AGENDA

Health Scrutiny Committee

Date:	**Wednesday, 18th June, 2008**
Time:	**10.00 a.m.**
Place:	**The Council Chamber, Brockington, 35 Hafod Road, Hereford**
Notes:	Please note the **time, date** and **venue** of the meeting.

For any further information please contact:

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Herefordshire Council

HEREFORDSHIRE COUNCIL

AGENDA

for the Meeting of the Health Scrutiny Committee

To: Councillor JK Swinburne (Chairman)
Councillor AT Oliver (Vice-Chairman)

Councillors WU Attfield, PGH Cutter, MJ Fishley, P Jones CBE, G Lucas, GA Powell, A Seldon, AP Taylor and PJ Watts

Pages

1. APOLOGIES FOR ABSENCE

To receive apologies for absence.

2. NAMED SUBSTITUTES (IF ANY)

To receive details of any Member nominated to attend the meeting in place of a Member of the Committee.

3. DECLARATIONS OF INTEREST

To receive any declarations of interest by Members in respect of items on the Agenda.

GUIDANCE ON DECLARING PERSONAL AND PREJUDICIAL INTERESTS AT MEETINGS

The Council's Members' Code of Conduct requires Councillors to declare against an Agenda item(s) the nature of an interest and whether the interest is personal or prejudicial. Councillors have to decide first whether or not they have a personal interest in the matter under discussion. They will then have to decide whether that personal interest is also prejudicial.

A personal interest is an interest that affects the Councillor more than most other people in the area. People in the area include those who live, work or have property in the area of the Council. Councillors will also have a personal interest if their partner, relative or a close friend, or an organisation that they or the member works for, is affected more than other people in the area. If they do have a personal interest, they must declare it but can stay and take part and vote in the meeting.

Whether an interest is prejudicial is a matter of judgement for each Councillor. What Councillors have to do is ask themselves whether a member of the public – if he or she knew all the facts – would think that the Councillor's interest was so important that their decision would be affected by it. If a Councillor has a prejudicial interest then they must declare what that interest is and leave the meeting room.

4. MINUTES 1 - 10

To approve and sign the Minutes of the meeting held on 3 April 2008.

5.	**SUGGESTIONS FROM MEMBERS OF THE PUBLIC ON ISSUES FOR FUTURE SCRUTINY** To consider suggestions from members of the public on issues the Committee could scrutinise in the future.	
6.	**PUBLIC HEALTH ISSUES - STROKE SERVICES** To consider an overview of the burden of disease and mortality from stroke and the range of services in Herefordshire for the prevention of stroke and the treatment and care of people who have had a stroke.	11 - 20
7.	**PUBLIC HEALTH ISSUES - SEXUAL HEALTH** To consider an update on sexual health.	21 - 28
8.	**WEST MIDLANDS AMBULANCE SERVICE NHS TRUST - RESPONSE TIMES** To consider performance in meeting targets for response times.	29 - 32
9.	**GP-LED WALK-IN HEALTH CENTRE DEVELOPMENT** To consider the development of a GP-led walk-in health centre for Herefordshire.	33 - 98
10.	**CANCER SERVICES** To receive an update on the proposed expansion of radiotherapy services.	
11.	**INTERMEDIATE CARE SERVICES** To receive an update on intermediate care services.	
12.	**CHANGES IN THE MANGAGEMENT OF MENTAL HEALTH SERVICES** To receive an update on changes in the management of mental health services.	
13.	**AUDIOLOGY SERVICES** To consider a presentation on audiology services in Herefordshire.	
14.	**WORK PROGRAMME** To consider the Committee's work programme.	99 - 102

PUBLIC INFORMATION

HEREFORDSHIRE COUNCIL'S SCRUTINY COMMITTEES

The Council has established Scrutiny Committees for Adult Social Care and Strategic Housing, Childrens' Services, Community Services, Environment, and Health. A Strategic Monitoring Committee scrutinises corporate matters and co-ordinates the work of these Committees.

The purpose of the Committees is to ensure the accountability and transparency of the Council's decision making process.

The principal roles of Scrutiny Committees are to

- Help in developing Council policy
- Probe, investigate, test the options and ask the difficult questions before and after decisions are taken
- Look in more detail at areas of concern which may have been raised by the Cabinet itself, by other Councillors or by members of the public
- "call in" decisions - this is a statutory power which gives Scrutiny Committees the right to place a decision on hold pending further scrutiny.
- Review performance of the Council
- Conduct Best Value reviews
- Undertake external scrutiny work engaging partners and the public

Formal meetings of the Committees are held in public and information on your rights to attend meetings and access to information are set out overleaf

PUBLIC INFORMATION

Public Involvement at Scrutiny Committee Meetings

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There are also two other ways in which you can directly contribute at Herefordshire Council's Scrutiny Committee meetings.

1. Identifying Areas for Scrutiny

At the meeting the Chairman will ask the members of the public present if they have any issues which they would like the Scrutiny Committee to investigate, however, there will be no discussion of the issue at the time when the matter is raised. Councillors will research the issue and consider whether it should form part of the Committee's work programme when compared with other competing priorities.

Please note that the Committees can only scrutinise items which fall within their specific remit (see below). If a matter is raised which falls within the remit of another Scrutiny Committee then it will be noted and passed on to the relevant Chairman for their consideration.

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Remits of Herefordshire Council's Scrutiny Committees

Adult Social Care and Strategic Housing

Statutory functions for adult social services including:
Learning Disabilities
Strategic Housing
Supporting People
Public Health

Children's Services

Provision of services relating to the well-being of children including education, health and social care.

Community Services Scrutiny Committee

Libraries
Cultural Services including heritage and tourism
Leisure Services
Parks and Countryside
Community Safety
Economic Development
Youth Services

Health

Planning, provision and operation of health services affecting the area
Health Improvement
Services provided by the NHS

Environment

Environmental Issues
Highways and Transportation

Strategic Monitoring Committee
Corporate Strategy and Finance
Resources
Corporate and Customer Services
Human Resources

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COUNTY OF HEREFORDSHIRE DISTRICT COUNCIL

BROCKINGTON, 35 HAFOD ROAD, HEREFORD.

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COUNTY OF HEREFORDSHIRE DISTRICT COUNCIL

MINUTES of the meeting of Health Scrutiny Committee held at The Council Chamber, Brockington, 35 Hafod Road, Hereford on Thursday, 3 April 2008 at 10.00 a.m.

Present: **Councillor JK Swinburne (Chairman)**
Councillor AT Oliver (Vice Chairman)

Councillors: WU Attfield, MJ Fishley, P Jones CBE, G Lucas, GA Powell, A Seldon, AP Taylor and PJ Watts

In attendance: Councillors LO Barnett (Cabinet Member - Social Care Adults and Health), ME Cooper and PJ Edwards

54. APOLOGIES FOR ABSENCE

Apologies were received from Councillor KS Guthrie.

55. NAMED SUBSTITUTES

There were no named substitutes.

56. DECLARATIONS OF INTEREST

There were no declarations of interest.

57. MINUTES

RESOLVED: That the Minutes of the meeting held on 19 March 2008 be confirmed as a correct record and signed by the Chairman, subject to the first two lines of resolution f (a) being amended to read "The Committee believes that the recommendations to improve *services for* Mental Health and Physical Disabilities…"

58. SUGGESTIONS FROM MEMBERS OF THE PUBLIC ON ISSUES FOR FUTURE SCRUTINY

The Chairman reported that concerns had been expressed to her about Hereford Hospitals NHS Trust's audiology service. She proposed to invite the Chief Executive of the Trust to comment on the issue when the Committee considered its work programme to consider whether the matter merited Scrutiny.

59. ANNUAL HEALTH CHECK THIRD PARTY COMMENTARIES

The Committee considered the preparation of its commentaries on health bodies in Herefordshire as part of the Healthcare Commission's annual health check process.

Representatives from the West Midlands Ambulance Service NHS Trust, the Primary Care Trust (PCT) and Hereford Hospitals NHS Trust attended the meeting to comment on their performance during the year and answer the Committee's questions.

WEST MIDLANDS AMBULANCE SERVICE NHS TRUST

Sue Green, Regional Head of Risk and Planning Guidance, and Lee Hutchinson, Group Station Manager at Hereford Ambulance Station, referred to the written submission to the Committee included in the agenda papers and informed the Committee that the Trust expected to meet all its targets this year.

Performance statistics for Herefordshire, the Hereford, Shropshire and Worcester Division and the Trust as a whole had been circulated separately to the Committee.

In the ensuing discussion the following principal points were made:

- In relation to the target of responding to 75% of category A calls within 8 minutes a question was asked about the implications of this for response times to the remaining 25%. The Herefordshire performance over the year stood at 78%. In reply it was stated that the Service was always seeking to improve response times. The deployment of paramedic response units was enabling calls to be answered more quickly.

- A question was asked about the number of complaints received. It was stated that the Trust received some 4-5 complaints a month across the Region. The Trust was required to respond to complaints within 25 days but set its own target of 20 days.

- It was noted that the effect on performance of the reconfiguration of the Trust's call centres would be something to consider in a few months time.

- That it would be useful for the Committee to receive information at its next meeting showing a breakdown of response times across the County. It would be helpful if Mr Hutchinson as Station Manager could attend to answer any questions.

- It was noted that, in the more rural areas of the County, Community First Responders would play an important role in helping the Trust to meet the required standards. It was agreed to reiterate the Committee's comment in its response to the consultation on the reconfiguration of call centres that the Committee would want to see some reinvestment into the County of any resources realised through reorganisation. Providing direct funding for equipment for Community First Responders would be a good place to start to seek to improve the provision of service to rural areas.

- Members welcomed the Trust's success in winning the Ambulance Service of the Year Award from the Ambulance Service Institute.

The Chairman thanked representatives of the Trust for their attendance.

Herefordshire Primary Care Trust

Mr Chris Bull, Chief Executive Herefordshire Council/Herefordshire Primary Care Trust, and Mr Paul Edwards, Director of Commissioning and Strategy were present to answer the Committee's questions together with Greg Barriscale, Performance Manager.

Greg Barriscale gave a presentation, supplementing the report in the agenda papers, summarising the health check process and drawing attention to new requirements for 2007/08. He noted in particular the change to the way in the Commission would assess compliance with the Standards. He noted that the reporting frequency on

compliance to the PCT Board and Sub-Committees was to be increased to monitor compliance and identify any issues of non-compliance. He considered this would strengthen the PCT's position.

In the ensuing discussion the following principal points were made:

- It was noted that the lateness of the guidance issued by the Commission and the frequently changing targets complicated the task of all three Trusts in seeking to fulfil the requirements of the health check. It was noted that the PCT did have the opportunity at meetings with the Commission to make representations about this issue.
- It was noted that there was only one standard where the PCT considered there was insufficient assurance to demonstrate compliance: core standard 7(e) health care organisations challenge discrimination, promote equality and respect human rights. The action being taken to address this point was noted.
- Members noted some of the technicalities relating to compliance with the Standards and acknowledged comments on behalf of the PCT that it was important to recognise that the health check was only part of the assessment framework to which the PCT was subject. It was emphasised to the Committee that the PCT was not simply target driven. Its key focus was to improve service delivery. The Committee readily acknowledged this point recognising the PCT's commitment to improving services, noting that there were many initiatives underway as demonstrated in the presentation of the Local Delivery Plan to the Committee in March 2008.
- A question was asked about the development of a closer working relationship between the Council and the PCT and the scope for efficiencies from joint data collection and the sharing of such information to demonstrate compliance with performance targets. The Chief Executive Herefordshire Council/Herefordshire PCT said that the potential for efficiency savings in this area was recognised and as services were integrated performance management systems would also need to be combined.
- In response to a question about core standard C6 regarding co-operation between health care organisations and social care organisations the Committee was assured that the evidence to demonstrate compliance was available. However, it was an area where further improvement was required not least because this was expected to be an area of national focus with initiatives emerging from Lord Darzi's review of the health service. A number of examples of co-operation were given of the PCT working with social care, the Ambulance Trust and the Hospitals Trust. These included work on unscheduled care to reduce the pressure on the Accident and Emergency unit and the work of the Children's Trust Board.
- In response to a question about Standard C8a Paul Edwards agreed to circulate information on instances of staff raising issues in confidence.
- The issue of ensuring confidentiality of data when it was shared between the Council and the PCT was raised. It was noted that this was a national issue but work was ongoing within both the Council and the PCT to build in safeguards.
- The issue of the need for an equitable sharing of financial resources between the Council and the PCT as integration of services progressed was raised. The existing Section 75 arrangements for pooling budgets were noted. The Chief Executive HC/PCT added that steps would be taken to ensure that financial arrangements between the two organisations were transparent. He noted the need for the growth in demand for social care to be reflected in the national funding settlement and commented on the tension created by the higher growth in funding for the health service in recent years compared with funding for social

care.

The Chairman thanked Mr Barriscale and Mr Edwards and expressed the hope that the development of a closer working relationship between health and social care would continue to progress over the coming year.

Hereford Hospitals NHS Trust

Mr Martin Woodford, Chief Executive of the Trust, gave a presentation. He referred briefly to the heath check process noting that this had already been outlined to the Committee in the PCT's presentation.

On the use of Resources he noted that the Trust was on track for a £1.1 million surplus for 2007/08 and would repay its current loan. The cash limit had been achieved. £2.7 million of the planned £3 million of cash savings had been achieved. The underlying deficit had been eliminated. It was probable that the Audit Commission's Local Evaluation assessment on the use of Resources would be "fair".

He noted that the following national targets had been achieved or were likely to be achieved:

•98% patients to be seen in 4 hours in A&E	Achieved (98.2%)
•2 week/31 day/62 day cancer treatment target	Achieved (99%)
•2 week rapid access chest pain clinics	Achieved (99%)
•60 minute thrombolysis – pain to needle time (68% patients)	Likely achieve

The one target it was thought would not be achieved was cancelled operations (< 0.8% of the total). The current cancellation level was 1.5%-2% and was a consequence of pressure on the availability of beds, made worse by the recent outbreak of norovirus which had temporarily closed wards to new admissions.

In terms of the new national targets the position was as follows:

•MRSA Bacteraemia<baseline 2003/04 (4 cases)	13 cases only 07/08 compared to 19 06/07 but target failed
•C-Diff infections 25% reduction >48 hours from 06/07	43% reduction >48 hours at end of Feb Likely achieve
•18 week target – 85% (admitted patients)	Estimated out-turn 78% Likely underachieve
•18 week target – 90% (non admitted patients)	Estimated out-turn 93% Likely achieve
•5% reduction in emergency bed days from 2003/04	Likely achieve

In relation to MRSA he noted that the baseline against which the hospital's performance was judged had been set in 2003/04 when the hospital had one of the lowest numbers of cases nationally. There had been 13 cases in 2007/08 down from 19 in 2006/07 with no cases since January 11 and no hospital acquired (>48 hours) cases since August 2007.. Whilst the target would not be met there had been huge progress. The majority of patients were now screened before being admitted.

The target for C diff 25% reduction > 48 hours from 2006/07 was a more realistic one and was likely to be achieved.

The target of 85% of admitted patients to be treated within 18 weeks of referral by a

GP was not likely to be achieved, the estimated outturn being 78%.

The good news was that the target of treating 90% of non-admitted patients within 18 weeks was likely to be achieved the estimated turn out being 93%.

The target of a 5% reduction in emergency bed days from 2003/04 was likely to be achieved.

Turning to performance against the Standards for Better Health totalling 44 standards across 7 governance domains the predicted Trust performance for 2007/08 was that 36 standards would be achieved. There were 6 standards where there was insufficient assurance: waste management, workforce planning, corporate clinical governance (2) (attributed to staffing changes), complaints responses and patient information (improvements had been made but there was some inconsistency). Two standards would not be met: infection control in respect of the MRSA target, as referred to above, and cleanliness.

In respect of cleanliness the Trust had declared compliance with the standard in May 2007 but the standard had been raised. The Chief Executive confirmed that the Trust had also completed its "Deep Clean" ahead of the target date for completion. The Healthcare Commission had made an unannounced cleanliness visit in 2008 and had expressed concerns primarily about the cleanliness and environment of the hutted wards. Significant improvements had been made and the Trust had developed a new cleaning strategy with rapid response cleaning, the immediate refurbishment of the hutted wards and a decision taken to close and replace the hutted wards by 2009.

Challenges for 2008/09 included: reducing bed pressures by tackling delayed discharges, continued reduction in healthcare associated infections, progressing hutted wards refurbishment and replacement plan, planning for the new cancer unit (2009 build), increasing surgical activity to meet the 18 week target (100% December 2008) and delivering £1.1m planned surplus though increased income.

The Chairman thanked Mr Woodford for his candid presentation.

In the ensuing discussion the following principal points were made:

- It was suggested that the Trust should be congratulated on its success in achieving the ambitious 18 week target for treating non-admitted patients. Mr Woodford noted how the hospital had improved the planning of treatment to achieve the target. It remained challenging to meet the target for elective patients because of the pressure on beds. The hospital was trying to increase capacity by exploring options for additional day surgery capacity. It was requested that a copy of the Healthcare Commission's cleanliness report should be made available to the Council when finalised.
- It was asked whether the welcome replacement of the hutted wards would lead to increased capacity. Mr Woodford said it was possible that the current provision of 67 beds in the three hutted wards would be replaced by up to 75 beds. However, that remained to be determined and depended on how successful other strategies were in reducing demand for beds.
- Asked to clarify what was meant by the word "seen", in relation to the target that 98% of patients were to be seen in 4 Hours in A&E, Mr Woodford confirmed that this meant assessed by a Doctor. He assured the Committee that the hospital did not seek to manipulate this statistic as it was reported some Trusts allegedly did. He added that the position on ambulance turnaround times was a separate issue and that was being monitored.
- A number of questions were asked about the hospital's cleaning contract. Mr Woodford confirmed that this was operated under the Private Finance Initiative.

He assured the Committee that the contract was flexible and if standards were raised these could be delivered under the contract. The contractor had co-operated with the Trust and joint monitoring arrangements were in place. It was suggested that the Local Involvement Network should be recommended to review Hereford Hospital NHS Trust's progress in meeting the cleanliness standard.

In conclusion the Chairman noted that the effective working relationship the Committee was developing with the three Trusts and the regular updates it had received had enabled it to address issues of concern and monitor progress satisfactorily throughout the year. This had helped to make the debate on the health check shorter than it might otherwise have needed to be.

RESOLVED:

That (a) a breakdown of ambulance service response times across the County be presented to the next meeting;

(b) it be reiterated to the West Midlands Ambulance Service NHS Trust that the Committee would want to see some reinvestment into the County of any resources realised through reorganisation following the Trust's reconfiguration of call centres. Providing direct funding for equipment for Community First Responders would be a good place to start to seek to improve the provision of service to rural areas.

