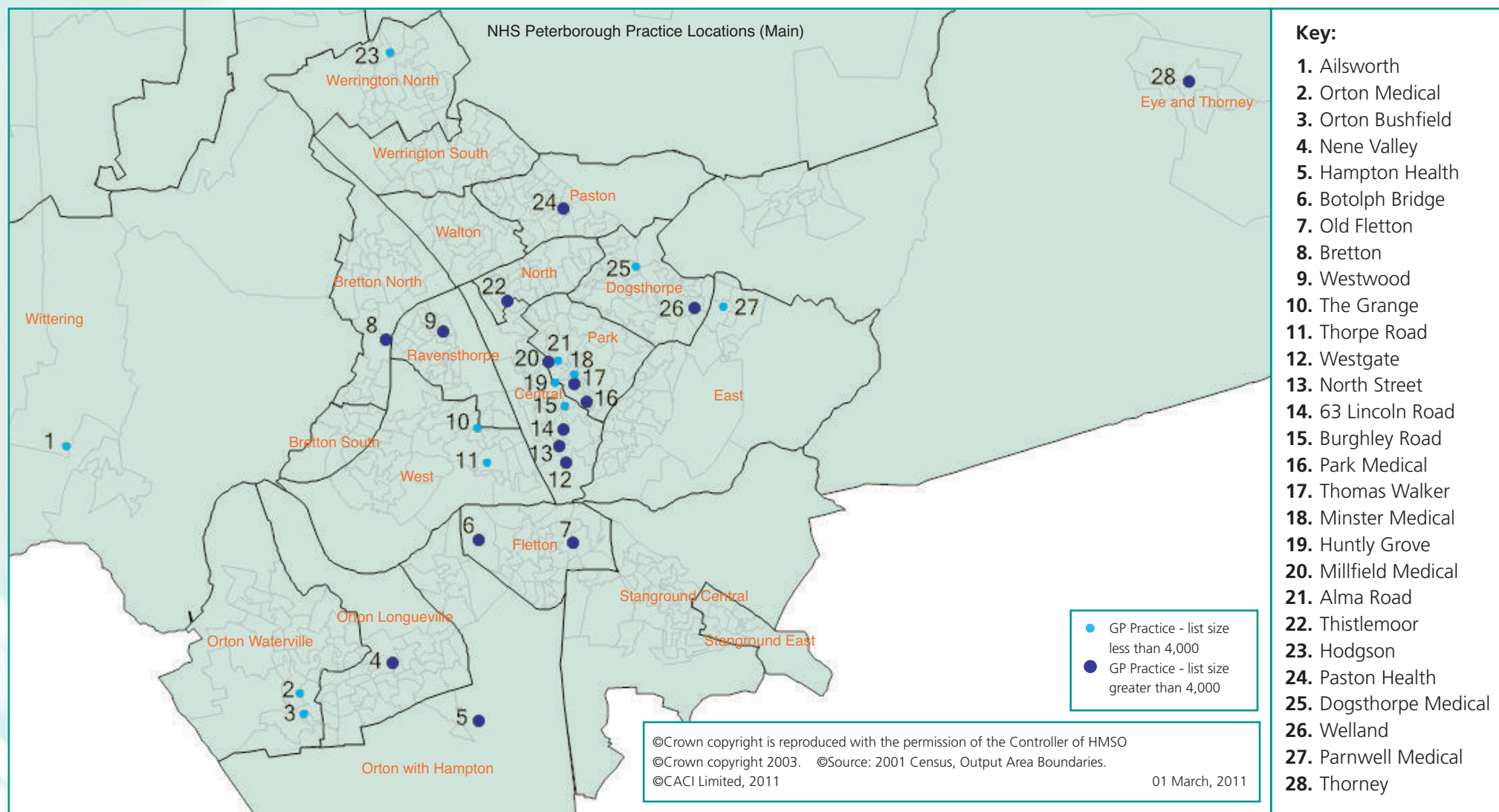
- 1** Treats himself at home for symptoms and ailments
- 2** Goes to GP when symptoms of diabetes persist

- 1** Go to A&E for most conditions, if not Walk-in Centre. Given advice and told to register at GP practice
- 2** End up at pharmacy to buy over the counter cream.

This illustrates the complexity and duplication patients can experience trying to access local health services.

