

GP-LED WALK IN HEALTH CENTRE

Report By: Director of Integrated Commissioning

Wards Affected

County-wide

Purpose

1. To note the award of a contract for the development of a GP-led walk-in health centre for Herefordshire and the provision of the out of hours service.

Background

2. The Committee received a report in June 2008 that stated that as part of the NHS Next Stage Review being led by Lord Darzi, each Primary Care Trust (PCT) in England was tasked with developing a GP-led health centre which would be open from 8am until 8pm, seven days a week, which would provide booked appointments and walk-in services to registered and non-registered patients. The Committee was advised that the re-tendering of the Out Of Hours service in the County during the same time as the proposed new service development offered an opportunity for an innovative local solution with a single provider for the health centre and the out of hours service.
3. The report to the Committee referred to, *"mounting concern locally, regionally and nationally about the affordability of these centres and their suitability for rural areas."* The Committee was advised at its meeting that the national model would not suit Herefordshire's needs.
4. The Committee was keen to seek assurance that any new development should not be to the detriment of the existing primary care service but should lead to improvement. The Chairman of the Committee was initially advised that the Walk in Centre would not have the ability to register patients and that only essential services would be provided by the Centre. When reported to Committee in June it was advised that, *"the Centre was required, contrary to the PCT's request, to have the ability to register patients."* However at that time it was still believed the Centre would be restricted to providing essential services. In response to a specific question about the potential impact on local GPs it was said, *"that there was a potential risk if a large number of patients chose to register with the Centre. However, because the County was well provided with primary care services it was planned that the Centre would be restricted to providing essential services only. This would minimise the risk to local practices and avoid undermining the existing arrangements which were of a high quality as demonstrated by the patients surveys and the quality and outcomes framework."*
5. On the basis of the information presented to it and the assurances received the Committee agreed:

- a) **the proposals for extended access to GP Services in Hereford City be welcomed recognising that they are demonstrably based on local need and the proposed Herefordshire Model for equitable access to Primary Medical Care Services therefore be supported;**
 - b) **a single provider of out of hours care and the service required to be provided between 8am and 8pm seven days a week would be beneficial to the local population;**
 - c) **the additional benefit of reducing inappropriate A&E attendances be noted;**
 - d) **the Primary Care Trust be urged to ensure continued engagement with GPs throughout the County to ensure their co-operation;**
 - e) **a communication programme be instigated by the Primary Care Trust to ensure the public know how and when to access the appropriate medical care;**
 - f) **the public consultation particularly with patient groups has ensured an appropriate level of engagement in the process;**
 - g) **the aim of ensuring there is access to GPs across the County on Saturday be supported; and**
 - h) **that the future integration of out of hours social care services in the new facility be encouraged.**
6. In September 2008, as part of the general update report on behalf of the Chief Executive of the PCT, the Committee was informed, *“that the contract being let would provide for the delivery of essential primary care services and for the delivery of additional and enhanced services as defined in the national GP contract. On clinical governance grounds it had not been feasible to restrict the Centre to only providing “essential” services.”*
7. The impression given was that, although the proposal had evolved, the Committee’s concerns were still addressed by the proposals.
8. The Committee agreed that, *“the GP Out of Hours and GP walk in Health Service should include the basic levels of GP service as it would reasonably be expected by a patient to include such as family planning, vaccinations and the like but should not offer services over and above those existing GP practice groups in Hereford City without further consultation with the Committee.”*
9. At the Committee’s meeting in December an invitee expressed grave concern over the development of the GP led Walk in Health Centre. In particular it was suggested that the proposal that had originally been presented by the PCT as a restricted emergency service now represented direct competition to the existing Primary Care GP Service. It was further suggested that the new Centre would in effect be receiving a subsidy, putting existing providers at a competitive disadvantage. If a cap on registrations were to be imposed at a low level this would remove any incentive on the part of those managing the new Centre to develop its role in competition with existing providers.
10. The Chairman reiterated that the Committee had approved the PCT’s plans for the Centre in June on the basis of assurances given to it at that time. The Committee had not subsequently reviewed the contractual documentation. In view of the concerns now being expressed on behalf of GPs she proposed to review the documentation associated with the proposal to establish whether it was consistent

with what the Committee had understood to be the case, noting the Committee's strongly expressed view throughout, and reinforced by the resolution it had passed on the issue in September, that the proposal should not be to the detriment of existing services.