(c) the West Midlands Ambulance Service NHS Trust's success in winning the Ambulance Service of the Year Award from the Ambulance Service Institute be welcomed;

(d) the continuing efforts of the PCT to improve service delivery and the extent to which it was exceeding expectations be recognised;

(e) the Hereford Hospital NHS Trust should be congratulated on its achievement of the ambitious 18 week target for treating non-admitted patients;

(f) the Local Involvement Network should be recommended to review Hereford Hospital NHS Trust's progress in meeting the cleanliness standard; and

(g) the Director of Adult and Community Services be authorised to finalise the annual health check commentaries for transmission to the three Trusts taking account of the Committee's comments, following consultation with the Chairman of the Committee.

60. STRATEGIC REVIEW OF PROVIDER SERVICES

The Chief Executive Herefordshire Council/Herefordshire Primary Care Trust reported to the Committee on the strategic review of provider services.

He said that the University of Birmingham had been commissioned to carry out a review, to be completed within six months, looking at the role of community hospitals, the possible links with services provided by Hereford Hospitals NHS Trust the integration of health and social care services and the provision of mental health services, noting that the Primary Care Trust was only one of a very few in the Country that directly managed mental health services. He emphasised that there was no intention to do anything to the detriment of the County Hospital or the Community Hospitals which were a tremendous asset. The review was intended to look at how provision could be organised in the most effective way.

He invited discussion of how the Committee might wish to be involved in the review process. He proposed to make progress reports to each of the Committee's meetings.

In the ensuing discussion the following principal points were made:

- It was requested that Members of the Committee should be sent a copy of the design brief for the Review.
- Members welcomed the proposal for regular progress reports.
- It was proposed that Local Members should be kept informed of progress with the review and consulted on any proposals at the earliest possible stage.
- That the Adult Social Care and Strategic Housing Scrutiny Committee also needed to receive regular progress reports.
- It was noted that views of service users and the wider public would be sought as part of the review.
- A comment was made on the need for consideration to be given to the remit of the Scrutiny Committees as the joint working arrangements were being developed, stressing the need for clarity and the importance of avoiding any gaps in scrutiny. The Chief Executive HC/PCT acknowledged that consideration needed to be given to this matter including the scope for cross-cutting Scrutiny Committees.

RESOLVED:

That (a) a copy of the brief for the Review be circulated to Members of the Committee;

(b) progress reports on the review of provider services be made to each of the Committee's meetings; and

(c) it be requested that Local Members should be kept informed of progress with the review and consulted on any proposals at the earliest possible stage.

61. COMMUNICATION MATTERS

The Committee had been provided with a report on progress on the creation of a unified communications team to serve the Council and the Primary Care Trust.

The Chief Executive Herefordshire Council/Primary Care Trust advised the

Committee that work on this issue was ongoing and that it would be more appropriate for it to be considered at a later date by the Strategic Monitoring Committee.

The Committee accordingly did not consider this issue.

62. LOCAL INVOLVEMENT NETWORK PROGRESS

The Committee was informed of progress in procuring a host Organisation for Herefordshire's Local Involvement Network (LINk).

An updated report confirming the appointment of the Carers Federation Ltd, an Organisation based in Nottingham, as host organisation was circulated at the meeting together with some key performance indicators and Service Level Agreement targets for the host organisation.

The Strategic Procurement and Efficiency Review Manager outlined some of the principal reasons for awarding the three year contract to the Carers Federation Ltd. He added that the Organisation would have a local office which would be the public face of the Organisation with the Head Office in Nottingham carrying out the back office functions. The key performance indicators would be monitored to ensure that the Organisation was meeting the agreed targets. It was intended that the first report to the Committee would be made in six months time followed by quarterly reports thereafter.

In the ensuing discussion the following principal points were made:

- It was proposed that to ensure a strong working relationship with the LINk the Committee should invite 1-2 representatives of the LINk to attend and contribute to meetings of the Committee. It would be helpful to have a presentation on the LINk's structure and Work Plan once finalised.

- The good work of the three patients forums was noted and the hope expressed that their replacement by one body, the LINk, with its wider remit would if anything provide a stronger voice. It was noted that the Organisation had a significant budget and it was important that the Organisation had the resources available to it to fulfil its role.

- In response to a question it was confirmed that the LINk would have its own clear local identity.

- The fact that key performance indicators were in place from the outset enabling the Committee to monitor performance was welcomed.

RESOLVED:

That (a) the formation of the LINk with a wider highly inclusive community involvement be welcomed together with the significant budget for it to carry out this consultative role county-wide;

(b) the benefit of establishing performance indicators for the LINk from the outset be welcomed and regular outcome reports be presented to the Committee;

(c) to ensure a strong working relationship with the LINk it be invited to nominate up to two representatives to attend and contribute to meetings of the Committee;

(d) That a report on the LINk's structure and proposed work plan be presented to a future meeting; and

(e) That the Committee's thanks for the work carried out by the Patients Forums be recorded.

63. PROVISION OF SERVICES FOR CHILDREN WITH SPECIAL NEEDS

The Committee was informed of initial discussions taking place between the Primary Care Trust (PCT) and Children's Services over the future provision of services for children with special needs.

The Committee had received a report in December 2006 on the outcome of a consultation led by the Primary Care Trust on the possibility of developing a central building for specialist community services for children with special needs.

The Head of Integrated Services and Inclusion presented the report. She said that the Council was reviewing its special school provision and would consult once a preferred option had been identified. There was a link between this review and the previously proposed central building. It was clear that special school provision was required. Discussions were centering on the possibility of pooling resources and providing improved facilities. It was intended to provide a further report once proposals emerged.

In response to comments the Head of Integrated Services and Inclusion acknowledged the sensitivity of the issue and reiterated that there was no intention of removing special school provision. It was intended that mainstream provision for pupils with less complex special needs would also be examined to ensure that appropriate resources were in place.

RESOLVED: That a further report be made once proposals had been formulated.

64. WORK PROGRAMME

The Committee considered its work programme.

The following additional items were identified further to discussion of previous items on the agenda: breakdown of the Ambulance Trust's performance in Herefordshire, update on the strategic review of provider services; update on the response to the Committee's review of Communication; provision of services for children with special needs; presentation on the structure of the Local Involvement Network and its work programme.

The Chairman had remarked earlier in the meeting on concerns expressed to her about Hereford Hospitals NHS Trust's audiology service and the need to consider whether this issue merited scrutiny.

Mr Woodford, Chief Executive of the Hospital Trust, reported that whilst waiting times for the audiology service had been a matter of concern these had been significantly reduced in the last 12 months and by the end of May it was expected that they would be down to six weeks.

Mr Edwards, Director of Commissioning and Strategy, said that there had been a problem but considered that this had now been addressed. As commissioner of services the Primary Care Trust had invested additional resources in the audiology service in 2008/09.

This reassurance was welcomed and it was agreed that a written update should be provided to the Committee's next meeting confirming the position.

RESOLVED: That the work programme as amended be approved and reported to the Strategic Monitoring Committee.

The meeting ended at 12.37 p.m. **CHAIRMAN**

PUBLIC HEALTH ISSUES – STROKE SERVICES

Report By: Director of Public Health

Wards Affected

County-wide

Purpose

1. To consider an overview of the burden of disease and mortality from stroke and the range of services in Herefordshire for the prevention of stroke and the treatment and care of people who have had a stroke.

Background

2. In December 2007 the Committee considered the annual report of the Director of Public Health 2007. The Committee requested further reports providing greater depth on the following issues: Stroke Services and Sexual Health.

3. A report from the Director of Public Health is attached for consideration.

BACKGROUND PAPERS

- None

HEREFORDSHIRE COUNTY COUNCIL
REPORT FOR INFORMATION

Committee: Health and Well Being Overview and Scrutiny Committee

Date: 18 June 2008

Subject: Stroke: Prevention, Treatment, Care & Rehabilitation

Report of: Director of Public Health

Purpose of Report:
To provide the committee with an overview of the burden of disease and mortality from stroke and the range of services in Herefordshire for the prevention of stroke and the treatment and care of people who have had a stroke

Recommendations:
The Committee is asked to:

I) Note the report

ii) Comment on the areas identified for further consideration

iii) Select specific areas to scrutinise as part of the work programme

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1. Introduction

The purpose of this report is to provide an overview of the disease burden and the level of premature mortality due to stroke in Herefordshire. The report will also discuss the range of health and social care services available locally. Furthermore, the influence of national directives, pateint outcome targets and strategies on local delivery plans will be mentioned. Current plans and future service developments subsequent to integration of health and council services will be highlighted.

2. Background

2.1 The Disease and Statistics

Stroke is a sudden event which usually results in some degree of brain injury and can lead to long-term disabilities. This has implications for local health and social care services.

- 8 out of 10 times, stroke is caused when blood flowing to the brain is blocked (by a clot or when blood vessels have become too narrow). This is referred to as *ischaemic stroke*.

- In a *haemorrhagic* stroke the blood vessel bursts and this accounts for 15% of strokes.

The two types of stroke cause disruption of blood supply and result in the death of brain cells. These cells die off over a number of hours to days during which timely intervention with appropriate treatment can reduce the degree of damage caused. Transient Ischaemic Attack (TIA) is an after-the-fact diagnosis where a "mini stroke" has occurred but all symptoms resolve within 24 hours. This group have a 1 in 3 chance of suffering a full stroke within the first week.

Stroke is the third leading cause of death in the UK. It is an important causes of significant disability in adults. Every year, approximately 120,000 people have a first stroke and another 30,000 people will have a recurrent stroke. The risk of stroke is one in four for men, and one in five for women below the age of 85 years.

Strokes usually occur without warning and often lead to sudden death. Up to 1 in 3 people who suffer a stroke will die within the first 30 days. Survivors have a 50:50 chance of being significantly disabled at 6 months. Patients may require many weeks of inpatient rehabilitation following stroke. Approximately 1 in 10 stroke patients require some form of long-term residential care.

2.2 Stroke in Herefordshire

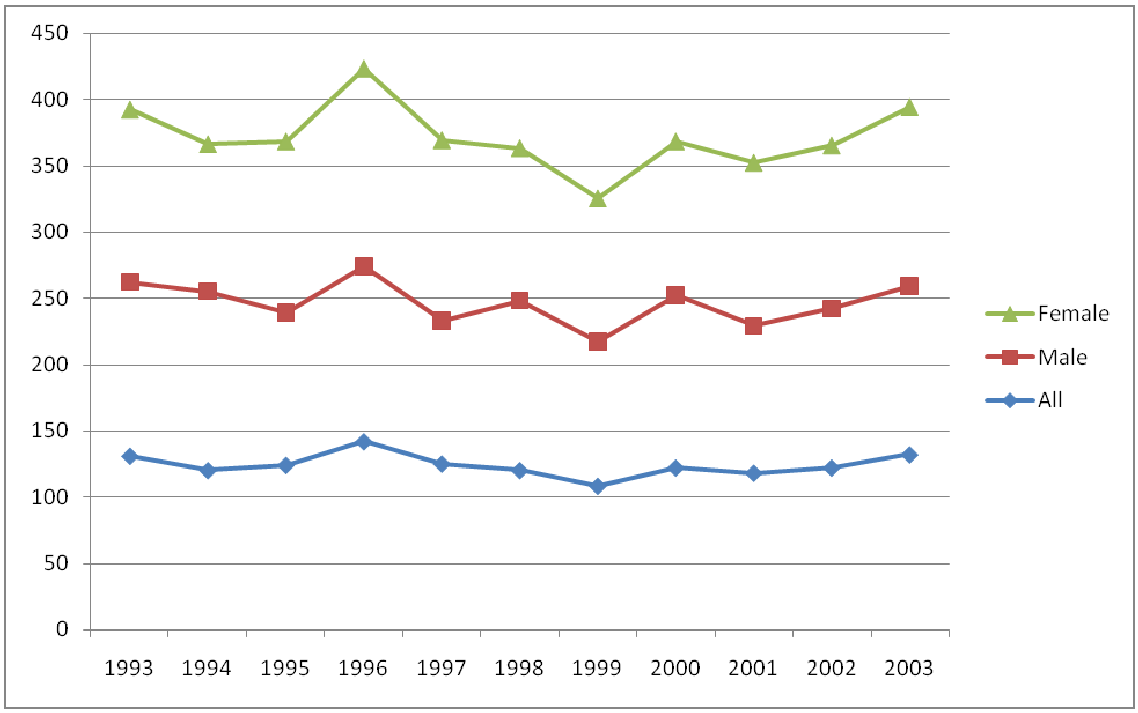
About 290 Herefordshire residents are admitted to the County Hospital each year with a stroke and the numbers are likely to increase because the population is getting older. GP figures show 2.1% of people registered with Herefordshire GPs have had a full or minor stroke. This is above the national average, and reflects the older

population within the county. Stroke caused **278** deaths per year in 2003-5, which is significantly higher than expected, even allowing for the population's age profile.

Deaths from stroke account for 6% of premature years of life lost in Herefordshire. While more men than women are admitted for stroke, more women die from stroke in Herefordshire. This has been a consistent picture over the years as depicted below.

A concerted effort is required to prevent stroke in the first instance but also to ensure that treatment outcomes improve among women in particular.

Fig 1: 10-year Trend: Standardised Mortality Ratio from Stroke in Herefordshire 1993-2003



2.3 Prevention, Treatment and Care & Rehabilitation

Prevention

There are many modifiable lifestyle risk factors for stroke. Particularly;

- Stopping smoking
- Safe and Sensible alcohol intake
- Maintaining a healthy weight: Regular exercise, Reduced salt intake, 'Five a day'

Apart from lifestyle measures, primary prevention for stroke i.e. preventing a first stroke includes adequate treatment of other medical conditions by family doctors (GPs), particularly raised blood pressure (hypertension), irregular heart beat (atrial fibrillation), and diabetes. The new GP specifies quality measures of care for people who have had a stroke.

The recently introduced Health Trainer Scheme and work with partners in social care, voluntary organisations and other community structures will focus on health promotion and preventive actions regarding diet, alcohol use, tobacco use, and exercise.

Treatment

The National Stroke Strategy highlights the optimum care pathway for stroke management. In particular, clot busting treatment (thrombolysis) administered within 3 hours for some types of stroke will improve outcome for patients. Such treatment does not reduce overall mortality but reduces the risk of long-term disability. A combination of rapid ambulance transfer, urgent expert assessment which includes a brain scan to assess suitability for thrombolysis completed within three hours of the onset of stroke symptoms is required to improve outcomes. Treatment in a specialist stroke unit, rapid access to care for TIA patients and supported discharge plus appropriate rehabilitation are recommended in the strategy.

Care & Rehabilitation

The physical and psychological effects of stroke can be severe and long term. Practical support, information and advice can help a stroke survivor manage his future life better. After a stroke, recovery can continue over a long period and rehabilitation and therapy can continue to be effective.

2.4 Service Provision in Herefordshire

The direction of service is influence by a number of national policies and strategies including:

- National Service Framework: Coronary Heart Disease (2000)
- National Service Framework: Older People(2001)
- National Service Framework: Managing Long Term Conditions (2005)
- A New Ambition for Old Age (2006)
- National Stroke Strategy (March 2008)

2.4.1 Primary & Secondary Care

- Health spending for stroke care is routed through:
    - payments to GPs for work they do with patients at higher risk of stroke to reduce the risk factors as part of the Quality Outcomes Framework;
    - Tariff payments to Herefordshire Hospital Trust for acute treatment of stroke and provison of TIA clinics;
    - Daily bed rate for patients receiving rehabilitation in community hospitals;

- A contract for 2 beds at a specialist rehabilitation centre in Evesham; and
- A community therapy team.

- The resultant service arrangements for stroke which currently comprise of:
  - One specialist acute unit and 3 TIA clinics per week at the County Hospital;
  - One rehabilitation service at Hillside for a stroke survivors assessed as able to benefit from 6 weeks intensive rehabilitation;
  - Use of a specialist service at Evesham for dense stroke victims;
  - Link nurses within district nursing teams to undertake assessments upon discharge and at 6 months post-discharge;
  - A team of community-based speech therapist, physiotherapist and occupational therapists; and
  - Advice and support from GPs to help patients reduce risk factors.

  Major success have been the establishment of community rehabilitation team in 2007/8 following consultation and needs analysis work and the major improvement of the acute stroke unit subsequent to recent audit.

- Future Service Development
  - Work is ongoing by the PCT and the Practice-Based Commissioning Consortium to permanently separate the rehabilitation element of the stroke tariff from other payments made to secondary care providers in order to improve community-based access to stroke rehabilitation.
  - The current LDP has identified £40,000 for stroke service developments to be invested to develop a care pathway conistent with the National Stroke Strategy and which will reduce mortaility and morbidity.
  - The Department of Health have allocated Herefordshire Council £98,000/year for three years to invest in stroke care.

These and other future investments will be agreed as part of a joint strategy across health, social care and other partners.

2.4.2 Social Care and Rehab

- Social care support is **not** disease specific and medical diagnoses that lead to disability and need for care are not routinely recorded. Provision of services is based on generic needs assessment and will be dependent on meeting the current eligibility criteria threshold of substantial or critical need.

Consequently, although stroke survivors do benefit from services such as domiciliary care, community equipment, intermediate care and residential care, the numbers are not quantified.

- The council currently spends ~£15m on services for frail older and physically disabled people. In 2007/08 the Council agreed an additional £2.1m investment in modernising services for older people. This funding is being used to develop more support to enable people to remain in their own homes.

- Over 2000 assessments are undertaken during the year and around 1700 people are beneficiaries at any one time. This includes about 270 people funded in residential or nursing care homes.

- However, in 2006, a local suvey revealed that 31% of stroke survivors had an identified social worker supporting them. During 2007 the extra care unit and 10 bed rehabilitation facility opened in Ledbury and this has benefitted a small number of people who have suffered strokes. A further 91 extra care places will become available in Hereford later this year when Rose Gardens opens.

- Stroke specific support from the third sector is provided by Headway and by 3 local Stroke clubs. However work with the third sector in 2007 looking at low level support services confirmed that stroke survivors were among the beneficiaireis of a rich patchwork of voluntary groups ranging from community transport, Age Concern, lunch clubs, Village Wardens, The Signposting Service , and Herefordshire Lifestyles.

Major success areas with social care and rehabilitation support include:

- The Stroke Association has been commissioned to provide a Family Support Service, which will work closely with the community rehabilitation team. Recruitment will be completed in June 2008.

- Ongoing joint workgroup from Herefordshire Hospitals Trust, the Primary Care Trust, and Herefordshire Council aim to improve local services and collaborate with a wider Herefrdshrie and Worcestershire Stroke Network.

