



Middlesbrough Primary Care Trust

Middlesbrough Primary Care Trust (PCT) Delivering Equitable Access to Primary Medical Services:

Local Procurement of GP Practice and GP-led Health Centre in Middlesbrough

BRIEFING PAPER

INTRODUCTION

Our NHS Our Future and the *Interim NHS Next Stage Review* (NSR) emphasised the need to develop care outside of hospitals and in particular has prioritised improvements in access to GP-led primary care services.

The interim report of the NSR gave a commitment that the NHS will establish at least 150 GP-led health centres, open 8am to 8pm, seven days a week. In addition to the new health centres, the NSR also gave a commitment that the NHS will establish at least 100 new GP practices in areas of greatest need.

Middlesbrough PCT is expected to establish 1 health centre and 1 additional GP practice.

PROCESS

The procurement process will take place over the coming year with contracts signed by December 2008. As part of this process, the PCT has been working since late December 2007 to develop the initial outline specifications and affordability models.

Initial needs assessment activities have been undertaken to ensure that the specifications are based on local need and supportive of strategic developments. This has included gathering views and opinions from a number of stakeholders including Practice Based Commissioning groups, GP practices, feedback from prior consultations and a range of departments and individuals across both the PCT and local authority.

The next stage is for local consultation to take place to ensure that the proposals are reflective of local need and for the specifications to be developed in more detail.

The Department of Health has identified PCTs able to deliver early and Middlesbrough PCT has been asked to be a 'front-runner'.

PROPOSALS

General

This specification [for sites and services] remains indicative at this time, reflecting the need to consider the outcome of the consultation process.

The sites and services proposed have been influenced and set by the following factors:

- Access and responsiveness of existing practices
- Current list sizes
- Nil detriment to current patient experiences
- Geography and extent of patient choice available
- Health needs
- Future sustainability

They have also been influenced by current / future service strategies and previous public feedback to inform draft proposals.

The PCT will expect all new services to achieve the requisite level of quality of service within 3 years, such that it can become a training practice approved by the Post Graduate Deanery [Northern].

Health Centre

The health centre will have the following core specification that has been set nationally and will therefore open 84 hours per week providing the following:

- Core GP services
- Be open 8am – 8pm, 7 days a week
- 'Bookable' GP appointments and walk in services
- Services for patients who are registered and non-registered patients

Where it receives patients not choosing to be registered, the GP-led Health Centre will advise the patient's host practice of the outcome of the consultation by 9am the following day.

The proposal is for the new health centre to become a centre of care outside of hospital and to integrate with wider services provided within communities. These services may be commissioned separately or through integration/co-location with existing or future services.

GP Practices

New GP practices will provide core GMS services [essential and additional services] and an average list size of 6,000 patients. The provider shall make services available for a minimum of 62.5 hours a week, including Bank Holidays. This shall include no closure at lunchtime and no half days [Monday to Friday]. Ten of these hours shall be delivered outside of the core GMS hours [0800 to 1830 hours Monday to Friday, except bank and other public holidays] at weekends and evenings. These shall be determined and varied

from time to time by agreement, so as to maximise access to the communities served.

The PCT will look to secure an extended range of services and innovation both in terms of the model of care, range of service and practice. This would include:

- Out of hours' practices that establish a strong strategic partnership with existing practices. This might also take into account the management of people who live in residential or nursing homes.
- Care of vulnerable people, in particular substance misusers and/or single adult households.
- Working with the major local employers to align and integrate traditional occupational health services and primary medical services delivering more efficient and effective health care, prevention and treatment.

Sites

It is proposed that a new practice is commissioned for Whinney Banks/Hemlington and a GP-led Health Centre at North Ormesby.

CONSULTATION

A consultation plan is being drawn up and will be shared with the Committee shortly.

It is proposed that a 13 week consultation will be undertaken commencing 5 May 2008 until 1 August 2008.

It will focus on the following services to be provided in the new Health Centre, the possible locations for the GP practices and the criteria for selection of providers.

Specification of Services, including new services - The need for new services for example CVD screening, smoking cessation and diagnostics and diagnostics and specifically forensic medical care at North Ormesby to support the Sexual Assault Referral Centre at Helen Britton House.

The need for practices that focus on particular segments of the local population for example out of hours, workplace health, care of vulnerable people or indeed any other priority or vulnerable group.

Siting of Services - For those procurements without an obvious site within the identified locality

Selection of Providers - The approach to evaluation and criteria that should be used when considering proposals to establish new practices and health centres from potential providers.

The consultation literature will explain the background to the schemes, the number of health centres and GP practices in the locality, timescales, proposals and rationale for location selection along with details of the services that are to be commissioned and consultation questions.

The consultation will include the following groups:

- Consultation with Local Authority / Health Overview and Scrutiny Committee
- Consultation with Local Healthcare Providers / Organisations
- Consultation with Local Representative Committees
- Consultation with Patients, Carers and Community
- Consultation with voluntary / community groups
- Internal consultation with Staff

Action for Overview and Scrutiny

Overview and Scrutiny are asked to consider the content of this briefing and highlight any additional issues that they feel may need addressing during the consultation and how they wish to be involved.