

Guildhall Walk Healthcare Centre Options Appraisal

1. Introduction

In recognition of the contract for healthcare service provision at Guildhall Walk Healthcare Centre (GWHC) expiring on the 31st March 2016, this paper has been produced as an options appraisal for the Governing Board of NHS Portsmouth Clinical Commissioning Group (CCG) to recommend decisions in relation to the services provided from GWHC.

2. Background

GWHC is located in Portsmouth City Centre and provides two component services under a single contract: primary medical care services for registered patients; and a GP-led Walk-In Centre (WIC) service for both registered and unregistered patients. This is currently provided by Portsmouth Health Limited (PHL) through an Alternative Provider Medical Services (APMS) contract, which is subcontracted to be delivered by Care UK. It has a registered raw patient population of 5,921 (as of April 2015), which consists of a diverse demographic including, among other cohorts of patients, students from the University of Portsmouth, homeless people, and people with a history of alcohol and/or drug misuse.

The service was set up by NHS Portsmouth Primary Care Trust (PCT) as an Equitable Access Centre (or 'Darzi Centre') in 2009, providing services from 08:00-20:00, 365 days a year. Following the NHS reforms that came into effect in 2013, NHS Portsmouth CCG has taken responsibility for the commissioning of unscheduled care across the city, and as such has oversight of the PHL contract related to the WIC service at GWHC. Although NHS England had assumed commissioning responsibility for the primary medical care service element of the contract for the registered patient population in 2013, following a Scheme of Delegation Agreement signed by both NHS England and NHS Portsmouth CCG, Portsmouth CCG now have delegated commissioning responsibility for the whole contract (as of 1st April 2015).

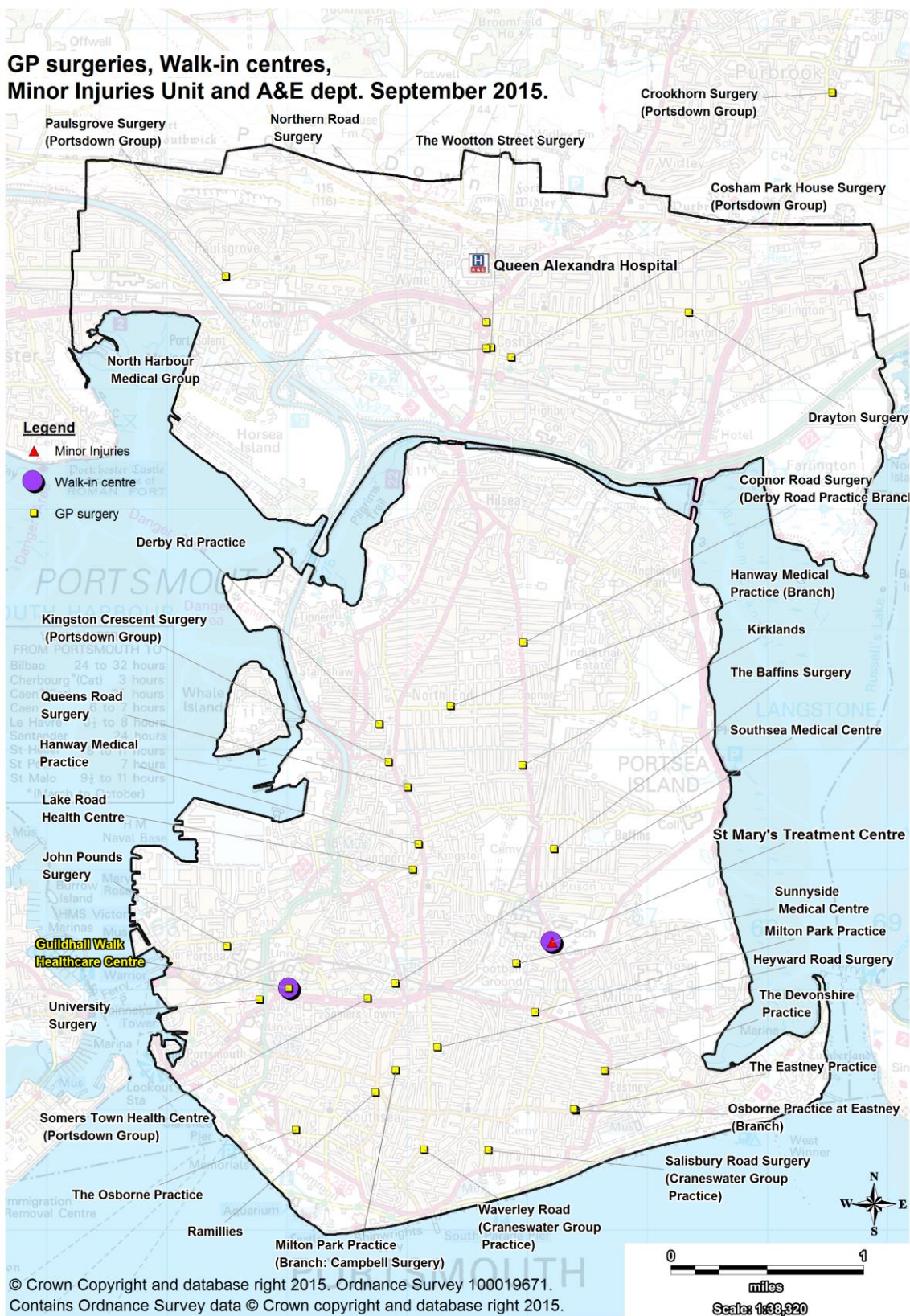
The original contract was awarded for a five year period. This was due to expire on the 31st July 2014; however, this was later extended until the 31st July 2015, and another extension has now been issued until the 31st March 2016. A decision now needs to be made as to what elements of service provision from the GWHC contract will be commissioned beyond this point, and how that service provision will be configured in relation to the wider healthcare system.

3. Current Provision of Services

Within this section is an overview of services currently commissioned within Portsmouth that meet the population's urgent care and primary care needs, and serves to highlight how patients are accessing a variety of care from a variety of locations.

For context, below is a map of Portsmouth CCG detailing all 23 member GP Practices, and some key sites such as WICs and Queen Alexandra Hospital.

Map A



3.1. Urgent Care

Presently there are two separate WICs located within the city. One WIC is located at St Mary's Treatment Centre (SMTC) and manages both minor injuries and minor illness; this is

a nurse-led service open from 07:30-22:00 Monday-Friday, and 08:00-22:00 at weekends and bank holidays. Another WIC is located at GWHC (two miles from SMTC) and manages minor illnesses only; this is a GP-led service (with support from nurses) open from 08:00-20:00, 365 days a year.

There is also an Urgent Care Centre located at Queen Alexandra Hospital which manages both minor injuries and minor illnesses; this is a GP-led service (with support from nurses). In addition to these services the NHS 111 telephone service also provides signposting to services and advice to patients who have an urgent care need.

