

Report to: **East Sussex Health Overview and Scrutiny Committee (HOSC)**

Date: **19th March 2008**

By: **Director of Law and Personnel**

Title of report: **Equitable access to primary care – development of Primary Care Centres in Eastbourne and Hastings**

Purpose of report: **To update on progress with plans for new GP-led health centre services in Eastbourne and Hastings and to consider specific issues in relation to the Station Plaza Primary Care Centre in Hastings.**

RECOMMENDATIONS

HOSC is recommended to:

- 1. Consider and comment on progress with the development of GP-led health centres in Hastings and Eastbourne.**
 - 2. Support the reorganisation of services into the Station Plaza Primary Care Centre in Hastings.**
 - 3. Consider and comment on the proposed approach to communications and involvement in relation to the Station Plaza Primary Care Centre.**
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1. Background

1.1 Lord Darzi, in his *Interim Report of August 2007 (Next Stage Review of the NHS)* gave a commitment to establishing at least 150 GP-led health-centres (one in each Primary Care Trust (PCT) area). These would provide access to GP services on an 8am - 8pm, 7 days a week basis for both registered and non-registered patients, and a walk-in service. The health centres are part of a wider national programme of improving access to primary medical services, which also includes extending existing GP practice opening hours.

1.2 Each local PCT was given the responsibility for procuring the new health centre for its area through a process of competitive tendering. The contract was to be offered for an initial term of five years. The Department of Health specified that the contracts for the new health centres should be awarded by 31 December 2008, with service commencement following as soon as possible after this date - generally by April 2009.

2. Implementation in East Sussex

2.1 In East Sussex it was decided by NHS East Sussex Downs and Weald and NHS Hastings and Rother (the East Sussex PCTs), in consultation with stakeholders, that centres would be located in Eastbourne (within one of the most deprived wards in the town – Devonshire) and Hastings (integrated into the new Primary Care Centre being developed as part of the Station Plaza scheme). A specific location within Devonshire ward for the Eastbourne centre was not identified prior to the tendering process. Instead bidders were invited to propose locations in their tenders.

2.2 The PCTs undertook the process of procuring providers of GP-led health centres during Autumn/Winter 2008. Details of the procurement process were shared with HOSC in September 2008. In February 2009 it was announced that the contracts to run both centres had been awarded to South East Health. South East Health is a not for profit organisation with over 500 GP members and it already provides the local out of hours GP service.

2.3 The PCTs previously indicated to HOSC that the Station Plaza development was scheduled to be completed in December 2009. It was hoped that the Eastbourne centre would be operational around the April 2009 preferred date but it was felt that this was a very tight timescale.

2.4 An update paper has been supplied by NHS East Sussex Downs and Weald and NHS Hastings and Rother and is attached at appendix 1.

3. Specific issues in relation to Station Plaza Primary Care Centre, Hastings

3.1 The Station Plaza development in Hastings will provide new accommodation for 6 existing GP practices and a range of enhanced services, as well as the new GP-led health centre service run by South East Health. NHS Hastings and Rother has supplied a further paper (attached at appendix 2) which updates HOSC about the plans to centralise services within the new primary care centre and the likely impact on existing services which will be relocating, resulting in a change in the location where people access health services.

3.2 HOSC was first informed about this and other primary care centre developments in Hastings in December 2005. At that time, the Committee acknowledged the benefits of the proposed approach and welcomed the developments. The PCT's paper asks HOSC to continue to support this service reorganisation as being in the best interests of the people of Hastings and to agree the indicative approach to communication and involvement outlined.

