

Dorset Health Scrutiny Committee

Dorset County Council



Date of Meeting	8 March 2016
Officer	Director for Adult and Community Services
Subject of Report	Weymouth Community Urgent Care Centre Project and Weymouth Walk-in Centre and the Practice GP Service
Executive Summary	<p>The purpose of this paper is to provide the Committee with an update on the Weymouth Community Urgent Care Centre Project, the progress to date and next steps.</p> <p>Sections 2-5 are presented on behalf of Dorset CCG detailing the work the CCG has been leading on.</p> <p>Section 6 is presented on behalf of NHS England detailing the work it has been leading on regarding The Practice, Melcombe Avenue (The press release at Appendix 1 sets out the latest position).</p> <p>Both NHS England and the CCG have been working together throughout this project ensuring links and engagement with the locality and feeding into the Project Board.</p>
Impact Assessment:	<p>Equalities Impact Assessment:</p> <p>Report provided by NHS Dorset Clinical Commissioning Group</p>
	<p>Use of Evidence:</p> <p>Report provided by NHS Dorset Clinical Commissioning Group</p>
	<p>Budget:</p> <p>Report provided by NHS Dorset Clinical Commissioning Group</p>

	<p>Risk Assessment:</p> <p>Having considered the risks associated with this decision using the County Council's approved risk management methodology, the level of risk has been identified as: Current Risk: LOW Residual Risk: LOW</p> <p>Other Implications:</p> <p>N/A</p>
<p>Recommendation</p>	<p>That the Committee consider and comment on the findings within the report.</p>
<p>Reason for Recommendation</p>	<p>The work of the Health Scrutiny Committee contributes to the County Council's aim to protect and improve the health, wellbeing and safeguarding of all Dorset's citizens.</p>
<p>Appendices</p>	<p>1 Press release from NHS England - South (Wessex), 25 February 2016, regarding the Practice, Melcombe Avenue</p>
<p>Background Papers</p>	<p>Briefing paper to Dorset Health Scrutiny Committee, 22 May 2015: Dorset Health Scrutiny Committee briefing 22 May 2015</p>
<p>Officer Contact - External organisation</p>	<p>Name: Mike Wood, Director, Service Delivery, NHS Dorset Clinical Commissioning Group Tel: 01305 368900 Email: Mike.Wood@Dorsetccg.nhs.uk</p> <p>NHS England Contact: Melanie Smoker, Contract Manager (Medical), Wessex NHS England, Oakley Road, Southampton, SO16 4GX Email: Melanie.smoker1@nhs.net</p>

1. UPDATE

- 1.1. The purpose of this paper is to provide the Committee with an update on the Weymouth Community Urgent Care Centre Project, the progress to date and next steps.
- 1.2. Sections 2-5 are presented on behalf of Dorset CCG detailing the work the CCG has been leading on.
- 1.3. Section 6 is presented on behalf of NHS England detailing the work it has been leading on.
- 1.4. Both NHS England and the CCG have been working together throughout this project ensuring links and engagement with the locality and feeding into the Project Board.

2. OUTLINE OF THE BACKGROUND, CONTEXT AND SCOPE

- 2.1. There are currently three services, independently contracted, based at Weymouth Community Hospital: The GP-led Walk In Centre (WIC), Minor Injuries Unit (MIU) and Out of Hours (OOH) service. These services see and treat service users who walk in or are triaged from 111 with a varying range of primary care needs, minor illness, minor injuries and urgent care needs.
- 2.2. It was decided not to include the Out of Hours service within the tender and continue with the existing service as this service is delivered from this site as an element of the pan Dorset OOHS service provision.
- 2.3. The contract for the GP led Walk in Centre contract expires 30 June 2016 and there is no option to extend the contract further.
- 2.4. NHS England currently commissions the Walk in Centre contract which includes a primary care patient list. The patients who are currently registered on the list have been given an opportunity to comment on the options for future care. An engagement exercise took place during January 2016 with an open day event at the practice on 19th January. Further details on the process and progress can be found in section 5.
- 2.5. The Government's vision of future models of care referenced in the NHS Five Year Forward View, 23 October 2014, NHS England indicates a need for an integrated approach with service users seen by the right people, in the right place at the right time.
- 2.6. The vision is to reduce inappropriate attendances in settings such as Emergency Department and likewise redirect those patients who should be treated in primary care or could be seen by a pharmacist.
- 2.7. The Keogh report presented NHS England's future vision for urgent and emergency care in 'Transforming Urgent and Emergency Care Services in England: Urgent and Emergency Care Review End of Phase 1 Report'. The report sets out a vision for change summarised as follows:
 - 2.7.1. For those people with urgent but non-life threatening needs, we must provide highly responsive, effective and personalised services outside of hospital.

