

Primary Care Trust

Equitable Access to Primary Medical Care Programme Procurement of a GP Led Health Centre at St Andrews Briefing to LBTH Health Scrutiny Committee,

1.0 Purpose of document

To present to members of the Health Scrutiny Committee, a briefing of the commissioning process for a GP Led Health Centre at the old St Andrew's Hospital site. This development has been identified to deliver the PCTs obligation under the Department of Health (DH) Equitable Access to Primary Medical Care (EAPMC) procurement programme and also supports the PCT and Partnership planned health and social care development programme outlined in Improving Health and Wellbeing. The initiative outlines the process for commissioning of a new GP Led Health Centre and a new development at St Andrew's as the hub of services in LAP 6.

2.0 Overview - National and Local Context to EAPMC

The Equitable Access initiative is outlined in the NHS Operating Framework, the National Planning and Priorities Guidance and is consistent with statements made by the Health Minister Lord Darzi in the NHS Next Stage Review.

In 2007, as part of action from the Next Stage Review, DH wrote to PCTs outlining the requirements needed to underpin the development of new Health Centres and GP practices in the EAPMC programme. At this time front runner PCTs were identified and given a deadline of December 2008 for their services to commence, most of these initial PCTs were identified as being in under-doctored areas and/or outside London. The programme is now being rolled out to all PCTs and Tower Hamlets has been given a target for one "Health Centre" to be procured by Autumn Q3 2009/10 and open during 2010.

The aims of the EAPMC programme have particular focus on achieving closer integration with other health / community services and social care, with extensive opening hours and access to walk-in services for registered and un-registered patient services. The principles map closely to the local Tower Hamlets partnership model of health and well-being centres and in particular those health centres identified as locality hubs.

3.0 Programme Principles, Core Criteria and Success Criteria

The outline requirements of the programme are detailed in table one below.

The principles for the EAPMC programme include:

 A core requirement of the programme is that services are for new capacity i.e. "green field" sites and therefore **must not** include expansion or replacement or transfer of existing general practices, health centres or lists.

- Investment must be for additional clinical capacity (i.e. extra GPs, nurses and support staff).
- These are procurements for new and innovative services, but not necessarily for new buildings or facilities

Table one

Core Criteria for Equitable Access



GP practices

- √ Core GP services
- √ List size of at least 6.000 patients
- √ Extended opening hours (minimum of 5 hours per week)
- √ Plan to be a accredited training practice.
- √ Engaged in practice based commissioning.
- √ With extended (and overlapping) practice boundaries

Health Centres

- √ Core GP services
- √ Easily accessible locations (e.g. reflect commuter needs)
- √ Open 8am-8pm, 7 days a week
- √ Bookable GP appointments and walk in services
- √ Registered and non-registered patients
- √ GP-led

Diagnostic services Community pathology Radiology Audiology Specialist services Minor surgery Dermatolog y Chronic pain GU medicine Rehabilitation COPD Chronic pain Orthopaedic Stroke care

Social care

Urgent out-ofhours care Dental services Palliative care/ end of life care Pharma cy services Local flexibilities will enable PCTs to maximise innovation by integrating and co-locating health centres with other services

Equitable Access to Primary Medical Care www.dh.gov.uk/procurementatpcts



- Every GP led health centre (GPLHC) will have at its core the provision of GP services.
- Anyone, registered or unregistered will be able to use these services, to get bookable GP appointments and walk-in services 8am to 8pm, 7 days a week.
- Under the programme the GPLHC will be managed and operated by an APMS Provider offering an appropriate clinical care and services
- There must be evidence that services are located in areas that maximise convenient access.
- For Tower Hamlets, the GPLHC is expected to open in Q1 2010 in a new facility, although it is intended to enter into a contractual arrangement for GP services by the end of October 2009. Dates for pharmacy and dental contracts are to be confirmed once the timelines around the building programme become firmer.