4. Areas for HOSC to explore

4.1 John Vesely, Head of Primary Care and Dr Anna Barnes, Primary Care Business Change Manager of the Station Plaza Project Team, NHS East Sussex Downs and Weald and NHS Hastings and Rother and Simon Lawrence, Director of Development from South East Health will be attending HOSC to present the papers and take questions. HOSC members may wish to explore these issues:

4.2 GP-led health centres in Eastbourne and Hastings

- How South East Health will be working with existing local GP practices to develop the centres.
- What opportunities there will be for further patient and public involvement in the design of the centres and their services.
- Progress on identifying the Eastbourne site in Devonshire ward.
- The timescales for opening the two centres and the level of confidence that these will be achieved.
- The key features of South East Health's successful tenders and the way they see the services operating.

4.3 Extended GP opening hours (across East Sussex)

- Update on how the extension of existing GP practice opening hours is progressing.

4.4 Station Plaza plans

- The potential benefits and impacts of the relocation of services on patients.
- Whether the proposed approach to communication and involvement is sufficient and covers all necessary groups.
- The plans for a hub and spoke model for sexual health services and the timescales for developing the 'spokes' in Ore and St Leonards.

NHS Eastbourne Downs and Weald/NHS Hastings and Rother

Equitable Access to Primary Medical Care

GP-led Health Centre Procurement

Update Report for the East Sussex Health Overview and Scrutiny Committee March 2009

1. Contract awards

Following the completion of the Invitation to Tender (ITT) process, which included a rigorous evaluation exercise and follow-up bidder interviews, the contract for the Eastbourne GP-led Health Centre was awarded to South East Health (SEH), who are the current Out Of Hours service provider for the East Sussex PCTs and they also have helped establish and develop the Single Telephone Access Service for the local health community. SEH will deliver the service in partnership with the Lighthouse Medical Practice. The new health centre will be situated in a central location within Devonshire Ward. The total value of the award is approximately £6.47m over the 5 years of the contract's duration. The target service commencement date for the Eastbourne health centre is 15th September 2009.

The contract for the Hastings Centre was also awarded to SEH, following an ITT evaluation and follow-up interview process. SEH will deliver the service in partnership with local GPs Dr Mike Cooper, Dr Paul Seal and Dr Hannah Hughes. The service will be located in the ground floor of the new Station Plaza Primary Health Care Centre. The total value of the award is approximately £6.35m over the 5 years of the contract. For the Hastings service the projected date is 1st June 2010 as the main building is not expected to be completed and handed over to the PCT until January 2010.

2. Mobilisation

A full mobilisation plans for both services has been agreed with SEH, and its implementation will be facilitated and monitored by a small team based in the PCT with dedicated capacity. The purpose of mobilisation is to ensure that all aspects of the service, including workforce, premises, IM&T, facilities management, etc, are in place and operational prior the service commencement date. The mobilisation team will be using a Statement of Readiness (SOR) template produced by the Department of Health to monitor progress in the mobilisation of the key service workstreams, which are:

1. Administration
2. Clinical

3. Premises and Equipment
4. IM&T
5. Workforce and Training
6. Communications
7. Insurance
8. Risk management

The initial focus of the mobilisation will be on the Eastbourne service, as this is due to open in September of this year although a parallel process has been invoked for the Hastings development. To facilitate this process SEH and the PCT have agreed to hold regular (at least monthly) mobilisation meetings. SEH have also agreed to ensure that their mobilisation plan matches the SOR template to ensure that the workstreams identified in the SOR can be effectively monitored. However, it has been acknowledged by the PCT that the SOR template is a high level reporting document, and that it would therefore be helpful for SEH to also provide regular progress reports at a more detailed level and they have agreed to produce an appropriate format for this purpose.

3. The successful contractors

A representative from SEH will be in attendance at the meeting to give more details about South East Health and its aspirations for the two new health centres should the Committee require further information.

