

PUBLIC BOARD MEETING / 31 JANUARY 2008 / FOR INFORMATION

Improving Access and Responsiveness in Primary Care (Pledge 3)

Report of Dr Paul Watson, Director of Commissioning

1 PURPOSE

- 1.1 The purpose of this report is to update the Board on work across the East of England to procure the new health centres and GP practices outlined in the NHS Next Stages Interim Report.

2 BACKGROUND

- 2.1 In his Interim Report, Lord Darzi noted that during the first part of his review many patients had expressed dissatisfaction with access to and responsiveness of primary care. Lord Darzi also drew attention to the correlation between low life expectancy, and low numbers of GPs per head of population.
- 2.2 The report outlined a range of measures to improve access and responsiveness. These included two major new procurement programmes:
- to bring at least 100 new GP practices into the 25% of PCTs with the poorest provision
 - to develop 150 GP led health centres, situated in easily accessible locations and offering a range of services to all members of the local population
- 2.3 The Operating Framework, which was published by the Department of Health in December 2007, confirmed that these procurements will proceed. More detailed guidance was issued on 21 December 2007.
- 2.4 This paper provides more detail on these two procurements in the East of England, and an update on progress.

3 HEALTH CENTRES

- 3.1 All fourteen PCTs in the East of England will be required to procure at least one GP led health centre. Health centres will need to:
- Include core GP services
 - Be in easily accessible locations
 - Open from 8am-8pm, seven days a week

- Have both bookable appointments and walk in services
 - Be open to both registered and non-registered patients
- 3.2 There is also an expectation that PCTs will seek to ensure that as wide a range of services as possible are incorporated within the health centres, such as access to some diagnostic facilities. In addition, PCTs will be expected to explore the potential to co-locate other services in the centres, including those provided by partner agencies such as social care.
- 3.3 Funding for the health centres has been included in PCTs financial allocations; there is no separate national funding stream.

4 GP PRACTICES

- 4.1 The Department of Health used nationally available data to determine the 38 PCTs that have the greatest need for new GP practices. Luton PCT is the only East of England PCT included in the 38. The SHA and the DH have agreed to procure two new practices as part of this procurement.
- 4.2 New practices that are procured under this initiative will need to:
- provide all core GP services
 - have a list size of at least 6000 patients
 - offer extended opening hours
 - plan to be training practices
 - engage in practice based commissioning
 - have wide practice boundaries
- 4.3 Unlike the Health Centres, there are national funds to support the GP Practice procurements, based on a fixed rate allocation for each practice that is procured. The exact amount Luton PCT will receive is currently being finalised with the Department.

5 TIMETABLE

- 5.1 The requirement set out by the Department of Health is for all of the procurements – both health centres and additional GP practices – to be completed by the end of 2008, with new services commencing as soon as possible after that. In addition, the Department are keen to identify ‘frontrunner’ PCTs that can proceed more quickly.
- 5.2 The key milestones are set out below:

Task	Date
SHA sign off PCT project specifications	29 Feb 08
PCTs place adverts and Memorandum of	16 May 08

Information (MOI)	
PCTs evaluate Pre-Qualifying Questionnaires (PQQ) and select bidders	29 Aug 08
SHAs sign off Invitation to Tender (ITT) and PCTs issues to selected bidders	31 Oct 08
Contracts awarded and signed	31 Dec 08

6 MANAGING THE PROCUREMENTS

- 6.1 The timetable set out above is very challenging. There are a number of complex issues to be addressed, including:
- How to use these procurements to stimulate improvement in current services, particularly in access and responsiveness
 - The exact locations of the new health centres and practices
 - The impact of the new services on existing provision
 - The scale and cost of the new centres
 - How to strike an appropriate balance between the need for PCTs to determine specifications that meet local needs, and the potential to streamline a procurement process spanning 14 organisations
- 6.2 The Department of Health have made available a range of support materials to help PCTs with these procurements, including template documentation and an outline project plan. In addition, project management and procurement expertise are being made available to support the local procurements.
- 6.3 Although a number of the features of both the health centres and the new practices have been set nationally (as set out above), there are a number of important 'commissioning policy' decisions that will need to be determined by individual PCTs, with appropriate scrutiny from the SHA. These include where the new services should be located, what scale they should be, how they should link with other services, and soon. Similarly, it will be for PCTs to decide, at the end of the procurement process, which providers to award contracts to.
- 6.4 However, there is considerable merit in taking a more standardised approach to the 'technical' exercise of procurement, rather than running 14 procurements in parallel. We are currently working with PCT Chief Executives to determine what should be done at an East of England level, and what needs to be done locally. We are also considering how we can quickly establish the technical procurement skills and capacity that will be required to support 14 PCTs to deliver this initiative.
- 6.5 We will be working closely with all PCTs over the coming months to ensure that robust project plans are in place to deliver this initiative, and to establish the procurement expertise that will be required.

7 RECOMMENDATIONS

7.1 The Board is asked to note the content of this report

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