The Emergency Department (ED) at Queen Alexandra Hospital is another option available to patients when presented with an urgent, life-threatening situation (located four miles from SMTC and 6 miles from GWHC). Unfortunately a significant number of patients also access ED for minor injuries and illnesses which could have been treated in primary care.

3.2. Primary Care

NHS Portsmouth CCG currently has 23 member GP practices operating out of 31 sites across the city. In addition to their core opening hours (08:00-18:30, Monday-Friday), 21 member practices (excluding GWHC) currently also offer patients extended access through additional clinics either in the early morning (before 08:00) or late evening (after 18:30) during weekdays, or through additional clinics on Saturdays; this is dependent on patient preference within individual surgeries. All member practices also offer same day access for patients with urgent primary care needs.

In addition to in-hours GP service provision (08:00-18:30), Portsmouth patients also have access to an out-of-hours GP service between 18:30-08:00 on weekdays, and 24 hours a day at weekends and on bank holidays. Access to GP out-of-hours is determined on the outcome of clinical pathways operated by NHS 111.

Pharmacies are another important access point to primary care within Portsmouth and there is a network of pharmacies providing healthy living services and advice. Pharmacists are also experts in the use of medicines and can provide free expert advice on the best treatment for a wide range of illnesses and minor ailments. Patients and the public can visit a community pharmacy without the need to make an appointment. As well as free medical advice, 34 of the Portsmouth pharmacies are now providing free medication for some illnesses and minor ailments under a scheme called 'PHARMACY FIRST'.

'PHARMACY FIRST' allows people who are exempt from prescription charges to go straight to their pharmacist to receive treatment for select minor ailments, without needing to visit their GP to get a prescription. Several of these pharmacies in the city are open until late in the evening and on Sundays.

The range of conditions covered by this scheme includes (but is not restricted to): bites and stings; conjunctivitis; constipation; coughs; dermatitis; diarrhoea; earache; sore throat; teething; and threadworms.

3.3. Walk-In Centre Activity

Detailed below is an overview of the demand for WIC provision within Portsmouth City and an indication as to who utilises these services.

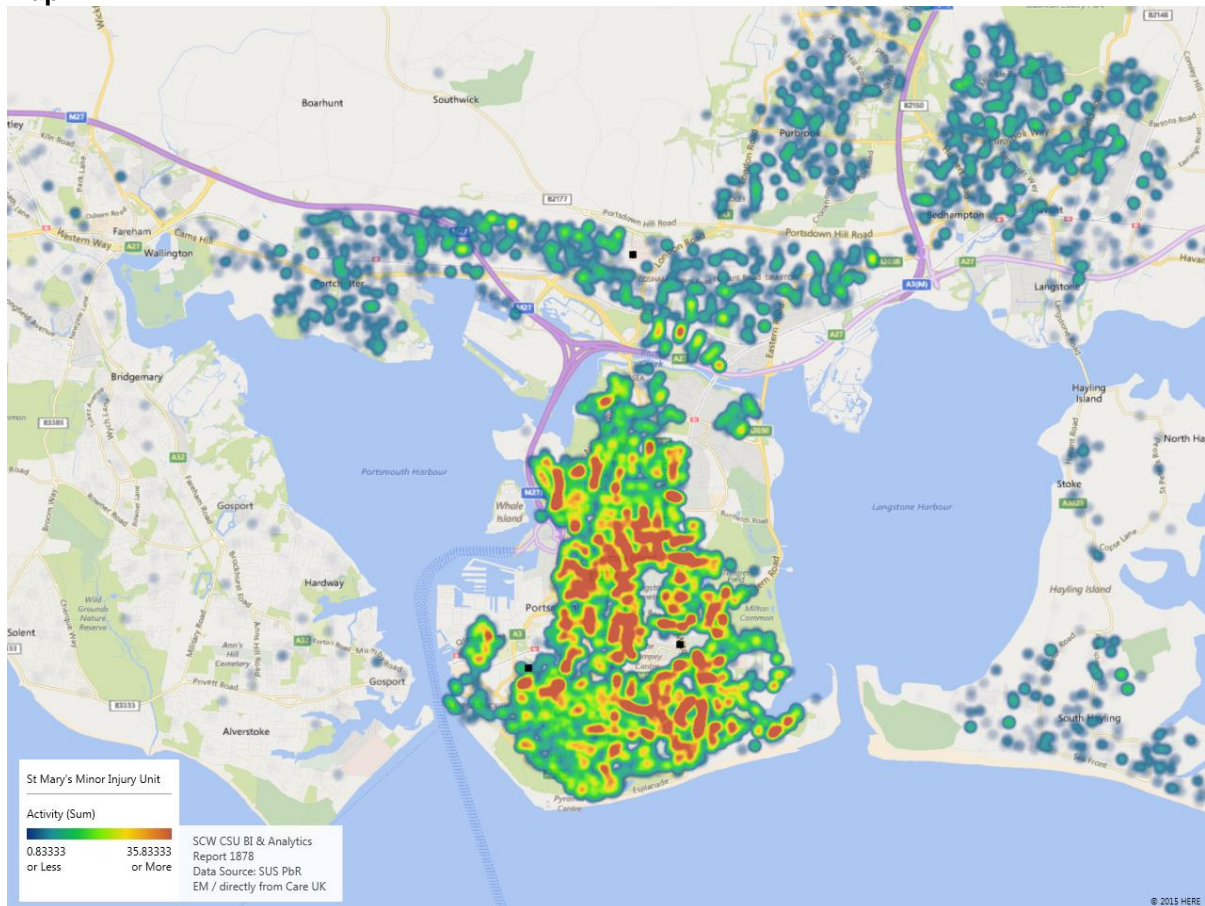
St Mary's Treatment Centre

Based on activity figures from 2014/15 there are currently circa 44,500 attendances at STMC WIC per annum (including both minor injuries and minor illnesses); around 31,000 of these attendances are for patients registered with GP practices within Portsmouth, while around 13,500 attendances are for patients registered with GP practices outside of

Portsmouth. Approximately 2/3 of the attendances are for minor injuries, whilst 1/3 are minor illness related.

