



Haringey Council

NOTICE OF MEETING

Scrutiny Review – Development of a GP Led Health Centre at the Laurels

THURSDAY, 13TH NOVEMBER, 2008 at 19:00 HRS - CIVIC CENTRE, HIGH ROAD, WOOD GREEN, N22 8LE.

MEMBERS: Councillors Alexander, Bull (Chair), Vanier and Wilson

AGENDA

1. **APOLOGIES FOR ABSENCE (IF ANY)**
2. **URGENT BUSINESS**

The Chair will consider the admission of any late items of urgent business. Where the item is already included on the agenda, it will appear under that item but new items of urgent business will be dealt with at item 7.

3. **DECLARATIONS OF INTEREST**

A member with a personal interest in a matter who attends a meeting of the authority at which the matter is considered must disclose to that meeting the existence and nature of that interest at the commencement of that consideration, or when the interest becomes apparent.

A member with a personal interest in a matter also has a prejudicial interest in that matter if the interest is one which a member of the public with knowledge of the relevant facts would reasonably regard as so significant that it is likely to prejudice the member's judgment of the public interest **and** if this interest affects their financial position or the financial position of a person or body as described in paragraph 8 of the Code of Conduct **and/or** if it relates to the determining of any approval, consent, licence, permission or registration in relation to them or any person or body described in paragraph 8 of the Code of Conduct

4. THE LAURELS PMS PRACTICE – PROPOSAL BY HARINGEY TPCPT TO DEVELOP SERVICES (PAGES 1 - 20)

To consider and comment on proposals by Haringey TPCT to develop services at one of the GP practices at the Laurels Healthy Living Centre as part of the setting up of a GP led Health Centre.

5. NEW ITEMS OF URGENT BUSINESS

To consider any items of business admitted at item 2 above.

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05 November 2008

Agenda item:

Scrutiny Review – Development of the Laurels PMS Practice on 13 November 2008

Report Title: **The Laurels PMS Practice – Proposal by Haringey TPCT to Develop Services**

Report of: **Chair of Overview and Scrutiny Committee**

Wards(s) affected: **St. Ann's, Seven Sisters, Tottenham Green**

Report for: **Non-Key Decision**

1. Purpose

To consider and comment on proposals by Haringey TPCT to develop services at one of the GP practices at the Laurels Healthy Living Centre as part of the setting up of a GP led Health Centre.

2. Recommendations

2.1 That the Panel comment, as appropriate, on the proposals by the TPCT to develop services at the Laurels Health Living Centre and the consultation process thereon.

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4. Reasons for any change in policy or for new policy development (if applicable)

Not applicable

5. Local Government (Access to Information) Act 1985

The background papers relating to this report are:

GP Provision in Derbyshire – outcome of appeal; DHN Briefing 30/8/2006
Substantial Variations and Developments of Health Services

These can be obtained from Robert Mack – Principal Scrutiny Support Officer on 020 8489 2921, 7th. Floor, River Park House

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6. Report

- 6.1 Haringey TPCT has previously advised the Committee of its intention to extend and improve the primary care services provided at the Laurels Healthy Living Centre, St Ann's Road, N15 and have sought the Committee's views as to the proposed consultation arrangements. The process undertaken by the TPCT will include seeking, by way of procurement, an alternative primary care provider for the Laurels PMS Practice based there.
- 6.2 The Laurels Healthy Living Centre had been the subject of debate at the Committee and the TPCT has reported on its efforts to improve and extend services there. The Centre accommodates two GP practices, one of which - The Laurels PMS Practice - is directly managed by the TPCT.
- 6.3 The TPCTs Primary Care Strategy has identified the Laurels as one of its Neighbourhood Health Centres from which the TPCT wishes to deliver extended hours primary care services. The TPCT, as part of its Investment Strategy, has therefore decided to extend and improve the services provided by the Laurels PMS Practice. This is intended to take effect from April 2009. In specific terms, this will include:
- 12-hours opening (0800 – 2000) 7 days a week;
 - Pre-booked appointments & a walk-in service for registered patients; and
 - Walk-in service for people not registered at The Laurels.
- 6.4 In so doing, the TPCT will also comply with the Department of Health requirement for every PCT to procure a "GP-led Health Centre" by April 2009.
- 6.5 There are approximately 5,500 or so patients registered with the Laurels PMS Practice and it is envisaged that they will benefit from extended hours opening and walk-in access to their clinicians, as well as access to the range of other services now available at The Laurels, such as phlebotomy.
- 6.6 The TPCT is currently consulting with patients and other stakeholders. In addition, all patients registered with the practice have been written to advising them of the intended change in service. Notices have been displayed within the Laurels Healthy Living Centre and several meetings for patients have been held.
- 6.7 As previously reported, under current Department of Health rules and in order to comply with EU law, the TPCT is required to seek a provider for this service by way of open procurement. As such, local GP practices will be open to apply as will GP out-of-hours co-operatives other social enterprises or independent sector providers. The TPCT acknowledges the fears expressed by some people that