Developments since the Committee's meeting on 5 December 2008

11. The Chairman met the Director of Integrated Commissioning and Mr Euan McPherson EAPMC (Equitable Access to Primary Medical Care) Programme Manager on 9 December, following which she sought further clarification and assurance on a number of points.
12. The following clarification and assurances have been provided:

Monitoring the number of patients registering with the new service

A figure of 3,000 registrations has been agreed.

There is a requirement on the Provider to notify the PCT on a monthly basis, the number of patients registering at the GP Led Health Centre. The notification at 100% is so that a formal process can be undertaken to ascertain if there is a commissioning need to exceed the tolerance of 10% within the contract. The Provider cannot exceed this tolerance without formal written consent from the PCT.

This process would be managed by the EAPMC Performance Management Group, which will include clinical (GP and GDP) membership. Given the sensitivity of this issue a recommendation would then be made to the PCT Board for formal approval.

Enhanced Service provision

The GP Led Health Centre will not offer any Enhanced Services that are not available through other GP Practices in Herefordshire.

Service Development

If there was a need to significantly change or amend the contract, this would be addressed through the 'Contract Variation clause' and dependent upon the significance would be dealt with by either the EAPMC Performance Management Group or the PCT Board. The PCT would be keen to discuss any significant changes to the contract with the relevant key stakeholders.

Relationship with existing Providers

The PCT has confirmed that a key aspect of the Invitation To Tender was a requirement on the Provider to build and maintain good relationships across the Herefordshire health economy

Renewal of contract

Should the PCT decide to extend the contract beyond the initial 5 year term, this would require formal PCT Board approval.

Information to registered GPs

There is a requirement on the Provider to notify the PCT about the number of patients attending the GP Led Health Centre and the practice they are registered with. In addition the Provider is required to provide a summary report to the patients' registered GP regarding any attendance by 9.00am the next working day, at the latest.

Marketing

The PCT has made it explicit that it is opposed to any active marketing to attract registrations. However, the PCT will be expecting the Provider to publicise the walk-in facilities available, particularly for hard to reach groups.

Financial incentive to register patients

The PCT has confirmed that there is no financial incentive within the contract that would encourage the Provider to increase patient registrations. The Key Performance Indicators focus on reducing inappropriate A&E attendances via the provision of sufficient 'Walk-in' capacity.

Key Performance Indicators (KPIs)

If the Provider fails to achieve a single KPI for 3 or more consecutive quarters they will lose the total performance payment of 20% of the total contract value for that quarter.

There is a requirement in the contract to review the Key Performance Indicators annually in line with Herefordshire PCT's Director of Public Health Annual Report and the Joint Strategy of Needs Assessment.

Contract Management Capacity

The PCT has confirmed that the appropriate level of contract management resource will be available to ensure effective performance management of this contract.

Contract Variation

The PCT has confirmed that any significant contract variation will be discussed with the Health Scrutiny Committee.

Diagnostic Arrangements

The PCT has confirmed that the existing arrangement for the provision of Diagnostic Services will be protected.

Successful Contractor

The PCT has awarded the five year contract for the out of hours service and GP led Health Centre to Nestor Primecare. There is an option to renew at any point without retendering for a further five years.

It is proposed to invite representatives of Nestor Primecare to the Committee's next meeting on 27 March to explain their business plans.

RECOMMENDATION

THAT the report be noted, subject to any comment the Committee wishes to make.

BACKGROUND PAPERS

- None