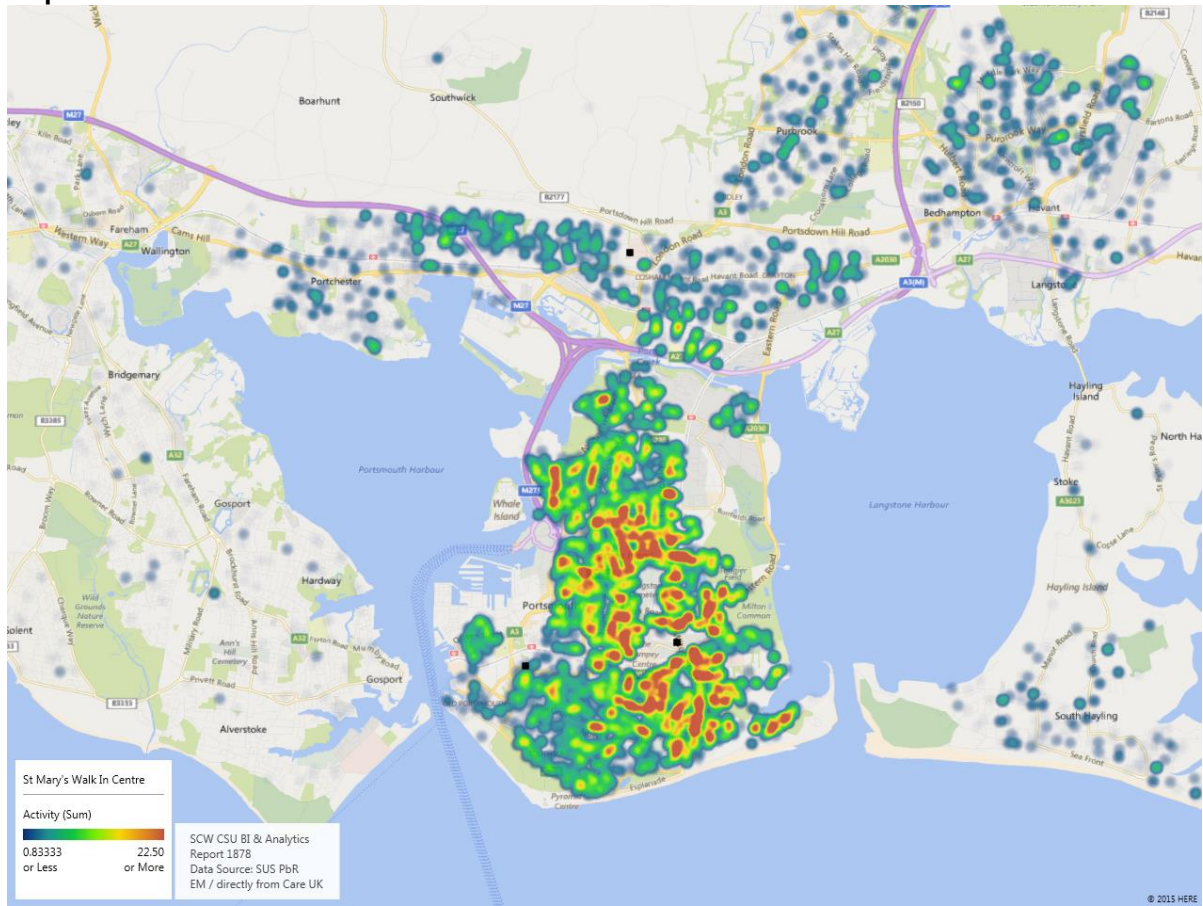
Detailed below is a map which indicates the 2014/15 activity for the SMTC WIC for minor injuries linked to patients' home post codes. It demonstrates that the activity is fairly evenly distributed throughout Portsea Island, but considerably fewer visits from patients who live closer to Queen Alexandra Hospital in the north of the city. It also indicates that patients living on the western side of the island are able to access the SMTC site to receive care for minor injuries.

Map B



Detailed below is a map which indicates the 2014/15 activity for the SMTC WIC for minor illnesses linked to patients' home post codes. It demonstrates that whilst the activity is more clustered around the SMTC site, patients are still accessing the service from across the city.

Map C

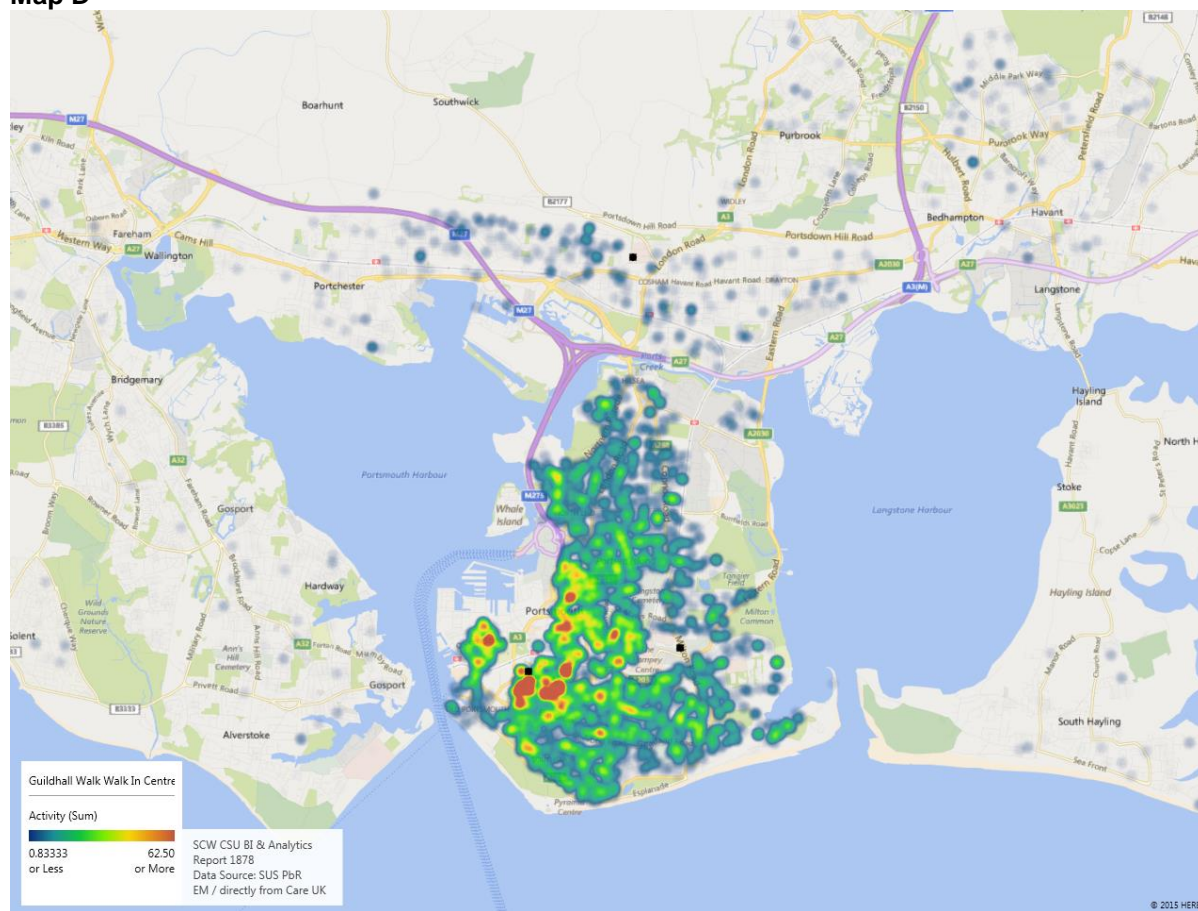


Guildhall Walk Healthcare Centre

Based on activity data from 2014/15, and excluding patients registered at GWHC, there are circa 22,500 attendances at GWHC WIC per annum; around 12,500 of these attendances are for patients registered with another GP practice within Portsmouth, while around 10,000 attendances are for patients registered with GP practices outside of Portsmouth. All of these attendances are for minor illnesses (as the GWHC WIC does not treat minor injuries). Approximately 40% of these occur during core GP hours (08:00-18:30, Monday-Friday).