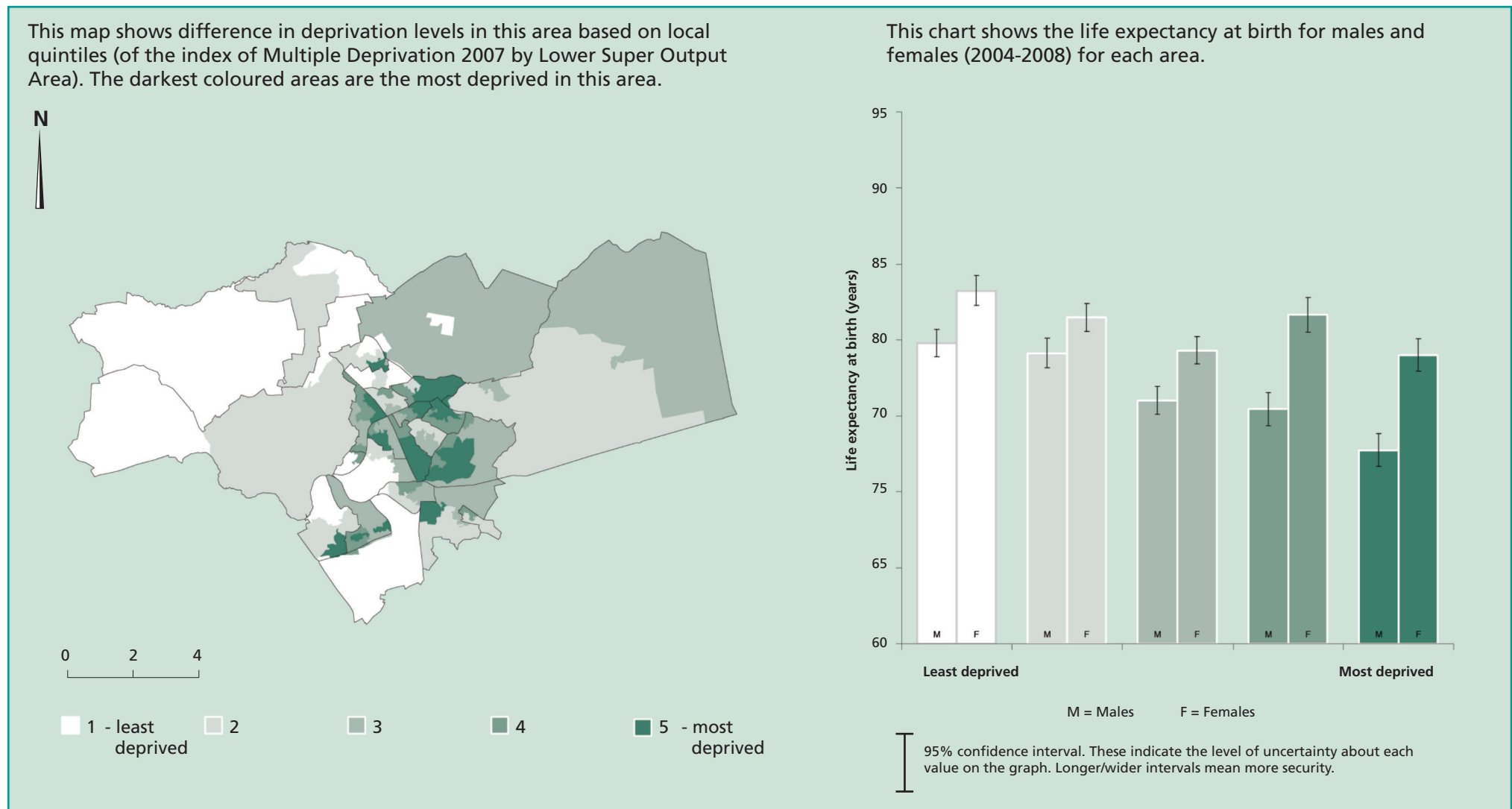
Primary Care

'Primary care' refers to services provided by GP practices, dental practices, community pharmacies and high street opticians. Around 90 per cent of people's contact with the NHS is with these services. This strategy focuses on primary medical services – services provided by GP practices. An estimated 95,000 patients a month are seen by GPs and nurses. The map below shows the GP practices in Peterborough.



Health needs

In Peterborough, more people live in deprived areas than the England average. Health outcomes in Peterborough are worse than the national average and there is inequality. Men in the least deprived areas can expect to live seven years longer than men in the most deprived areas. For women the difference is over four years. Rates of death for all causes, and early deaths from heart disease and stroke, are higher than the England average but falling in line with the national trend. The specific wards where deprivation levels are highest are shown in the map below.



Small practices serving high need communities are struggling to meet quality requirements or may close as their GPs are nearing retirement. A key measure of the quality of primary care services are the clinical quality outcome measures (QOF) such as success in helping patients manage with diabetes. There are a number of practices where NHS Peterborough has concern that the levels of achievement on clinical QOF are low. All these practices are serving high need communities and the majority of these are smaller practices (patient list size below 4,000). Larger practices serving these communities are achieving higher clinical QOF results for patients.

In recent years, following GP retirements, six small practices have either closed or another provider appointed to manage services. We expect three further small practices serving high need communities may be in the same position in the next five years due to retirements. Younger doctors have indicated they are unlikely to want to take on such new partnerships. Firstly because they wish to work in larger clinical teams which offer greater professional support, flexible staffing and allow GPs to develop skills in specific areas of medicine. Secondly small practices are increasingly uneconomic for GP partners. A practice list size of at least 4,000 is needed to support 2.5 whole time equivalent doctors. Practices with below 4,000 list are summarised in appendix 2.

Services to the growing communities or those with the highest need are limited by current premises

NHS Peterborough has assessed current premises based on their quality and the space required to deliver and extend primary care services to meet future demand. Some communities are relatively well served by practices operating from premises which

meet these requirements or can be adapted to do so. However, the following communities are served by practices where premises place major limits on services or the premises will not meet new quality standards.

Central ward

- 63 Lincoln Road and Burghley Road premises are not expected to meet new quality standards which come into effect in April 2012. The practices and NHS Peterborough will need to have alternative plans in place for these services by then.
- 63 Lincoln Road and North Street are significantly limited in the space available operating with a third of the required space. The practices have restricted space placing major limitations on the services they can offer. They have an exciting business case setting out the benefits they could deliver to the community by coming together and moving to new premises.

Dogsthorpe and East ward

- Dogsthorpe, Parnwell, and Welland practices serve 8,200 patients.
- There is not an appropriate health centre located at the heart of this community supporting the delivery of high quality services. The three small practices located in the community operate from poor premises and wish to bring together their services into one location, and provide a significantly improved range of services for patients. Premises at the Welland Practice and the Church Walk branch surgery are not expected to meet new quality standards which come into effect in April 2012.

Orton and Hampton

- The Orton Bushfield Practice and Orton Medical Practice both operate from the Orton Medical

Centre and together serve 7,600 patients. These premises do not meet key quality standards. The landlord wishes to replace the current premises with new premises nearby at no cost to NHS Peterborough, offering the opportunity to improve services and move to a single practice. Orton Medical Practice has been contracted to provide a caretaker service whilst the strategy for future services is defined.

- Hampton (11,000 patients – including future population growth). Despite opening for extended hours, the practice is currently not accepting new patients because it does not have enough clinical rooms. The space is being adapted to meet demand in the short-term but cannot accommodate the forecast patient growth.
- In addition to the above, some patients are served by practices with urgent space problems that can be addressed through a practice extension. To fund the extra rental costs of these new premises, and the highest priority extensions, would require an additional year on year spending of £0.9million.

Some premises offer the added benefit of being co-located with community services, pharmacies and dentists providing a one-stop service for patients and supporting cross-professional communication. New premises would provide an opportunity to achieve this for these communities. Some practices operate branch surgeries which may become difficult to continue due to new premises quality standards or practice financial pressures.

Rising demand

The population is forecast to grow by 20,000 by 2016, requiring approximately another 22 doctors and nurses. The growth is concentrated in Hampton (5,700) but also in Stanground central (2,400), Paston (2,300), East (2,200) and Central (1,500). In

addition, national evidence shows that the number of consultations per patient, per year increased from 3.9 to 5.5 during 1997-2007 and may continue to rise. A lack of space and suitability of existing premises is a key constraint in managing this demand.

Need and opportunities for greater efficiency:

Organisations across the NHS need to make financial savings by reviewing how money is spent, this includes NHS Peterborough. Peterborough has the third highest spend per person on primary care in England. One of the key reasons for this is the large number of small practices in Peterborough, which on average in Peterborough are 30% more expensive than larger practices. The basic price the NHS pays for primary care provided by GPs varies from £62 to £156 per head. The most expensive practices are primarily smaller ones. In particular, in the last 3 years, NHS Peterborough has procured new contractors to take on the running of some small practices following GP retirements. NHS Peterborough has found the prices for these contracts have been much higher due to the additional costs inherent in smaller practices.

URGENT CARE

Urgent care is sometimes referred to as unplanned care (as opposed to a planned operation or appointment) and is the range of responses that health and care services provide to people who require – or who perceive the need for – urgent advice, care, treatment or diagnosis.

This strategy focuses on urgent care services for less serious illnesses and injuries, which require

immediate care but do not require the full services of an emergency department or an ambulance.

Currently in Peterborough, for urgent health problems, patients can access NHS Direct, Pharmacy, their GP surgery (8am to 6.30pm weekdays), the Walk-in Centre at the City Care Centre (7am to 10pm), the GP-led Walk-in service at the Alma Road Equitable Access Centre (7am to 10pm) or the GP out of hours service (evenings, nights and weekends). For more serious cases, patients can attend the hospital accident and emergency department or call the ambulance service.

Patient comments on services

Patient comments made to the Local Involvement Network indicate that patients are not clear which service to attend for which condition. Patients have also reported difficulty getting an appointment or getting through on the telephone to some practices. The national patient survey shows that patients at 6 of the 28 practices in Peterborough report significant problems accessing an appointment on the same day or within 48 hours. However 21 out of the 28 practices do report good satisfaction rates for accessing an appointment on the same day or within 48 hours.

Role of walk-in services

Analysis of walk-in attendances shows:

- Walk-in services at the City Care Centre and Alma Road are primarily accessed by patients who are already registered with a GP in Peterborough. NHS Peterborough already pays GP practices and the GP out of hours service to meet all of the primary care needs of its patients.