- 2.7.2. For those people with more serious life threatening emergency needs, we should ensure they are treated in centres with the very best expertise and facilities in order to maximise their chances of survival and a good recovery.
- 2.8. Engagement has taken place with locality GP practices, carers and service user representatives, current staff from the WIC, MIU and OOH, Voluntary/third sector, secondary care service such as CADAS, Sexual Health, local councillors, locality health network, NHS England, Public Health, Weymouth Community Hospital League of Friends and Volunteers and the wider public to identify the needs and through an iterative process has refined and understood the service needs. Feedback received contributed to the design of the new specification.
- 2.9. Once a framework for the service was established, a market engagement event was held on the 22 January 2015 inviting any interested party to fully engage in the process. The underlying theme of the engagement event was to encourage providers to consider a vision of seamless integrated care and partnership working.
- 2.10. The specification and principles were formally presented to the Health Scrutiny Committee on the 10th March 2015 and presented at the Governing Body meeting and approved on 18 March 2015.

3. PROCUREMENT PROJECT TEAM AND OBJECTIVES

- 3.1. A formal project team and oversight was established to manage the procurement process. This included independent GP leads, independent patient leads and an independent oversight member on behalf of the Governing Body. This process was led by the Procurement Specialists within the CCG to ensure a correct and transparent process.
- 3.2. Following extensive liaison with the public of Weymouth and Portland, clinicians and the provider market place it was agreed the service should provide:
 - 3.2.1. A more focussed and appropriate response to the needs of service users currently attending emergency departments with illnesses and injuries which do not require intensive or specialised care.
 - 3.2.2. Greater integration between community urgent care service and services delivered in the community facilitated by the stronger links with primary care practitioners enabling individuals to be referred more rapidly and seamlessly to relevant pathways, and improving access to community-wide responses to people's care needs.
 - 3.2.3. Increasing the interdependency, networking and mutual support of primary and secondary care practitioners, with a gradual transfer of skills, knowledge and shared competencies creating a more integrated and flexible workforce over time.
 - 3.2.4. Shorter waiting times for service users and a reduction in Emergency Department attendances.

The objectives included:
 - 3.2.5. Contract with a compliant provider (or group of providers) of the services meeting the agreed specification;
 - 3.2.6. Full integration with interdependent services;

- 3.2.7. Ensure the service design is future proofed in line with emerging models of care agreed through the clinical services review;
- 3.2.8. Engage, communicate and consult effectively with all key stakeholders;
- 3.2.9. Secure the full range of services at a cost effective price;
- 3.2.10. Ensure compliance with all relevant legislation, internal corporate governance and procurement best.

4. PROCUREMENT PROCESS

- 4.1. An advert for the service was placed on 27 July 2015, following a formal briefing session. Tenders were issued on 4th September 2015 to eleven providers who expressed an interest in the service. Four tenders were received on 20th October 2015.
- 4.2. An evaluation plan detailing how tenders would be evaluated was prepared and distributed to the project team prior to the issue of tenders. Two meetings were held where the team met to have evaluation training and guidance to ensure the consistency of scoring. The evaluators' scores and comments were consolidated onto a summary spreadsheet and where scores for a particular question differed by more than 1 point from the mean these responses were flagged for moderation. A moderation meeting was held on 16 November 2015 to review scores and to shortlist providers to be interviewed by the panel. It was decided to offer interviews to all four providers. Interviews were held on 30th November 2015.
- 4.3. At a meeting of the Governing Body of NHS Dorset CCG on 20th January 2016 recommendation to award the contract was made. The CCG is not yet in a position to formally announce the new provider as the procurement process has not been finalised.

5. NEXT STEPS

- 5.1. Once the procurement phase is finalised, a mobilisation period will be set for this contract to consolidate the teams and engage patients regarding the changes.
- 5.2. A large engagement and communications service programme will run alongside to inform and shape patient behaviour.
- 5.3. With regard to the registered patient population of the practice surgery, NHS England will determine the most appropriate options available following the patient engagement exercise. It will work with the current provider to ensure that patient care continues until the end of the contract and ensure a seamless transition to the surgeries in the locality. The locality is working on the development of a specific service for the homeless and vulnerable patients which it intends to commission at the same time as the current service ending. This will ensure consistency of service for this patient group.