Detailed below is a map which indicates the 2014/15 activity for the GWHC linked to patients' home post codes. It demonstrates that the majority of patients accessing the WIC are those who live within a one mile radius of GWHC.

Map D



In order to get a flavour of what patients are accessing GWHC WIC for, listed below are the top 20 presenting conditions throughout 2014/15 classified according to the Office of Population Censuses and Surveys (OPCS) Classification of Surgical Operations and Procedures (4th version). These consultations currently attract a GP WIC tariff, however many would be suitable for a nurse-led consultation. Alternatively some of these patients could be managed via the 'PHARMACY FIRST' scheme. Together these two options would help free up valuable GP capacity.

Presenting Condition (OPCS-4)	Count	Percentage
Upper respiratory tract infection	1,187	9%
Acute Tonsillitis	713	5%
Skin/subcutaneous infections	695	5%
Lower respiratory tract infection	655	5%
Urinary tract infection	584	4%
Requests for Medication	425	3%
Otitis media	383	3%
Sore throat	364	3%
Viral infection	318	2%
Cough	307	2%
Otitis externa	298	2%
Abdominal pain	236	2%

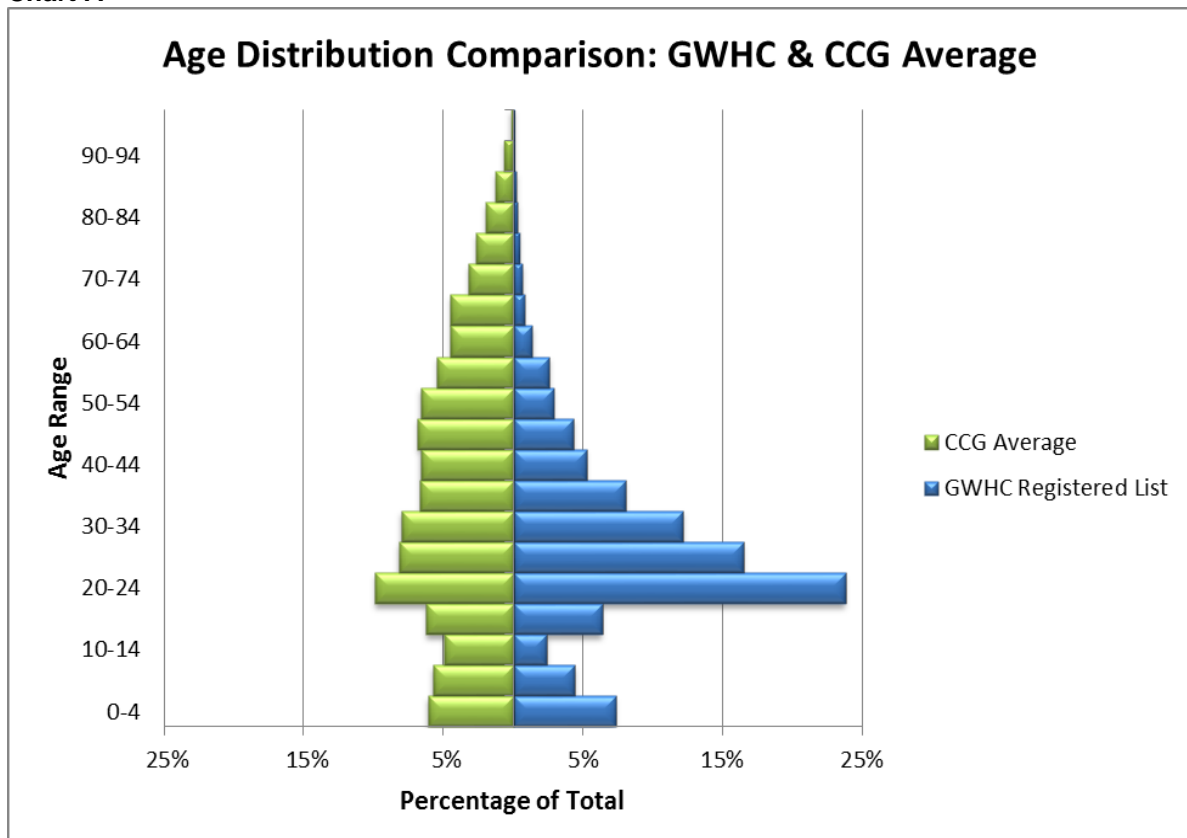
Acute Conjunctivitis	219	2%
Cystitis	195	1%
Earache symptoms	188	1%
Advice about treatment given	172	1%
Rash/nonspecific skin eruption	165	1%
Disorders of eye and adnexa	161	1%
Backache, unspecified	158	1%
Oral/salivary/jaw diseases	156	1%

3.4. Guildhall Walk Healthcare Centre GP Practice

In addition to the WIC, GWHC also provide primary medical care services to a registered list of circa 6,000 patients. The surgery is unique in that they are the only surgery in Portsmouth contracted to provide access to their registered patients beyond GP core hours (plus extended hours), and deliver primary medical care services between 08:00-20:00, 365 days of the year. Whilst this is a very convenient service for those registered at this practice it does present an issue with regards to equity of access for the remaining ~213,000 registered patients within Portsmouth. These extended opening hours were stipulated in the APMS contract when it was first awarded in 2009; however, the contract provider PHL are currently paid significantly more per patient than a practice with normal core opening hours to reflect this additional service provision (more detail of the finances for GWHC registered patients can be found in section 10 of this report).

The registered list comprises of a large proportion of young adults, especially between the ages of 20-34, but has a relatively small number of patients aged over 50. Chart A (below) details the age profile of the registered list at GWHC compared to the CCG average as at April 2015.