2.5 Challenges for the future

- More emphasis on prevention and public awareness is required and particularly regarding preventive services and lifestyle changes;

- Increased GP-based and GP-delivered prevention services through Practice-Based Commissioning;

- Skills development and joint competency framework for local multidisciplinary teams;

- Expanding specialist stroke units may mean services will be provided outside Herefordshire;

- Immediate access to thromblytic treatment require integrated services with GPs, ambulance and hospital services including radiology and stroke specialists and required expansion of local capacity;

- Early supported discharge for people with moderate disability after stroke and the high need for long-term support for all people living with stroke will put pressure on community services and require medium to long term investment planning;

- Working together with carers and families of people who have had a stroke require enhanced community partnerships and will be a critical test of success; and

- Adoption of new assistive technologies will entail new cost pressures in the system.

Summary

There is a challenging picture regarding stroke and stroke services in Herefordshire. Plans are underway to deliver national targets and standards based on current and future investment plans. There are areas of significant cost pressures and new ways of working required to deal with the need for primary prevention, coordinated care pathways and service delivery options. These are areas for future scrutiny work.

Background Reading: National Stroke Strategy. Available at:
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081062

PUBLIC HEALTH ISSUES – SEXUAL HEALTH

Report By: Director of Public Health

Wards Affected

County-wide

Purpose

1. To consider and overview of Sexual Health Service provision in Herefordshire, an illustration of the successes of the department, and to highlight the challenges and medium term work plan for Herefordshire within the remit of Sexual Health.

Background

2. In December 2007 the Committee considered the annual report of the Director of Public Health 2007. The Committee requested further reports providing greater depth on the following issues: Stroke Services and Sexual Health.

3. A report from the Director of Public Health is attached for consideration.

BACKGROUND PAPERS

- None

HEREFORDSHIRE COUNTY COUNCIL
REPORT FOR INFORMATION

Committee: Health and Well Being Overview and Scrutiny Committee

Date: 18 June 2008

Subject: Sexual Health Services

Report of: Director of Public Health & Managing Director of Provider Services

Author: Rob Cunningham; Directorate Manager – Specialist Services

Purpose of Report:
To provide the committee with an overview of Sexual Health Service provision in Herefordshire.

To provide the committee with an illustration of the successes of the department.

To highlight the challenges and medium term work plan for Herefordshire within the remit of Sexual Health.

Recommendations:
The Committee is asked to:

i) Note the report

ii) Comment on the areas identified for further consideration

iii) Select specific areas to scrutinise as part of the work programme

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1. Introduction

The purpose of this report is to give an overview of the services provided by Sexual Health which is based at Gaol Street Health Centre. The report will highlight the influence of national directives/patient outcome targets and strategies on local delivery plans will also be illustrated. Current plans and future service developments will be highlighted.

2. Service Provision

The majority of services are provided at Gaol Street Health Centre. The service is a consultant led multidisciplinary service and can be broadly summarised as providing:

- GUM services (Genito-Urinary Medicine)
- Contraception
- HIV Treatment and care

Cost & Activity

The budget for the Sexual Health Department in 06-07 was £628,378 with actual expenditure of £660,571 an over spend of £32,193. This can be broken down to:

	Budget	**Actual**	**Variance**
Income	**(9,477)**	**(48,660)**	**(39,183)**
Pay	**453,387**	**523,059**	**69,672**
Non-pay	**184,468**	**186,172**	**1,704**
TOTAL	**628,378**	**660,571**	**32,193**

- A Typical HIV treatment package costs £20,500 per annum with 75% of this figure (£15,375) relating to the cost of drugs and the remaining £5,125 relating to the cost of providing the service.

- The cost of HIV/AIDS drugs to the PCT in the previous two years has been £285,091 in 06-07 falling to £140,498 in 07-08. These figures include the cost of service for patients who have received their treatment outside of Herefordshire. The corresponding budget for HIV/AIDS Drugs was £116,835 in 60-07.

- The total Face to Face contacts for the Sexual Health Department in 06-07 to include first and follow-up contacts was 11,230. The figures for 07-08 are currently being compiled for the reference costs submission and as such are not available at this point in time.

The service offers a range of treatments aimed at meeting the Sexual Health needs of the Herefordshire population. The majority of clinical activity takes place within Hereford City and is provided both within and outside of traditional 9-5 hrs. Pre-booked appointments can either be made by telephone and there is capacity to offer appointments at walk in sessions. There is designated time for clinics specifically for younger persons. Services are provided through satellite clinics in Ross and

Leominster. Services are advertised in local media, website, weblinks, educational establishments, employers and public waiting areas.

Sexually Transmitted Infections (STI)
Chlamydia is the most commonly diagnosed infection in Herefordshire which is in line with national trends.
Nationally Gonorrhoea is the second most common infection. In Herefordshire Warts and Herpes are more frequently diagnosed.

Most common STI –data source KC60 Jan 1st 2004 -31 Dec 2007

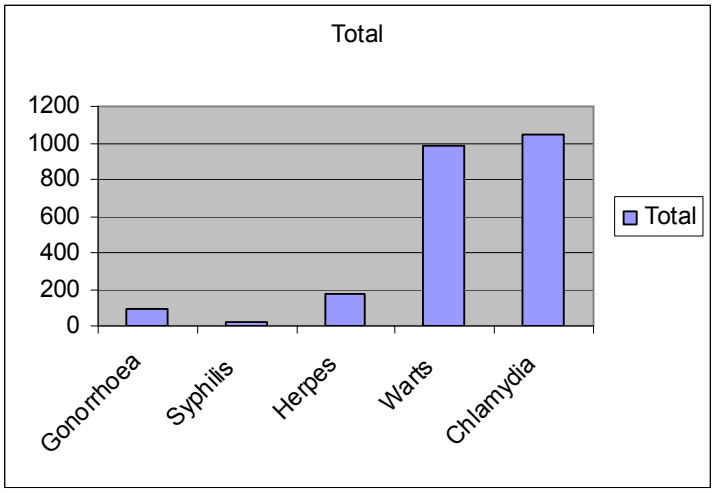


Fig 1.

3. Developments and Successes
a) Since the appointment of the lead consultant/clinical director, the service has been able to develop an integrated model of service provision. This incorporates clinical responsibilities of both GUM and contraception services. This has led to more effective and efficient use of staff with enhanced training opportunities and career development which has resulted in improved succession planning and staff retention.
Sexual Health historically attracts "embarrassment" and stigma and there is often avoidance of the public to engage with services. Rather than provide the service from a traditional "backdoor" setting, the clinical integration has allowed the public increased confidence, improved confidentiality and reduced stigma in attending a service that sits alongside mainstream health care provision.

The service has grown from offering 3 clinics per week to current service provision of:

- 12 GUM (of which 3 are integrated)
- 7 Contraception (of which 3 are integrated)

The integrated approach means that service users primary needs can be met, and through skilled assessment are able to receive advice/treatment for other reproductive health issues i.e. if a client attends for a GUM appointment, assessment may identify any issues and action related to contraception. This approach sets

Hereford apart from other sexual health services, as most clinics nationally are not as far advanced with bringing services together.
b) Prior to the appointment of the consultant, all HIV care had to be provided from Worcester services. The consultant led service has allowed screening, treatment and aftercare to be provided within Herefordshire. Currently there are 27 clients receiving treatment from the department with a further 10 positive diagnosis that access treatment from out of county services. At the end of the 2008 financial year, an SLA with the Worcester AIDS Foundation (a third sector organisation) was discontinued allowing further development of services within county.

The consultant has established robust working relationships with clinical colleagues in the acute trust and primary care which has provided them with increased confidence and developed shared care responsibilities in managing co-morbidity issues and treatment.

4. Challenges
The Department of Health closely monitor Sexual Health Services and we have to report specifically on Access to services and Chlamydia Screening.

Access
The national target requires that a GUM appointment should be offered within 48 hrs of request.
Expansion and reconfiguration of clinics has improved access to a GUM appointment from a baseline of 22% in 2006 to 100% January 2008.
More recently we have had to report on the number of people accepting the offer of the appointment. To date, our best achievement has been a 77% acceptance rate within a month. The Strategic Health Authority are expecting an acceptance rate of 90-95%. The service has undertaken a number of initiatives to improve the acceptance rate including:

- awareness campaign using poster display and local press
- audit of expressed reason for declining initial appointment offer. Audit outcomes are inconclusive, however many express a preference for evening appointments
- training and clinical support for receptionists, encouraging them to be more assertive when offering appointments
- monitor the number of people who accept and then do not attend

The service has been reliant on manual audit of the acceptance rate. In May 2008, I.T. systems have been upgraded which will improve data quality and provide a more robust illustration of the publics needs.

Chlamydia Screening Programme.
As illustrated previously, Chlamydia is a major concern within Sexual Health. The national programme aims to offer opportunistic screening to at least 15% of the 15-24 year old population (approximately 3000 people).
The local programme went “Live” in August 2007. Unfortunately there was a significant underachievement of samples collected. Partner agencies and front line staff have been trained to offer the screen in areas where younger persons may traditionally be accessed. These include:

- Sexual Health
- Eductaion Establishments/School Nurses
- Community Pharmacies
- Royal National College
- Pubs and Niteclubs

At this stage it is not clear why some of the sites have had difficulty in obtaining samples. The programme is monitored through a local task group which involves the support of the regional screening coordinator. It should be highlighted that the majority of programmes have failed to achieve their targets. It is unfortunate that locally, we have seen some resistance to promote the programme within some areas.

Provisional expansion of sites for 2008 include; Youth Services, Agricultural Workers, Southwye "Big Event" in July and "The Big Chill" music festival in August.

Other issues

- Services are mainly delivered from Gaol Street Health Centre, where there are significant demands on clinical space. The available space for holding clinics can impact on the flexibility for current provision and future expansion of services.
- Services are provided in traditional health care settings, we need to explore the availability of other venues to engage with and provide to the local communities.
- The service undertook a needs analysis of the population in 2004. Given the changing demographics of Herefordshire, this should be reviewed, particularly with the growing numbers of the migrant worker population.

Next Steps

To improve our Access and Chlamydia targets we are in regular communication with the SHA and have agreed that there would be benefit from Peer Review. We are requesting the input of the National Support Team (NST) who will review and advise on our service delivery and how we may move forward with achieving our targets.

Dependant on the findings of the NST, we will embark on an exercise to review the Sexual Health needs of the Herefordshire population. This will assist us in reconfiguring services where necessary and identify areas that may require increased resourcing.

Improving access to Sexual Health Services beyond Hereford City remains an immediate priority for the service.

Obtaining and using better intelligence and health data to influence service provision and planning will also be a key priority.

Summary

This paper provides a welcome opportunity for Sexual Health to publicise its role across public services. The paper is not inclusive of all services (predominantly focussing on STI) and does not capture the work around contraception and the complex work associated with psycho-sexual counselling and engaging with marginilised groups.

The service would welcome the scrutinee of the committee in achieving its next steps and also the support in raising the profile of its work, and emphasising the importance of everyones contribution to the promotion of good Sexual Health.

WEST MIDLANDS AMBULANCE SERVICE NHS TRUST - RESPONSE TIMES

Report By: Group Station Manager - Hereford

Wards Affected

County-wide

Purpose

1. To consider performance in meeting targets for response times.

Background

2. In April the Committee discussed the West Midlands Ambulance Service NHS Trust's performance as part of the Annual Health Check process. The Committee agreed that it would be helpful if it could receive a breakdown of response times across the County.

3. A chart showing response times is attached.

BACKGROUND PAPERS

- None

Herefordshire

KPI Area	Indicator	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09	YTD
Category A	Respond to 75% of Category A calls within 8 minutes.	72.6%	72.7%											
Category B	Respond to 95% of Category B Calls within 19 minutes	93.5%	90.2%											
Category C Combined	Respond to Cat C Calls within 30 minutes and to Referral calls within a specified time	99.3%	97.3%											

Hereford, Shropshire and Worcester Division

Category A	Respond to 75% of Category A calls within 8 minutes.	77.0%	76.4%											
Category B	Respond to 95% of Category B Calls within 19 minutes	96.1%	95.2%											
Category C Combined	Respond to Cat C Calls within 30 minutes and to Referral calls within a specified time	99.1%	98.0%											

Trust

Category A	Respond to 75% of Category A calls within 8 minutes.	78.9%	78.9%											
Category B	Respond to 95% of Category B Calls within 19 minutes	96.9%	96.9%											
Category C Combined	Respond to Cat C Calls within 30 minutes and to Referral calls within a specified time	97.9%	97.3%											

April 2008

	Cat A 8Min			Cat A 19Min			Cat B 19 Min			Cat C Combined		
	TOTAL	0-8 mins	%	TOTAL	0-19 mins	%	TOTAL	0-19 mins	%	TOTAL	In target	%
HR2	53	41	77.4%	53	52	98.1%	105	99	94.3%	68	68	100.0%
WR13	10	4	40.0%	10	10	100.0%	11	11	100.0%	11	11	100.0%
HR8	22	15	68.2%	22	21	95.5%	44	40	90.9%	43	42	97.7%
HR6	40	30	75.0%	40	38	95.0%	53	50	94.3%	44	44	100.0%
HR4	33	24	72.7%	33	33	100.0%	86	84	97.7%	65	65	100.0%
HR1	56	50	89.3%	56	55	98.2%	81	81	100.0%	71	71	100.0%
HR9	27	15	55.6%	27	26	96.3%	60	55	91.7%	53	52	98.1%
HR7	12	8	66.7%	12	11	91.7%	11	11	100.0%	22	22	100.0%
HR5	6	4	66.7%	6	6	100.0%	9	3	33.3%	22	22	100.0%
HR3	4	0	0.0%	4	3	75.0%	4	1	25.0%	5	5	100.0%
SY8	2	2	100.0%	2	2	100.0%	1	1	100.0%	1	0	0.0%
SY7	1	0	0.0%	1	1	100.0%	1	0	0.0%	1	1	100.0%
WR6							7	7	100.0%	1	1	100.0%
WR14							1	0	0.0%			
GL17							1	1	100.0%			
NP25										1	1	100.0%
TOTAL	266	193	72.6%	266	258	97.0%	475	444	93.5%	408	405	99.3%

May 2008

	Cat A 8Min			Cat A 19Min			Cat B 19 Min			Cat C Combined		
	TOTAL	0-8 mins	%	TOTAL	0-19 mins	%	TOTAL	0-19 mins	%	TOTAL	In target	%
HR1	62	52	83.9%	62	62	100.0%	126	125	99.2%	73	73	100.0%
HR6	36	26	72.2%	36	35	97.2%	57	51	89.5%	37	35	94.6%
HR9	29	17	58.6%	29	26	89.7%	56	54	96.4%	58	55	94.8%
HR4	46	39	84.8%	46	45	97.8%	82	79	96.3%	64	64	100.0%
HR8	22	11	50.0%	22	21	95.5%	38	30	78.9%	31	31	100.0%
HR2	52	43	82.7%	52	51	98.1%	115	108	93.9%	95	94	98.9%
HR7	8	7	87.5%	8	8	100.0%	18	16	88.9%	16	15	93.8%
WR13	7	0	0.0%	7	7	100.0%	9	6	66.7%	11	10	90.9%
WR6	5	2	40.0%	5	5	100.0%	4	4	100.0%	3	3	100.0%
WR15	1	0	0.0%	1	1	100.0%	0	0	0.0%	0	0	0.0%
SY8	1	0	0.0%	1	1	100.0%	1	0	0.0%	2	2	100.0%
HR3	3	0	0.0%	3	1	33.3%	2	1	50.0%	3	3	100.0%
HR5	6	5	83.3%	6	6	100.0%	14	1	7.1%	10	9	90.0%
LD8							2	0	0.0%	2	1	50.0%
NP25							3	2	66.7%			
WR14							1	1	100.0%			
SY7							2	0	0.0%	5	4	80.0%
TOTAL	278	202	72.7%	278	269	96.8%	530	478	90.2%	410	399	97.3%

GP-LED WALK-IN HEALTH CENTRE DEVELOPMENT

Report By: Euan McPherson, Programme Manager, Equitable Access To Primary Care

Wards Affected

County-wide

Purpose

1. To consider the development of a GP-led walk-in health centre for Herefordshire.

Financial implications

2. None identified.

Background

3. As part of the NHS Next Stage Review being led by Lord Darzi, each Primary Care Trust in England is tasked with developing a GP-led health centre which will be open from 8am until 8pm, seven days a week, which can provide booked appointments and walk-in services to registered and non-registered patients.

4. The report on the herefordshrie propsed model (attached) notes that there has been mounting concern locally, regionally and nationally about the affordability of these centres, and about their suitability for rural areas. Key findings of a local needs assessment undertaken as a result of these concerns are:

   - Herefordshire's local needs assessment shows that the county is well provided with accessible GPs and primary care services, that 87% of local people are happy with existing GP services, and that existing GP services should be able to accommodate predicted population growth.

   - The needs assessment also shows that any new development should be based in Hereford City as a result of the demographics of the county, commuter travel flows and existing service delivery models.

   - 22,400 people commute into Hereford City each day. These are potential users of a walk-in service.

   - A Hereford City based service could reduce inappropriate attendances at Accident and Emergency (A&E) and provide more appropriate services to some patients.

   - The re-tendering of medical and dental out-of-hours (OOH) services in conjunction with the GP-led walk-in health centre offers an opportunity for a local solution.

RECOMMENDATION

THAT the Committee considers what comments it may wish to make on the proposed development in the light of the report.

BACKGROUND PAPERS

- Equitable access to primary medical care services – Herefordshire PCT proposed model
- Herefordshire PCT EAPC needs analysis
- Equitable access to primary medical care – Herefordshire PCT Procurement Scheme
- Procurement Scheme Annex A - Herefordshire PCT countywide medical OOH, dental OOH and a GP-led health centre
- Stakeholder analysis EAPC

Further information on the subject of this report is available from
Sara Siloko, Directorate Services Officer (health) 01432 261804

Herefordshire NHS
Primary Care Trust

Equitable Access to Primary Medical Care Services

Herefordshire PCT Proposed Model

Index

1. Introduction

As part of the NHS Next Stage Review being led by Lord Darzi, each Primary Care Trust in England is tasked with developing a GP led Health Centre, which will be open from 8am until 8pm seven, days a week, which can provide booked appointments and walk-in services to registered and non-registered patients.

There has been mounting concern locally, regionally and nationally about the affordability of these centres and their suitability for rural areas.

Herefordshire has seen a number of innovative developments in unscheduled care, most notably the co-location of the GP Out Of Hours (OOH) Service next to the Accident and Emergency (A&E) Department at the County Hospital. This development has seen an increasing number of patients referred from the A&E Department to the OOH Service. It could be argued that these patients are essentially accessing a current 'walk-in' GP led service. However it should be noted that this arrangement currently only operates from 6pm until 8am.