6. Weymouth walk-in centre and the practice surgery update

- 6.1 The walk in Centre and Practice surgery is currently commissioned as one contract held by NHS England and is provided by The Practice PLC. NHS England has been reviewing the options for the future provision of medical services at Weymouth Community Health centre known as the Melcome Avenue practice surgery since September 2015. The contract was due to expire at the end of June 2014 but was extended to 30th June 2016, to enable the CCG to work through what its commissioning intentions should be regarding the non- registered Walk in Centre element.
- 6.2 The options for the future of these local medical services are being carefully considered, particularly given the recognised health issues linked to deprivation, homelessness and substance misuse. This will ensure the best decision can be made about services for patients registered with the practice.
- 6.3 **Current provision:** The GP Walk-In Centre is based at Weymouth Community Hospital and is open 7 days a week from 8am to 8pm. Patients can walk in to see a GP without the need for an appointment.
- 6.4 **Future provision:** The options currently being explored by NHS England include:
- 6.4.1 Finding another service provider in the area. This option would allow another local practice, already offering a service within the area at a different location, to provide services from Weymouth surgery as a 'branch surgery'.
- 6.4.2 A single new location for the service. This would involve all registered patients being transferred to another local practice within the Weymouth area.
- 6.4.3 Patient choice. All patients would be provided with the information about the other practices in the area, and would be advised to re-register with the one of their choice. This option is also available to all patients at any time even if options 1 or 2 are preferred.
- 6.4.4 Commissioning the registered patient list as it currently stands is not an option as it would involve the open market procurement of a new provider for 391 patients. A registered list of this size would, on average, require services of about two sessions per week of GP time. This is not a practical basis for securing full time general practice services and the standard price per patient would yield insufficient income to a provider to offer the standard GP opening hours on five full days per week. Attempting to secure standalone services for a population of this size runs counter to the strategic direction of scaling up services to obtain efficiency and effectiveness.
- 6.5 No decisions about the future of this service have yet been made. These are the options available and NHS England is currently in the process of engaging with patients and stakeholders to gain feedback so patients' needs are at the forefront of the decision-making process.
- 6.6 A Communications and Engagement Plan was established in November 2015 with engagement commencing in January 2016 including patient surveys and engagement events and drop in sessions inviting feedback from patients, local residents, the practice, local parish council, local providers, community and voluntary sector groups, health watch, local councillors and the Local Medical Council.

6.7 **Next Steps:** Analysis of the responses from engagement events will be taking place in February followed with feedback to stakeholders of the outcome and recommendations made for the future.

Mike Wood,
Director, Service Delivery
NHS Dorset Clinical Commissioning Group

Community update: The Practice, Melcombe Avenue

NHS England has been reviewing the options for the future provision of medical services at The Practice, Melcombe Avenue because the current contract will end on Thursday 30 June 2016 and cannot legally be extended.

The options for the future of these local medical services are being carefully considered as we recognise some of the registered patients have health issues linked to deprivation, homelessness and substance misuse.

To inform upcoming decisions about this local health service, we sought patient feedback between Monday 4 January and Friday 22 January 2016.

Patient feedback clearly expressed a wish for the practice and service to remain as it is. Lots of patients are very happy with their GP and do not want things to change. Unfortunately the contract cannot legally be extended, so we need to make the best decision we can for these patients some of whom are very vulnerable.

As a reminder, the options we are exploring include:

- **Finding another service provider in your area**
This option would allow another local practice, already offering a service within the area at a different location, to provide services from The Practice Melcombe Avenue as a 'branch surgery'.
- **A single new location for the service**
This would involve all registered patients being transferred to another local practice within the Weymouth area.
- **Patient choice**
All patients would be provided with the information about the other practices in the area, and would be advised to re-register with the one of their choice.

Patient feedback told us that the best option we can pursue is ***finding another service provider in your area***. This means patients will be able to access GP services from the same location, but it will be provided by another local practice which will run The Practice Melcombe Avenue as a 'branch surgery'.

A challenge is explaining to patients why we cannot yet confirm who their GP will be from 1st July 2016, but we have offered reassurance that they will be registered and able to access one. We understand that patients would like Dr Armitage to remain as their GP, but as you will understand, he is an independent practitioner so we cannot tell him where to work. He is no doubt considering his options and deciding what he would like to do.

If NHS England cannot secure another local practice to run The Practice Melcombe Avenue as a branch surgery group, all registered patients will need to be dispersed. This means

patients will be automatically registered with the most convenient practice for them. For example, this might be the nearest practice to their home address.

Drop in sessions

We will have a clearer idea of what will happen in a few weeks' time. As such, we are inviting patients to come and talk to us again at the practice. We will be there on **Tuesday 15 March 2016 from 1pm – 6pm**. You are more than welcome to drop in and see us too but we will ensure you are kept informed.

If you have any questions, please contact the NHS England Primary Care Team on england.wessexmedical@nhs.net / **0113 824 8076**.

Kind regards,

Emily Grainger

For and on behalf of Melanie Smoker (Contracts Manager)