this could represent “privatisation of the NHS” and has been asked if it can restrict eligible providers to local GPs. The TPCT has sought advice on this and is unable to accede to it.

- 6.8 In order to comply with the DH deadline of April 2009, the TPCT has already had to publish an advertisement of the vacancy to prospective providers. The TPCT has stated that it would welcome views from the Committee as to how it can incorporate local stakeholders and their views in the procurement and selection process.
- 6.9 Case law has established the obligation of the TPCT to consult when putting local services out to tender. However, this consultation would be under the Trust’s general obligations under Section 242 of the National Health Service Act 2006. This is the general legal duty that has been placed on the NHS to consult and involve service users. It must be stressed that this is *not* the legislation applying to “substantial variations” to local health services (Section 7 of the Health and Social Care Act 2001). In particular, a change of provider cannot in itself be considered to be a significant change to local services. Consultation under Section 242 carries no right of referral to the Secretary of State and there is no obligation on NHS bodies to comply with views received although there is encouragement for them to respond appropriately.
- 6.10 Members of the Committee visited the Centre on 3 September and indicated their wish to have specific input into the TPCT’s consultation. In order to provide the necessary time to look at the proposals in detail and receive the input of local stakeholders, including appropriate ward Councillors, Overview and Scrutiny Committee on 6 October agreed to set up a small panel of Members to consider the proposals on its behalf, chaired by the Chair of the Committee. This will meet once and provide feedback on behalf of the Committee. In addition, the Committee agreed to delegate responsibility for approving the final comments on the proposed changes to the Overview and Scrutiny Manager, in consultation with the Chair of the Committee and the opposition spokesperson, in order to meet with the Trust’s consultation deadlines.
- 6.11 A report from the TPCT outlining the proposals and the matters on which the input of the Panel is requested is attached to this covering report.

7. Legal and Financial Implications

- 7.1 There are no obvious financial implications for the Council. The legal implications have been described above in the body of the report.

8. Chief Financial Officer Comments

- 8.1 There are no direct financial implications for the Council arising from the proposals to develop services at the Laurels PMS practice.

9. Head of Legal Services Comments

- 9.1 The Overview and Scrutiny Committee (OSC) is empowered to establish Review Panels such as described in paragraph 6.10 of this report, in accordance with the Overview and Scrutiny Procedure Rules (Constitution of the London Borough of Haringey, Part 1.2 , Rules 1(c) and 2). This consultation is being conducted in accordance with the TPCT's general duty in section 242 of the *National Health Service Act 2006* to involve service users with the planning and provision of services, development and consideration of proposals for changes in the way those services are provided and decisions made by the PCT affecting the operation of those services. In addition, the *Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002* empowers the OSC to 'review and scrutinise any matter relating to the planning, provision and operation of health services in the area'. The OSC is further empowered to 'make reports and recommendations to local NHS bodies and to its local authority on any matter so reviewed or scrutinised.' In doing so, it must include:
- An explanation of the matter reviewed or scrutinised
 - A summary of the evidence considered
 - A list of the participants involved in the review or scrutiny; and
 - Any recommendations on the matter reviewed or scrutinised
- 9.2 The Overview and Scrutiny Committee has decided that the proposals discussed in this report do not constitute a substantial variation therefore the duty for the NHS to consult the OSC under section 7 of the *Health and Social Care Act 2001* does not arise.