NHS Peterborough is therefore, in effect, paying twice for these patients to be seen. The cost of the walk-in services is £2.6 million per year.

- Recent audit data shows that one in three walk-in patients also attended the practice they are registered with, as part of the same episode of illness.
- The Alma Road Equitable Access Centre is accessed primarily by patients who live close to the service and the Walk In Centre is attended by patients from a wider geography – see charts on page 12.

Use of A&E services

Analysing A&E activity shows that:

- Patients are attending A&E services with a range of conditions that are more appropriately managed either in their own GP practice, or within the current walk-in centres.
- The highest demand for patients attending for minor conditions is at times when their GP surgeries and both walk-in centres are open.

The high number of minor cases attending the hospital site, can draw resources away from patients with more serious conditions.

The City Care Centre is not being used to its full potential. The premises have been designed to accommodate the diagnostic facilities required to run a service that offers a wide range of urgent care (e.g. x-ray). If this service were developed it would greatly increase the range of urgent care services for Peterborough patients in the city centre.

A review of other services in the country shows that a Minor Illness and Injury Unit open 8am to 8pm, could be provided at a lower cost than the current Walk-in Centre.

In summary

In primary care, services need to change because

- small practices serving high need communities are struggling to meet quality requirements or may close as GPs are nearing retirement
- services to high need communities are limited by current premises
 - some do not meet basic quality standards and require replacement

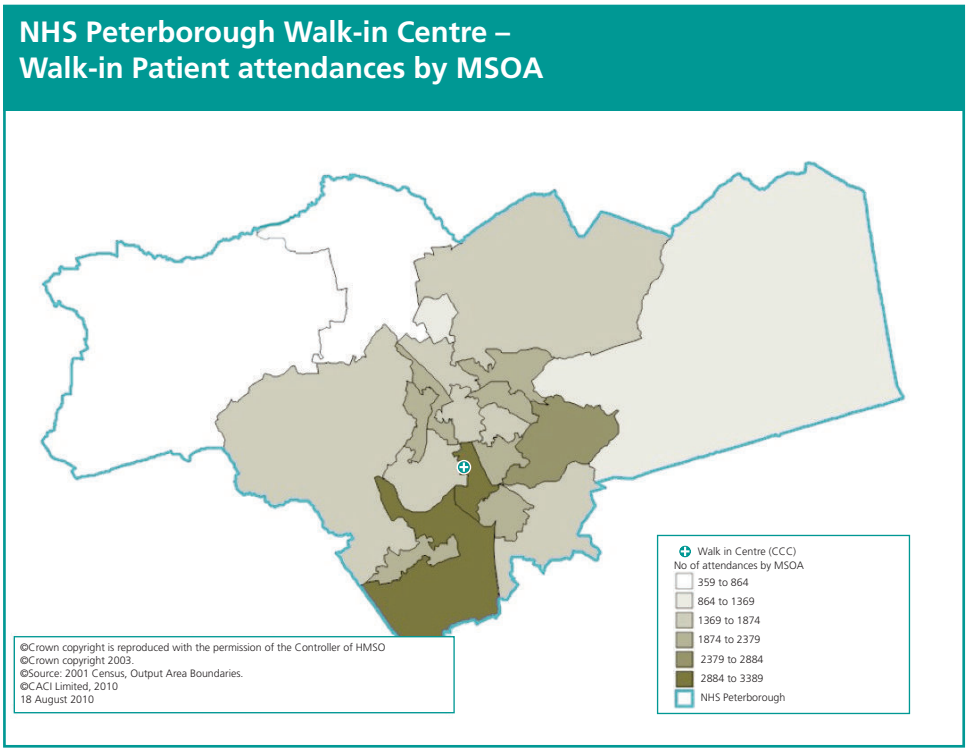
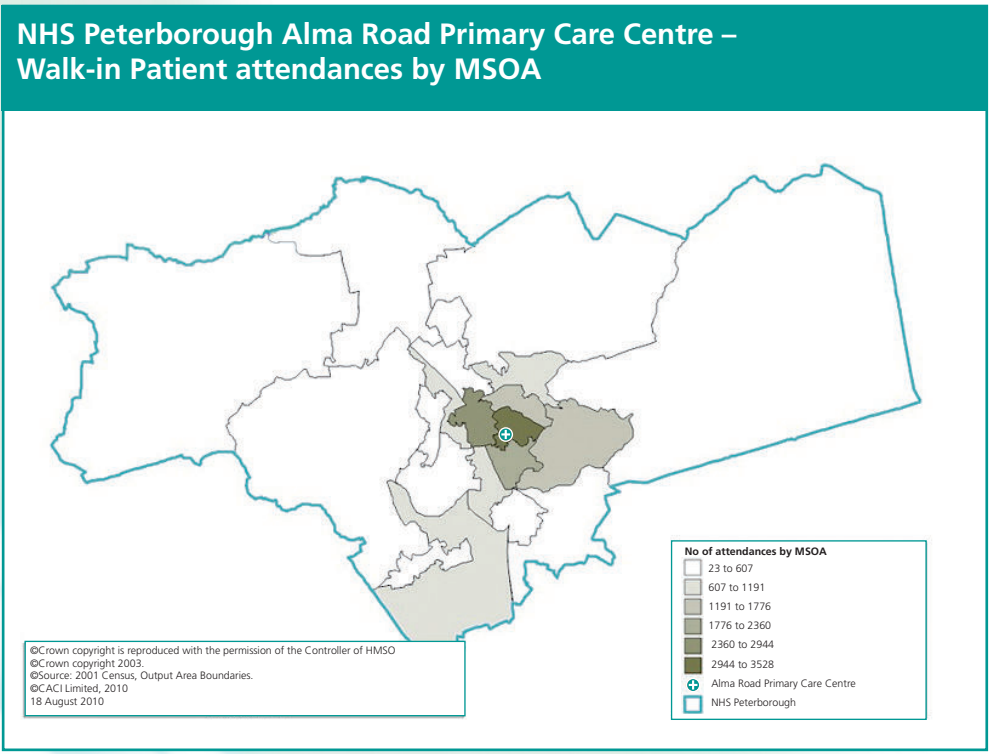
- they limit the range of services provided to patients
- demand is expected to continue to increase and primary care capacity needs to grow to meet this need
- NHS Peterborough has the opportunity to improve the quality of care and improve efficiency.

In urgent care, services need to change because

- some GP practices are not sufficiently accessible for appointments on the day or within 48 hours
- NHS Peterborough is paying twice for walk-in service attendances which duplicate services

- offered by GP practices
- the Emergency Centre (A&E) is currently seeing patients attending with minor injuries/illness that could be managed in the community in a Minor Illness and Injury Unit.

Overall there is significant opportunity to use NHS resources better to improve patient experience – to make it easier for patients to make the choice of where to go to get the right care at the right time.



3. Our vision

Our vision sets out how local primary care services and urgent care services could look in the future to ensure they are able to meet growing demand, are able to adapt to changing needs in the future and provide first class health and care for Peterborough residents. Our vision also supports the NHS Constitution and patients' rights and responsibilities to access the services available.

Primary care

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 local health services need to be affordable. It is important that patients fulfil their responsibilities and rights to use services wisely, including attending booked appointments and taking responsibility for self-care.