The recent pilot of having a GP on site in A&E showed that approximately 60% of patients attending A&E during the day could be treated appropriately within a Primary Care service. In addition we know that the peak flow of patients attending A&E is between 8am and 7pm. This would suggest that any further development of a GP led walk in service should be closely aligned with A&E and could serve to alleviate the pressure on A&E, reduce patient waiting times and provide a more appropriate level of service for a significant number of patients.

This Local Needs Assessment has been undertaken as a result of those concerns. Existing information about the Herefordshire population, commuting and transport flows, patient survey results, GP list sizes and attendance at A&E has been scrutinised.

2. Local Context

To ensure value for money (VFM) and that any development of services undertaken as part of the EAPC Programme meets local need it is important to review a broad range of information about the Herefordshire population and existing Primary Care Services.

Herefordshire has seen a number of innovative developments in unscheduled care, most notably the co-location of the GP Out Of Hours (OOH) Service next to the Accident and Emergency (A&E) Department at the County Hospital. This development has seen an increasing number of patients referred from the A&E Department to the OOH Service. It could be argued that these patients are essentially accessing a current 'walk-in' GP led service. However it should be noted that this arrangement currently only operates from 6pm until 8am.

Plans are underway to develop a joint A&E and OOH triage system within the A&E Department.

The recent pilot of having a GP on site in A&E showed that approximately 60% of patients attending A&E during the day could be treated appropriately within a Primary Care service. In addition we know that the peak flow of patients attending A&E is between 8am and 7pm.

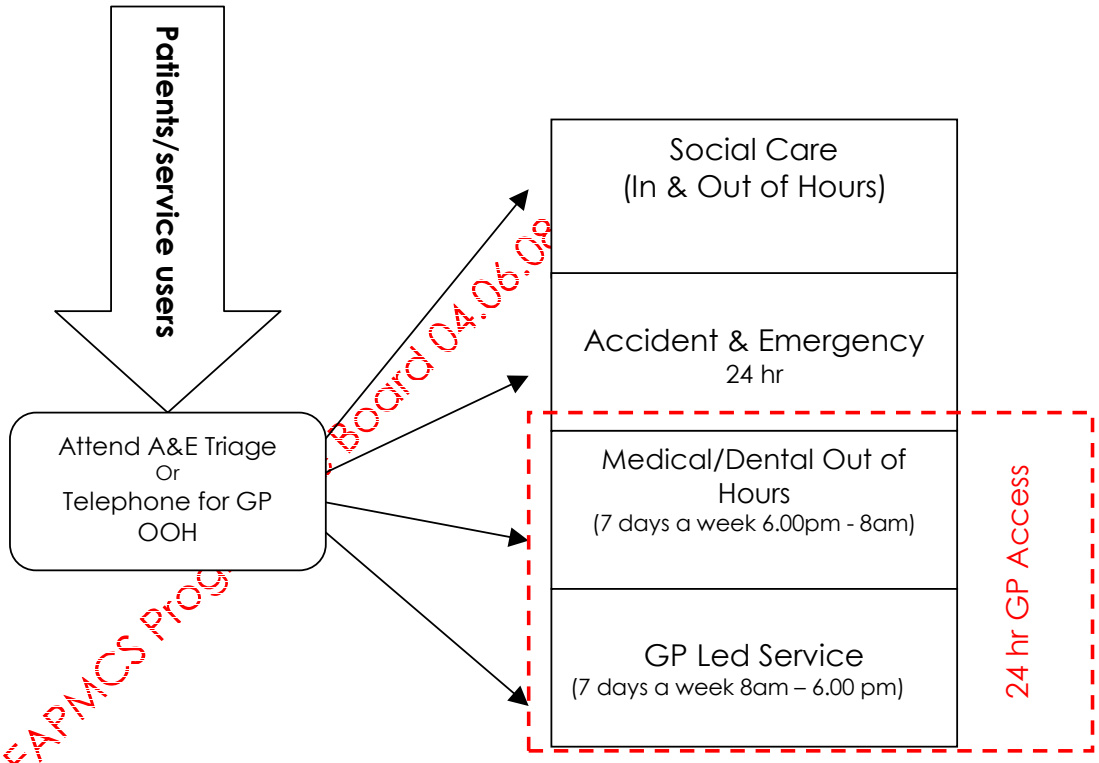
3. Key Findings

The key findings are as follows:

- Herefordshire County is currently well provided with GP's and GP services
- 87% of local people are happy with existing GP opening times, of those who aren't the main issues are access to evening and Saturday appointments which could be addressed by the requirement for 50% of current GP surgeries to offer additional opening times by the end of 2008.
- Access to GP's is very good in Herefordshire. The 2007 patient survey about GP access showed that 92% of patients could make an appointment with a GP within 48 hours (86% nationally) and 80% of patients could book an appointment with a GP two or more days in advance (75% nationally)
- Population growth forecasts for Herefordshire show and increase of 980 people across Herefordshire between 2008 and 2011. Current lists sizes (between 1,600 and 1,700) show that the existing GP base should be able to accommodate this increase.
- Any new development should be based in Hereford City as a result of the demographics of the county, commuter travel flows and existing service delivery models.
- There a substantial number of people who commute into Hereford City each day (22,400 including Hollington). These are potential customers of a 'walk in' Primary Care facility. Therefore, there is a potential for an innovate service, that would increase access to this sector of the population.
- A Hereford City based service would have the potential alleviate some of the inappropriate attendances at A&E and provide more appropriate services to some patients.

The re-tendering of the Out Of Hours service which will take place during the same time as the proposed new service development offers an opportunity for an innovative local solution.

4. Conclusion - Proposed Model



The model would rely on a single procurement for Out of Hours services and a GP led seven days a week service provision. The provider would need to work closely with the A&E Department at Hereford Hospitals NHS Trust to ensure inappropriate attendances were diverted quickly and easily to the GP led service.

The GP led service would need to be integrated into the current OOH provision to ensure no duplication of cover at evenings and weekends, whilst still providing face to face contact at Leominster and Ross on Wye Community Hospitals and Kington Court at designated times during the weekends.

A single triage system is already being developed at the A&E department 'out of hours' and could be extended to cover 'in hours'. There will need to be a physical presence at A&E to ensure that patients in need of A&E service are seen quickly. We would also like to build upon the current telephone contact arrangements for GP OOH and develop the service to include Social Care. This would give members of the public a single point of contact for Health and Social Care and ensure best use of services, whilst improving the experience of those accessing services. The provider would be expected to ensure

that the appropriate links are made between the triage system at A&E and the telephone service.

Dental arrangements will need to be reviewed and the telephone contact service will need to cover the appropriate periods for OOH dentistry.

Patients will be able to register with the new service, however would only anticipate a small number doing so, as those within the new service boundary are already able to register easily at a range of high quality practices and will be able to use the new service outside of the times when their registered practice is open.

Herefordshire NHS
Primary Care Trust

Herefordshire PCT
EAPC Needs Analysis

Version 1.5 - 12/5/2008

Index

Executive Summary

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There has been mounting concern locally, regionally and nationally about the affordability of these centres and their suitability for rural areas.

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This Local Needs Assessment has been undertaken as a result of those concerns. Existing information about the Herefordshire population, commuting and transport flows, patient survey results, GP list sizes and attendance at A&E has been scrutinised.

The key findings are as follows:

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- A Hereford City based service would have the potential alleviate some of the inappropriate attendances at A&E and provide more appropriate services to some patients.

- The re-tendering of the Out Of Hours service which will take place during the same time as the proposed new service development offers an opportunity for an innovative local solution.

1. Introduction

1.1 The interim report of the NHS Next Stage Review (NSR)[1] gave a commitment that the NHS will establish at least 150 GP led health centres. These centres will provide access to GP services (including walk in services and pre-bookable appointments) from 8 a.m. to 8 p.m, 7 days a week. They will also need to be co-located and integrated as far as possible with other community based services including social care. The NHS Operating Framework 2008/09 confirms that each Primary Care Trust (PCT) will be expected to complete procurements during 2008/09 for (as a minimum) the GP services that form the core of these health centres. In addition to this all PCT's will be required to ensure that at least 50% of GP practices provide extended opening hours. A PCT Procurement Framework has been developed to support Strategic Health Authorities (SHAs) and PCTs in delivering this agenda.

1.2 The framework sets out the principles, success criteria, procurement processes and timescales that will need to underpin the development of new health centres and GP practices.

1.3 Herefordshire PCT has already given a commitment via its Local Development Plan (LDP) and a statement of intent to the West Midlands Strategic Health Authority (WMSHA) that it intends to commission a new GP led health centre by December 2008, with phased implementation from January 2009. However, in order to develop and effectively move forward with this agenda the PCT has also stated that it needs to be mindful of, and co-ordinate, the merging agendas in relation to the following:

a) Public Service Arrangements / Integrated commissioning agendas
b) Re-tendering for the provision of Out of Hours Services from April 2009 for both Medical and Dental services
c) Commissioning extended primary care services linked to wider issues regarding unscheduled care
d) Links to, and impact on, Provider service provision, i.e. Minor Injury Units

1.4 This paper will investigate the local need for the development of services in line with the national EAPMC agenda.

2. Local Context

2.1 To ensure value for money (VFM) and that any development of services undertaken as part of the EAPMC Programme meets local need it is important to review a broad range of information about the Herefordshire population and existing Primary Care Services. Sections 3 and 4 of this paper will review information that has been gained locally and nationally.

[1] Gateway Reference 9194 – Delivering Equitable Access to Primary Medical Care: Local Procurement for GP Practices and Health Centres

2.2 Herefordshire has seen a number of innovative developments in unscheduled care, most notably the co-location of the GP Out Of Hours (OOH) Service next to the Accident and Emergency (A&E) Department at the County Hospital. This development has seen an increasing number of patients referred from the A&E Department to the OOH Service. It could be argued that these patients are essentially accessing a current 'walk-in' GP led service. However it should be noted that this arrangement currently only operates from 6pm until 8am.

2.3 Plans are underway to develop a joint A&E and OOH triage system within the A&E Department.

2.4 The recent pilot of having a GP on site in A&E showed that approximately 60% of patients attending A&E during the day could be treated appropriately within a Primary Care service. In addition we know that the peak flow of patients attending A&E is between 8am and 7pm.

2.5 Four GP practices in Hereford City have already been looking into the possibility of co-locating into a new build. These plans are fairly advanced, although unlikely to be in place within the time suggested for the new GP-led walk in service (March 2009).

3. Herefordshire Population Statistics

3.1 The county of Herefordshire extends to 840 miles^2 and has a population of approximately 180,000. The population is focussed around Hereford city and five market towns, with the rest of the county being very sparsely populated.

3.2 Table 1 highlights the population forecasts for Herefordshire up until 2011. It should be noted that the overall population growth is projected to be quite small with an anticipated growth of just 980 people between 2008 and 2011.

Table 1 - Population forecasts for Herefordshire

PERSONS	*Base Year*	Forecast Years				
Age	*2005**	*2007*	*2008*	*2009*	*2010*	*2011*
0	*1,700*	1,600	1,570	1,540	1,520	1,500
1-4	*6,900*	6,930	6,880	6,710	6,540	6,410
5-9	*10,300*	9,700	9,350	9,180	9,010	9,000
10-14	*11,500*	10,920	10,830	10,730	10,590	10,270
15-19	*11,000*	11,570	11,650	11,530	11,410	11,160
20-24	*7,900*	8,100	8,270	8,550	8,790	9,030
25-29	*7,500*	7,520	7,520	7,570	7,550	7,650
30-34	*9,800*	8,570	8,110	7,760	7,570	7,490
35-39	*12,600*	11,880	11,480	10,890	10,390	9,780
40-44	*13,500*	13,800	13,750	13,690	13,300	12,850
45-49	*12,400*	13,050	13,250	13,530	14,000	14,260
50-54	*12,400*	12,550	12,720	12,730	12,800	13,100
55-59	*13,600*	13,220	12,910	12,860	12,870	12,860
60-64	*11,600*	13,150	13,730	14,020	14,060	14,130
65-69	*9,900*	10,250	10,670	11,150	11,740	12,380
70-74	*8,700*	8,940	9,080	9,330	9,530	9,660
75-79	*7,300*	7,400	7,500	7,600	7,760	7,880
80-84	*5,600*	5,620	5,690	5,750	5,820	5,880
85-89	*2,900*	3,480	3,660	3,790	3,780	3,790
90+	*1,500*	1,590	1,650	1,760	1,970	2,160
Total	*178,800*	179,830	180,270	180,660	180,980	181,250

3.2 Table 2 shows a break down of age ranges in each ward based on the last census data. It shows that Hereford City is clearly the main population centre. The 2001 Census gave Herefordshire's resident working population at 84,909[2], with 43,680 of them living in Hereford City.

[2] Working population has been defined as those who 16-74 years who are economically active (including job seekers that were unemployed).

Broad age groups, Persons						
Area	**All Ages**	**0-15**	**16-29**	**30-44**	**45-59 (females) / 45-64 (males)**	**60+ (females) / 65+ (males)**
Aylestone ward	5,913	965	887	1,121	1,390	1,550
Backbury ward	2,915	480	297	521	820	797
Belmont ward	9,697	2,363	1,776	2,378	1,908	1,272
Bircher ward	2,783	454	267	424	781	857
Bringsty ward	2,853	510	349	480	911	603
Bromyard ward	5,967	1,008	825	1,130	1,471	1,533
Burghill, Holmer and Lyde ward	3,385	642	355	656	900	832
Castle ward	3,229	502	440	538	917	832
Central ward	2,681	402	583	645	534	517
Credenhill ward	3,383	703	363	778	765	774
Frome ward	3,342	670	348	725	949	650
Golden Cross with Weobley ward	3,067	563	325	547	795	837
Golden Valley North ward	2,973	532	278	599	837	727
Golden Valley South ward	3,053	533	280	571	860	809
Hagley ward	3,545	756	437	847	890	615
Hampton Court ward	2,737	450	269	489	804	725
Hollington ward	2,024	304	318	392	530	480
Hope End ward	5,771	1,033	544	971	1,635	1,588
Kerne Bridge ward	3,153	550	302	537	913	851
Kington Town ward	3,234	561	433	604	726	910
Ledbury ward	9,745	1,705	1,228	2,092	2,116	2,604
Leominster North ward	5,663	1,077	825	1,166	1,238	1,357
Leominster South ward	5,448	911	730	1,007	1,376	1,424
Llangarron ward	3,266	575	347	611	993	740
Mortimer ward	3,422	709	345	658	927	783
Old Gore ward	3,035	538	296	570	910	721
Pembridge and Lyonshall with Titley ward	3,029	495	354	571	861	748
Penyard ward	3,200	547	321	569	917	846
Pontrilas ward	3,343	626	340	618	928	831
Ross-on-Wye East ward	4,655	750	577	854	1,083	1,391
Ross-on-Wye West ward	5,429	967	821	1,046	1,340	1,255
St Martins and Hinton ward	10,660	2,246	1,865	2,460	2,075	2,014
St. Nicholas ward	6,623	1,226	1,059	1,552	1,344	1,442
Stoney Street ward	2,843	514	359	516	723	731
Sutton Walls ward	3,094	613	319	584	841	737
Three Elms ward	10,136	1,736	1,717	2,301	2,281	2,101
Tupsley ward	9,080	1,632	1,292	1,750	2,192	2,214
Upton ward	2,861	466	281	474	894	746
Valletts ward	3,365	713	377	701	885	689
Wormsley Ridge ward	2,735	522	291	548	778	596

3.3 Herefordshire Unitary Development Plan (UDP) shows the projected development of 600 dwellings between 2007 and 2011 to meet the requirements of the Regional Spatial Strategy and local need identified in the Housing Capacity Study (2001). These developments will largely take place in Hereford City and the market towns. There is a requirement in the UDP to ensure 35% of the new provisions are affordable homes. Whilst this will not necessarily effect the population forecasts in Table 1, it is likely to ensure that Hereford City will see the largest population increases.

3.4 One of the identified needs highlighted in 'The Next Stage Review', was the ability of people who commute to work, to have access to GP services close to where they work. The GP Led Health Centre would accommodate this requirement by offering bookable and walk in services to non registered patients. Tables 3 and 4 look at the flow of people into and out of the wards in the County as a result of commuting. Table 3 shows that Hereford City Centre has the largest influx of commuters with 11,307 people travelling into the city to work. If the figures for Three Elms (8,225) and Hollington (2,870) are included the total inflow of people travelling into the city to work equals 22,400.

Table 3. Origin and destination of workers in Hereford City wards
(Bold type indicates a positive net flow)

	Total workers	Total inflow*	Work & Live	Total outflow**	Net Flows	**Hfds ward from which inflow is greatest**	**Hfds ward to which outflow is highest**
Aylestone	2,504	1,901	603	2,044	-143	Tupsley (278)	Central (750)
Belmont	1,126	368	758	3,732	-3,364	St Martins and Hinton (93)	Central (1,066)
Central	**11,930**	**11,307**	**623**	**564**	**10,743**	Three Elms (1,287)	Three Elms (125)
St Martins and Hinton	2,064	1,026	1,038	3,711	-2,685	Belmont (171)	Central (1,043)
St Nicholas	1,945	1,323	622	2,487	-1,164	Three Elms (192)	Central (782)
Three Elms	**8,225**	**6,289**	**1,936**	**3,328**	**2,961**	Belmont (721)	Central (1,287)
Tupsley	2,099	1,129	970	3,438	-2,309	Three Elms (129)	Central (1,286)

Two out of the seven city centre wards have a positive net flow, with more people coming into the Central and Three Elms wards to work than leave to work elsewhere.

Central Ward has the highest number of workers (11,930 people) and the highest net flow. The majority of Central ward workers come from other wards in Herefordshire (10,491 people) rather than outside the county (816 people), the balance being those who live and work there (623 people).

Belmont ward has the highest negative outflow of workers, losing 3,364 people to work in other Herefordshire wards or outside the county. The highest net loss (1,066 people) from Belmont is to Central ward.

* Inflow includes workers coming from other wards in Herefordshire and outside the county to work in that ward.
** Out flow includes workers from that ward working in other Herefordshire wards and outside the county.