10. Equalities Implications

- 10.1 Particular health inequalities exist within the Borough and these are pronounced in the east of the Borough Members may wish to ensure that the new arrangements for the PMS practice at the Laurels facilitate better access to services for all sections of the community.

Report Title: The Laurels GP-Led Health Centre

Report To: Overview & Scrutiny Committee

Report of: HTPCT Head of Primary Care (East)

Date: 4th November 2008

Introduction

On the 21st December 2007 the Department of Health published guidance entitled “DELIVERING EQUITABLE ACCESS TO PRIMARY MEDICAL CARE: LOCAL PROCUREMENTS FOR GP PRACTICES AND HEALTH CENTRES” which gave each PCT in the country the responsibility to develop a GP-led health centre on it’s patch to improve access to GP services (See letter attached)

As Haringey is not considered to be under doctored no new monies were allocated to Haringey with the cost of the development and other associated service developments being funded locally from PCT resources.

Having considered these proposals and the need within them to undertake a prescribed procurement process HTPCT determined that the Laurels is the ideal site for this development in Haringey due to its size, location and accessibility. The choice of the Laurels will also enable HTPCT to divest itself of the only General Practice it manages itself thereby relieving itself of this provider role.

Proposal

The core criteria listed in the attached letter of the 21st December 2007 are as follows-

Core GP services

List size of at least 6000 patients (The PCT currently has over 6100 patients)

Plan to be an accredited training practice

Wide practice boundary

Open 8am-8pm, 7 days per week

Bookable GP appointments and walk in services

Registered and non-registered patients

This forms the basis of the specification HTPCT is in the process of developing as these are considered to be essential criteria which the PCT can choose to add to. HTPCT aim is to work with all stakeholders to develop these criteria further to meet local needs and to develop the centre across many Primary Care services to ensure it works in a joined-up/coordinated way for the benefit of all. Items being considered include diagnostic services, pharmacy, specialist services and outpatient provision. To this end the PCT is working closely in partnership with the SE Practice Based Commissioning Collaborative led by Dr J Pandya.

The outline specification published in the Memorandum of Information which is a public document on the PCT website which potential bidders are using as an initial guide is as follows

Service Requirements

The indicative requirements are based on the following primary medical care services, as detailed below.

This will be procured as an APMS contract (Alternative Provider Medical Service).

The services being procured are essential, additional and enhanced primary medical care services plus a walk in minor illness service.

Core services include all essential and additional services as defined in the nGMS contract and will be provided to all registered patients. They will also be made available to unregistered (including those registered elsewhere) patients. Where patients are unregistered anywhere they should be offered the opportunity to register with the service if they live within the Borough of Haringey.

In addition core services will include:

- suture removal
- post operative dressings
- phlebotomy (hours dependent on current opening times of local pathology laboratories and specimen collection/transport times)
- active follow up of patients who do not attend for routine breast screening
- the provision of LTC management clinics/appointments working to NSF and NICE guidelines and the call and recall of these patients

The following additional services will be required from the GP led Health Centre

- Cervical screening
- Child health surveillance
- Minor surgery
- Maternity medical services
- Contraceptive services
- Childhood immunisations and preschool boosters
- Vaccinations and immunisations

The following directed enhanced services will be required from the GP led Health Centre

- Childhood immunisations
- Childhood pneumococcal immunisation

- Influenza and pneumococcal immunisation
- Minor surgery

The following national enhanced services will be required from the GP led Health Centre

- IUCD fitting and removal
- Level 2 smoking cessation service

Other Clinical Services Requirements

Other clinical services, including local enhanced services, required from the GP led Health Centre are detailed below including routes of access. The following services will be provided to all patients registered with the GP led Health Centre and to people not registered with the practice (including those registered elsewhere) that wish to access the services (unless otherwise indicated).