Our vision is that medium and larger sized practices will be better placed to deliver this requirement. Therefore, where GP practice contracts come to an end for small practices (list size below 4,000) and there is capacity nearby at existing surgeries, to ask patients to register with an existing surgery. The model (right) describes a GP practice in Peterborough which could deliver our vision for primary care.

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 and 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.



Urgent care

If we implement our vision for urgent care 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
- achieves high standards of care.

Achieving this requires clinical teams skilled in particular levels of urgent care, supported by diagnostics tests, operating efficiently from appropriate premises.

The model below describes how urgent care services could look in Peterborough to deliver our vision for urgent care:

Less
urgent



Level One

- Self-care supported by easily available information such as through the Choose Well campaign, including local advertising, information leaflets and posters available in all health and public facilities.
- NHS Direct information and advice available by phone and online.
- Easy access to a wide selection of primary care practitioners (GPs, pharmacies) and out of hours urgent primary care service.

Level Two

Minor Illness and Injury Unit – accessible for a range of minor illnesses and injuries which if not seen by a health professional within 24 hours will need hospital attention.

Level Three

Emergency Department based at the hospital site, to treat life threatening and emergency care requirements.

More
urgent



4. Benefits for patients?



As a result of this vision Peterborough can expect to have:

- larger, more stable GP practices offering a wider range of services, operating from purpose built facilities accessible to high need communities
- an easily accessible and understood urgent care service
- a local health system which is affordable and maintainable.

Standards of care will improve

- Enhanced urgent care services offering safe and easily accessible services for a wider range of health needs in the community.
- Larger teams in GP practices will be able to:
 - offer improved professional development and support for doctors and nurses increasing their skills as a team
 - be flexible to manage changes in their staff and demand for example managing transitions for patients when GPs retire.

This will mean patients will be able to develop good relationships with their healthcare providers over time.

Patient access to appointments at their registered practice will improve

- Choice of clinician - A larger practice can offer patients access to a choice of GPs, you may want to talk to a GP who is the same gender as you, or speaks the same community language or has extra training in your particular health condition.
- Choice of practice – better information on the

services provided by all practices, will support patients in moving their GP registration if they are not satisfied with their GP practice.

- All practices achieving the minimum access standards for their patients.

More services will be provided in GP practices

- Larger premises will mean more treatment and consulting rooms to support a wider range of services in that location:
 - community services – e.g. health visitors could see patients at the GP practice, which would enable the health visitor looking after you and your baby to discuss any concerns you have with a GP there and then
 - additional services and treatment e.g. minor surgery and ultrasound
 - co-location with dentists and pharmacists will make patient access easier and support cross-working between professionals on patient issues.

Extra Capacity

- Larger practices would be able to cope with the forecasted population growth - 20,000 extra

patients in five years without impacting on existing registered patients.

Improved patient experience of urgent care

- Building on simple, clear messages, it will be clearer for patients to know where to attend when they have urgent care needs.
- Patients with urgent but minor health problems will be able to build a relationship with their practice to manage these conditions – but will have the reassurance that the Minor Illness and Injury Unit is available should the condition worsen.
- Wider range of services for minor injuries and illnesses available in the city centre.
- Patients with minor injuries will experience a service tailored to their needs.
- Patients with more serious conditions will receive care from professional teams not distracted by the treatment of minor conditions.
- Patients can be reassured that if they choose the wrong service for their needs, they will either be signposted onto the correct service, or treated before being referred onto other services.



5. Options for change

There are three options which NHS Peterborough has considered in detail and are presented 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.

Primary care

- Continue with current services as they are without change.
- The Orton Medical Practice and Orton Bushfield Practice would move to new premises (currently being commissioned with no cost to NHS Peterborough). NHS Peterborough would continue with two separate practices from this building.

Urgent care

- Continue with current services as they are without change

With the exception of new premises at Orton, this option does not make any progress towards the vision for primary care or urgent care, and does not deliver the required financial savings. In the long term this option will cost NHS Peterborough more.

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. However, not all of the issues mentioned in section two would be addressed, and a further £1 million savings would need to be found from other services.

In primary care, services will change in the following areas:

- New GP practice premises provided for 63 Lincoln Road Surgery.
- 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.

- Burghley Road Surgery closed and patients supported to register with another local practice.
- Premises at North Street and Hampton extended to partially meet requirements .
- City Care Centre Walk-in Centre upgraded to become a minor illness and injury unit.
- Alma Road Equitable Access Centre continues but walk-in service for non-registered patients would only be available at evenings and weekends.

Finance impact

Change in spending	Annual (£ million)	Five year savings
Primary care	0.8	2.6
Urgent care	0.8	2.4
Total	1.6	5.0

In all options

- Each GP practice will improve access to a minimum standard
- NHS Peterborough will provide extra information to patients to support their choice of practice
- NHS Peterborough will work with small practices whose contract could end due to retirement - where contracts end and there is sufficient capacity near by, to support patients to register with another practice.

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Advantages:

- ✓ This option would meet requirements at Dogsthorpe and 63 Lincoln Road.
- ✓ It would also partially addresses inefficiencies in the urgent care system through the creation of a minor illness and injury unit.

Disadvantages

- ✗ Continuation of EAC does not fully address the duplication within the urgent care system. It therefore does not release sufficient resources to fund the changes needed to premises in two of the five priority areas (North Street and Hampton – 26,000 patients).
- ✗ It delivers only £5 million of the £6 million savings for NHS Peterborough’s financial position to be affordable.

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 as set out below, 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.

Primary Care

- New GP practice premises provided for 63 Lincoln Road Surgery and North Street at one location, delivering the practices’ 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

- City Care Centre – Walk-in Centre upgraded to become a Minor Illness and Injury Unit treating a wider range of conditions in the city centre.
- Alma Road Equitable Access Centre closed and registered patients asked to move their registration to another practice.

Financial impact

Change in Spending	Annual (£ million)	Five year savings
Primary care	0.8	3.6
Urgent care	0.8	2.4
Total	1.6	6.0

Advantages

- ✓ This is the only option which fully delivers the service vision in all four priority localities, meeting the population growth in Hampton, improving services in the Dogsthorpe area; transforming the primary care services available to the patients at 63 Lincoln Road and North Street, and improving services to patients in Orton.
- ✓ The option delivers maximum improved efficiency to the urgent care system releasing the savings required for the above change.
- ✓ It delivers the full £6 million required savings over five years towards NHS Peterborough’s financial position.

Disadvantages

- ✗ Reduced options for patients wishing to attend a primary care walk-in centre other than their GP surgery for minor health problems.