Table 4 Origin and destination of workers in rural wards
(Bold type indicates a positive net flow)

	Total workers	Total inflow*	Work & Live	Total outflow**	Net Flows	**Hfds ward from which inflow is greatest**	**Hfds ward to which outflow is highest**
Backbury	686	255	431	851	-596	Tupsley (38)	Central (230)
Bircher	1,014	488	526	620	-132	Leominster North (67)	Leominster South (179)
Bringsty	873	315	558	803	-488	Bromyard (92)	Bromyard (147)
Burghill Holmer and Lyde	860	501	359	1,184	-683	Three Elms (60)	Central (315)
Castle	1,089	368	721	685	-317	Golden Valley North (27)	Central (103)
Credenhill	838	471	367	1,211	-740	Three Elms (63)	Central (344)
Frome	1,105	457	648	959	-502	Ledbury (77)	Ledbury (131)
Golden Cross with Weobley	917	386	531	776	-390	Leominster South (37)	Leominster South (118)
Golden Valley North	864	244	620	714	-470	Golden Valley South (19)	Central (117)
Golden Valley South	1,007	241	766	588	-347	St Martins and Hinton (34)	Central (103)
Hagley	1,092	639	453	1,185	-546	Tupsley (78)	Central (339)
Hampton Court	1,000	434	566	722	-288	Leominster North (83)	Leominster South (129)
Hollington	**3,255**	**2,870**	**385**	**569**	**2,301**	St Martins and Hinton (529)	Central (141)
Hope End	1,570	618	952	1,629	-1,011	Ledbury (66)	Ledbury (185)
Kerne Bridge	1,281	720	561	763	-43	Ross-on-Wye West (75)	Ross-on-Wye East (144)
Llangarron	910	294	616	902	-608	Ross-on-Wye West (37)	Ross-on-Wye East (158)
Mortimer	985	276	709	730	-454	Bircher (29)	Leominster South (88)
Old Gore	921	308	613	815	-507	Ledbury (37)	Ross-on-Wye East (120)
Pembridge and Lyonshall with Titley	**1,451**	**762**	**689**	**734**	**28**	Kington Town (91)	Leominster South (145)
Penyard	787	299	488	910	-611	Ross-on-Wye West (57)	Ross-on-Wye East (162)
Pontrilas	1,221	536	685	843	-307	St Martins and Hinton (55)	Central (142)
Stoney Street	1,212	777	435	797	-20	Belmont (106)	Central (221)
Sutton Walls	479	144	335	996	-852	Hampton Court (20)	Central (275)
Upton	742	214	528	808	-594	Bircher (25)	Leominster South (162)
Valletts	1,231	647	584	916	-269	Belmont (97)	Central (221)
Wormsley Ridge	861	377	484	837	-460	Three Elms (36)	Central (226)

Diagram 1 shows the data from tables 3 and 4 in pictorial form.

* Inflow includes workers coming from other wards in Herefordshire and outside the county to work in that ward.
** Out flow includes workers from that ward working in other Herefordshire wards and outside the county.

Diagram 1


Netflow of Herefordshire's Wards
Census 2001
0 to 10,800 (6)
-400 to 0 (13)
-600 to -400 (9)
-3,400 to -600 (12)
Mortimer
Bircher
Upton
Pembridge & Lyonshall with Titley
Kington Town
Golden Cross with Weobley
Hampton Court
Bringsty
Bromyard
Castle
Wormsley Ridge
Sutton Walls
Burghill, Holmer & Lyde
Credenhill
Hagley
Frome
Hope End
Golden Valley North
Stoney Street
Backbury
Ledbury
Hollington
Old Gore
Golden Valley South
Valletts
Pontrilas
Llangarron
Penyard
Kerne Bridge
1 - Three Elms
2 - Aylestone
3 - Tupsley
4 - Central
5 - St. Martins & Hinton
6 - Belmont
7 - St. Nicholas
8 - Leominster North
9 - Leominster South
10 - Ross-on-Wye West
11 - Ross-on-Wye East
12 - Burghill, Holmer & Lyde
13 - Credenhill
NORTH
Net flows of Herefordshire Wards
Census 2001
SCALE 1:30,0000
Herefordshire Council
Research Team
PO Box 4, Plough Lane
Hereford, HR4 0XH
Tel.: (01432) 383634
E-mail: researchteam@herefordshire.gov.uk
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3.5 At the time of the Census there were 8,610 people working in Herefordshire who lived outside the county. The majority of people come to Herefordshire from nearby areas such as the Forest of Dean (Gloucestershire), Malvern Hills (Worcestershire) and Powys. Table 5 shows the locations that lose the highest number of workers to Herefordshire.

Table 5 Where people come from outside the county to work in Herefordshire

District, County	No. of people
Forest of Dean, Gloucestershire	1,380
Malvern Hills, Worcestershire	1,289
Powys	1,039
South Shropshire, Shropshire	907
Monmouthshire	713
Worcester, Worcestershire	560
Wychavon, Worcestershire	163
Telford and Wrekin	162
Wyre Forest, Worcestershire	122
Gloucester, Gloucestershire	120
Shrewsbury and Atcham, Shropshire	111
Tewkesbury, Gloucestershire	110

3.6 The data above supports the view that if a GP Led Health Centre is developed, it should be based in Hereford City. With one of the major target being to increase access to employed people closer to their place of work, it would be hard to justify placing any new development in another part of the county.

4 General Practitioner (GP) provision

4.1 By reviewing the current GP lists sizes in Hereford City it is possible to map the existing provision against the population forecast in Table's 1 and 2 and identify any additional capacity requirements for the future. In addition looking at the latest results from the Patient Survey about GP access will give an indication as to whether patients in Herefordshire are able to book GP appointments easily.

4.2 Table 6 identifies the current list sizes for GP practices in Herefordshire and shows 74,092 patients currently registered with practices in Hereford city. Table 2 shows the city population to be 54,790, the additional 19,302 patients registered are likely to be people who live just outside the city, but within the boundaries of the city practices.

4.3 The Department of Health survey about patient access in 2006/07 showed the following results for Herefordshire:

- 92% of patients could make an appointment with a GP within 48 hours (86% nationally)
- 80% of patient could book an appointment with a GP 2 or more days in advance (75% nationally)
- 83% of patients were satisfied with the opening hours of their GP surgery (84% nationally)
- Of those dissatisfied with the opening hours:

- 21% said because they were not open long enough in the evening (26% nationally)
- 64% said because they were not open on Saturdays (46% nationally)
- 2% said because they were not open on Sundays (2% nationally)
- 3% said because they did not open early enough in the morning (7% nationally)
- 4% said because they were not open around lunchtime (11% nationally)

It is interesting to note that when the results for those people dissatisfied with opening times are broken down by age they show the following:

- People aged under 45
    - 35% thought they did not open late enough in the evening (33% nationally)
    - 45% felt they should open on Saturday (34% nationally)
- People aged 45 – 64
    - 24% thought that they did not open late enough in the evening (26% nationally)
    - 61% felt that they should open on Saturday (48% nationally)
- People aged 65+
    - 3% thought that they did not open late enough in the evening (6% nationally)
    - 86% felt that they should open on Saturday (71% nationally**)**

Table 6

Locality		Practice	2006-2007 Qtr 1 Apr-06	Qtr 2 Jul-06	Qtr 3 Oct-06	Qtr 4 Jan-07	2007-2008 Qtr 1 Apr-07	Qtr 2 Jul-07	Qtr3 Oct-07	Qtr4 Jan-08	2008-2009 Qtr 1 Apr-08	Qtr 2 Jul-08	Qtr3 Oct-08	Qtr4 Jan-09	Annual Change
Leominster	GMS	Kington	8670	8688	8698	8702	8683	8686	8640	8597	8581				-0.67%
Rural	GMS	Weobley	5243	5223	5251	5262	5242	5276	5259	5237	5255				0.15%
Brom/Led	GMS	Cradley	3413	3404	3449	3441	3432	3435	3417	3416	3428				-0.93%
Leominster	GMS	Kingsland	7442	7447	7451	7443	7451	7458	7531	7537	7553				1.07%
Rural	GMS	Fownhope	4535	4524	4577	4586	4627	4658	4671	4671	4667				2.05%
Brom/Led	**PMS**	**Nunwell**	**9184**	**9235**	**9282**	**9323**	**9384**	**9425**	**9427**	**9432**	**9440**				1.56%
Brom/Led	GMS	Market Street	4253	4269	4303	4345	4307	4345	4328	4287	4268				0.58%
Leominster	GMS	Westfield Walk	9127	9188	9208	9236	9261	9281	9261	9269	9256				0.58%
Rural	GMS	Ewyas Harold	5899	5888	5877	5881	5886	5925	5897	5888	5889				0.34%
City	**PMS**	**Greyfriars**	**5486**	**5552**	**5596**	**5604**	**5649**	**5672**	**5693**	**5713**	**5750**				1.73%
Rural	GMS	Much Birch	4502	4503	4513	4535	4542	4556	4596	4584	4624				1.84%
City	**PMS**	**Wargrave House**	**9696**	**9650**	**9571**	**9500**	**9521**	**9504**	**9473**	**9468**	**9466**				**-1.02%**
Leominster	GMS	The Marches	8175	8202	8247	8242	8253	8267	8318	8338	8341				0.86%
Ross	**PMS**	**Pendeen**	**8484**	**8480**	**8431**	**8417**	**8374**	**8354**	**8374**	**8328**	**8307**				-0.68%
City	GMS	King Street	8801	8846	8879	8811	8811	8830	8869	8818	8835				-0.11%
Rural	GMS	Kingstone	4046	4038	4041	4070	4067	4102	4158	4176	4167				2.90%
City	GMS	Cantilupe	11068	11156	11246	11279	11314	11339	11401	11352	11394				1.38%
City	GMS	Quay House	4942	4997	5074	5089	5122	5130	5129	5161	5223				1.08%
Brom/Led	GMS	Colwall	3072	3064	3006	2993	3011	3028	3010	3013	3028				0.13%
City	GMS	Belmont	7649	7658	7672	7700	7741	7735	7775	7733	7702				1.34%
Ross	GMS	Alton Street	9289	9364	9450	9531	9583	9626	9610	9646	9701				1.69%
City	GMS	Sarum House	11035	11056	11051	11009	10951	10997	11041	11002	11041				-0.09%
Brom/Led	**PMS**	**St Katherines**	**8870**	**8907**	**8895**	**8896**	**8920**	**8922**	**8974**	**8961**	**8949**				0.89%
City	**PMS**	**Moorfield House**	**14323**	**14360**	**14340**	**14375**	**14418**	**14489**	**14581**	**14602**	**14681**				1.68%
			177204	**177699**	**178108**	**178270**	**178550**	**179040**	**179433**	**179229**	**179546**				0.74%

4.4 The total number of whole time equivalent GP's in Hereford City practices is currently 41.5 and 108.6 in total across Herefordshire. (Table 7)

Table 7

General Practice Contract	Number of Practices	Registered Patients[1]	Number of GPs[2]	Single-Handed Practices[3]	Training Practices[4]
GMS	**18**	**122,725**	**76**	**0**	**11**
PMS	**6**	**56,504**	**32.6**	**0**	**5**
PCTMS	**0**	**0**	**0**	**0**	**0**
APMS	**1**	**n/a as OOH services**	**Medical aspect is GP led**	**n/a**	**1 APMS Contract - covers supervised training re: OOH services for GP Registrars**
TOTAL	**25**	**179,229**	**108.6**	**0**	**16**

The number of registered patients as at 1.1.08

[2] The number of Whole Time Equivalent (WTE) GPs as at 1.4.07

[3] Single Handed Practices (SHPs) are those practices with a partnership size of only one general practitioner (GP).

[4] Practices which are accredited to undertake training

This data shows an average list size of 1,650 per GP in the county and 1,785 per GP in Herefordshire City. This suggests that there is the already necessary capacity of GP's in Herefordshire to meet the population increase as forecasted in Table 1. However the figures do not take into account the additional temporary residents/migrant workforce that traditionally come to Herefordshire work for the summer months, estimated at 6,000 people in 2006.

5 Accident and Emergency attendances

5.1 A&E attendances for the January to March 2008 range from approximately 3,100 – 3,600 per month. 47% of patients were discharged without the need for follow up treatment;12.9% were referred to the Outpatients Department; 11.7% were discharged for follow up by a GP and 0.7% were referred to another healthcare provider.

5.2 The figures for time of arrival show that 9am until 7pm are when the majority of patients arrive at the department.

5.3 Since the co-location of the GP OOH service with A&E on 31st October 2007 there have been significant referrals from A&E to the OOH service. The

average is 197 patients per month, however December was particularly high with 354 referrals.

5.4 The pilot study, where a GP was based in A&E between the 30th March and 14th May 2007, showed that potentially 73% of patients who self-referred to A&E as a 'walk-in' could have been appropriately treated in a Primary care based setting, of those that self-referred by ambulance it was felt that 48% could have avoided attendance if alternative systems or assessments were in place. (NB. During the pilot a GP was based at A&E during Monday to Friday evenings and 2pm until 10pm on Saturday and Sunday).

5.5 'Comments received during the GP pilot in A&E suggest that a key factor is public awareness of A&E and assurance that they will be seen, without having to wait for a return call. (Activity is very high during working hours, not just out of hours)'[3]

[3] Herefordshire Health Community Reforming Unscheduled Care Project – GO in A&E Project: Report on Findings

6 Conclusion

6.1 Herefordshire is not currently short of GP service provision and the forecasted population increases are unlikely to have a significant effect on this situation.

6.2 The GP Access Patient Survey results show that the vast majority of Herefordshire patients are happy with their current access to GP's and that current 24hr and 48hr access was very good. Of those who weren't happy with current access(17%), most would like to see additional evening hours and Saturday opening. The request for Sunday opening hours was limited.

6.3 The significant number of people commuting into Hereford City (22,400 inc. Holington) means that there is potential customer base for a service focussing on their needs. However, many of this group may elect to see their own GP if they offer extended hours.

6.4 The statistics for A&E attendances and the results of the GP pilot show that there is great potential for building upon the work already undertaken in the unscheduled care project. Any new GP led service development that was closely aligned to the A&E department would reduce the pressure on that department and provide more appropriate support for patients. A development in this area could meet the criteria for 'walk in' access to a GP led service. The GP pilot showed that there is potential to cover the costs of the GP input through the potential savings in A&E attendances.

6.5 Any new development should take into account the impact and potential opportunities of the proposed co-location of four city GP practices. However, Herefordshire PCT will need to be aware of the potential conflict of interest between the City GP plans and further development of a new model of service and the procurement process.

6.6 Herefordshire PCT may wish to explore what local flexibilities are available to it through the Equal Access to Primary Care Programme, as the suggested model for a 8am – 8pm GP led health centre would require 3.5 – 4 WTE GP's and associated staff and we a currently unable to show a clear need for this investment.

6.7 To ensure best value for money and increased access for patients, Herefordshire PCT may wish to look at developing the OOH contract to include walk in access to GP's in evenings and at weekends, whilst developing a new service closely aligned to A&E to make a walk in provision available during the day.

6.8 The PCT will need clarification from the West Midlands Strategic Health Authority and potentially the Department of Health that there is sufficient local flexibility in the Next Stage Review guidance to support this

type of development, rather than commissioning a separate 8am - 8pm, seven days a week service[c1].

Herefordshire NHS
Primary Care Trust

Equitable Access to Primary Medical Care

HEREFORDSHIRE PCT PROCUREMENT SCHEME

Memorandum of Information (MOI)

Table of Contents

1 PURPOSE, STRUCTURE AND NEXT STEPS FOR BIDDERS

1.1 Purpose of this document

This Memorandum of Information (**MOI**) provides an overview of the Herefordshire PCT Procurement and details of the:

- Procurement and its objectives;
- The Primary Care Trust **(PCT)** service requirements;
- Procurement process;
- Procurement commercial framework; and
- Procurement governance and administration requirements.

The purpose of this MOI is to provide potential Bidders with sufficient information on the Herefordshire PCT Procurement to enable them:

- To make an informed decision about whether they wish to participate; and
- To submit an Expression of Interest **(EOI)**.

1.2 Organisation of this document

This MOI is organised into the following sections:

Section 1: Purpose, Structure and Next Steps for Bidders

Detailing the purpose and organisation of the MOI and the next steps for potential Bidders.

Section 2: Introduction and Overview

Detailing the background and objectives to the Herefordshire PCT Procurement, the scope of services to be procured, the bidder pool and the factors critical to the success of the Herefordshire PCT Procurement.

Section 3: Commissioning PCT

Details of the Commissioning PCT.

Section 4: Procurement Process Overview

Detailing the steps involved in the Herefordshire PCT Procurement.

Section 5: Commercial Framework

Detailing the key commercial terms and other legal and contractual arrangements for the Herefordshire PCT Procurement.

Section 6: Governance and Administration

Detailing key governance and administration requirements of the Herefordshire PCT Procurement.

Section 7: **Glossary of Terms and Abbreviations**

Providing a glossary of the terms used in the MOI.

Annexes: **Annex A**

Detailing specific summary information for Herefordshire PCT Countywide medical out of hours ("OOH"), dental OOH and a GP Led Health Centre.

1.3 Next Steps for Bidders

Interested parties wishing to participate in the Herefordshire PCT Procurement **must** submit an EOI, via Bravo the e-procurement system to be used for this procurement by using the hyperlink https://hpc.bravosolution.com

Potential Bidders may bid for one or more of the services, however the PCT's preferred solution is a single Provider unless separate providers can demonstrate connectivity and cost effectiveness.

EOIs should arrive before 12 noon on 9th June 2008.

Herefordshire PCT will not consider any potential Bidder who does not meet the deadline.

2 INTRODUCTION AND OVERVIEW

2.1 Background and Context to Equitable Access to Primary Medical Care

The NHS Next Stage Review Interim Report (October 2007) carried out by Lord Darzi (the Report), reported that, despite sustained investment and improvement in the NHS over the past ten years, access to primary medical care services and the quality of those services, continues to vary significantly across the country. Many of the poorest communities experience the worst health outcomes and major inequalities exist within England in life expectancy, infant mortality and cancer mortality. Further, the gap in life expectancy between the most deprived and least deprived areas has widened, despite improvements in life expectancy in the most deprived areas.

The Report identifies improving access to primary care as a key priority if we are to deliver more personalised care that meets the needs of individuals and communities, especially those in more disadvantaged or deprived areas. This builds on the work that the Strategic Health Authorities are already doing with PCTs to improve access, responsiveness and choice in primary medical care in response to the GP patient survey (Your Doctor, Your Experience, Your Say) results in 2007.

Equitable Access to Primary Medical Care (EAPMC) will play a significant role in achieving more personalised care set out by Lord Darzi. It is essential that there is recognition that the EAPMC programme will address specific issues highlighted in the Report. The focus of the EAPMC programme will be on achieving the visions of a fair and personalised NHS (whilst upholding the values of safe and effective primary care services).