Other Services	Catchment area	Mode of Access
Minor ailment service 7 days a week 8am to 8pm for 365 days per year	No catchment area	Walk in
Sexual health local service	Any patient resident in Haringey or registered with a Haringey GP	Internal referral, external referral and self referral
Alcohol brief assessment and intervention tool	All patients that are seen for core GP service and all patients who attend the minor ailments service	Walk in and booked appointments. Patients are assessed once only.
Drugs – emergency needle exchange	PCT wide	Walk in
Drugs – shared care	PCT wide	External referral from Haringey Drugs and Alcohol Service

Other Services	Catchment area	Mode of Access
Lifestyle clinics. These will be provided for people identified as at risk of developing LTCs and those already diagnosed. The focus will be on weight reduction, smoking cessation, exercise advice, alcohol and drugs advice and referral.	Any patient seen by the practice for core GP services or registered with another Haringey GP	Self referral and internal referral from nurses and GPs working with patients with CHD, diabetes and hypertension. Referrals to community matrons where appropriate

Other Clinical Services information that may be co-located but do not form Part of the procurement:

- Co location of Citizens advice bureau, or pensions and benefits advice
- Diagnostics such as ultrasound.

Timescale

The advert seeking a provider for the service outlined above was placed in the Health Service Journal on the 11th September with expressions of interest sought by 10th October 2008.

The timeline outlined in the letter of the 21st December 2007 has had to be amended locally in order to achieve the objective of having signed the contract with the new provider by the 31st March 2009.

The key dates are as follows-

Milestones	Date
Advert published and Expressions of Interest invited	11 th Sept 2008
MOI Published (web based)	10 th Sept 2008
Deadline for receipt of Expressions of Interest - 4.00pm	Fri 10 th Oct 2008
Bidder Information Day	Tue 21st Oct 2008
PQQ issued to potential Bidders who have expressed an EOI	10 th Oct to the 21 st Oct 2008
Deadline for receipt of potential Bidder Clarification Questions	7 th Nov 2008
Deadline for receipt of PQQ submissions	21 st Nov 2008
Completion of PQQ evaluation and communication of result	12 th Dec 2008

Invitation to Tender (ITT) issued to Bidders	19 th Dec 2008
Deadline for receipt of ITT bids	9 th Jan 2009

Consultation

Haringey Teaching PCT wishes to work closely with all stakeholders to ensure the new service builds on the strengths of the existing service and enhances them in line with the needs of the local population.

To this end the PCT has –

1. Created a project group made up of existing service providers at the Laurels to consider options for the future.
2. Written to 6000 residents in the area inviting them to meetings at the Laurels in order to discuss proposal and seek view. These meeting took place on the 28th, 29th and 30th October 2008.
3. Circulated a questionnaire to those 6000 residents seeking views. To date we have received over 150 responses.
4. Committed to writing again to all residents giving feedback to the meetings and questionnaire
5. Committed to produce regular newsletters throughout the procurement process which will be available to all in paper form at the Laurels
6. Created space on the HTPCT website to post updated information and articles regarding the Laurels and the process.
7. Committed to having a local resident on the procurement panel with senior PCT managers and clinicians.
8. Begun the process of consulting affected staff.

On top of this, as part of the development of a Primary Care Strategy for Haringey the PCT has commissioned a doorstep survey of 1000 patients and has received initial feedback that shows

- Patients want better access to GPs
- Patients want to be able to access a GP in the evening after work and at weekends
- Patients want to see a healthcare professional at a time that they need it, not necessarily in A&E or through NHS Direct
- Patients want a greater range of services and want to be treated with courtesy , dignity and compassion from healthcare professionals

Conclusion

HTPCT see the development of a GP-led Health Centre at the Laurels as a unique opportunity to develop and comprehensive, high quality Primary Service for South East Tottenham and its patients.