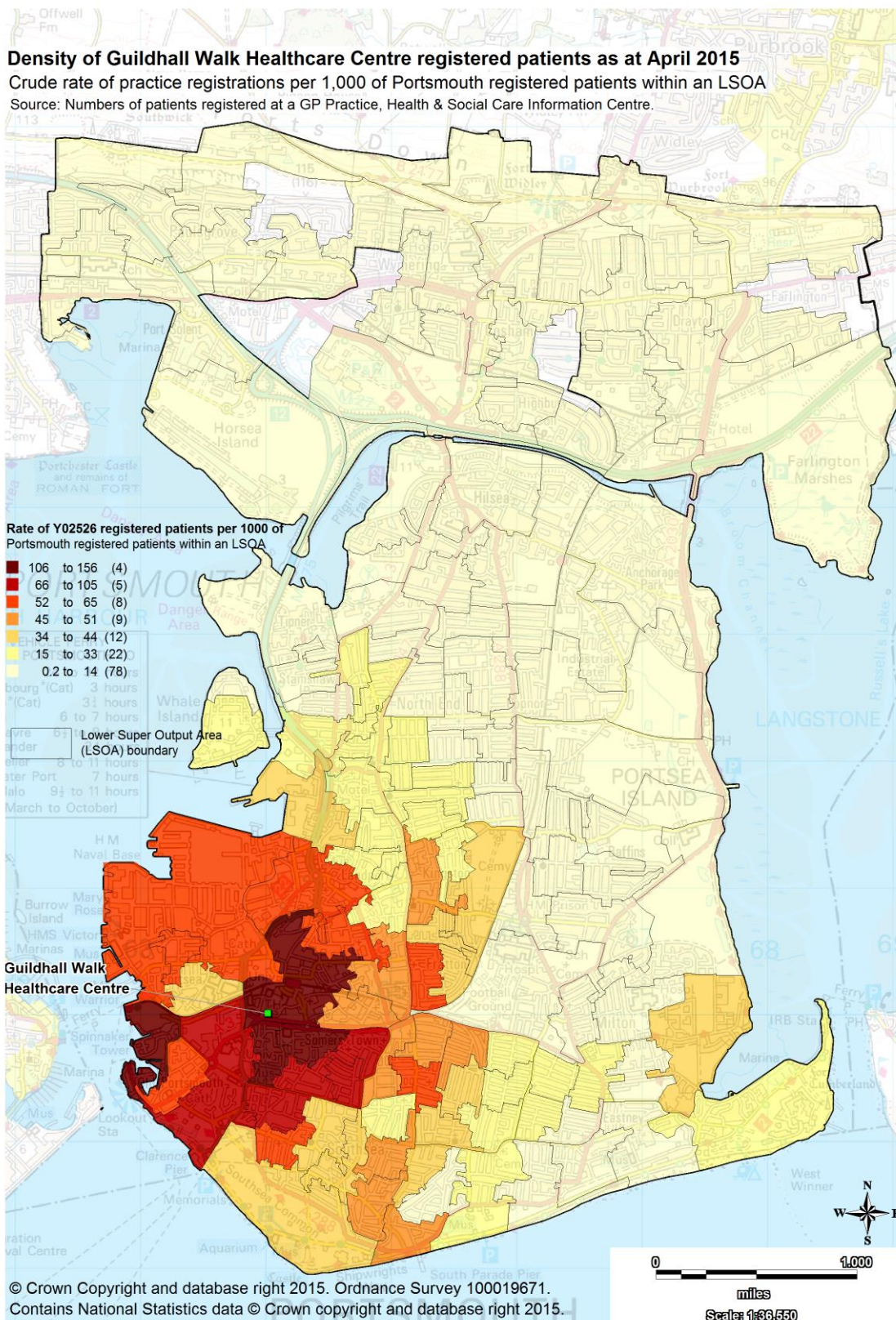
Chart A



The Chart above demonstrates the unique demographics of the registered list and how it differs quite considerably to the CCG average. The registered list comprises of a large number of students from the University of Portsmouth which helps explain its unique age distribution.

In terms of where patients registered at GWHC live within Portsmouth, Map E (below) details the concentration of registered patients per Lower Super Output Area (LSOA). As may be expected the majority of patients registered at GWHC live within a one mile radius of the premises; however the vast majority of patients living within the LSOAs near the GWHC premises are registered with other practices within the City. Therefore the majority of patients living in Charles Dickens and St Thomas wards (where GWHC is located) obtain primary medical care services from alternative practices.

Map E



In addition to providing primary care medical services for local residents, the service was also contracted to provide primary care medical services for “hard to reach” populations such as individuals who are homeless, and misusers of substances and alcohol. Although the clinical services received by these groups of patients remain consistent with other practices

delivering primary care, the way in which these patients are managed by GWHC can be seen as an enhanced service, and includes: ensuring an up-to-date register is kept for these groups; adopting flexible registration procedures; and liaison with local statutory services and homelessness agencies. In addition to this the GWHC contract specifically monitors the number of physical and mental health checks for homeless people and substance misusers, and the number of brief interventions for alcohol misusers.

A 'Rapid Scoping' document was produced by Public Health colleagues within Portsmouth City Council in September 2015 which contains an assessment of homelessness in Portsmouth City. This document provides an overview of the health needs of people who are homeless, and what support is available for these individuals.

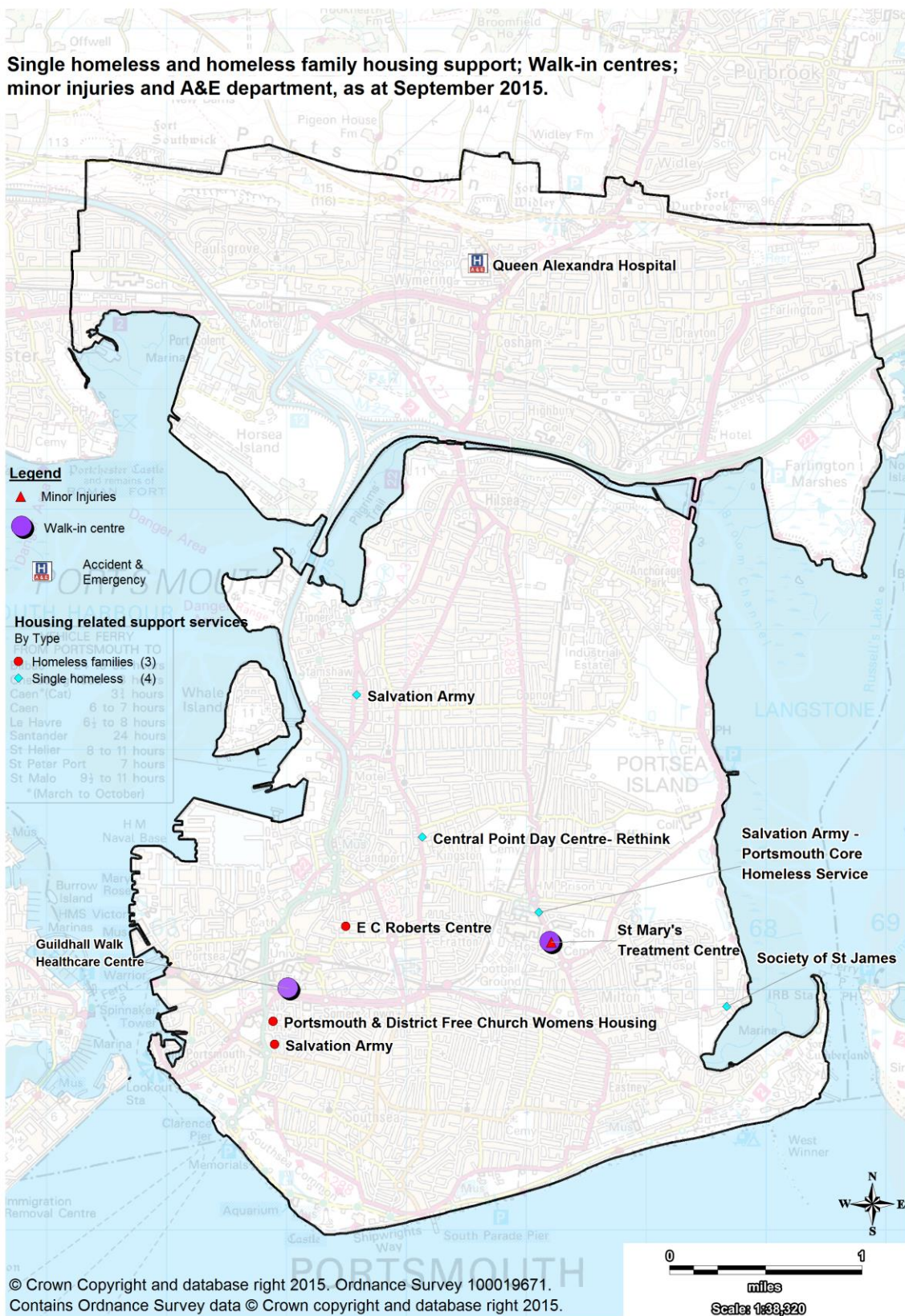
From this the key elements of any primary care medical service would need to provide:

- Open access and ease of access for all those who wish to register at the practice
- Afternoon and evening clinics
- The ability to use the surgery address for all health related letters, specifically for those who are sleeping rough, sofa surfing or of no fixed abode
- Demand led appointment and walk-in based clinics in order to ensure the most chaotic and unpredictable of the homeless population can access health services when they are ready and willing to engage
- 15 minute appointments to ensure the clinician has time to explore the individual as a whole rather than only have the time to treat the presenting problem
- Staff who are sympathetic to each individual's circumstances and are willing to deal with patients who have significant behavioural issues, who quite likely in the past have been removed from primary care services
- Staff who have an interest in, and are appropriately trained in, the homeless tri-morbidity: physical ill health; mental ill health; and substance abuse

Detailed below is a map showing some of the key services for single and family homelessness in Portsmouth.

Map F

Single homeless and homeless family housing support; Walk-in centres; minor injuries and A&E department, as at September 2015.



3.5. Summary of Service Provision

Patients living in Portsmouth can currently access their primary medical care from a range of practices and also have a number of choices to make when they require urgent or same day access to health care. Some patients find the range of choices confusing. Data shows that both the SMTC and GWHC walk in facilities are well used. Patients currently accessing services from St Mary's live across the city, whereas those attending the GWHC walk in service predominantly live close by.

A significant proportion of patients registered at the GWHC practice are young adults, many of whom are students at the University of Portsmouth. However many practices in the city also provide services to students. The practice is also meeting some of the needs of a vulnerable group of homeless patients who may also have mental health, alcohol, or substance misuse issues.

The current extended hours of the GWHC service is providing excellent access for those registered at this practice, but in its current form cannot be replicated across the city for all patients accessing services from their own practice. Therefore there is an inequity of provision for primary medical care services.

4. Strategic Development of Urgent Care and Primary Care

This section looks at the strategic direction of urgent care services documented in the national Five Year Forward View, the CCG's 20/20 Vision strategy, and the CCG's Urgent and Emergency Care strategy. Also contained within this section is current thinking on the future of out-of-hospital care from both a national and CCG perspective. These strategies will assist in shaping the commissioning decisions to be undertaken when constructing future healthcare provision in Portsmouth.

4.1. The NHS Five Year Forward View

The NHS Five Year Forward View (FYFV) was devised in 2014 in partnership between NHS England, Public Health England, Monitor, Health Education England, the Care Quality Commission, and the NHS Trust Development Authority. It articulates why change is needed in the NHS, what that change might look like, and how it might be achieved. In relation to urgent care services the FYFV offers a strategic vision of how they may be configured in the future and what the priorities are to help transition to this vision.

The FYFV highlights the need to dissolve the traditional boundaries currently segregating healthcare services, which can be categorised as: primary care, community services, and hospitals. The strategy emphasises the need for the care provided outside acute hospitals to become a much larger part of what the NHS does. One example of this is the expansion of diagnostic services within community hospital settings to meet the urgent care needs of patients, as opposed to relying on patients increasingly visiting acute hospital settings.

The importance of the need to expand and strengthen primary and out-of-hospital care as means to managing urgent healthcare needs is highlighted throughout the FYFV. The emphasis of having community bases equipped to manage more diverse urgent care needs indicates that services commissioned locally will need to provide a much greater range of tests and treatments in one location without the need for healthcare professionals to refer patients on.

The FYFV emphasises the importance of continuing list-based primary care and ensuring its stability over the next five years. It states, "General practice, with its registered list and everyone having access to a family doctor, is one of the great strengths of the NHS". The

plan looks to expand the scope of services provided in primary care and to encourage GPs to tackle health inequalities.

There is recognition that the traditional model of general practice is evolving. The emphasis is increasingly on extended group practices, either as federations, networks or larger single organisations, to enable a wider scope of services to be delivered. Meeting the demand on urgent care systems will be achieved by ensuring evening and weekend access to the skills of GPs and having community bases equipped to provide a much greater range of tests and treatments.

4.2. Local Strategy Documents

Portsmouth CCG's 20/20 Vision

In 2014 Portsmouth CCG published its five year strategic plan, *20/20 Vision*. Within this document it is recognised that in order to meet the future health needs of people living within Portsmouth, and to do this on the funding predicted to be available, then a credible and robust plan would need to be in place detailing what changes would need to be enacted, and what key priorities would enable us to make those changes.

The key priority area within the *20/20 Vision* relevant to urgent care states: "We want everyone to be able to access the right health services, in the right place, as and when they need them." A commitment to this ambition means that:

- people will know how and when to access the most appropriate services in an emergency
- People will not have to wait longer than they should for appointments, treatment and emergency care
- There will be an increase in the availability of x-rays, scans and tests so people can be diagnosed and receive the treatment they need more quickly

Portsmouth and South East Hampshire Urgent and Emergency Care Strategy

Building upon overarching CCG strategy documents, NHS Portsmouth, South Eastern Hampshire, and Fareham and Gosport CCGs, in collaboration with wider stakeholders, is creating a strategy document specifically focussed on how urgent and emergency care is to develop locally over the next 5 years.

The vision for urgent and emergency care locally is for a sustainable, patient-centred, high quality urgent and emergency care integrated system providing 24/7 access that ensures patients are seen by the most appropriate professional at the right time, in the right setting, and which is simple to navigate. This will be achieved through:

- Better support for people to self-care
- Helping people with urgent needs to get the right advice or treatment first time
- Having responsive urgent care services out of hospital
- Establishing Emergency Care Units
- And integrating urgent and emergency care services

A number of key enablers have been identified to realise these ambitions, some of which are particularly relevant to the decision on the GWHC contract. An improved 111 service, able to signpost more patients to community pharmacists for advice or treatment where appropriate is seen as crucial in helping to manage low level patient need and freeing up capacity within other services. Another key priority which will help alleviate people choosing to queue in ED, or being taken to hospital unnecessarily, is to ensure the services outside hospital are further enhanced, through greater multi-disciplinary working, greater access to diagnostic support, and providing care in settings that are able to treat greater numbers of patients to achieve improved economies of scale.