Ministers have announced that the Government will be providing new investment of £250m to support PCTs in establishing:

- at least 100 new General Practices in the 25% of PCTs with the poorest provision (based on the fewest primary care clinicians, lowest patient satisfaction with access and the poorest health outcomes), both to increase capacity and offer an innovative range of services

- at least one new GP-led health centre in each PCT in easily accessible locations, providing a flexible range of bookable appointments, walk-in services and other services for either non-registered or registered patients, based on the guiding principle of ensuring that the local public can access GP services any time from 8am to 8pm, seven days a week

The Report states that these changes could not be achieved by the NHS alone but stressed that PCTs would have a key role to play in working alongside other agencies (including local authorities and Local Strategic Partnerships), communities, industry, the voluntary and private sectors.

Herefordshire PCT is now participating in the EAPMC programme to deliver on commitments made in the Report and will lead and manage the Herefordshire PCT procurement, with guidance from NHS West Midlands and assistance and support from the Department of Health.

2.2 Objectives of the PCT Procurement

The key objectives of the Herefordshire PCT Procurement are:

- To provide patients with greater access to NHS primary medical care services through additional capacity;
- To improve the quality of primary medical care available to patients; and
- To deliver affordable and Value for Money (VfM) NHS primary medical care services.

2.3 Scope of Services

The scope of primary medical care services for the Herefordshire PCT Procurement has been developed by the Herefordshire PCT in conjunction with the Strategic Health Authority (**SHA**) based on the needs of the local community.

The primary medical care services, medical OHH services and dental OOH services required for Herefordshire PCT Scheme(s) are detailed in Annex A of this MOI.

2.4 Bidder Pool

Herefordshire PCT wishes to receive responses to the Pre-Qualification Questionnaire (**PQQ**) from suitably qualified and experienced healthcare providers (including general practitioners, social enterprise / third sector organisations and other providers) with the necessary capacity and capability (or a demonstrable ability to provide the necessary capacity and capability) to provide the range of primary medical care services as set out in Annex A, in a safe and effective manner and to meet the requirements of paragraph 2.5 below. Potential Bidder's may bid in partnership with other organisations such that the Clinical Services Supplier may be different to the potential Bidder.

2.5 Critical Success Factors (CSFs)

Herefordshire requires the Provider(s) to meet the following Critical Success Factors (CSF's) throughout the life of the Contract(s):

Access

- Easily accessible location
- The GP Led Health Centre must be open between 08:00 hours and 20:00 hours 7 days per week, every day of the year; in addition cover for urgent and immediately necessary appointments (medical and dental OOH cover) is required from 18.00 hours – 08.00 hours for the whole county.
- The services must be provided in locations and facilities that meet local patient access preferences.

Capacity – GP Led Health Centre

- Must constitute additional capacity
- Must provide services to registered and non-registered patients and offer the facility for patients to register
- Must offer bookable GP appointments and walk-in services
- Must meet timescales for service commencement and be able to demonstrate how services will be provided to meet anticipated demand

Quality – GP Led Health Centre

- Must have GP services at core
- Must have a GP present during opening hours
- Patient centred primary medical care services delivered in a safe and effective manner
- Services delivered through a learning environment that includes training of doctors and other healthcare professionals
- Must have a system for seeking patient views on services provided and showing changes implemented as a result
- Premises must be fit for purposes and meet NHS minimum standards

Value for Money

- Demonstrate a reduction in inappropriate attendances at Hereford County Hospital A&E Department
- Services offered must be affordable within available budgets
- Services must constitute Value for Money
- Demonstrate readiness to work within APMS/PDS contract terms

Integration

- Maximise opportunities to integrate and co-locate with other community-based services, including social care and 3rd sector
- Positively contribute to local healthcare community
- Develop innovative solutions to partnership working
- Must work with Herefordshire PCT with a view to achieving the PCT's vision and objectives

Further details on CSFs applicable to the GP-Led Health Centre can be found at paragraph 3.1 of Annex A.

3 COMMISSIONING PCT

3.1 Commissioning PCT

The commissioning PCT for this procurement is:

SHA	Commissioning PCT
NHS West Midlands	Herefordshire PCT

Table 1: Commissioning PCT

A map detailing the geographical location of the Commissioning PCT is provided in Figure 1 below:

Figure 1: Commissioning PCT location

3.2 PCT Scheme(s)

Bids will be sought for the following PCT Scheme(s):

PCT Scheme(s)	Services Included	Detailed in
Herefordshire PCT	Countywide medical OOH, dental OOH and a GP Led Health Centre	Annex A

Table 2: Commissioning PCT Schemes

4 PROCUREMENT PROCESS – OVERVIEW

The Herefordshire PCT Procurement timeline is summarised in paragraph 4.1 and further detailed in paragraphs 4.2 to 4.7 below.

4.1 Procurement Timeline

The timeline for the Herefordshire PCT Procurement is set out in Table 3 below. It should be noted that the dates are expected dates at the time of issuing this MOI and may be subject to change.

Milestones	Date
Advert published and Expressions of Interest invited	9 – 16 May 2008
MOI Published (web based)	21 May 2008
Deadline for receipt of Expressions of Interest	9 June 2008
Bidder Information Day	18 June 2008
PQQ issued to potential Bidders who have submitted an EOI	23 June 2008
Deadline for receipt of potential Bidder Clarification Questions	4 July 2008
Deadline for receipt of PQQ submissions	18 July 2008
Completion of PQQ evaluation and communication of result	22 August 2008
Invitation to Tender (**ITT**) issued to Bidders	5 September 2008
Deadline for receipt of ITT bids	31 October 2008

Table 3: Herefordshire PCT Procurement Timeline

Further details on the timeline for the ITT stage will be detailed in the Herefordshire PCT Scheme ITT.

4.2 Advert, MOI & EOI

4.2.1 Advert

National and local adverts have been published describing, in general terms, the primary medical care services being procured by Herefordshire PCT. Adverts have been placed at national and local level to encourage responses from as wide a range of organisations as possible. Potential Bidders must register their interest by submitting an EOI in accordance with the requirements of paragraph 4.2.3.

4.2.2 Memorandum of Information

This MOI provides details of the Herefordshire PCT Procurement.

This MOI should provide potential Bidders with sufficient information on the Herefordshire PCT Procurement process and the Herefordshire PCT Scheme to enable them to make an informed decision about whether they wish to register their interest in the Herefordshire PCT Procurement.

Interest must be registered by submitting an EOI in accordance with the requirements of paragraph 4.2.3.

4.2.3 Expression of Interest

Interested parties wishing to participate in the Herefordshire PCT Procurement **must** submit an EOI, via Bravo the e-procurement system to be used for this procurement by using the hyperlink https://hpc.bravosolution.com

EOIs should arrive before noon on 9 June 2008.

Herefordshire PCT will not consider any potential Bidder who does not meet the deadline.

4.3 Bidder Information Event

To ensure all potential Bidders are given an equal opportunity to fully understand the requirements of the Herefordshire PCT Procurement and have an equal opportunity to bid, it is intended to hold a Bidder Information Event on 18 June 2008; however this has not yet been finalised and may be subject to change or cancellation. The Bidder Information Event will aim to inform all potential Bidders of the procurement principles, processes and next steps.

Further details of this event will be provided following receipt of EOI.

4.4 Pre-Qualification Questionnaire (PQQ)

The PQQ provides detailed information on the PQQ process, guidance on how to complete the PQQ and a series of questions for potential Bidders to answer.

The PQQ will be issued, via Bravo, week commencing 23rd June 2008 to all potential Bidders who submitted an EOI by the deadline. All potential Bidders wishing to bid for the Herefordshire PCT Scheme must respond to the PQQ before the deadline stated in the PQQ. Herefordshire PCT reserves the right not to consider any PQQ submission received after that deadline.

A clarification question and answer process will operate during the PQQ stage and will be explained in the PQQ documentation.

The PQQ is designed to evaluate the capacity, capability and eligibility of potential Bidders to provide the primary medical care services which are the subject of the Herefordshire PCT Procurement.

The PQQ evaluation will include a short-listing process and potential Bidders will be told whether or not they have been short-listed.

Further details of the PQQ process and evaluation will be set out in the PQQ.

4.5 Invitation to Tender

Bidders invited to proceed to the ITT stage for the Herefordshire PCT Scheme will be issued with a Herefordshire PCT Scheme ITT.

The detailed requirements of the Herefordshire PCT Scheme ITT, the information required from Bidders and the timescales for submission of bids will be included in the relevant ITT.

Further details of the ITT process and evaluation will be set out in the Herefordshire PCT ITT.

4.6 Contract Award

Based on the outcome of the Herefordshire PCT Scheme ITT evaluation, recommendations will be made to the Herefordshire PCT Board for the Board to consider. Following PCT Board approval, the PCT and the recommended Bidder may enter into the contract(s).

4.7 Service Commencement

Following contract award and in accordance with the Provider's mobilisation plan, Herefordshire PCT and the Provider will work together towards service commencement at the contractually agreed date.

5 COMMERCIAL FRAMEWORK

Potential Bidders' attention is drawn to the following commercial information:

5.1 Contract

The contract(s) to be entered into by the PCT and the selected Provider(s) for the Herefordshire PCT Procurement in respect of the medical OOH service provision and GP Led Health Centre will comply with the Alternative Provider Medical Services Directions 2008. The contract to be entered into by the PCT and the selected Provider for the Herefordshire PCT Procurement in respect of the dental OOH service provision will comply with the National Health Service (Personal Dental Services Agreements) Regulations 2005.

Each Contract will be separate to and independent of any existing contract currently in place between a Provider and Herefordshire PCT.

5.2 Contract Duration

The Contracts will be for a term of five years with the possibility of extending the term beyond the initial contracted duration by mutual agreement with the Provider.

5.3 Clinical

Herefordshire PCT is looking for providers with the necessary capacity and capability (or a demonstrable ability to provide the necessary capacity and capability) to deliver high quality, patient-centred and VfM primary medical care services, delivered in a safe and effective manner and through a learning environment which includes the training of doctors and other healthcare professionals.

5.4 Protection of Existing Primary Medical Care Services

The Herefordshire PCT Procurement will adopt a policy of local nil detriment which will focus on service delivery from a patient perspective and not how or which people are employed.

The policy means that new primary medical care services through the Herefordshire PCT Scheme must be delivered so that existing primary medical care services (or such services delivered in the vicinity local to the new primary medical care services) are not penalised, from a patient perspective. It will be for each Bidder to demonstrate and for Herefordshire PCT to evaluate prior to awarding a Contract to a Bidder and to monitor throughout the Contract term.

For the avoidance of doubt, patients will have the freedom to move from their existing general practice to a new general practice if they wish to do so.

5.5 Workforce

5.5.1 Policies and Strategies

Bidders will be required to provide evidence that all proposed workforce policies, strategies, processes and practices comply with all relevant employment legislation applicable in the UK and in addition comply with the provisions outlined in:

- Safer Recruitment – A Guide for NHS Employers (May 2005);

- The Code of Practice for the International Recruitment of Healthcare Professionals (December 2004) (the Code of Practice); and
- Standards for Better Health (April 2006).

At PQQ Stage, potential Bidders will be required to provide executive summary information on the following, with full copies of policies and other documentation being required at ITT stage:

- Recruitment, Health & Safety and other relevant policies including those on environmental protection;
- Procedures for ensuring compliance that all clinical staff, including doctors, nurses and allied health professionals, are registered with the relevant UK professional and regulatory bodies;
- Policy for ensuring clinical staff meet the CPD requirements of their professional and regulatory bodies; and
- Staff handbook setting out terms and conditions of employment for staff.

Further details of the staff resourcing and workforce policy requirements will be included in the Herefordshire PCT Scheme ITT.

5.5.2 Pensions

Potential Bidders should assume that their staff would not be able to participate in NHS pension and injury benefit arrangements. The only exception to this is if the Provider is an organisation that meets eligibility conditions for PMS or GMS contracting and staff meet eligibility conditions for the NHS Pension Scheme.

5.5.3 Staff Transfers (TUPE)

The Herefordshire PCT Procurement of a GP Led Health Centre focuses on access and capacity issues through procuring additional primary care medical services. In providing better access and additional capacity, it is expected that Bidders will identify in their bids the need to employ additional staff to deliver the primary medical care services. However, some patient transfers from existing providers to new providers may occur and where this involves significant patient numbers representing a material proportion of an undertaking, there may be staff transfers under TUPE.

Where TUPE applies, the Code of Practice on Workforce Matters in Public Sector Service Contracts Guidance (Cabinet Office, March 2005)[1] will apply. This means that staff transferring under TUPE should receive access to a pension scheme that is certified as "broadly comparable" with the NHS Pension Scheme by the Government Actuary's Department (**GAD**).

TUPE may apply to the medical OOH service and/or the dental OOH service.

5.6 Training

The Provider(s) must, if required by Herefordshire PCT, be prepared to provide and / or accommodate, training, teaching and education for doctors including Foundation Programme and Specialist Training in General Practice and the training, teaching and education for other healthcare professionals. The Provider(s) will be required to comply with the requirements of the Postgraduate

[1] Code of Practice on Workforce Matters in Public Sector Service Contracts Guidance

Medical Education and Training Board, Postgraduate Medical Deaneries, Royal College of General Practitioners, higher education training providers and the Healthcare Commission (if applicable), and any other relevant training bodies, for the supervision of clinical training.

Providers will be expected (if required by Herefordshire PCT) to commit to obtaining accreditation for training status.

5.7 Premises, Facilities Management & Equipment

5.7.1 Premises

Providers are being asked to bid for services, not premises. As such they may have the option of adopting their own premises solutions, providing they meet the service specifications. Where the PCT has located suitable premises (which may not necessarily be from their own stock) then they will be made available to the provider on lease terms that will be contained in the ITT. Herefordshire PCT reserves the right to mandate property solutions for one or more of the services; in such circumstances, Providers may be required to enter into a lease or sub-lease arrangement for the use of that property. Further details on any such proposals and / or requirements for the Herefordshire PCT Scheme will be set out in the Herefordshire PCT Scheme ITT.

5.7.2 Facilities Management Services

Providers will be expected to fund FM Services costs except where FM Services at a PCT mandated property are provided as part of a separate, wider arrangement. Under these circumstances, Herefordshire PCT may require the Provider to utilise existing FM Services.

The exact mechanics of the payment mechanism will be detailed in the Herefordshire PCT Scheme ITT.

Further details on FM Services requirements for the Herefordshire PCT Scheme will be set out in the Herefordshire PCT Scheme ITT.

5.7.3 Equipment

Providers will be responsible for the provision and cost of equipment, unless there are compelling reasons in respect of the Herefordshire PCT Scheme why this would not be the optimal equipment solution.

Details on equipment requirements for the Herefordshire PCT Scheme will be set out in the Herefordshire PCT Scheme ITT.

5.8 IM&T

The Provider will be required to provide an appropriate IM&T solution in agreement with Herefordshire PCT.

The Provider will be required to provide data migration support from existing GP system to the new GP System.

Further details on IM&T requirements for the Herefordshire PCT Scheme will be set out in the Herefordshire PCT Scheme ITT.

5.9 Payment Mechanism

Payment to a Provider for the Herefordshire PCT Scheme may be linked to availability, activity, capacity, patient list sizes and/or achievement of Key Performance Indicators.

Further details on the payment mechanism for the Herefordshire PCT Scheme will be set out in the Herefordshire PCT Scheme ITT.

5.10 Financial Standing

Financial standing requirements for the Herefordshire PCT Procurement will be limited at the PQQ stage to confirmation of identity, solvency and proposed business structure, with no other financial requirements. At the ITT stage, Bidders will be required to put forward detailed proposals as to how the Hereford Primary Care Trust Scheme funding requirement would be met.

5.11 Performance Security

It is expected that no performance security will be required from Providers for the Herefordshire PCT Procurement. However, if the Herefordshire PCT Scheme requires substantive infrastructure spending and expects high activity volumes, some performance security may need to be considered for the Herefordshire PCT Scheme. If required, details will be set out in the Herefordshire PCT Scheme ITT.

5.12 Insurance

A comprehensive schedule of insurances that the Provider(s) will be required to obtain for the Herefordshire PCT Scheme will be set out in the Herefordshire PCT Scheme ITT. This will typically include public liability, corporate medical malpractice and certain property cover. These required insurances are in addition to the Medical/Dental Defence Union indemnity insurance carried by GPs/dentists themselves and the Medical Protection Society indemnity insurance carried by nurse practitioners.

The insurance requirements will also require Providers to ensure that:

- PCTs' interests are fully protected;
- Members of the public utilising the primary medical care services and/or OOH services are fully protected to the extent that they have a valid claim against the Provider and / or PCT; and
- The Provider maintains insurance which meets at least the minimum statutory requirements.

Providers will be required to indemnify the PCT against any claims that may be made against the PCT arising from the provision of the primary medical care services and/or OOH services by the Provider. Herefordshire PCT will expect the Provider(s) to offer evidence that they have sourced appropriate (and sufficient) insurance or other arrangements. For the avoidance of doubt, this will include provisions for clinical negligence insurance covering all staff and operational risk in the facilities from which the Provider's primary medical care services and/or OOH services are to be provided.

6 GOVERNANCE AND ADMINISTRATION

6.1 Requirements

6.1.1 Procurement Costs

Each Relevant Organisation will be responsible for its own costs incurred throughout each stage of the Herefordshire PCT Procurement process. Neither Herefordshire PCT, the SHA or DH will be responsible for any costs incurred by any Relevant Organisation or any other person through this process.

6.1.2 Consultation

PCTs will lead on all local stakeholder engagement issues. All PCT Schemes are subject to ongoing patient and public consultation under the provisions of the National Health Service Act 2006. The PCT has adopted a process of ongoing engagement to inform the process and all comments will be received and considered prior to finalising of the ITT and service specification.

6.1.3 The Public Contract Regulations 2006

The primary medical care services to which this MOI relates fall within Part B of Schedule 3 to the Public Contracts Regulations 2006 **("the Regulations")** and Annex II B to Council Directive 2004/18/EC. Neither the inclusion of a Bidder selection stage nor the use of the term "Pre-Qualification Questionnaire" nor any other indication shall be taken to mean that Herefordshire PCT intends to hold itself bound by any of the Regulations, save those applicable to Part B services.

6.1.4 Conflicts of interest

In order to ensure a fair and competitive procurement process, Herefordshire PCT requires that all actual or potential conflicts of interest that a potential Bidder may have are identified and resolved to the satisfaction of Herefordshire PCT.

Potential Bidders should notify Herefordshire PCT of any actual or potential conflicts of interest in their response to the PQQ. If the potential Bidder becomes aware of an actual or potential conflict of interest following submission of the PQQ it should immediately notify Herefordshire PCT via email to equitable.access@herefordpct.nhs.uk. Such notifications should provide details of the actual or potential conflict of interest.