To ensure what is delivered is fit for purpose the PCT is committed to ensuring residents can influence those areas of service which are for local determination via local involvement and consultation and would appreciate comment from the Overview and Scrutiny Committee as to any areas it considers the PCT should strengthen to achieve this goal.

NB At the meeting I hope to give feedback from the consultation meeting held and on the questionnaires returned to date.



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To: SHA Directors of Commissioning

Copy: SHA Chief Executives
SHA Directors of Performance

21 December 2007

Gateway Ref: 9194

Dear Colleague

**DELIVERING EQUITABLE ACCESS TO PRIMARY MEDICAL CARE:
LOCAL PROCUREMENTS FOR GP PRACTICES AND HEALTH CENTRES**

1. This letter sets out the principles, success criteria, procurement processes and timescales that will need to underpin the development of new health centres and GP practices.
2. I would be grateful if SHAs could take action to:
 - share this letter with all the PCTs in their area and discuss with them the immediate next steps in preparing for these procurements
 - identify by **4 January** potential front-runner PCTs that are likely to be able to have health centres and/or new GP practices opening by or before December 2008 (see paras 8-9 below).
3. SHAs should already be working with their PCTs to ensure that they are setting up local teams to plan and undertake the procurements that will underpin delivery of these commitments. It is important to emphasise that these will be procurements for new services, not necessarily procurements for new buildings or facilities. Local plans will need to strike the right balance in terms of delivering new services at pace and to sustainably high standards of quality, innovation and value for money.

Background

4. The interim report of the NHS Next Stage Review (NSR) gave a commitment that the NHS will establish at least **150 GP-led health centres**. These centres will provide access to GP services (including walk-in services and pre-bookable appointments) from 8am to 8pm, 7 days

a week. They will also need to be co-located and integrated as far as possible with other community-based services including social care.

5. The NHS Operating Framework 2008/09 confirms that each PCT will be expected to complete procurements during 2008/09 for (as a minimum) the GP services that form the core of these health centres.
6. The NSR also gave a commitment that the NHS will establish at least **100 new GP practices** in areas with the greatest needs. On 23 November, Ministers announced the list of 38 PCTs that will receive additional funding to procure these new services. The relevant SHAs have since indicated that these PCTs will between them be able to commit to the procurement of 100 new practices (in line with commitments given in the NSR interim report), assuming a maximum of three practices per PCT.
7. We will be writing separately to PCTs about the associated commitments in the NSR report and the NHS Operating Framework 2008/09 to ensure that at least 50% of GP practices provide extended opening hours.

PCT front-runners

8. There will be some PCTs that are likely to be able to have new services (either for health centres or for GP practices) up and running within the next twelve months. This is likely to mean having well-developed specifications for new services, which enable the PCT to go to the market before April 2008, and already having suitable premises from which new services can be provided (e.g. LIFT or other community facilities). We are keen to work closely with these PCTs to ensure that we can rapidly spread learning.
9. I would be grateful if you could provide an initial view, by 4 January, of which PCTs will potentially be ready to award contracts and have services up and running either for health centres or (where applicable) for GP practices in the months leading up to December 2008.

Principles, success criteria and procurement process

10. **Annex A** sets out the proposed principles and criteria that should underpin the procurement of all new services in this programme. **Annex B** sets out the proposed timescales for procurements, based on the aim of completing all procurements by the end of December 2008, while recognising that service commencement dates will vary depending on issues such as premises development and staff recruitment.
11. We have sought to avoid too prescriptive a national approach to reinforce local ownership and innovation. However, we do expect local plans and specifications to be ambitious and forward-thinking in considering how both GP practices and GP-led health centres reflect wider strategic priorities.

12. There will need to be a particular focus on achieving closer integration with other community services and social care, particularly in relation to new health centres. This does not mean that these wider services will themselves necessarily be included in the procurements – that is a matter for local decision-making. However, in inviting tenders for new GP-led services, PCTs will need to seek evidence that prospective providers will be able to play a key role in achieving the necessary level of integration with other services. PCTs should be considering the full range of service models from all potential providers including, for example, social enterprises, independent and third sectors, and entrepreneurial GPs.
13. As indicated above, these will be procurements for new services, not necessarily procurements for new buildings or facilities. PCTs will need to consider how existing physical infrastructure (e.g. LIFT) and forthcoming capital developments (including the £750m Community Hospitals & Services National Programme) can best be used to support the development of new practices and health centres.

