

B/07/86

<i>Title of paper</i>	Report on the public consultation: Improving Access to GPs in Kirkby in Ashfield through <i>Fairness in Primary Care</i>
<p><i>Brief outline of content:</i> Key items</p> <p>The public consultation on Improving access to GPs in Kirkby in Ashfield through <i>Fairness in Primary Care</i> ended on Monday 16 April 2007. On the whole there was support to proceed with proceeding to establish a new primary care centre at the Ashfield Health Village to be serviced by the established of a new practice secured through a national procurement process under an APMS contract.</p> <p>This report outlines the proposals, summarises the consultation process, who we consulted and how, the findings and analyses the feedback of the 90-day public consultation on improving access to GPs in Kirkby in Ashfield through <i>Fairness in Primary Care</i>. The paper concludes with the options and recommendations to the PCT Board.</p>	
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<p><i>The Board is recommended to:</i></p> <ul style="list-style-type: none"> • NOTE public consultation outcome. • APPROVE the conversion of Byron Ward at Ashfield Community Hospital into a new primary care centre. • APPROVE that the PCT advertises through the national procurement process for a Provider to run the practice under an APMS contract. 	

**Report on the public consultation:
Improving Access to GPs in Kirkby in Ashfield
through *Fairness in Primary Care***

1. Executive Summary

This report outlines the proposals, summarises the consultation process, who we consulted and how, the findings and analyses the feedback of the 90-day public consultation on improving access to GPs in Kirkby in Ashfield through *Fairness in Primary Care*. The paper concludes with the options and recommendations to the PCT Board.

2. Recommendations

- The Board is asked to **NOTE** the outcome of the public consultation.
- The Board is asked to **APPROVE** that the PCT converts Byron Ward at Ashfield Community Hospital into a new primary care centre
- The Board is asked to **APPROVE** that the PCT proceeds with the national procurement process to recruit a Provider of to run the new primary care centre under an Alternative Provider of Medical Services (APMS) contract.

3. Background

- 3.1 Work carried out by the Department of Health and highlighted in the White Paper *Our Health, Our Care, Our Say* (Department of Health, 2006) showed that Ashfield ranked third nationally for having fewer family doctors per head of population. It is recommended by the Department of Health that there are 1,800 patients per full-time General Practitioner (GP). Based on this it has been identified that extra GPs are needed in Kirkby-in-Ashfield to meet the Government's recommendation. There is also an additional need to increase GP numbers to cover future housing developments planned in the area.
- 3.2 In September 2006 Ashfield PCT Board considered a range of options to increase GP capacity in Kirkby-in-Ashfield. These were as follows:

Options	
1	New Alternative Provider of Medical Services (APMS): create a new primary care centre in the Kirkby-in-Ashfield area.
2	Merge existing GP Practices. There are a number of small practices in Kirkby-in-Ashfield which if merged could create further capacity to increase and support additional GPs.
3	Combination of 1 and 2 – new primary care centre, merge practices and expand
4	Encourage all practices to grow and expand GP numbers

It was recommended by the former Ashfield PCT Board that option 3 should be pursued and in order to obtain commitment from interested GPs, a letter of undertaking was sought from the practices with whom we were in discussion. This option did not get the agreement of the practices involved within the timescale required so the PCT pursued option 1 to procure a new Alternative Provider of Medical Services within a new development, which was agreed to be pursued as the second option, but this is was initially taken forward with the inclusion of the Dr Aye and Dr Gundkalli practice, with both GPs becoming salaried to the new provider.