If, following consultation with the potential Bidder or Bidder, such actual or potential conflict(s) are not resolved to the satisfaction of Herefordshire PCT, then Herefordshire PCT reserves the right to exclude at any time any potential Bidder or Bidder from the Herefordshire PCT Procurement process should any actual or potential conflict(s) of interest be found by Herefordshire PCT to confer an unfair competitive advantage on one or more potential Bidder(s), or otherwise to undermine a fair and competitive procurement process.

6.1.5 Non-collusion and Canvassing

Each potential Bidder and Bidder must neither disclose to, nor discuss with any other potential Bidder, or Bidder (whether directly or indirectly), any aspect of any response to any Herefordshire PCT Procurement documents (including the PQQ and ITT).

Each potential Bidder and Bidder must not canvass or solicit or offer any gift or consideration whatsoever as an inducement or reward to any officer or employee of, or person acting as an adviser to, either the NHS or the DH in connection with the selection of Bidders or the Provider in relation to the Herefordshire PCT Procurement.

6.1.6 Freedom of Information

Herefordshire PCT is committed to open government and meeting its legal responsibilities under the Freedom of Information Act 2000 (**FOIA**). Accordingly, any information created by or submitted to Herefordshire PCT (including, but not limited to, the information contained in the MOI, PQQ or Scheme ITT and the submissions, bids and clarification answers received from potential Bidders and Bidders) may need to be disclosed by Herefordshire PCT in response to a request for information.

In making a submission or bid or corresponding with the PCT at any stage of the Herefordshire PCT Procurement, each potential Bidder, Bidder and each Relevant Organisation acknowledges and accepts that Herefordshire PCT may be obliged under the FOIA to disclose any information provided to it:

- Without consulting the potential Bidder or Bidder; or
- Following consultation with the potential Bidder or Bidder and having taken its views into account.

Potential Bidders and Bidders must clearly identify any information supplied in response to the Herefordshire PCT Scheme PQQ or the ITT that they consider to be confidential or commercially sensitive and attach a brief statement of the reasons why such information should be so treated and for what period.

Where it is considered that disclosing information in response to a FOIA request could cause a risk to the procurement process or prejudice the commercial interests of any potential Bidder or Bidder, Herefordshire PCT may wish to withhold such information under the relevant FOIA exemption.

However, potential Bidders should be aware that Herefordshire PCT is responsible for determining at its absolute discretion whether the information requested falls within an exemption to disclosure, or whether it must be disclosed.

Potential Bidders should therefore note that the receipt by Herefordshire PCT of any information marked “confidential” or equivalent does not mean that Herefordshire PCT accepts any duty of confidence by virtue of that marking, and that Herefordshire PCT has the final decision regarding the disclosure of any such information in response to a request for information.

6.1.7 Disclaimer

The information contained in this MOI is presented in good faith and does not purport to be comprehensive or to have been independently verified.

Neither the Herefordshire PCT, the DH, nor any of their advisers accept any responsibility or liability in relation to its accuracy or completeness or any other

information which has been, or which is subsequently, made available to any potential Bidder, Bidder, Provider, Bidder Member, Clinical Services Supplier, financiers or any of their advisers, orally or in writing or in whatever media.

Interested parties and their advisers must therefore take their own steps to verify the accuracy of any information that they consider relevant. They must not, and are not entitled to, rely on any statement or representation made by Herefordshire PCT, the DH or any of their advisers.

This MOI is intended only as a preliminary background explanation of Herefordshire PCT's activities and plans and is not intended to form the basis of any decision on the terms upon which Herefordshire PCT will enter into any contractual relationship.

Herefordshire PCT reserves the right to change the basis of, or the procedures (including the timetable) relating to, the Herefordshire PCT Procurement process, to reject any, or all, of the PQQ submissions and Herefordshire PCT Scheme ITT bids, not to invite a potential Bidder to proceed further, not to furnish a potential Bidder with additional information nor otherwise to negotiate with a potential Bidder in respect of the Herefordshire PCT Procurement.

Herefordshire PCT shall not be obliged to appoint any of the Bidders and reserves the right not to proceed with the Herefordshire PCT Procurement, or any part thereof, at any time.

Nothing in this MOI is, nor shall be relied upon as, a promise or representation as to any decision by Herefordshire PCT in relation to this Herefordshire PCT Procurement. No person has been authorised by Herefordshire PCT or its advisers or consultants to give any information or make any representation not contained in this MOI and, if given or made, any such information or representation shall not be relied upon as having been so authorised.

Nothing in this MOI or any other pre-contractual documentation shall constitute the basis of an express or implied contract that may be concluded in relation to the Herefordshire PCT Procurement, nor shall such documentation/information be used in construing any such contract. Each Bidder must rely on the terms and conditions contained in any contract when, and if, finally executed, subject to such limitations and restrictions that may be specified in such contract. No such contract will contain any representation or warranty in respect of the MOI or other pre-contract documentation.

In this section, references to this MOI include all information contained in it and any other information (whether written, oral or in machine-readable form) or opinions made available by or on behalf of Herefordshire PCT, DH or any of their advisers or consultants in connection with this MOI or any other pre-contract documentation.

7 GLOSSARY OF TERMS AND ABBREVIATIONS

Term	Description
APMS	Alternative Provider Medical Services
Bidder	A single operating organisation/person that has been short-listed through the PQQ evaluation process and been invited to participate in the ITT stage and is bidding for one or more PCT Schemes
Bidder Guarantor	An organisation providing a guarantee, indemnity or other undertaking in respect of a Bidder's or a Bidder Member's obligations
Bidder Member	A shareholder or member or proposed shareholder or member in, or controlling entity of, the Bidder and / or that shareholder's or member's or proposed shareholder's or member's ultimate holding company or controlling entity
CfH	Connecting for Health
CPD	Continuing Professional Development
Clinical Services Supplier	All suppliers providing clinical services which are the subject of the Contract including, but not limited to, primary medical care services
Contract	A form of APMS contract, as detailed further in paragraph 5.1, to be entered into between the relevant commissioning PCT and Recommended Bidder for the provision of primary medical care services
DH	Department of Health
EOI	Expression of Interest
FM Services	Facilities management services including "Hard FM" (including services relating to security, fire, utility management, utility breakdown, pest control, landscape maintenance) and "Soft FM" (including services relating to cleaning, laundry, health and safety, portering, waste management, clinical waste management, infection control, linen, gowns and bedding)
FOIA / Freedom of Information Act	The Freedom of Information Act 2000 and any subordinate legislation made under that Act from time to time, together with any guidance and / or codes of practice issued by the Information Commissioner, the Department of Constitutional Affairs, the Office of Government Commerce and the NHS in relation to such legislation or relevant codes of practice to which the DH and Herefordshire PCT is subject
GMS	General Medical Services contract
GP	General Practitioner
GSPoC	GP Systems of Choice Programme
IM&T	Information Management and Technology
ITT	Invitation to Tender
MOI	This Memorandum of Information setting out the details of each PCT Scheme and the requirements of the Herefordshire PCT Procurement
nGMS	(n/N)ew General Medical Services Contract
NHS	National Health Service
PCT	That Primary Care Trust participating in the Herefordshire PCT Procurement
PCT Scheme	The primary medical care services to be procured by a PCT, as detailed (by PCT Scheme) in paragraph 3.2 and set out in Annex A
Herefordshire PCT Scheme ITT	An ITT that is specific to those primary medical care services set out in one or more PCT Schemes that a PCT wishes to procure and is sent to potential Bidders who have been short-listed following the PQQ stage

Term	Description
PMS	Personal Medical Services contract
potential Bidder	A single operating organisation or person that is participating in the Herefordshire PCT Procurement, but that has not at the relevant time been invited to respond to an ITT
PQQ	Pre-Qualification Questionnaire
Provider	The successful Bidder who has entered into a Contract with a PCT to provide the primary medical care services specified in the relevant PCT Scheme
Relevant Organisation	An organisation(s) or person connected with a response to a PQQ and / or connected with a bid submission including (without limitation): (i) the potential Bidder; (ii) the Bidder; (iii) the Provider; (iv) each Bidder Member; (v) each Bidder Guarantor; and (vi) each Clinical Services Supplier
Spearhead	A PCT is classified as "Spearhead" if it is one of a group of 62 PCTs based upon 70 Local Authority areas that are in the bottom fifth nationally for three or more of the following five indicators: (i) Male life expectancy at birth; (ii) Female life expectancy at birth; (iii) Cancer mortality rate in under 75s; (iv) Cardio Vascular Disease mortality rate in under 75s; (v) Index of Multiple Deprivation 2004 (Local Authority Summary.
SHA	Strategic Health Authority
TUPE	Transfer of Undertakings (Protection of Employment) Regulations 2006 (SI/2006/246)
Under-doctored	A PCT is classified as "under-doctored" if its number of whole time equivalent GPs (excluding GP Retainers, GP Registrars and locums) per 100,000 weighted population is less than the national average. The average number of GPs per 100k weighted population at March 2005 was 57.89 GPs.
VfM	Value for Money which is the optimum combination of whole-life cost and quality (fitness for purpose) to meet the overall service requirement

8 ANNEX

Annex A – Herefordshire PCT Countywide Medical OOH, Dental OOH and a GP Led Health Centre See separate document

Annex A – Herefordshire PCT Countywide Medical OOH, Dental OOH and a GP Led Health Centre

1 INTRODUCTION

Annex A outlines the proposed procurement of primary medical care services, medical OOH services and dental OOH services by Herefordshire PCT as part of the Herefordshire PCT Procurement.

2 PCT BACKGROUND INFORMATION

Herefordshire PCT was established in October 2000, this procurement opportunity is within the Herefordshire PCT locality.

Herefordshire PCT commissioned approximately £60 million of primary medical care services on behalf of its circa 180,000 population for the year ended 31st March 2008 and employed a total of approximately 1,106 whole time equivalent ("WTE") staff.

The type and quantity of general practices within Herefordshire PCT are detailed below:

General Practice Contract	Number of Practices	Registered Patients[1]	Number of GPs[2]	Single-Handed Practices[3]	Training Practices[4]
GMS	18	122,953	77	0	11
PMS	6	56,593	33.05	0	5
PCTMS	0	0	0	0	0
APMS	1	N/A as OOH Service	Medical aspect is GP Led	N/A	1 APMS contract covers supervised training re: OOH services for GP Registrars
TOTAL	**25**	**179,546**	**110.05**	**0**	**16**

1 The number of registered patients as at 1st April 2008.

2 The number of Whole Time Equivalent (WTE) GPs (rounded to the nearest whole number).

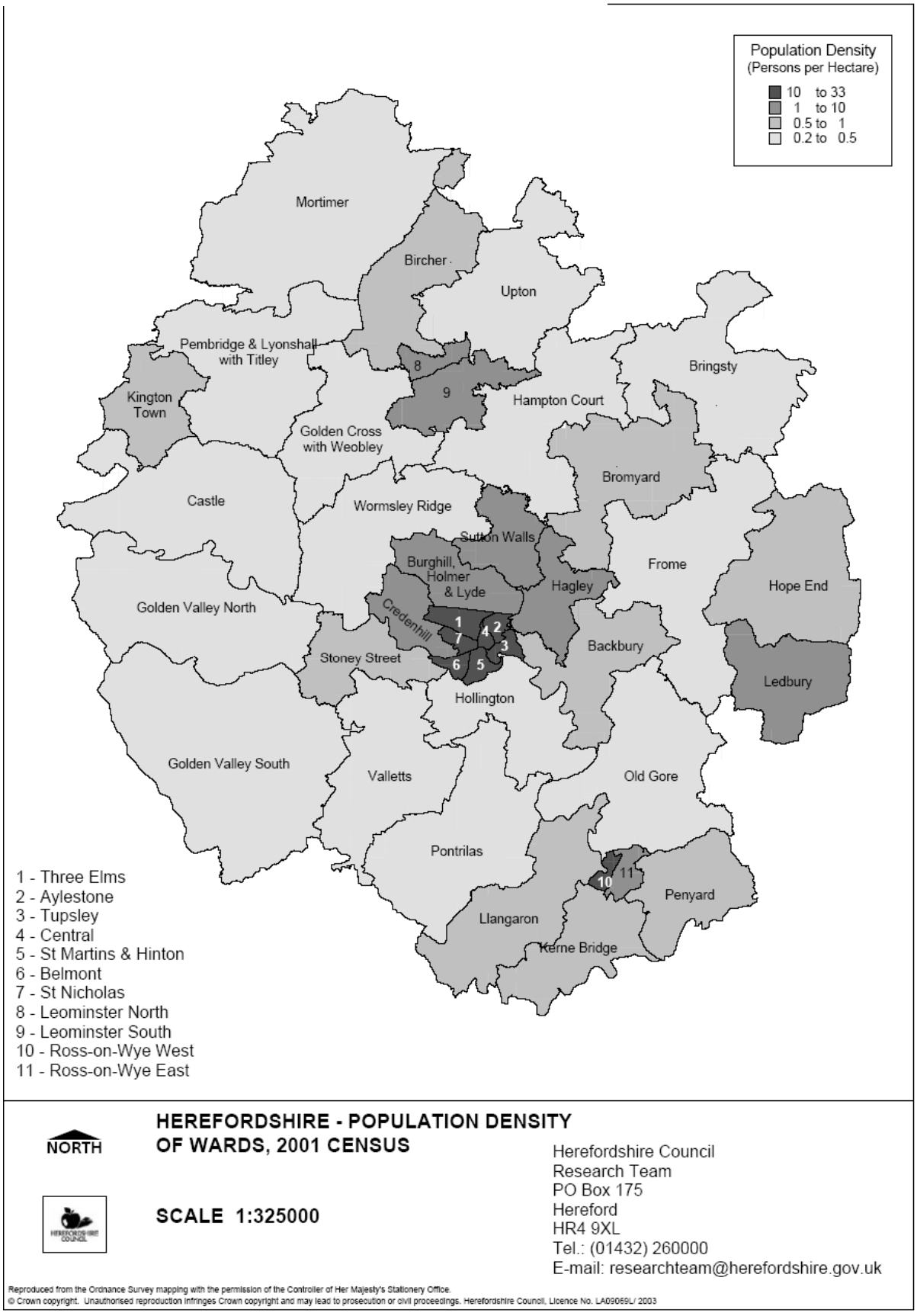
3 Single Handed Practices (SHPs) are those practices with a partnership size of only one general practitioner (GP).

4 Practices which are accredited to undertake training.

Herefordshire PCT sub-divides into the wards detailed below:

Broad age groups, Persons	
Area	**All Ages**
Aylestone ward	5,913
Backbury ward	2,915
Belmont ward	9,697
Bircher ward	2,783
Bringsty ward	2,853
Bromyard ward	5,967
Burghill, Holmer and Lyde ward	3,385
Castle ward	3,229
Central ward	2,681
Credenhill ward	3,383
Frome ward	3,342
Golden Cross with Weobley ward	3,067
Golden Valley North ward	2,973
Golden Valley South ward	3,053
Hagley ward	3,545
Hampton Court ward	2,737
Hollington ward	2,024
Hope End ward	5,771
Kerne Bridge ward	3,153
Kington Town ward	3,234
Ledbury ward	9,745
Leominster North ward	5,663
Leominster South ward	5,448
Llangarron ward	3,266
Mortimer ward	3,422
Old Gore ward	3,035
Pembridge and Lyonshall with Titley ward	3,029
Penyard ward	3,200
Pontrilas ward	3,343
Ross-on-Wye East ward	4,655
Ross-on-Wye West ward	5,429
St Martins and Hinton ward	10,660
St. Nicholas ward	6,623
Stoney Street ward	2,843
Sutton Walls ward	3,094
Three Elms ward	10,136
Tupsley ward	9,080
Upton ward	2,861
Valletts ward	3,365
Wormsley Ridge ward	2,735
HEREFORD CITY	***54,790***
Bromyard market town	4,522
Kington market town	3,234
Ledbury market town	9,745
Leominster market town	11,111
Ross market town	10,084

A map of the wards in Herefordshire PCT is set out below:



Further background information regarding Herefordshire PCT can be found at www.herefordshire.nhs.uk Additional data can be found at www.statistics.gov.uk and www.communityhealthprofiles.info.

3 Service 1: Herefordshire PCT GP Led Health Centre

3.1 Service Description

The indicative requirements for Service 1 (GP Led Health Centre) are based on the following primary medical care services

- Essential services (as defined in the National Health Service (General Medical Services Contracts) Regulation 2004);
- Additional and Enhanced Services to be agreed between Herefordshire PCT and the Provider.

Herefordshire PCT requires the Provider to meet the following Critical Success Factors (CSF's) throughout the life of the Contract:

Access

- Easily accessible location
- The GP Led Health Centre must be open between 08:00 hours and 20:00 hours 7 days per week, every day of the year; in addition cover for urgent and immediately necessary appointments (medical and dental OOH cover) is required from 18.00 hours – 08.00 hours for the whole county.
- The services must be provided in locations and facilities that meet local patient access preferences.

Capacity – GP Led Health Centre

- Must constitute additional capacity
- Must provide services to registered and non-registered patients and offer the facility for patients to register
- Must offer bookable GP appointments and walk-in services
- Must meet timescales for service commencement and be able to demonstrate how services will be provided to meet anticipated demand

Quality – GP Led Health Centre

- Must have GP services at core
- Must have a GP present during opening hours
- Patient centred primary medical care services delivered in a safe and effective manner
- Services delivered through a learning environment that includes training of doctors and other healthcare professionals
- Must have a system for seeking patient views on services provided and showing changes implemented as a result
- Premises must be fit for purposes and meet NHS minimum standards

Value for Money

- Demonstrate a reduction in inappropriate attendances at Hereford County Hospital A&E Department
- Services offered must be affordable within available budgets
- Services must constitute Value for Money
- Demonstrate readiness to work within APMS/PDS contract terms

Integration

- Maximise opportunities to integrate and co-locate with other community-based services, including social care and 3rd sector
- Positively contribute to local healthcare community
- Develop innovative solutions to partnership working
- Must work with Herefordshire PCT with a view to achieving the PCT's vision and objectives

Proposed Model for Herefordshire

Herefordshire PCT would prefer a single provider to offer an 8am – 8pm, 7 days a week, GP led Health Centre in Hereford City as well as the medical OOH services and dental OOH services (as outlined in appendix A.1) for the county. However, the PCT would look at individual bids for the three elements of the service as long as they can show connectivity and cost efficiency.

See appendix A.1

3.2 Service Location Information

The Service will fall within Hereford City Wards of Herefordshire PCT

The location of the GP Led Health Centre is yet to be determined, but it should ideally present an opportunity for co-location with other key health services and social care services.

Service location should be within easy access of Hereford County Hospital to maximise the opportunity for reducing inappropriate attendances at A&E.