	Option 1 No Change	Option 2 Partly realise the vision	Option 3 Realise the vision in full
2011	2015	2015	2015
28 GP Practices <ul style="list-style-type: none"> • Very limited capacity to expand • Variable appointment access • Practice in the centre of community • List sizes from 1,500 	28 GP Practices <ul style="list-style-type: none"> • Same number of GPs and nurses • Very limited capacity to expand • Variable appointment access • Practice in the centre of community 	19-22 GP practices <ul style="list-style-type: none"> • Same number of GPs and nurses • Limited capacity to expand. • Some improved premises and additional services • Variable appointment access. • Practice in the centre of community 	19-22 GP practices <ul style="list-style-type: none"> • Same number of GPs and nurses • Capacity to expand to accommodate increase in population of 20,000 • Improved premises and additional services in all priority areas • Consistent good appointment access. • Practice in the centre of community
GP Out of Hours	GP Out of Hours	GP Out of Hours More night time GP cover	GP Out of Hours More night time GP cover
Two walk-in centres (7am/8am - 10pm) Seeing minor illness, blood tests, one-off family doctor issues	Two walk-in centres (7am/8am - 10pm) Seeing minor illness, blood tests, one-off family doctor issues	One walk-in centre Seeing minor illnesses (6.30pm - 10pm weekdays and 7am - 10pm weekends)	1 Minor Illness and Injury Unit with diagnostics (e.g. x-ray) (seven days a week 8am - 8pm) Minor injury and illnesses
Hospital Accident & Emergency Department Major and minor cases 24 hours a day, seven days a week	Hospital Accident & Emergency Department Major and minor cases 24 hours a day, seven days a week	Hospital Emergency Department Emergency and minor cases 24 hours a day seven days a week. Greater focus on emergency and life threatening cases 8am - 8pm	Hospital Emergency Department Emergency and minor cases 24 hours a day seven days a week. Greater focus on emergency and life threatening cases 8am - 8pm
Savings	No savings made £6 million to find from other changes to primary care and urgent care services	High savings made £1 million still to find from other changes to primary care and urgent care services	All savings made

NHS Peterborough has assessed each of three options against six criteria and this is summarised as a score in the table below. NHS Peterborough has given greater weighting to the criteria for quality of care.

This shows that both options 2 and 3 deliver significant improvements across the criteria compared to the current position. For example, in these two options the creation of a single health team serving the wider Dogsthorpe area in purpose built health centre, will improve and increase the services available to this deprived community - a key step forward in reducing health inequalities. For urgent care, stepping up the Walk-in Centre to a minor injury and illness unit at the City Care Centre will improve patient experience.

The patient experience criteria includes access to appointments. In option 3, stopping the evening and weekend walk-in services would reduce patient options for primary care in these hours. However, our assessment is that the benefits that would be achieved by fully addressing the accommodation requirements for the 26,000 patients served by North Street and Hampton would more than outweigh this. Therefore, option 3 provides the greatest opportunity to improve service quality, reduce health inequalities, improve patient experience and increase capacity.



Criteria	Option 1	Option 2	Option 3	Maximum score
Quality of care	5	22	23	(25)
Reducing health inequalities	5	10	13	(15)
Patient experience	5	12	14	(15)
Capacity for service	3	11	14	(15)
Value for money	3	12	13	(15)
Affordability	3	13	14	(15)
Total	24	80	91	(100)

6. Our preferred option



Based on the analysis of the information gathered to date, including the pre-consultation process, option 3 is the preferred option recommended for Peterborough. In more detail this will involve the following specific changes.

Primary Care

The overarching strategy is to move over time, to fewer but larger GP practices. Each larger practice will have a strong, multi-skilled clinical team that can provide the quality, capacity, range of services and efficiency needed.

If this option is adopted, following consultation, the following improvements to premises will be made based on the issues described on page 10.

- 63 Lincoln Road and North Street (26,800 patients)**

We would provide sufficient resources to allow both practices to move to one new building within 0.25 miles of their current locations (in place spring 2014).

- Hampton (11,000 patients – including future population growth)**

We would support Hampton practice to move to new premises that could accommodate an increase in the number of patients in Hampton, with the option to expand the site in future years (in place spring 2014).

- Dogsthorpe, Parnwell, and Welland (8,200 patients)**

We would support the practices to come together in new premises in Dogsthorpe. Services in future would be provided by a single practice from a new primary care building in the centre of the community. Special arrangements would be in place to support access for Parnwell residents including transport arrangements to the new surgery site from Parnwell and/or provision of some satellite services within the Parnwell community (e.g. flu vaccinations, child immunisations, ante-natal clinics). Services would continue at the current Parnwell surgery and the Welland practice's branch surgery at Church Walk until the new building is available (spring 2014).

- Orton Medical Centre practices (7,600 patients)**

The landlord wishes to replace the current premises with new premises nearby at no cost to the NHS Peterborough (autumn 2013). We would support this move which would result in the Orton Bushfield practice developing to

deliver services for 7,000 - 8,000 people, including patients registered at Orton Medical Practice which would close in December 2011. We would support those patients to register with Orton Bushfield or another practice. The two practices would work together to achieve a smooth handover for patients transferring their registration.

For the four new premises above we will:

- locate the practice at centres where the community already visit, close to public transport.
- locate dental surgeries and pharmacies at these buildings where possible.
- provide space for extended primary care and community services including voluntary sector, community nursing and mental health services as part of an overall plan with provider trusts for the best use of space for community services.
- ensure the size and design of premises is based on highly efficient use of space and is able to be flexible to changes in use.

- ensure the best value for money from all premises.

- **Burghley Road (2,200 patients)**

We would close the practice at Burghley Road in March 2012 and support patients to register with another local practice – there are five practices within one mile of the practice with capacity.

- **Other premises changes**

NHS Peterborough will support those practices with urgent space shortages which are affecting patient services to expand. This will be on the basis of an open business case process for the additional rental costs required. NHS Peterborough will work with those practices where continuation of branch surgery services becomes difficult, to ensure full local involvement of patients potentially affected by these decisions.