The establishment of Extended Primary Care Teams (EPCT) operating within hubs is viewed as an important means to help manage urgent, same-day primary care needs. The St Mary's Hospital site itself is seen as a key strategic health site within the City which can be developed to support this ambition. The EPCTs would seek to pool the care resources of primary care, community and mental health services, social care, not-for-profit organisations and pharmacists to manage the population health of their community. This echoes the views expressed in the FYFV that the model of small, independent general practice is evolving and we need to look to new models of care.

4.3. Summary of Strategic Alignment

The national and local vision is for primary care is to encourage practices to come together into larger entities either as federations or through mergers to support different, more efficient ways of working thereby freeing up capacity in GP practices. The CCG wishes to develop extended access to primary care services through the establishment of 'community hubs', with urgent access to GPs and other healthcare professionals as a part of this integrated model. The creation of a multidisciplinary urgent care centre is an important step in the journey of creating a hub where practices can access same day urgent care.

Decisions about the future of services, and individual GP practices, should be assessed in the light of these national and local strategies and ambitions, ensuring whatever decision is made supports the local healthcare system to move closer to its goals.

5. General Stakeholder and Public Engagement

Over the previous 18 months the CCG has been working to consult with a wide range of stakeholders regarding the use of urgent care services within the city; this includes members of the public, patients, and providers of care.

5.1. General Public

Process of Engagement:

A range of public engagement and consultation activities have been undertaken to date. In particular three significant pieces of survey work focused on urgent care services and these were conducted with residents of Portsmouth, Fareham, Gosport, and South Eastern Hampshire over the past 18 months.

Each survey was slightly different but each has been intended to help us build a picture of behaviour, experience, perception and expectation in those who have, or may, use urgent care services. The surveys were:

- **Under Pressure Survey:** conducted with The News in January 2014 following our week long campaign with them seeking to raise awareness of local services. 414 people took part, 60% of whom were aged between 18 and 64
- **Our own CCG urgent care survey:** conducted during the summer of 2014. 808 people took part, again 60% were aged between 18 and 64
- **Wave 105 Survey:** conducted in February 2015 following a month long campaign that featured radio and video promotions featuring local providers of urgent care and their staff. 2,637 people took part, 450 of whom were from the Portsmouth and South Eastern Hampshire area

Findings:

The public are confused. Few know the differences between St Mary's Treatment Centre and Guildhall Walk walk-in services. The public are also not well-informed. Almost one-third of people don't know GPs offer same-day appointments. Many people would prefer a simpler system, even if this means fewer choices.

The most popular suggestion for easing pressure at A&E was “making it easier to see a GP”. More personal responsibility, more information, and simplicity are seen as key principles. GPs are the preferred, trusted option for minor illnesses, but for minor injuries people look to walk in facilities. Proximity to services matters, however almost 60% of respondents think travelling up to 3-4 miles between home and a WIC is reasonable.

5.2. Primary Care

Process of Engagement:

The CCG has also been engaging with member practices via commissioning events to explore their views and solicit feedback on the future provision of urgent care services within the city.

Findings:

Member practices generally support ongoing provision of a minor injury walk in service at St Mary’s but the stand alone nurse-led minor illness services at St Mary’s is generally not thought to be an effective way to manage demand, and co-location with a GP-led services is generally supported. GPs expressed some preference for having capacity to deal with their own patients in-hours but there were concerns over current capacity in-hours for GP services and meeting patient expectations. Practices therefore recognise the current ongoing need for a GP-led walk in service in the city to manage demand until such times as primary care services can be remodelled.

6. GWHC Specific Stakeholder and Public Engagement

NHS Portsmouth CCG has sought to engage with people over each element of the decisions which need to be made regarding the future of services delivered at GWHC – the future of the practice itself, the walk-in service for patients not registered at the practice, and the services provided for vulnerable groups, for example people who are homeless.

Given the very different nature of the services provided, and the very different characteristics and needs of the cohorts of people, it was judged that it was necessary to run a separate engagement process for each group.

6.1. Registered List

Process of Engagement:

The registered list is an easily defined group, although contacting the patients directly is complicated by the fact that the CCG, as a commissioning organisation, is not able to directly access individual records and information.

As a result, the CCG contacted the Thames Valley Primary Care Agency, the body responsible for maintaining the database of people registered with GP practices, to engage them to contact patients on its behalf. The Agency was able to do this, but relies solely on the postal service rather than other communications channels such as email, or mobile phones.

At the beginning of June 2015 letters were sent to the almost 6,000 people registered as patients at GWHC. The correspondence included an explanation of the fact that the contract for the NHS services delivered at Guildhall Walk was due to expire in March 2016, and set out the three broad options available to the CCG – to re-procure the practice in the same place, to move the practice, or to no longer procure the service. It also included a link to a short online survey designed to find out more about the services people use and value most, their likely response should the practice close or move, and the services they would be most concerned to lose should the practice no longer operate. Also included were instructions on

how to request a paper copy of the survey. The letter can be found at Appendix A, and the survey at Appendix B.

To ensure that the maximum possible response rate was obtained, the CCG supplemented the initial mailing with other communications activity – there was a particular concern to reach students as they entered, or approached, their long summer break, but also an attempt to reach the list as a whole.

A press release was issued to local print and broadcast media, and also appeared in the 'News' section of the CCG's website. The survey was also advertised prominently on the CCG homepage, featuring as one of the subjects highlighted in the 'banner' section over a two-month period, and it was promoted via Twitter.

Funded by the CCG, the practice also sent text messages to all patients who had provided mobile phone details, to alert them to the survey and the reasons behind it, and provided paper copies of the survey to be available at GWHC itself.

The CCG also liaised closely with the University of Portsmouth, which promoted the subject and the survey on the 'Student News' section of its website, and the Students' Union, which highlighted the subject repeatedly using its social media channels.

Findings:

There were 345 responses, with the majority (60%) from women, and most (almost 58%) younger than 45. Almost everyone lived in Portsmouth, with the largest concentration of respondents in the PO5 postcode area, followed by PO3.

When asked to say why they had registered at GWHC (Question 5), the most common answer (52%) was that it was **convenient / close to home**. The next most common answer was that the respondent had registered for a 'specific service' that could not be found elsewhere – in the overwhelming majority of cases that service was the **enhanced opening hours**.

When asked for the *single* most important reason for registering at the practice (Q6), the reference to the specific service was the most frequently chosen answer (almost 35%), with the same themes of extended opening hours again influential.

In terms of use of services (Q7), **GP appointments** were by far the most frequently cited, with a further third referring to **telephone consultations**. However, when asked which service they used most often (Q8), more respondents chose **'walk-in'** GP appointments (49%) than **pre-booked** appointments (37%).

The practice was highly rated by the sample, with more than 91% describing it as 'Very' or 'Quite' good overall. This finding was echoed in the responses given when asked as to their reaction should the surgery move or close (Q10) – almost eight out of 10 respondents described such an eventuality as 'inconvenient, and a real problem to me'.

