

REPORT TO: Health Policy & Performance Board
DATE: 8 March 2011
REPORTING OFFICER: Strategic Director, Adults & Community
SUBJECT: Widnes GP Health Centre, Health Care Resource Centre, Widnes
WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To inform Healthy Halton Policy and Performance Board of the proposed reorganisation of the Widnes GP Health Centre located at the HCRC in Widnes, and an associate internal restructuring of the GP out of hours service.

2.0 RECOMMENDATION:

That Members of the Board:

- i) receive the presentation about the proposed reconfiguration to the Practice;**
- ii) note and support the proposal**

3.0 SUPPORTING INFORMATION

3.1 Halton Health Limited (HH) provides a number of services locally including the Widnes GP Health Centre based at the Health Care Resource Centre and the GP Out of Hours Service (OOH) for Halton Borough. HH also have the contract for the Windmill Hill GP surgery, the intermediate care beds at Halton Hospital, Halton Single Point of Access service plus some services in Warrington.

3.2 The GP Health Centre is part of the Equitable Access to Primary Care programme which each PCT was required to procure. HH were awarded a 5 year contract which commenced in April 2009. The OOH has been provided by HH for a number of years

3.3 The contract with Halton Health in April 2011 becomes funded on a capitation basis. The contractor has expressed concern to the PCT that it would not be financially viable to continue to deliver the service under this arrangement and may need to terminate the contract.

3.4 The Primary Care team has been discussing with the provider how a service may be maintained and as part of the cost improvement

programme deliver efficiencies. As a result two proposals have been put to the NHS Halton & St Helens Board:

- a. reorganise the GP Led
- b. extend the OOH contract for 2 years but at a reduced contract price.

4.0 **GP HEALTH CENTRE**

4.1 The Health Centre provides GP appointments to non registered patients who require a **planned** appointment plus a 'traditional' GP surgery for people who wish to register.

4.2 Activity. Over the last 11 months the practice has seen 4207 non registered patients, an average of 382 per month. It has a registered list of 417 patients.(Jan 1st 2011) Many of the non registered patients are presenting themselves as they cannot get an immediate appointment with their own GP. This was not the intention of the scheme.

5.0 **OUT OF HOURS**

5.1 Out of Hours providers are expected to meet nationally agreed quality standards.

5.2 HH is an experienced provider of OOH services and meets the contract quality standards. (The Chief Executive provided advice to the Care Quality Commission investigation into the incident in Northamptonshire when a patient died following the intervention of an OOH overseas GP).

5.3 The future commissioning arrangements following the publication of the White paper ' Liberating the NHS' proposes the commissioning of GP OOH is devolved to GP clinical commissioning consortia in 2013.

6.0 **PROPOSAL**

A combined proposal has been developed as follows:

6.1 **Reorganise the GP Health Centre from April 1st 2011**

6.1.1 No longer see non registered patients

6.1.2 The existing registered patients to be given the choice of transferring to another practice which could include Runcorn and therefore Windmill Hill. If the later, HH will continue to operate a daily surgery for booked appointments, 7 days a week at the HCRC (this would be at no extra cost and is additional to the current 5 day service and subject to demand). Home visits will continue as present i.e.

according to clinical need)

6.1.3 Walk-in / unregistered would still be able to be seen by the nurse led walk in centre at the HCRC.

6.2 **Reorganise the OOH and extend the contract to 2013.**

6.1.2 Face to face patients at Widnes would be by appointment only. This would be achieved by bringing the visiting GP over to Widnes 7 days per week. In addition 8 hours of further GP time will be provided at Widnes for OOH's appointments for Saturday, Sunday and Bank Holidays.

6.1.3 The treatment centre GP's at Runcorn will remain unchanged.

6.1.4 Nurse triage will remain unchanged.

7.0 **ISSUES**

7.1 National policy. Advice from the SHA is that the DH is no longer performance managing PCTs on this policy and that it would be a local decision. Other PCTs within the Northwest Region are adopting similar approaches.

7.2 There may be some implications for the Widnes nurse led walk-in centre as occasionally there is some cross referral between the two services.

7.3 Stability. The proposal allows the PCT to work with the present provider to improve quality and efficiency, in keeping with QIPP principles, and ensuring that in 2013 the services are stable

7.4 Staffing. The combining of the two proposals allows the provider to deploy staff efficiently and reduces any redundancy / TUPE implications. If both were re-tendered / re-provided, potential TUPE costs would be increased.

7.5 Increase the sustainability of the Windmill Hill, Runcorn, practice.

8.0 **SUMMARY**

8.1 The proposals provide an opportunity to improve the efficiency, organisationally and economically, of the service.

8.2 The impact for patients is minimal as the nurse led walk in centre is still available and provider will still provide a service to registered patients at the HCRC.

9.0 **POLICY IMPLICATIONS**

9.1 None identified.

10.0 **FINANCIAL IMPLICATIONS**

10.1 None identified.

11.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

11.1 **Children & Young People in Halton**

Children and Young people who may need to access services will be able to do this under these proposals.

11.2 **Employment, Learning & Skills in Halton**

None identified.

11.3 **A Healthy Halton**

The health of all residents in Halton continues to be a priority .This proposal will ensure that the most excluded residents continue to receive a service

11.4 **A Safer Halton**

None identified.

11.5 **Halton's Urban Renewal**

None identified.

12.0 **RISK ANALYSIS**

12.1 The concern of the PCT is that in view of the financial requirement of the contract that the provider would cease to deliver a service from April, whereas the proposal mitigates this risk.

13.0 **EQUALITY AND DIVERSITY ISSUES**

13.1 The PCT has undertaken an impact assessment. This concluded that individuals with protected characteristics would not be disadvantaged by the proposal. However as part of the assessment the provider will need to report to the PCT how the actions taken have mitigated any risk.

14.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

None.