Station Plaza Primary Care Centre

Briefing for East Sussex County Council's Health and Overview Scrutiny Committee

Introduction

Hastings and Rother PCT has updated East Sussex Overview and Scrutiny Committee on 2 previous occasions about Station Plaza Primary Care Centre; in December 2005 and April 2008. In 2005 the PCT requested the support of the committee for the Estates Strategy which proposed the primary care centre at Station Plaza. The minutes record that the proposals for the facility was welcomed as a possible model for other areas. The April 2008 report primarily concerned a description of the two walk in centres in Hastings and Eastbourne and how one is to be provided from within the Station Plaza facility. The purpose of this third report is to explain how the development of Station Plaza will affect other local health services with their subsequent relocation to Station Plaza.

This briefing paper therefore updates the Health and Overview Scrutiny Committee about the plans by NHS Hastings and Rother to centralise services within the new Station Plaza primary care centre and the likely impact on existing services which will be relocating, resulting in a change in the location where people access health services.

Station Plaza Primary Care Centre is planned to be complete in the spring of 2010.

What is a Primary Care Centre?

Primary care centres are the ideal vehicle for improving the health of local people in areas like Hastings. Our Health Our Care Our Say¹ and Closer to Home² began the debate by recommending that recent technological advances would allow services to be delivered close to home and away from acute settings. These key policy papers were reinforced by the Darzi interim review which, for instance, described how the establishment of polyclinics could be a vehicle for delivering such services.

This year, these ideas have been further developed with the publication of Darzi's

¹ Our Health Our Care our Say, A New Direction for Community Services (2006) DH Cm 6737

² DH (2006) Shifting Care Closer to home, Care Closer to Home demonstration sites-report of the speciality subgroups. Gateway reference 8419 and DH (2006) A Direction of Travel for Urgent Care, Urgent Care Team

review of the NHS³ and the recent SHA strategy⁴ which reinforces the Darzi emphasis on the reduction in health inequalities. In short these key documents support the idea of bringing primary care services together so as to create sufficient critical mass within one place in order to achieve the following:

- A more comprehensive range of services
- Better physical access to services for disabled people
- Better access through longer opening hours
- Services provided through a network approach and/or one stop shop where possible which can assist people who are unable to travel to multiple sites
- Flexible accommodation able to accommodate changing health care needs

Core services to be provided in Station Plaza

Station Plaza Primary Care Centre is in an ideal town centre location and has easy access to the main town transport hub (rail, bus and taxi). It shares the site with Hastings College of Art and Technology, which is expected to have a regular attendance of 6000 students. Hastings, as a seaside town, attracts a large number of visitors who would be eligible to use the centre and the walk-in facilities. The centre is also located in wards which have a high level of deprivation and unemployment, so will be able to provide a range of primary and community services to a high need population.

It is planned to relocate 6 GP practices and the new walk-in centre within Station Plaza Primary Care Centre which will be located at the site adjacent to Hastings Station. Station Plaza will provide space for a total of 10 GPs, with 6 initially transferring to Station Plaza and an additional 2 + GPs creating a new practice within the walk-in centre supported by practice nurses (numbers to be confirmed)

The walk-in centre will provide the same services as GP practices and will offer bookable appointments (to both registered and non-registered patients) and an open access service for people who do not wish to make an appointment from 8am - 8pm, 7 days a week. A triage system will operate to ensure that patients receive the most appropriate care.

Walk in centres are ideal for people who cannot see their GP easily because they work in a different town from where they live, for those that are not registered with a GP, and for people who need to see someone urgently (but do not need require A&E). In this way they fill a gap in local provision. The Hastings walk-in centre is slightly different because people will also be able to register with the new practice. However, walk-in centres are not ideal for people with long term conditions who require continuity of care, but people will still be able to see their own GP as the existing practices are also moving into Station Plaza.

³ Darzi A. (2008) High quality care for all: NHS Next Stage Review final report Gateway reference: 10106 Cm 7432

⁴ NHS South East Coast (June 2008) Healthier people, excellent care. A vision for the South East Coast

Other services to be provided in Station Plaza

As well as basic GP services, the centre will also offer a range of enhanced services (Directed, National and Local), including childhood immunisations, minor surgery, anti-coagulation monitoring, sexual health services. A number of additional services will also be available, including cervical screening, maternity medical services, contraceptive services, vaccinations and immunisations.