- 3.3 In February 2007 Nottinghamshire County tPCT Board noted the start of the public consultation process. The Board also approved participation in the national procurement process and associated costs, subject to the outcome of the public consultation.
- 3.4 The PCT conducted a full 90-day public consultation from 17 January 2007 to 16 April 2007. The following details the proposed action that the PCT consulted on:
- Nottinghamshire County Teaching PCT advertises for a new provider under an APMS contract to run the primary care centre at Ashfield Community Hospital providing flexibility and enhancement of current provision.
 - Byron Ward (currently not in use) in Ashfield Community Hospital is converted into a primary care centre with funding from a DH grant.
 - Kirkby Health Centre GP Practice (Dr Aye and Dr Gundkalli and all their staff) moves to the new development and become salaried GPs to the new provider.
- 3.5 The consultation process has been comprehensive. The Overview and Scrutiny Committee and the local Patient and Public Involvement Forum have been consulted and there has been a number of ways for the public, patients, carers and other local stakeholders to have their say, including:
- three public meetings (15 February, 29 March and 16 April 2007)
 - presentations to the PPI Forum, Kirkby Partnership Group, Ashfield Links Forum, Health Involvement Network, The Loving Life Group,
 - Overview and Scrutiny Committee attendance at 2 meetings
 - the PCT website received 1555 hits on the consultation document
 - articles appeared in the Nottingham Evening Post and Ashfield Chad newspapers
 - a number of radio interviews were held on BBC Radio Nottingham; Mansfield Radio 103.2 and Trent FM
 - posters and consultation documents were sent to all Kirkby in Ashfield GP practices, pharmacies, dentists, opticians, libraries and selected supermarkets in Kirkby in Ashfield and surrounding districts
 - consultation packs were sent to voluntary, statutory and support organisations, local councillors, PBC Cluster, MPs, NHS organisations, partner organisations and representative bodies
 - leaflet distribution in localities and at local Kirkby in Ashfield market
- 3.6 The PCT has been successful in securing £1.149 million of capital funding from the Department of Health's Community Hospital grants to convert Byron Ward at Ashfield Community Hospital into a new modern primary care centre.

- 3.7 Since beginning the consultation Drs Aye and Gundkalli have now expressed that they no longer want to be salaried to a new provider and have therefore withdrawn their commitment to be included within the new proposed practice.

4. Need

It is well recognised that parts of Ashfield have significant deprivation and poor health, with Kirkby in Ashfield, in particular, having some of the poorest health in the Nottinghamshire County tPCT area across a wide range of health indicators. Historically GP practices in the Kirkby in Ashfield area have had recruitment and retention difficulties, some working from relatively poor facilities or in premises where there is little scope for expansion. GP Practices working in Kirkby in Ashfield have patients with significant health needs and some have found achievement of targets around flu vaccination, pneumococcal vaccination, and Quality and Outcome Framework targets (QOF) difficult.

5. Benefits

The benefits of improving access to GP services within Kirkby in Ashfield are:

- Improved patient access to a GP by increasing GP numbers and capacity
- Improved access to services for a population with significant health needs
- Greater patient choice in choosing their GP
- Extended opening hours that will allow patients to choose from a wider range of appointment times including evenings and weekends
- Care delivered closer to home through the development of enhanced services at the primary care centre e.g. minor operations, chronic disease monitoring
- Support to the proposed intermediate care service in Ashfield Health Village.
- Increased investment in primary care
- Ability through APMS to target resources and services at identified need.

6. Financial Statement

The detailed financial costings are commercially sensitive and are therefore contained in a separate paper in the confidential session. The PCT has provided in its financial plan for significant additional investment to fund this increase in capacity and services.

7. Risks

- Relationships with local GP practices may be affected by pursuing an APMS contract offering extended opening services
- Development of a brand new practice with no list size
- Ability to recruit to GP vacancies.

8. Summary of the consultation

In summary the general public, the Patient and Public Involvement (PPI) Forum and the Overview and Scrutiny Committee were in favour of the proposals set out in the PCT's public consultation.