Milestones

14. We intend to ask SHAs to report progress against the following key milestones in the overall procurement timescale.

Milestone	Task	Reporting Date
1	SHAs sign off PCT project specifications	29 Feb 08
2	PCTs to have placed adverts and Memorandum of Information (MOI)	16 May 08
3	PCTs evaluate Pre-Qualifying Questionnaire (PQQ) and select bidders	29 Aug 08
4	SHAs sign off Invitation to Tender (ITT) and PCTs issue to selected bidders	31 Oct 08
5	Contracts awarded and signed	31 Dec 08

15. The Commissioning and System Management Directorate and Commercial Directorate will work with Performance colleagues to escalate action where necessary.
16. The Department will not be scrutinising individual plans or specifications, but will asking SHAs to provide assurances that in completing each of these milestones PCTs are managing the procurements in ways that reflect the principles and core criteria in Annex A.

Funding

17. Following the 2007 Comprehensive Spending Review (CSR), the Secretary of State for Health announced on 10th October a £250 million access fund to support delivery of these services. This sum (£250m) represents the full additional investment that will be reflected in PCT

allocations from 2010/11 onwards, with an additional £200m due to be included in PCT allocations in 2009/10.

18. Funding for GP practices (in the 38+ PCTs) will be based on a fixed rate allocation for each practice. The relevant SHAs and PCTs will receive confirmation of this funding in early January. PCTs may of course wish to add to this floor funding from their general allocations, for instance where they wish to develop larger practices or to establish additional services in these practices.
19. Funding for health centre services 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. The funding for health centres included in the £250m access fund reflected assumptions about the core GP services that will need to be procured (i.e. providing access to walk-in services and pre-booked appointments 8am-8pm, 7 days a week), but PCTs will clearly wish to build on this to achieve more integrated services.

Support

20. At the national conference last week, the Department launched the PCT Procurement Framework. The Framework contains a comprehensive set of tools to support SHAs and PCTs to undertake the local procurements including:

- an Interactive Procurement Plan (typical procurement process and timelines)
- a PCT Procurement Handbook (step-by-step guide to managing a procurement)
- template and guidance documentation (to support the Plan and the Handbook)

This is now available at www.dh.gov.uk/procurementatpcts

Email support for the Framework can be obtained via equitableaccess@dh.gsi.gov.uk

21. We will also work with colleagues in the Commercial Directorate to support the use of the PCT Procurement Framework through a National Support Team. In addition to providing technical support through an electronic mailbox, the team will provide regional masterclasses, for key personnel at SHAs and PCTs, on using the Framework and broader issues associated with procuring new primary care services. We are scoping dates and venues for the end of January and will provide more details in the new year.
22. As part of the national support package, commercial expertise and support will be available for SHAs through Commercial Partnership Managers (CPMs). CPMs will provide general expertise in commercial processes such as procurement, contracts, competition and transactions. They will

support the SHA to co-ordinate, manage and deliver the local procurements and will liaise closely with the National Support Team. CPMs will also support the SHA in holding regional events to engage and manage all potential bidders.

23. PCTs will also have access to a named NHS PASA resource to provide procurement support within each SHA region. This resource will be working in conjunction with the National Support Team.

Conclusion

24. I look forward to working with you on this important programme, which we expect to play a key role in improving access to GP services, reducing health inequalities, and developing innovative primary and community care services.