Services to be provided at Station Plaza

1. Primary care general practice services (GPs, nurses, health care workers)
2. Child health services (inc. immunisation and screening)
3. Ante-natal services
4. Out-patient type mental health services
5. Out-patient services
6. Multi functional capacity for community services
7. Health promotion and prevention of disease
8. Walk in centre (open 7 days a week, 8am to 8pm)
9. Sexual health services
10. Diagnostics (X-Ray, Ultrasound & Dexa Scanner)
11. Speech & language therapy
12. Podiatry
13. Occupational therapy
14. Physiotherapy
15. Support services for older people
16. Social services advice centre

Patient numbers

It is planned that Station Plaza will provide services for 20,000 patients per year, though initially it is expected that some 13,000 registered patients will relocate there. The projected list size (for all practices relocating to Station Plaza – initially five), is expected to be 14,000 at the end of year 1 and 16,000 by year 5. The monthly average attendance for the walk-in centre is projected to be 1200 in year 1 and 1500 in years 2 to 5 – it is expected that the position will stabilise as the service becomes established.

Impact on existing services

This major development will mean that existing services will need to be reorganised. For instance the main Sexual Health Service at Ore (the hub) is relocating to Station Plaza as this is a more appropriate and central location for the populations using the service. The PCT plans to provide peripatetic, or spoke sexual health services for local people within the St Leonards Primary Care Centre in 2010 and Ore Primary Care Centre in 2012.

This will mean the eventual closure of Ore Clinic as the sale proceeds will be off set against the capital development once Ore Primary care Centre is open in 2012.

3 GP premises will also be relocated (and therefore closed):

- Cornwallis Gardens
- Wellington Square Surgery
- Stone Street Surgery

No other services will be affected in this way, as all other services are in addition to

those already provided within Hastings. South East Coast Strategic Health Authority has accepted that these closures are justified because of the improved services which will be available for patients, and the expected benefits (see appendix 1).

Consultation

The project team for Station Plaza Primary Care Centre has a well established consultation process in place which will continue to be used in order to communicate the changes which are proposed. There is a specific PPI group which meets monthly, which is comprised of representatives from the following agencies:

- Patient representatives from affected practices
- Hastings and St Leonards Seniors Forum
- Hastings and Rother Disability Forum
- Castle Ward Forum
- Hastings College
- The Health and Social Care Forum
- Children's Centres
- Focus on Mental Health
- Hastings Voluntary Action
- Sussex Cancer Network

Members of this group proactively cascade information to their host organisations. This method will be utilised to ensure that local stakeholders are aware of the proposed changes, and the methods for making their views known.

Our current communication plan includes placing notices in the local paper (6 months prior to the closure of the surgeries), and writing to the patients personally within the affected GP practices, including an address for comments to be sent to. In addition, we plan a series of media releases and media opportunities (such as a tour of the Station Plaza construction site) to generate coverage in the local media and raise awareness amongst local people of what is going on and what it will mean for them. These messages will be re-enforced by making sure they are also distributed via our existing network of stakeholder contacts, as well as other channels recommended by the Station Plaza PPI group.

Conclusion

HOSC is asked to

- 1) note this update and continue to support this service reorganisation as being in the best interests of the people of Hastings.
- 2) to agree the indicative communication plan which has been outlined.