Information in respect of other general practices within Hereford City Wards is detailed in the table below:

Name of Practice	General Practice Contract	Registered Patients[1]	Number of GPs[2]	Single-Handed Practices[3]	Training Practices[4]
Belmont Medical Centre	GMS	7,702	4.4	No	No
Cantilupe Surgery	GMS	11,394	6.65	No	Yes
Greyfriars Surgery	PMS	5750	3.5	No	Yes
King Street Surgery	GMS	8,835	5.25	No	Yes
Moorfield Surgery	PMS	14,681	7	No	Yes
Quay House Surgery	GMS	5,223	3	No	No
Sarum House Surgery	GMS	11,041	5.9	No	Yes
Wargrave House Surgery	PMS	9,466	5.8	No	Yes
TOTAL		**74,092**	**41.5**	**0**	**6**

1 The number of registered patients as at 1st April 2008.

2 The number of Whole Time Equivalent (WTE) GPs (rounded to the nearest whole number).

3 Single Handed Practices (SHPs) are those practices with a partnership size of only one general practitioner (GP).

4 Practices which are accredited to undertake training.

3.3 Service Requirements

The indicative requirements for **Service 1 (GP Led Health Centre)** are based on the following primary medical care services

- Essential services (as defined in the National Health Service (General Medical Services Contracts) Regulation 2004);
- Additional and Enhanced Services to be agreed between Herefordshire PCT and the Provider.

Service 2 (Medical OOH) – The provision of "out of hours services", as defined within the National Health Service (General Medical Services Contracts) Regulations 2004, between 18.00 to 08.00 seven days a week, including Bank Holidays.

Service 3 (Dental OOH) – The provision of "urgent treatment", as defined within the National Health Service (General Dental Services Contracts) Regulations 2005 between 18.00 to 08.00 seven days a week, including Bank Holidays.

3.4 Patient Volumes

As this is a new GP Led Health Centre, there is no minimum list size.

It is expected that the Provider will increase the footfall of the new GP-Led Health Centre by targeting inappropriate A&E attendances and the people commuting into Hereford City

3.5 Opening hours

The primary medical care services, provided via the GP Led Health Centre, are required to be available between 08:00 hours and 20:00 hours 7 days per week, every day of the year. The medical OOH and dental OOH are required to be available between 18.00 hours and 08.00 hours 7 days per week, every day of the year.

3.6 Service Commencement

Service commencement will be 1st April 2009.

3.7 Workforce

There are no relevant staff currently employed by the PCT.

3.8 Training

There is a requirement to provide clinical training and work towards the relevant accreditation within 18 months of service commencement.

3.9 Infrastructure

3.9.1 Property

Providers are being asked to bid for services, not premises. As such they may have the option of adopting their own premises solutions, providing they meet the service

specifications. Where the PCT has located suitable premises (which may not necessarily be from their own stock) then they will be made available to the provider on lease terms that will be contained in the ITT

The PCT has not yet identified property solutions and therefore the Provider may be required to identify and provide a suitable location from which to deliver the services.

Herefordshire PCT reserves the right to mandate the property solution for the service; in such circumstances, the Provider may be required to enter into a lease or sub-lease arrangement for the use of that property. Further details on any such proposals and / or requirements for the Herefordshire PCT Scheme will be set out in the Herefordshire PCT Scheme ITT.

3.9.2 Facilities Management

The Provider will be required to provide and manage both hard FM and soft FM requirements.

The Provider will be required to fund FM Services costs except where FM Services are provided as part of lease terms for premises made available by the PCT. In such circumstances Herefordshire PCT may require the Provider to utilise existing FM Services.

Further details on FM Services requirements for the Herefordshire PCT Scheme will be set out in the Herefordshire PCT Scheme ITT.

3.10 IM&T

The Provider will be required to provide an appropriate IM&T solution in agreement with Herefordshire PCT.

The Provider will be required to provide data migration support from existing GP system to the new GP System.

Appendix A.1

Herefordshire PCT – Proposed Model for Medical Out of Hours Services, Dental Out of Hours Services and a GP Led Health Centre

Introduction

As part of the NHS Next Stage Review being led by Lord Darzi, each Primary Care Trust in England is tasked with developing a GP led Health Centre, which will be open from 8am until 8pm, seven days a week, which can provide booked appointments and walk-in services to registered and non-registered patients.

There has been mounting concern locally, regionally and nationally about the affordability of these centres and their suitability for rural areas.

Herefordshire has seen a number of innovative developments in unscheduled care, most notably the co-location of the GP Out Of Hours (OOH) Service next to the Accident and Emergency (A&E) Department at the County Hospital. This development has seen an increasing number of patients referred from the A&E Department to the OOH Service. It could be argued that these patients are essentially accessing a current 'walk-in' GP led service. However it should be noted that this arrangement currently only operates from 6pm until 8am.

The recent pilot of having a GP on site in A&E showed that approximately 60% of patients attending A&E during the day could be treated appropriately within a Primary Care service. In addition we know that the peak flow of patients attending A&E is between 8am and 7pm. This would suggest that any further development of a GP led walk-in service should be closely aligned with A&E and could serve to alleviate the pressure on A&E, reduce patient waiting times and provide a more appropriate level of service for a significant number of patients.

This Local Needs Assessment has been undertaken as a result of those concerns. Existing information about the Herefordshire population, commuting and transport flows, patient survey results, GP list sizes and attendance at A&E has been scrutinised.

The key findings are as follows:

- Herefordshire County is currently well provided with GPs and primary care services

- 87% of local people are happy with existing GP opening times, of those who aren't the main issues are access to evening and Saturday appointments which could be addressed by the requirement for 50% of current GP surgeries to offer additional opening times by the end of 2008.

- Access to GP's is very good in Herefordshire. The 2007 patient survey about GP access showed that 92% of patients could make an appointment with a GP within 48 hours (86% nationally) and

  80% of patients could book an appointment with a GP 2 or more days in advance (75% nationally)

- Population growth forecasts for Herefordshire show an increase of 980 people across Herefordshire between 2008 and 2011. Current lists sizes (between 1,600 and 1,700) show that the existing GP base should be able to accommodate this increase.

- Any new development should be based in Hereford City as a result of the demographics of the county, commuter travel flows and existing service delivery models.

- There are a substantial number of people who commute into Hereford City each day (22,400 including Hollington). These are potential customers of a 'walk in' Primary Care facility. Therefore, there is a potential for an innovative service, that would increase access to this sector of the population.

- A Hereford City based service would have the potential to alleviate some of the inappropriate attendances at A&E and provide more appropriate services to some patients.

The re-tendering of the medical and dental Out Of Hours service in conjunction with the GP Led Health Centre offers an opportunity for an innovative local solution.

Local Context

To ensure value for money (VFM) and that any development of services undertaken as part of the EAPC Programme meets local need it is important to review a broad range of information about the Herefordshire population and existing Primary Care Services.

Herefordshire has seen a number of innovative developments in unscheduled care, most notably the co-location of the GP Out of Hours (OOH) Service next to the Accident and Emergency (A&E) Department at the County Hospital. This development has seen an increasing number of patients referred from the A&E Department to the

OOH Service. It could be argued that these patients are essentially accessing a current ‘walk-in’ GP led service. However it should be noted that this arrangement currently only operates from 6pm until 8am.

Plans are underway to develop a joint A&E and OOH triage system within the A&E Department.

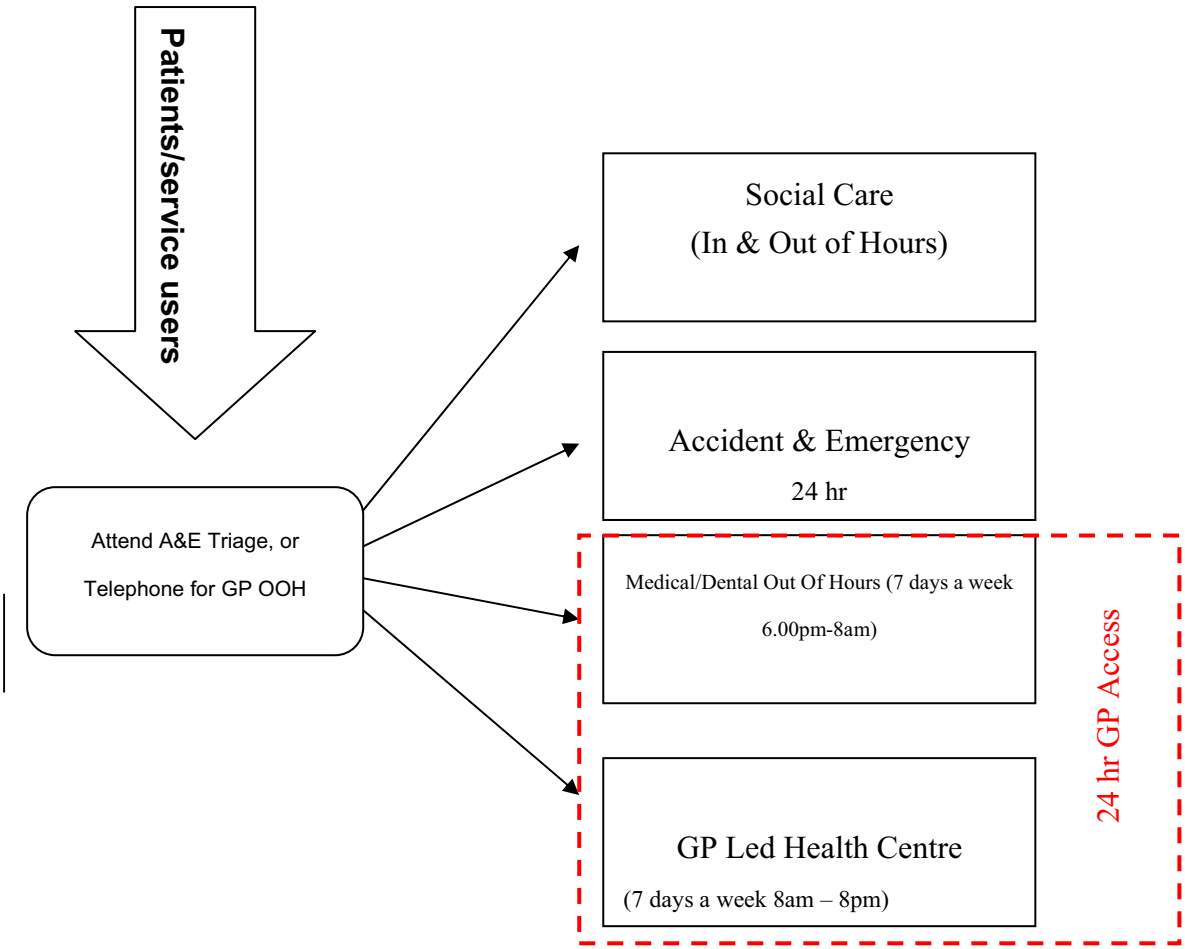
The recent pilot of having a GP on site in A&E showed that approximately 60% of patients attending A&E during the day could be treated appropriately within a Primary Care service. In addition we know that the peak flow of patients attending A&E is between 8am and 7pm.

Service Descriptions

Service 2 – The provision of “out of hours services”, as defined within the National Health Service (General Medical Services Contracts) Regulations 2004, between 18.00 to 08.00 seven days a week, including Bank Holidays.

Service 3 – The provision of “urgent treatment”, as defined within the National Health Service (General Dental Services Contracts) Regulations 2005 between 18.00 to 08.00 seven days a week, including Bank Holidays.

Proposed Model



The model would rely on a single provider for the medical OOH services, dental OOH services and a GP led Health Centre, with 24 hours a day, seven days a week service provision. The Provider would need to work closely with the A&E Department at Hereford Hospitals NHS Trust to ensure inappropriate attendances were diverted quickly and easily to the GP led service.

The GP Led Health Centre would need to be integrated with the OOH provision to ensure no duplication of cover at evenings and weekends, whilst still providing face to face contact at Leominster Community Hospital, Ross on Wye Community Hospitals and Kington Court Health and Social Care Centre at designated times during the weekends.

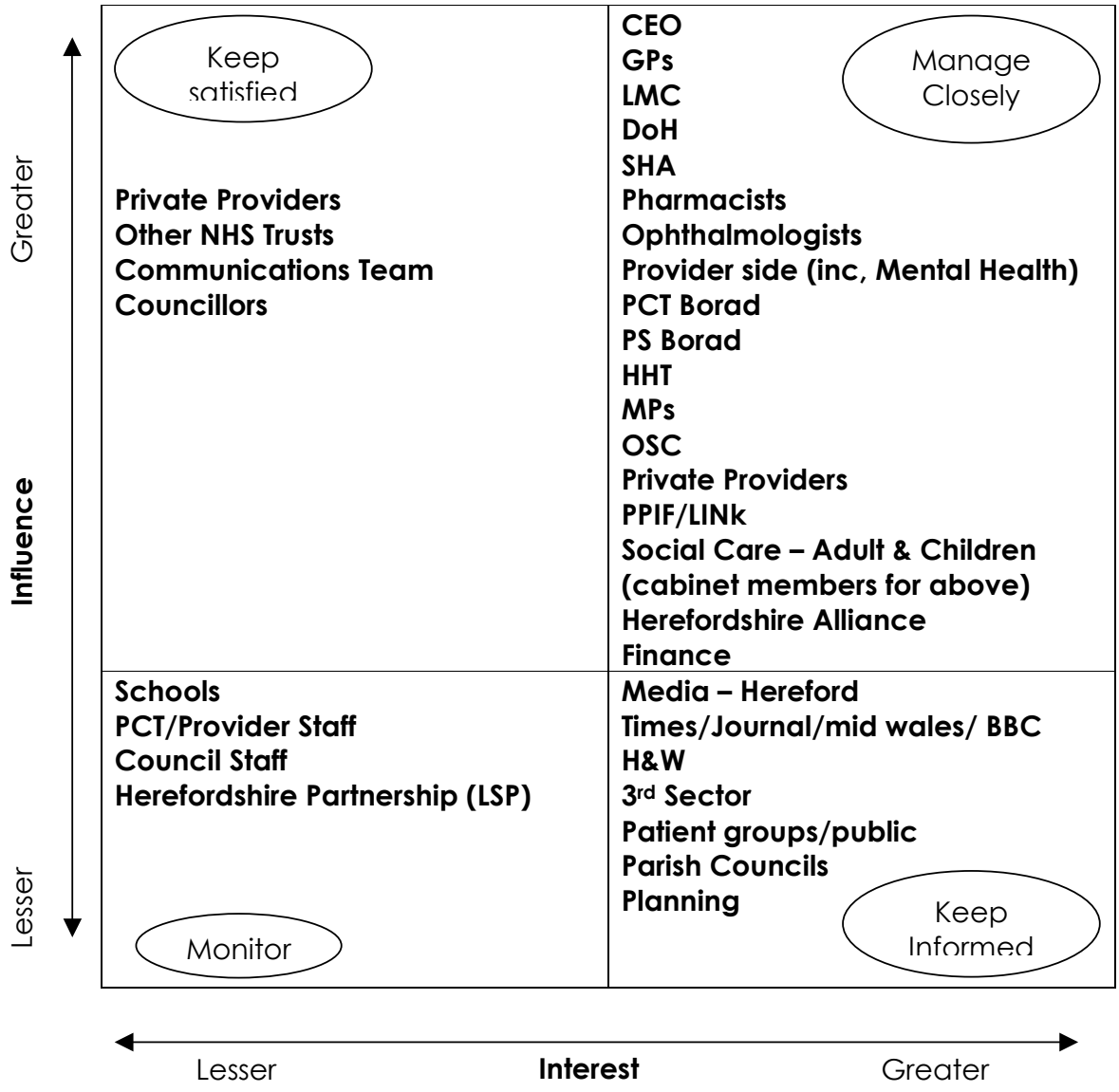
A single triage system is already being developed at the A&E department 'out of hours' and could be extended to cover the period 8am to 6pm. There will need to be a

physical presence at A&E to ensure that patients in need of A&E service are seen quickly. We would also like to build upon the current telephone contact arrangements for GP OOH and develop the service to include Social Care. This would give members of the public a single point of contact for Health and Social Care and ensure best use of services, whilst improving the experience of those accessing services. The Provider would be expected to ensure that the appropriate links are made between the triage system at A&E and the telephone service.

Dental arrangements will need to be reviewed and the telephone contact service will need to cover the appropriate periods for OOH dentistry.

Patients will be able to register with the GP Led Health Centre, however the PCT would only anticipate a small number of patients doing so, as those within the new service boundary are already able to register easily at a range of high quality practices and are likely to choose to use the new service during the times when their registered practice is closed.

Stakeholder analysis – EAPC



WORK PROGRAMME

Report By: Director of Adult Social Care

Wards Affected

County-wide

Purpose

1 To consider the Committee's work programme.

Financial Implications

2 None

Background

3 A report on the Committee's current work programme will be made to each of the scheduled quarterly meetings of this Scrutiny Committee. A copy of the work programme is appended.

4 The programme may be modified by the Chairman following consultation with the Vice-Chairman and the Director of Adult and Community Services in response to changing circumstances.

5. Should any urgent, prominent or high profile issue arise, the Chairman may consider calling an additional meeting to consider that issue.

6. Should Members become aware of any issues they consider may be added to the scrutiny programme they should contact the Directorate Services Officer (Health) to log the issue so that it may be taken into consideration when planning future agendas or when revising the work programme.

RECOMMENDATION

THAT subject to any comment or issues raised by the Committee the Committee work programme be approved and reported to the Strategic Monitoring Committee.

BACKGROUND PAPERS

- None identified.

Health Scrutiny Committee Work Programme 2008/09

September 2008	
	• Presentations By Chief Executives of Health Trusts • Presentation on the structure of the Local Involvement Network and its work programme. • Monitoring of LINk Performance • Strategic Review of Provider Services • provision of services for children with special needs. • Update on the response to the Committee's review of Communication • Joint Commissioning Strategy for physical disabilities and updated version of the Joint Commissioning Strategy for mental health services. (with implementation progress reports then to be scheduled). • Workforce plan including training, recruitment and retention issues for the Primary Care Trust, social care and provider organisations in the independent sector • Reconfiguration of Mental Health Services
	•
To be scheduled	
	• Elderly Falls Review – Report • Proposals for rolling forward the Local Delivery Plan beyond 2008/09 as prepared for consultation following the publication of the Darzi review.
Scrutiny Reviews	• Access to health 1) for ethnic minorities – Scoping Statement • Access to Health 2) Scoping Statement
Other issues • Councillors' potential role in managing public expectation within their constituencies	
• Proposal to look at the long-term implications for people in the county of having an inappropriate diet.	

Further additions to the work programme will be made as required