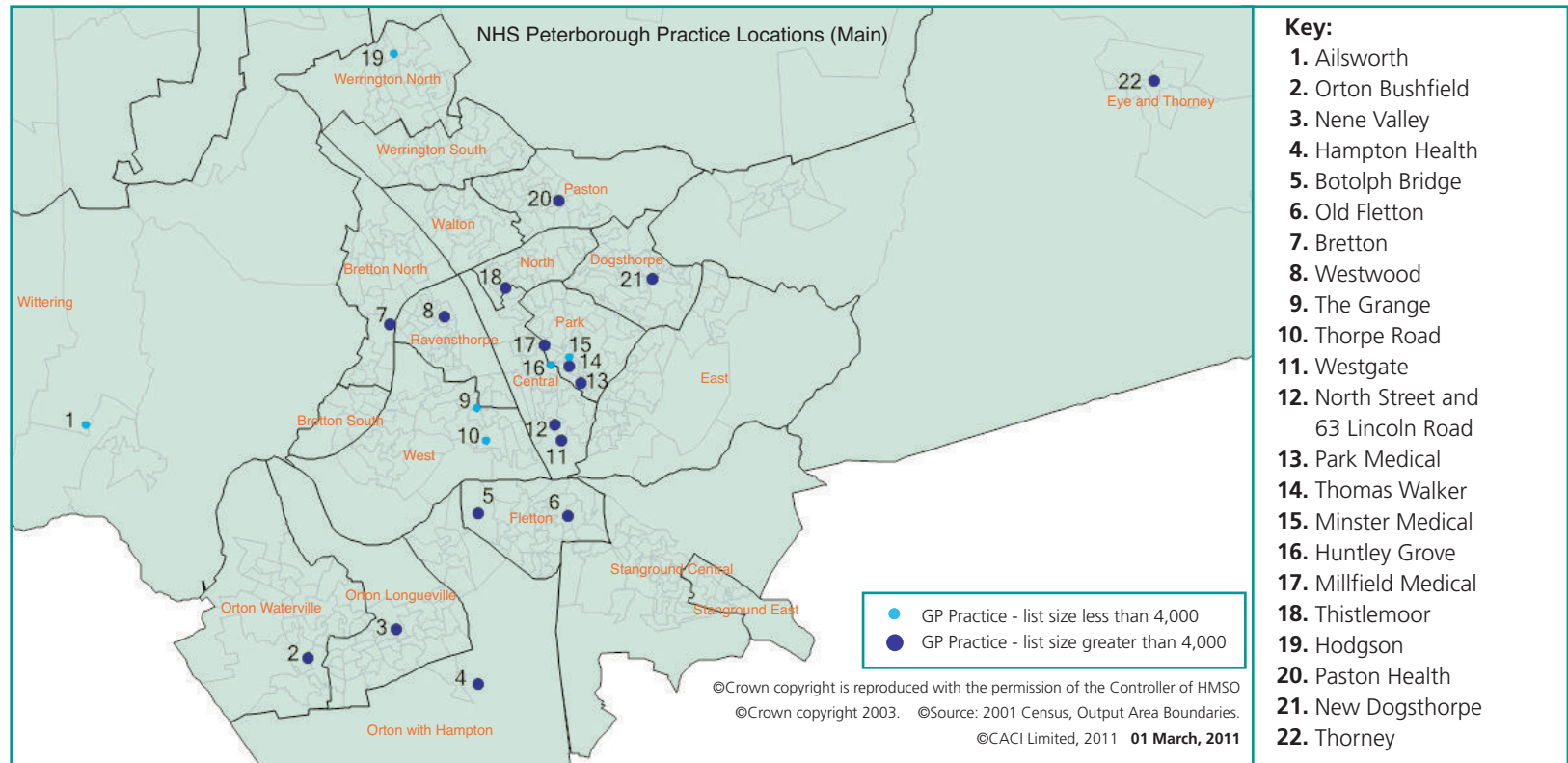
- **Other small practices**

We will work with small practices with expected retirements and time limited contracts to plan their future. Where small practices wish to come together, NHS Peterborough will support this. Where a contract for a practice with a list size below 4,000 ends, and there is another practice with sufficient capacity nearby, we will support patients to register with another practice.

- **Improving access**

We will work with practices with poor access to patients, to improve so that all practices achieve a minimum standard. Provide extra information to patients to support their choice of practice.

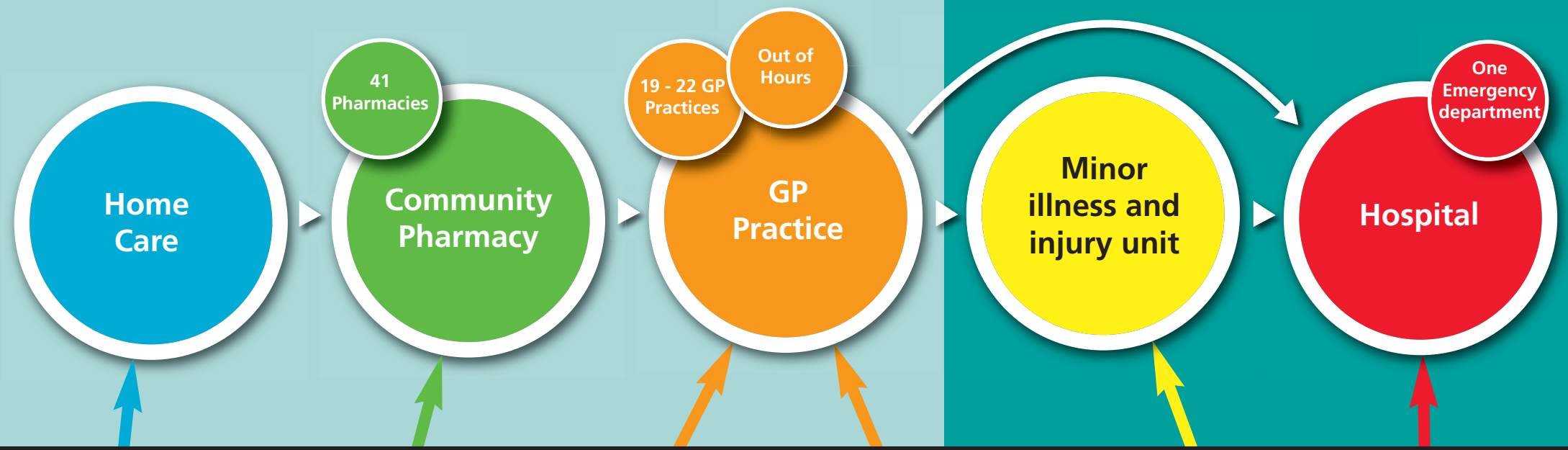
The new pattern of primary care will look like this



What the new system could look like?

Primary Care

Urgent Care



34



Child
Cough

Treated at home with plenty of fluids



Commuter
Stomach pains

Goes to pharmacy and gets advice and stomach acid tablets



Overweight
Diabetes risk

Sees GP regularly and manages weight through healthy lifestyle choices, reduces his risk of developing further conditions such as diabetes



Family
Baby has rash

Goes to GP for advice, GP gives advice on allergies and prescription for ointment



Young Person
Sprained ankle

Goes to Minor Illness and Injury Unit and gets ankle support and advice



Older person
Stroke

Family acts FAST and calls 999, goes straight to A&E by ambulance and gets immediate FAST treatment

Urgent Care

The overarching strategy is to make the urgent care system simpler to access and understand, by removing duplication in the current system. This would involve the following changes:

- Developing a Minor Illness and Injury Unit at the City Care Centre, offering more services than the current Walk-in Centre based there. This will be supported by diagnostics (e.g. x-ray) and an extensive range of services (e.g. applying casts to non complex fractures) that otherwise would have required patients to go to the Emergency Department at the hospital. This will be built up over time to be fully operational spring 2013.
- Ending the Alma Road Equitable Access Centre contract in March 2012. Patients registered with the practice would be supported to register with another practice, including one of five available within 15 minutes walk. For walk-in services, patients could attend their registered practice (all of whom will be achieving minimum access standards) or the City Care Centre at Thorpe Road.

The following supporting changes are also required:

- NHS Peterborough will fund a marketing campaign to communicate clearly the roles of specific services.
- All NHS providers will need to direct patients to the correct services for their urgent care needs, including the ambulance service and NHS Direct.
- GP practices will need to put in place the required capacity to manage certain minor cases currently seen at the walk-in centres.
- When selecting the future providers for the Minor Illness and Injury Unit, NHS Peterborough will include patients and members of the public in the procurement process, as with previous contracts.



7. Have your say



We will be consulting with the public on our proposals from 5pm Wednesday 18 May to 5pm Thursday 18 August 2011.

As part of the consultation NHS Peterborough will be hosting two public meetings in the Town Hall to discuss our overall proposals. These will be held on:

30 June	Reception Room, Town Hall, Peterborough	2pm - 4pm 6.30pm - 8pm
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As well as these meetings we will be arranging a community meeting in each of the area specified within the proposals to discuss details of what this will mean for local people. These meetings will discuss the overall proposals but with a more local focus.