Yours sincerely



Ben Dyson
Director of Primary Care
Commissioning and System Management Directorate

Principles

- New Access Fund monies are for new capacity – not expansion or replacement of existing surgeries or health centres.
- Investment must be for additional clinical capacity (i.e. extra GPs, nurses and support staff)
- These are procurements for new and innovative services, not necessarily for new buildings or facilities. PCTs may wish to consider how facilities within LIFT developments or other community developments can be used to host these new services, either on an interim or longer-term basis.
- Every health centre will have at its core the provision of GP services. We want anyone (regardless of where they are registered) to be able to use these services, to get bookable GP appointments or walk-in services 8am to 8pm, 7 days a week.
- PCTs will commission these new GP services – and the new GP practices in deprived areas – following an open and transparent tendering process, most likely using APMS as the contracting vehicle because of the flexibilities it gives to the commissioner.
- PCTs will also need to work out how these GP services can be potentially co-located and integrated with other services (eg pharmacy, diagnostic, social care). The provision of these wider services may not itself be part of the procurement. PCTs will, however, need to make sure that the new service providers are sufficiently innovative to work with the PCT to help achieve this wider integration.

Core Criteria

Below is the core criteria for each set of procurements i.e. the minimum features that all new GP practices and walk-in GP led services should reflect in their service specifications. PCTs will clearly wish to build on these core features to develop the most responsive, integrated services that reflect local health and healthcare strategies.

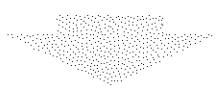
GP practices

- Core GP services
- List size of at least 6,000 patients
- Extended opening hours
- Plan to be a accredited training practice
- Engaged in practice based commissioning
- Wide practice boundaries

Health Centres

- Core GP services
- Maximising opportunities to integrate and co-locate with other community-based services, including social care
- Easily accessible locations
- Open 8am-8pm, 7 days a week
- Bookable GP appointments and walk in services
- Registered and non-registered patients

Local flexibilities will enable PCTs to maximise innovation by integrating and co-locating health centres with other services



<ul style="list-style-type: none"> • Diagnostic services • Community pathology • Radiology • Audiology 	<ul style="list-style-type: none"> • Specialist services • Minor surgery • Dermatology • Chronic pain • GU medicine 	<ul style="list-style-type: none"> • Rehabilitation • COPD • Chronic pain • Orthopaedic • Stroke care
<ul style="list-style-type: none"> • Social care 		
<ul style="list-style-type: none"> • Urgent out-of-hours care 	<ul style="list-style-type: none"> • Palliative care/ end of life care 	<ul style="list-style-type: none"> • Pharmacy services • Dental services

PCT success criteria

(with some illustrative examples that PCTs may wish to consider as the evidence base)

GP Practices

- An increase in the number of primary care clinicians

(e.g. overall numbers of whole time equivalent GPs and Practice Nurses at intervals of 12, 18 and 24 months after service commencement)
- An increase in the percentage of GP practices in the PCT area offering extended opening
- Measurable increase in patient choice

(e.g. proportion of PCT residents that have choice of two or three practices within three miles)
- Increased access to GPs and practice staff

(e.g. measured in terms of opening hours, hours of face to face contact, actual appointments offered).
- Improvement in patient satisfaction with GP access
- Evidence that the new practice will have a specific focus on promoting health and preventing ill-health

(e.g. through introduction of smoking reduction services, sexual health, alcohol and substance misuse services, diet, exercise and weight management, improving back to work services etc)
- Measurable increase in the quality of GP practice services

(e.g. referral rates, prescribing patterns, QOF levels, OOH/A&E utilisation of existing practices v new provider).
- Active engagement and participation in PBC.

GP-Led Health Centres

- Patients have increased access to GPs and practice staff

(e.g. measured in terms of opening hours, hours of face to face contact, actual appointments offered).
- Availability of bookable appointments with GPs and walk-in services for both registered and non registered patients

(e.g. measured in appointments made).
- Evidence that services are located in areas that maximise convenient access to these services.
- Evidence of maximising opportunities to co-locate and integrate these GP services with other local services (e.g. pharmacy, diagnostic, social care).
- An increase in the percentage of GP practices in the PCT area offering extended opening
- Increased public awareness of the range of services available locally and where to make appropriate use of them.

Annex B

Proposed timescales and performance milestones for procurements