Appendix 1 Benefits Realisation Plan for Station Plaza

Figure 1 : Benefits Realisation Plan

Expected Benefit	Measurable Activity	Outcomes	Time scale	How will benefit be measured?	Responsible Lead
<p>Purpose designed primary care buildings that provide flexible accommodation that supports the provision of high quality patient care and provides better access to a range of services</p>	<p>Patients can see a doctor within 24 hours</p> <ul style="list-style-type: none"> Book in advance Walk in and access services without an appointment See their own doctor within 24 hours <p>Dentists - ensure that a patient has access to an NHS dentist within the following distances from their home:</p> <ul style="list-style-type: none"> 5 miles for urban locations 15 miles for rural locations <p>Sexual health- patients can access the service within 48 hours of request</p> <p>We aim to provide 18 000 appointments within the Walk –in Centre</p>	<ul style="list-style-type: none"> Improved access to primary care services Earlier detection of treatable illness Lower DNA rates Improved oral health Reduced inappropriate attendances at A&E Reduction in STDs Reduction in teenage pregnancies 	<p>Two years after commencement of operation of building to allow for development of new services.</p>	<ul style="list-style-type: none"> Referral rates from Station plaza practices to DGH compared to baseline Survey of patients before building constructed and afterwards comparing the following: <ul style="list-style-type: none"> Access to GPs services (all practices open for 50 hours per week) Access to other health services such as dentistry Access to the building itself Availability of appointments Waiting times for primary care services Reduction in A&E usage Waiting times for sexual health service 	<p>Assistant Director of Estates</p> <p>GPs within Station Plaza</p> <p>Director of Provider services In conjunction with the following:</p> <p>Dentistry lead</p> <p>Sexual Health lead</p>

Expected Benefit	Measurable Activity	Outcomes	Time scale	How will benefit be measured?	Responsible Lead
<p>Modern facilities that meet DDA standards for public and staff access.</p> <p>A building that is environmentally efficient</p>	<ul style="list-style-type: none"> Access to wider range of services for patients with a disability Employment of staff with a physical disability 	<p>Improved access for physically disabled staff and staff</p>	<p>On the first day the PCC opens</p>	<p>Subject to the type of contract a DDA compliance survey will be undertaken before the contractual completion date in order to ensure that compliance and quality of the health care environment is achieved.</p>	<p>Assistant Director of Estates</p>
<p>Centres that act as a focus for health promotion within Hastings and St Leonards.</p>	<p>Range of health promotion clinics:</p> <ul style="list-style-type: none"> Smoking cessation Exercise referral Healthy eating COPD clinics Falls initiatives 	<ul style="list-style-type: none"> Increase in 4 week quitters Reduction in obesity amongst patients in these groups and/or clinics Reduction in life expectancy gap as specified in "Investing in life" 	<p>Range of services one year after commencement of operation of building</p> <p>Improve outcomes 5 years after opening.</p>	<p>Clinics listed</p> <p>Outcome data collated as part of "Investing in Life" performance management</p>	<p>Director of Public Health</p>
<p>Building that can be easily reached by public transport, car or on foot.</p>	<p>Access is improved for patients in Hastings</p>	<p>Easier geographical access to a comprehensive range of services</p>	<p>On opening of Station Plaza</p>	<p>Post code survey of patients within new PCC</p>	<p>Local Authority responsibility</p>
<p>Fully equipped building with state of the art equipment.</p>	<p>Range of services</p>	<p>Increased range of services</p>	<p>One year after commencement of operation of building</p>	<p>Survey of services provided at centre and comparison with expectations from 14th November 2007 Visions and Benefits 2005 workshop</p>	<p>Assistant Director of Estates</p>

