

Herefordshire PCT EAPC Needs Analysis

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Executive Summary

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 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 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 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 is 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 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 miles² 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	<i>Base</i>	Forecast Years				
	<i>Year</i>				
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 84,909², 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



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				2007-2008				2008-2009				Annual Change	
			Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr3	Qtr4	Qtr 1	Qtr 2	Qtr3	Qtr4		
			Apr-06	Jul-06	Oct-06	Jan-07	Apr-07	Jul-07	Oct-07	Jan-08	Apr-08	Jul-08	Oct-08	Jan-09		
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 are 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].