25 May	Gladstone Park Community Centre, Central Ward	6pm - 7.30pm
26 May	St John's Church School, Orton Goldhay	6pm - 7.30pm
6 June	Parnwell Primary School, Saltersgate, Parnwell	6pm - 7.30pm
7 June	Hampton Vale Primary School	6pm - 7.30pm

We will be attending the Neighbourhood Council Meetings across the city to discuss this consultation. You can find details of when your local neighbourhood meeting will be held by calling 01733 747474 or go online to www.peterborough.gov.uk and click in Community information and then Neighbourhood Councils.

If you would like a member of our team to come along to your group meeting please contact us using the contact details below

Email involvement@peterboroughpct.nhs.uk

Post The Right Care at the Right Time Consultation, NHS Peterborough, 2nd Floor, Town Hall, Bridge St, Peterborough, PE1 1FA

Phone 01733 758500

Consultation work already completed

NHS Peterborough has sought views on our primary care and urgent care plans as part of an extensive pre-consultation programme between December 2010 and March 2011 which included:

- Partner GPs at 18 GP practices
- Five ward based groups of councillors and both local MPs
- Peterborough and Stamford Hospitals Foundation Trust, Peterborough Community Service, Cambridgeshire Community Services, Cambridgeshire and Peterborough Foundation Trust, Cambridgeshire Local Medical Committee
- Peterborough Local Involvement Network, NHS Peterborough Public Consultation Forum
- Scrutiny Committee for Health Issues.

The comments and feedback from pre-consultation work has significantly informed the development of NHS Peterborough's planning. The main comments were:

- We welcome the strategic approach looking at the whole of primary and urgent care rather than bits here and there, it is good to have the whole picture.
- Clinicians have supported the need to move away from small GP practices over time through expanding or merging practices, including many doctors in small practices who do not regard the model as sustainable in the future. There has been concern expressed by patients of small practices that this could lead to a less personal service.
- There is wide recognition of the need to streamline urgent care services but divided views on the relative value of the walk-in services.
- There is concern that some of the changes NHS Peterborough aims to see for urgent care will not happen – some practices will not improve their appointment access; despite communication patients will continue to attend the A&E department instead of more suitable options; reduced services at the Equitable Access Centre will lead to more A&E attendances.
- There is concern that new premises may not be delivered to time or budget.

NHS Peterborough gained a greater understanding of specific local issues:

- The extent of the problems for patient services created by premises at 63 Lincoln Road, North Street.

- The need for smaller scale premises changes in some practices.
- Importance of planning for population growth at Hampton.
- The extent of the problems for patients created by premises at Welland and the need for local access at Parnwell.

There are a number of examples where the views expressed in the pre-consultation process have led to changes in NHS Peterborough's plans for this consultation:

- All of the current options have been refined and developed as part of this pre-consultation work
- Patients and ward councillors in Parnwell all raised concerns about how people in Parnwell would access services if the larger combined practice was located in the Dogsthorpe area. The implementation plan for Parnwell has been adapted to ensure good access for the Parnwell community to primary care through developing a transport plan looking at the costs of running a community bus service. We are also exploring options for some outreach clinics in Parnwell such as flu jab clinics and baby immunisation clinics.
- Ward councillors, practices and Peterborough City Council have identified potential sites for possible relocation of North Street and 63 Lincoln Road practices.
- Ward councillors from central ward informed us that a viable option for this area must be located within the ward and not on the outskirts. This is now included in the planning for this area, we have set a distance of 0.25 miles from existing

practices for the redevelopment of a large practice in this area.

- The company who run the Alma Road Equitable Access Centre have worked with us to develop option 2 so that it now includes continuation of services for the Equitable Access Centre but with reduced hours for walk-in patients which reduces costs.
- A budget has been identified to fund extensions to existing premises for practices serving high need communities. This will support significantly increasing GP list sizes in those areas.
- We have worked closely with the urgent care providers in Peterborough to develop options that are viable, and affordable and offer the best quality of care for patients.
- GPs in the affected practices have worked with us to develop options that will resolve the issues they currently face with their premises. An example of this is 63 Lincoln Road where they can only run limited services due to the fact that some patients are unable to safely climb the stairs and their current building is not suitable to have a lift fitted. Once they have redeveloped premises they will be able to offer improved access to GPs and other services within the practice.

Further information

The full Business Case (available on our website www.peterborough.nhs.uk) has information on all the issues raised in this document, including more detailed facts and figures behind the options. If you would like a copy please visit our website or contact the involvement team using the contact details at the bottom of the main form.

This consultation has been drawn up in accordance with key consultation criteria and legal guidance as follows:

Cabinet Office Code of Practice on Consultations

The current Code of Practice was developed following a review of Government consultation practices in 2007. The Code consists of seven headline criteria and key points supporting each of these criteria:

1. When to consult
2. Duration of consultation exercises
3. Clarity of scope and impact
4. Accessibility of consultation exercises.
5. The burden of consultation
6. Responsiveness of consultation exercises
7. Capacity to consult

Find out more about Cabinet Office Code of Practice on consultations:

www.bis.gov.uk/policies/better-regulation/consultation-guidance/code-of-practice

Statutory Duties Section 242 and 244

The Local Government and Public Involvement in Health Act 2008 made provision to enhance and clarify sections 242 and 244 of the NHS Act 2006. The Act came into force on 1 April 2008.

All organisations working within the NHS have a statutory duty within the Act to involve patients and the public whether by consulting or providing with information, or in other ways as well as the overview and scrutiny committee (OSC).

Section 242 is the duty to involve users

Section 244 is the duty to involve OSC

These duties apply to:

- the planning and provision of services
- the development and consideration of proposals

for changes in the way those services are provided

- decisions to be made by that organisation affecting the operation of those services.

Find out more about section 242 and 244:

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081089

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_089787

Lansley Criteria for Significant Service Change

In May 2010, the Secretary of State for Health, Andrew Lansley, set four new tests that must be met before there can be any major changes to NHS services.

1. Support from GP Commissioners

NHS Peterborough has met with the GP practices directly affected by these proposals as part of the pre-consultation stage to discuss the proposals and listened to their feedback and any suggestions. NHS Peterborough has also discussed the proposals with the wider GP group and listened to feedback. NHS Peterborough has incorporated the views and viable suggestions from GPs into the consultation documents. NHS Peterborough will discuss the outcome of the consultation with GP leaders and will reflect their comments in its recommendation to the Board at the end of the consultation.

2. Clarity about the clinical evidence base underpinning the proposals

The National Clinical Advisory Team (NCAT) provide clinical assurance for major changes to healthcare. They have reviewed NHS Peterborough's draft proposals and support the strategy that NHS Peterborough is consulting on. NCAT report available on the NHS Peterborough website www.peterborough.nhs.uk

3. Arrangements for public and patient engagement should be strengthened

Ongoing arrangements for public and patient involvement will include:

- Patient involvement in the procurement process for the Minor Injury and Illness Unit and the primary care out of hours service.
- Regular review of practice performance on access with the Local Involvement Network.
- Ensuring all GP practices operate active patient involvement groups.
- Regular survey of patient understanding and use of urgent care services.

4. Develop and support patient choice

The strategy supports choice in primary care by additional patient information, ensuring availability of a range of sustainable practices achieving minimum quality and access standards, increasing choice of clinicians within practice at larger surgeries and increasing the range of services provided within general practice.