<p>Flexible and future proofed buildings that can respond to changes and innovations in models of care</p>	<p>Successful changes within the building according to emerging needs</p>	<p>A building which can be adapted over time</p>	<p>Annually after commencement of operation of building to allow for development of new services.</p>	<p>Annual site utilisation surveys and comparison of previous years surveys to ensure additional services / increased throughput have been accommodated</p>	<p>Assistant Director of Estates</p>
<p>Increased provision of services which are in line with "Closer to Home" objectives and more convenient for patients.</p> <p>Increase in diagnostics and day procedures which can safely be administered in primary care thereby reducing reliance of secondary care and creating additional capacity for more complex procedures within secondary care.</p>	<p>Increase in transfers of activity from secondary to primary care via PBC schemes and redesigned care pathways:</p> <ul style="list-style-type: none"> • Orthopaedics appointments • Minor surgery procedures • Gynaecology • Substance Misuse • Psychological therapies • COPD • Dermatology • Anti-coagulation • Neurology • Stroke • Heart Failure • Gastroenterology • Diabetes • Ultrasound <p>We aim to transfer 2 700 (25%) of first appointments and 8 900 (35%) of follow ups to Station Plaza</p> <p>We aim to undertake 1500 day surgery procedures per year in SP</p> <p>We aim to provide 3 500 X rays per year in Station Plaza</p> <p>We aim to provide 1000 ultrasound scans per year in Station Plaza</p>	<p>Expansion of LES services,</p> <p>Increase in PBC services and reduction in referral to secondary care in line with upper quartile referral rate data</p> <p>Better physical and mental health</p> <p>Patients being seen in more convenient settings closer to home</p>	<p>After two years</p>	<p>Additional PBC activity data will be collected and collated routinely</p> <p>Increased activity compared to baseline re psychological therapies</p> <p>Data will be routinely collected re new consultant outpatient clinics, diagnostic procedures and day surgery rates within Station Plaza,</p>	<p>Director of Commissioning and Primary Care in conjunction with the following:</p> <p>Commissioning lead Primary Care lead GP services lead PEC Chair PBC Cluster lead GPs within Station Plaza</p>

Cost effective building that allow services to provide value for money	Number of services provided which offer value for money	Clinically effective services which meet local needs	Assessed 6 months after opening	Comparison of costs within business case with actual operating costs of centres	Assistant Director of Estates
Facilities that enable excellent communications to be maintained between all staff so that multi disciplinary working is facilitated.	Establishment of Station Plaza Management Board	Improved working relationships between all staff within the PCC	Within 2 years	Annual survey of staff including views on barriers to working with colleagues	Station Plaza Board
Access to modern IT service that will allow the advantages of "connecting for health" to be achieved.	Connectivity throughout the building and with external agencies such as DGH & Adult social care	Networked systems throughout building & linked up to DGH	Within 6 months of opening	Survey of systems effectiveness from a clinician's perspective.	Director of IM&T
Assist in the recruitment and retention of key staff including GPs and specialist nurses	Increase in numbers of GPs within Station Plaza from 6 – 10	Improving the doctor/patient therefore improving access to clinical care	By 2011	Recruitment of at least 3 new GPs into Hastings and St Leonards	GP services lead
Increased interagency work (including Hastings College & social services) and more comprehensive range of services in one place	Improved communications between PCT and primary care staff and others offering services within the building	Holistic service and better patient experience	One year after opening	Annual survey of staff including opportunities for interagency work within SP	Director of Communications
Improved health outcomes	Improvement in line with PCT targets re Smoking Teenage pregnancies	Decrease in smoking rate amongst practice populations Decrease in teenage pregnancies amongst practice populations	5 years	Improved health will be measured in line with the SCP targets.	Director of Public Health

Achieving the right critical mass in terms of practice size	Reduction in single handed GPs and establishment of larger practices. Reduction in staffing costs per head of population	Wider range of services available in practices and choice of doctors	Two years after commencement of operation of building	Survey of services provided at centre and comparison with information received during public consultation.	GP services lead
Having the best environment to support training and development for all staff	Increased availability of training	Increased skill level of staff	After one year of opening	Annual survey of staff including views on training and development facilities	Learning & Development
Improved security of larger centre	Critical mass and safety of a large centre compared to isolated primary care premises.	Safe environment for staff and patients in which incidents of violence and aggression are kept to a minimum.	Within 6 months of opening	Annual survey of staff including views on vulnerability / security	Assistant Director of Estates