

Health Scrutiny Committee

18th March 2011

Response to Scrutiny Review of General Practitioner Services

1 GP practice network links.

There is current work being undertaken to join the PCT sites to the Council network – this is to move the current PCT Wide Area Network (WAN) into the council Community Network (CN) using the local telephone exchanges instead of Belmont as the hubs for our communications network. This will provide increased capability at reduced cost and benefits from the economies of scale that the PCT and HC partnership brings.

The GP practices are out of scope for this work as their networks are not currently part of the PCT WAN – they are effectively treated as standalone businesses.

The GP practices currently have a single N3 (NHS network) connection each, which are varying in their efficacy, apart from branch surgeries who have point to point private circuits between the main GP site and branch site(s). Where GP site links have been problematic, ICT services has worked with BT in the past 12 months on remedying this and there is a much improved service to two branch sites that were having difficulties.

Over the past two years ICT services have upgraded the circuits for all GP practices with a branch surgery. They previously had 2MB connections, none of which were guaranteed by BT for data. They all now have a 10MB private circuit. Investment (circa £50k) has been made from the PCT which puts funding aside for these types of developments.

In addition ICT have asked the Herefordshire Council network provider (Updata) to provide quotes to link the GP practices to the council's CN.

2 Location of Health Service.

NHS Herefordshire commissions a range of primary, secondary and specialist care from a variety of providers recognising that geographically, our population is dispersed, with about a half living in rural areas. Overall population density is 0.8 persons per hectare, but this varies across the county. A quarter of the population lives in very sparsely populated areas (a higher proportion than in any other county authority area in England)

Travelling times by car from the most distant parts of the county are up to an hour to Hereford, one and a half hours to Worcester and up to two hours to Birmingham and, for Cancer services, to Cheltenham. The major centres of healthcare are Hereford itself, where the county hospital is located, and the market towns containing the community hospitals (see appendix 2a)

Over 85% of all health secondary care expenditure is committed to local services and NHS Herefordshire has repatriated services when cost effective to do so and clinically safe e.g. satellite radiotherapy to be provided locally in 2013. The contracts “map” (see appendix 1) therefore demonstrates that the vast majority of secondary care is provided locally and yet we will need to continue to rely on specialist centres for tertiary care.

Therefore our current local health provision is delivered primarily through Hereford Hospital Trust (HHT) and the PCT Provider, together with 112 GPs, social care and the wider primary care staff. We have significant support from the third sector through the Herefordshire Alliance, an umbrella organisation representing third sector providers. HHT provides the full range of core DGH services. Specialist tertiary services are commissioned from regional or neighbouring counties. We are part of the Three Counties Cancer Network and have established clinical networks to ensure we have access to key clinical skills which we are unable to secure at a local level.

HHT is located in the centre of Hereford with the majority of its services delivered in a PFI facility. It provides the full range of DGH services, with referrals to specialist services provided through network arrangements (such as Cancer, Neurology, ENT and Renal services) Its 132 beds for medical emergencies are occupied mainly by older people who have respiratory, stroke and MSK problems. The number of admissions are high, many are avoidable. We are therefore as a health and social care community seeing this as a major challenge for 2011/12.

- **Community services** – We expect that the new Herefordshire integrated organisation will be established as a legal entity in 2011-12 which will include current PCT provider services. The current Community Provider is based around six community hospitals and professional teams. It provides children, adults and older people’s services (including intermediate care) The Community teams are configured around localities, providing district nursing and occupational therapy It is heavily bed-based, with its 126 beds mainly occupied by older people who need rehabilitation with most of its occupants discharged from HHT.
- **Primary Care** - General Medical Services are provided through 112 general practitioners in 24 locality-based GP practices. We are not an under-doctored area with GP list sizes will within national averages but we do have a significant number of patients attending the local hospital Accident and Emergency Department. Out of Hours GP services (OOH) are provided by Primecare and a walk in centre provided at the Asda

Centre in Hereford. Our ambulance service, West Midlands Ambulance Services (WMAS), has been tasked with improving its response times, quality of care and cost effectiveness NHS Dental capacity has also been expanded but further improvement is planned with the elimination of NHS waiting list for routine dental care from March 2011. Pharmaceutical services are also provided by pharmacies in the city and market towns, with dispensing GP practices in rural communities. NHS optometry services are provided by practices in the city and market towns.

- **Learning Disability and Mental Health Services** - Integrated NHS and Local Authority teams provide care management services, ensure individuals can access mainstream services and are supported in their own home and communities. We have tendered for a new Mental Health provider (2gether NHSFT to commence 1st April 2011) to deliver better access to a wider range of innovative services, with existing staff TUPE'd over and social care staff seconded for local continuity.
- **Neighbourhood Health & Social Care Teams** - The future provision of health and social care services are considered to be the engine of the new model of health and social care delivery in Herefordshire.

Neighbourhood Teams will include adult health and social care services working in close partnership with primary care, children's services, third sector and other independent providers. Effective locality teams will:

- Maximise independence and recovery for the service user
- Reduce A&E attendance and inpatient admissions
- Reduce inpatient length of stay
- Support centralised services (Acute/Tertiary/Specialist).

To achieve the above outcomes the Neighbourhood Teams will aim to:

- Provide care that is designed and delivered around needs of their local population
- Promote a culture that fosters accountability and consistency across all the care settings of Herefordshire
- Enable a structure of integrated working across existing organisational and professional boundaries, that make it certain that service users receive the right treatment at the right time and in the right location

Ultimately, the Neighbourhood Teams will have a range of responsibilities including:

- Specialist Needs Assessment e.g. MDT assessment
- Rapid Response/Instant Care (1-3 day duration)
- Intensive Home Support (up to 6 week duration)
- Rehabilitation and Recovery (domiciliary)

- Treatment
- Safeguarding/Social integration
- Case Management/ Care Coordination
- Follow the patient journey (supporting admission avoidance and facilitating discharge through in-reach and care coordination)

The Teams will work closely with the providers of mental health, children's and third sector services in Herefordshire. The Teams would be made up of GPs, social care professionals, nurses, therapists and support workers, responsible for the overall care of service users; there will be a phased approach to the development of the Teams.

3 Summary

Members will be able to review / consider therefore the coverage and future development of health provision for Herefordshire residents with the larger proportion of service provided in the county and in deed locally for primary care service. With the formation of the ICO and new provider Trust for Mental health plus a focus on locality working the local focus will be further enhanced. IT connectivity with GP services are also being addressed as part of the integrated IT service for the county.

A detailed response to each of the Health Scrutiny Committee recommendations is provided in Appendix 4.