There are also a number of key success criteria e.g. "evidence that the new services will have a specific focus on promoting health and preventing ill-health, for instance through introduction of smoking reduction services, sexual health, alcohol and substance misuse services, diet, exercise and weight management, supporting back to work services".

4.0 Local strategic objectives and choice of site

This initiative is closely linked to Tower Hamlets PCT's strategic objectives which relate to- Urgent Care, Community Pharmacy, Dental, Commissioning Strategic Priorities and operating frameworks. The Tower Hamlets Partnership Strategy Improving Health and Wellbeing identified a number of developments including the creation of new health centre in each locality.

The specific objectives of the Integrated Centre include improving access to primary care through providing an extended hours GP practice offering core and enhanced services with the expectation that some specialist services will be provided to meet local priorities and needs as part of an integrated and multidisciplinary approach, with potential to grow the list size to 15,000 patients.

In choosing a site to propose to deliver the EAPMC programme requirements a number of factors have been considered: -

- Fit with current local strategy (e.g. IHWB, Urgent Care Strategy, Community Pharmacy Strategy + Pharmacy Procurement Process, Dental Strategy)
- Programme requirements out-lined above
- Capital programme plans
- Timescales for delivery of build
- Anticipated locality growth in population
- Fit with polyclinics requirements as a federated polyclinic with other practice sites in LAP 6

The St Andrew's development is proposed as the preferred choice for delivery of the EAPMC programme requirements for the following reasons: -

- There is good fit between the EAPMC project requirements and the proposed services as outlined for St Andrew's (see below) in the IHWB Strategic Programme Business Case
- Significant consultation has already taken place on these proposals which have been well received by patients and the public and they are part of a clear partnership commitment between health and social care.
- The population in the area is due to rise by 15K by 2020 and many of the
 plans for development for the NE Locality are on the east of the Borough,
 an area where significant new services will be required to meet demand.
 The St Andrew's site is at the eastern edge of the borough close to
 significant proposed housing and business development and Olympic
 fringe
- The programme build is the only one planned in IHWB that is close to the timescales required by DH for EAPMC.

DH national timelines for this procurement require service commencement by March 2009. This deadline has been extended to Autumn 2009 for PCTs in London but NHS London are clear no further extension is available. The PCT is required to sign the APMS contract by Autumn 2009 for service commencement early in 2010. St Andrew's

new premises will not be available for occupation until est.Q3 2010/11 therefore an interim accommodation solution will be required at service commencement to move to St Andrew's once the build there is complete.

The current service plans for the St Andrew's development include: -

Dentistry, General Practice, Community Pharmacy, Social Services (Adult care, housing/benefits advice, back to work), District Nursing, Health Visiting, School Nursing, primary care psychology, low level diagnostics (near patient testing, ultrasound), community mental health, long term condition management (respiratory disease, diabetes, neurological disease), community services sessions (e.g. foot health, SALT, physiotherapy etc), bookable space for care outside hospital shift

The planned schedule of accommodation of the development has been drawn up with flexibility built in to the designs. This will enable the services delivered to flex to meet the requirement of the EAPMC programme.

5.0 Finance

Cost modelling is one of the earliest stages of the project plan, DH letter (Gateway ref 9194 21st December 2007) states; "funding for Health Centres will be included in PCTs overall allocations, given that the scale of investment in these new services is best determined locally taking into account the range of services that should be included".

6.0 Considerations for the Committee

The commissioning team would be very grateful to receive the comments of the committee on any aspect of the process and in particular in relation to the services to be offered. The PCT would be happy to provide regular updates throughout the process if requested.

7.0 Recommendations

The committee is asked to note the proposals for the commissioning of new general practice services for the St Andrews area of LAP 6.

8.0 Next Steps

The programme proposals have recently been presented to the PCT Executive, Board and Competition, Choice and Contestability panel of the PCT. The advertisement was placed in May and the formal tender will be issued in late July or August. Timelines for other procurements (dental and pharmacy) will depend on the St Andrew's Building timelines.

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