For urgent care, the system will be simpler to help patients access the appropriate service for their need and will allow more patients to receive treatment for their minor injuries in the city centre.

Find out more about reconfiguration criteria:

www.dh.gov.uk/en/MediaCentre/Pressreleases/DH_116290

Equality Impact Assessment (EIA)

NHS Peterborough has conducted an Equality and Impact Assessment in relation to any adverse impact our options may have on the six statutory groups. For a full copy of the EIA visit www.peterborough.nhs.uk

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 specifics of 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?

If you have any further comments you would like to add please use the page opposite.

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

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 براۓ مہربانی ہم سے پوچھئے۔

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



Please use for further comments

A large, empty white rectangular area intended for handwritten or typed comments, framed by a teal border.

Please use for further comments

8. Appendices



Appendix 1

Examples of which conditions would be seen where within our preferred option (option 3)

Conditions currently seen at Walk-in Centre which will continue to be seen at MIIU	Conditions currently seen at Walk-in Centre which will stop and be seen by your GP surgery	Additional conditions that MIIU will manage which are not currently seen at Walk-in Centre	Conditions to be managed at the Emergency Department
<p>Minor Injuries</p> <ul style="list-style-type: none"> Minor burns and scalds Minor head injuries Muscle/joint injuries – sprains/strains Animal bites Minor eye injuries Minor injuries to back, shoulder and chest Cuts requiring steri-strips <p>Minor Illness</p> <ul style="list-style-type: none"> Minor chest infections Earache <p>Other</p> <ul style="list-style-type: none"> Infected wounds Sexual Health advice Emergency Contraception/Morning After Pill 	<ul style="list-style-type: none"> Removal of stitches Wound dressing Ear syringing Blood tests Coughs and colds Sore throats 	<p>Minor Injuries</p> <ul style="list-style-type: none"> Bruised joints that might require to rule out fractures Arc eye (flare from sun, snow or welding) Cuts requiring stitches <p>Minor illness</p> <ul style="list-style-type: none"> Conjunctivitis Water infections Tonsillitis Chronic ear conditions (such as Otitis) <p>Minor musculo-skeletal</p> <ul style="list-style-type: none"> Back pain Frozen shoulder Inflamed, painful, swollen or stiff joints <p>Long term conditions</p> <p>Asthma, lung disease, diabetes</p> <p>Acute musculo-skeletal trauma</p> <ul style="list-style-type: none"> Fractures Joint injuries Soft tissue injuries <p>Other</p> <ul style="list-style-type: none"> Nosebleed Allergic reactions Eczema Removal of foreign bodies 	<ul style="list-style-type: none"> Substance misuse Anything cardiac in nature – arrest, failure, chest pain, angina <p>Major Injuries</p> <ul style="list-style-type: none"> Amputations Dislocations Tendon rupture/open fractures Gunshot wounds Haemorrhage <p>Long-Term Conditions complications</p> <ul style="list-style-type: none"> Hypoglycaemia - too much insulin (patients with diabetes) <p>Gynae/Maternity</p> <ul style="list-style-type: none"> Pregnancy – ectopic Abortions Premature birth <p>Mental Health</p> <ul style="list-style-type: none"> Attempted suicide Schizophrenia

Appendix 2

Practice details

2.1 Practices with less than 4,000 registered patients (list size)

Practice	Comment
Orton Bushfield	
Orton Medical Practice	Care taker arrangements pending outcome of consultation
Dogsthorpe	Contract in place until April 2014
Parnwell	Care taker arrangements pending outcome of consultation
Burghley Road	Contract in place until April 2014
Minister Medical	
Huntly Grove	
Alma Road	Contract in place until April 2014
Thorpe Road	
Grange	
Hodgson	

2.2 If the three smaller practices referred to in this document close as per our preferred option, this table shows the alternatives open to patients.

Practice potentially closing	Alma Rd	Burghley Rd	Orton Medical
Alternative practices near by	Millfield Medical Centre Thomas Walker Surgery Huntly Grove Minster Medical Park Medical Church St (branch of Welland surgery) Thistlemoor 63 Lincoln Rd North St	Park Medical Church St (branch of Welland surgery) Thomas Walker Surgery Huntly Grove Minster Medical Millfield Medical Centre Thistlemoor 63 Lincoln Rd North St	Orton Bushfield Nene Valley

9. Glossary

NHS Peterborough (NHS Peterborough) is the primary care trust for Peterborough. Our role is to plan and buy health and adult social care services for people in Peterborough and we are allocated a budget by the Department of Health and Peterborough City Council each year for this.

We buy and oversee primary care services (GPs, dentists, pharmacists and opticians), secondary care services such as hospitals and mental health services, and directly provide health and adult social services in the community such as district nursing and home care. We also fund, buy and oversee other specialist treatments and adult social care from providers in the independent sector.

Peterborough and Stamford Hospitals Trust is the main provider for secondary care services, also known as acute care services for the Peterborough area. They manage two hospitals, Peterborough City Hospital and Stamford and Rutland Hospital

Urgent Care refers to the range of services that are provided to people who need urgent advice, care, or treatment outside of local GP practice opening hours. If left untreated symptoms or conditions that require urgent care may become life-threatening within a short space of time. Urgent care services also includes services that respond to life-threatening conditions and accidents. Urgent care services include the GP out of hours service and the two walk-in centres.

Primary Care refers to services provided by GP practices, dental practices, community pharmacies and high street opticians. Around 90 per cent of people's contact with the NHS is with these services: This strategy focuses on primary medical services – services provided by GP practices.

Any condition or symptom that will not become life-threatening within a short space of time should be seen first by a primary care provider. This primary care provider can then refer you to secondary care to receive further retreatment if necessary.

Secondary Care or acute care refers to the services provided by Peterborough and Stamford Hospitals Foundation Trust. You would normally need an appointment for these services which is arranged for you by your GP or other primary health care provider. This is also known as a referral to secondary care.

Walk-in Centre refers to services to treat minor and simple health concerns that are provided without the need of an appointment. These are currently provided at the City Care Centre by a nurse-led team additional training and skills including minor illness management. Also, the equitable access centre at Alma Road, which is a GP-led primary care team.

Emergency Department (A&E) refers to services that are provided at Peterborough City Hospital to treat life-threatening and very serious illnesses and injuries. You do not need an appointment or to be referred to access these services.

GP Out of Hours refers to services provided by GPs to deal with serious illnesses and injuries outside of normal GP practice opening hours. This would normally be between 6.30pm and 8am in the week and all the time at weekends. You would need to telephone this service to arrange to be seen by an out of hours GP or nurse at the centre or a home visit.

NHS Constitution 2009

This consultation supports your rights as a patient under the NHS Constitution as it will improve the quality of primary and urgent care services.

Our proposals, if implemented, will improve the quality of care offered as it will increase the range of services available to patients from a number of GP practices. Currently the range of services available to patients is limited by premises that are increasing stretched and not up to current standards. Therefore these proposals, if implemented, will improve the environment in which those services are offered for a substantial number of patients across the city.

This consultation supports your right as a patient to be involved in the decision-making process for healthcare services.



Alternate formats

English

If you would like this information in another language or format please ask us.

Polish

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Urdu

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The Right Care at the Right Time

Seeking your views on the Primary Care and Urgent Care Commissioning Strategies for Peterborough.

5pm 18 May 2011 - 5pm 18 August 2011

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