Respondents accepted and supported the:

- need for increasing GP numbers in Kirkby-in-Ashfield along with the associated support staff
- conversion of Byron ward at Ashfield Community Hospital into a new primary care centre
- opportunity to secure a wider range of services that are tailored to the health needs of the Kirkby-in-Ashfield population
- ability to provide extended opening hours in the evenings and at weekends
- development of medical cover to the intermediate care service at Ashfield Health Village
- opportunity for the public to be involved in the selection of a new APMS provider and the ability to influence the contract
- opportunity to look at health prevention and stretch targets to improve poor health

In addition further comment on other improvements to primary care services were received:

- the local pharmaceutical committee would welcome the opportunity to review local pharmacy provision to benefit the patients affected and increase choice of services
- patients, the public and the Overview and Scrutiny Committee would like to see more extended services and extended opening hours in other local GP practices in the area.

The Overview and Scrutiny Committee (OSC) welcomed the PCTs intention to improve access to Primary Care services in Kirkby in Ashfield but expressed some concern that the population of Woodhouse had not been adequately consulted. The PCT had in fact widely circulated practices covering the area and local voluntary groups, as well as publicising the PCTs plans via the local media but in an attempt to address the OSCs concerns did leave additional leaflets and posters with local shops.

The Overview and Scrutiny Committee also expressed a view that a local solution should be explored with local GPs using traditional GMS/PMS contracts before pursuing an APMS contract. The PCT did in fact meet with some local practices who had expressed a view to the OSC that they would wish to be considered to deliver a local solution. However no firm plans were put forward by the practices and no agreement was seen from the practices concerned therefore it is still felt in the best interest of patients to proceed with the proposed national procurement process. If

local practices reach agreement they will be able to bid to deliver the new service at the new primary care centre.

A full account of the consultation responses is available to Board members if required.

However, there were, understandably, some areas of concern highlighted throughout the public consultation:

Issue	Response
<u>Transport and car parking</u> - issues have been raised in terms of the number of parking spaces available and also public transport to the Ashfield Health Village site.	The PCT will work with planners to ensure that there are links with the Ashfield Health Village travel plan and the master plan for Kirkby in Ashfield. We will also work with local public transport providers.
<u>Equity for patients of other local practices</u> - in terms of other GPs having the opportunity to provide the full range of enhanced services - the opportunity to tender for cover of the intermediate care service at Ashfield Community Hospital - the opportunity to provide extended opening hours.	Practices in the Kirkby-in-Ashfield area have already had the opportunity to provide the full range of enhanced services but have not all taken up this opportunity previously. The PCT has included the intermediate care service as part of the contract to make the contract more attractive whilst also recognising the benefits of this practice being on site and open for extended hours. The PCT will work with the PBC Cluster to ensure appropriate extended opening hours are provided to the Kirkby in Ashfield population.
<u>Private sector</u> - a concern amongst the local population over what is the private sector and how does this differ to services provided by existing GPs. It should be noted that these were raised as concerns, not objections.	The PCT will engage the public in the national procurement process and involve patient and public representatives in the selection of the provider. An APMS provider can be of a range of backgrounds. Evidence shows that nationally only 25% of APMS providers are from the private sector.
<u>Location</u> - a concern with regard to Annesley Woodhouse being too far from the new primary care centre - a concern that the new primary care centre is not located in "the centre of town"	Annesley Woodhouse is already served by a local practice and is only 1.9 miles from Kirkby-in-Ashfield. The new centre is in the town centre and only approximately 300 metres from the existing health centre site.
<u>Attracting GPs</u> - questions were raised on how are the PCT going to ensure that GPs are attracted to the area.	The PCT will work with the Deanery, PBC cluster, the LMC and the new provider to ensure that GPs are attracted to the area. It is felt that a new training practice in a brand new primary care centre with an interest in intermediate care will make the vacancies in this practice attractive. There is evidence to suggest that training practices are usually successful in bringing and retaining new GPs to an area.
<u>Patient list size</u> - questions were raised on where the patients would come from.	Existing patients residing in the Kirkby in Ashfield area will have the opportunity to choose this new provider and also future housing developments will mean that there is an increase in population.