When asked where they would register if they had to move surgery (Q11) 38% of the sample said they would seek a surgery **within a mile** or less. More than a fifth stated that they would register **closer to their home / work** instead.

When asked to think about what would be important for GP services in the future (Q12), there were some clear trends. Being able to **see any GP within a few days** was rated as 'very important' by 75% of respondents – compared to 33% saying that being able to **see 'their' GP** was very important. The ability to walk in and wait for **'same day' appointments** was also highly regarded, as was the availability of **appointments outside traditional**

office hours, but **telephone consultations**, immediate **proximity to home**, and having a wide **range of services provided in one place** were less valued.

The issue of enhanced accessibility was again highlighted at Q13, relating to concerns people would have if Guildhall Walk was no longer available as a practice. Most patients were concerned whether they would still be able to use a **walk-in / same day** service, or go to a surgery with such **extended hours** of opening. By contrast, for example, barely half as many people worried about the loss of the **personal relationship with their GP**.

When asked for any other issues that the NHS should consider before making a decision regarding the future of the practice, most responses related to the issues of access (both physically, in terms of location, and walk-in / extended hours), and general praise for the service currently offered.

The full results of the survey can be found at Appendix C.

6.2. Walk-in Services

Process of Engagement:

When seeking views regarding walk-in services in Portsmouth the target audience is far larger, but also less well-defined. A different approach was also required because, unlike in the case of the registered list, the CCG had already developed its thinking before the summer period – following more than 18 months of previous public engagement activity and discussions with primary care clinicians – to the point where it was ready to test opinion regarding a single, specific option. The CCG felt that relocating the GP-led walk-in service from Guildhall Walk (for patients not registered at the practice), to SMTC, would offer benefits in terms of simplifying an over-complicated system, improving the quality of care, and delivering a more effective use of resources.

A survey was produced to test what people felt about this possible change, and what factors they thought had to be considered before any decisions could be made. The survey was, in common with the questionnaire aimed solely at registered patients, promoted via local news media, and on the CCG's website and social media accounts.

Specific groups were also approached to encourage participation, including those representing carers, voluntary sector organisations, elderly people, people with disabilities, and the network of Patient Participation Groups in the city.

Findings:

In total there were 493 responses received, with a large majority (71%) being women, and approximately 10% living outside Portsmouth (a minority of walk-in service users do live outside the city). Nearly all (91%) had used either Guildhall Walk, St Mary's, or both, as a walk-in facility.

In terms of identifying the most important factors for the NHS to consider when deciding whether to relocate the walk-in service from Guildhall Walk to St Mary's (Question 5), approximately two-thirds of respondents cited the **quality** of care as the biggest concern, with **access** also being important to people – 65% selected travelling distance as a notable concern, and 58% highlighted the importance of having a service near the city centre.

Approximately a third of respondents stated the most important factor was ensuring best possible **value for public money**, or **bringing GPs, nurses and diagnostics together** in one place.

When asked for the *single* most important factor to be considered (Q6), **access** was most prominent – a quarter choosing a city centre location and the prime consideration, and 22% choosing travelling distance.

In terms of concerns about the possible change in service (Q7), more than half (55%) expressed concerns about whether **St Mary's had the capacity** to cope with the extra activity, 40% feared a **reduction in quality**, and almost 39% said they would have **further to travel**.

There were more than 100 'other' comments submitted for this question, with **physical access** again the leading issue to be raised, followed by **parking**.

When asked for other factors which must be considered (Q8) the overwhelming majority of responses reinforced earlier themes. Access (both generally, and in relation to vulnerable groups, and students), parking, waiting times, and questions regarding capacity at St Mary's were frequently raised.

The full results of this survey can be found at Appendix D.

6.3. People Registered as Homeless

Process of Engagement

GWHC is currently contracted to provide services for vulnerable groups, including those people who are registered homeless. Given the potentially distinct requirements, and priorities, of this group the CCG sought to work with the Salvation Army to engage with their clients. (The Salvation Army client group is considered to form a broadly representative sample of the homeless population, including people who are in need of immediate, emergency support, to those who are being supported into longer-term housing solutions, and also including those with mental health conditions, and substance abuse problems).

The CCG discussed with Salvation Army staff the best approach, and it was agreed that the best approach was to run a series of loosely structured focus groups, bringing people together to talk about their requirements from primary care currently, their experience of these services, and their preferences for the future.

Findings:

In terms of the people using the Guildhall Walk service now – either as registered patients, or those who walk-in – the group appeared to rate staff well. There were comments relating to the staff's willingness to be flexible, and accommodating, rather than judgmental (which clients felt was not always the case elsewhere), and also to the way that doctors there were able to form long-standing relationships with their patients.

In terms of usage, there was a mixture of needs, with some clients seeking a long-term relationship with a particular doctor, or referrals into other services, whereas others were more likely to use the service for more ad hoc purposes such as getting a prescription quickly, or receiving a sick/fit note.

In terms of location, some clients found the Guildhall Walk location useful – partly for its proximity to other services they may use – while others were less concerned as to the precise location, although favoured a city centre site if possible. There were also several references to the advantages of having nurses/GPs visiting hostels, with the argument made that this sort of approach would make homeless people more likely to see NHS staff.

The full Salvation Army report can be found at Appendix E.

6.4. PUSH

Process of Engagement:

Part of the service contracted to be provided by GWHC is the support of people who use illegal drugs or alcohol. The CCG sought to engage specifically with representatives of this

client group to ensure their voice was heard in relation to access to primary medical care services.

To do this, the CCG liaised with PUSH, the independent, peer-led service user group for people with drug and alcohol problems, to gain their views of those services, and also their opinions on how services could be improved.

Findings:

The CCG received 29 completed questionnaires, with the majority of respondents being men, aged 35-44.

The main reasons for the group to use primary care services were connected to mental health and/or substance abuse problems, for prescriptions, and sick/fit notes, as well as the more routine need for general medical care and advice.

A large majority of the sample reported their experiences of primary care services to be at least 'quite good', with one in five describing their experience as 'very good'.

The most frequently cited concern was access – the ability (or otherwise) to access services quickly and conveniently. The quality of relationships with NHS staff – in terms of both positive and negative experiences – was very important for some of the client group. Some comments were extremely appreciative of the support they had received, whereas others related either to a perceived lack of understanding, or training.

The full report can be found at Appendix F.

6.5. Social Media

Process of Engagement:

As well as the traditional methods to engage with local residents and patients, the CCG also used its 'Urgent Care Pompey' Facebook page to help to reach more people, and groups who might not normally engage with the NHS.

The NHS ran a paid-for 'boost' of a post which signalled the need for decisions to be made about the future of healthcare services at Guildhall Walk, and which linked to the CCG website page concerned with the subject.

Findings:

In total the post reached 51,442 people, was 'liked' by 52 people, and shared by 68 people.

There were also 55 comments left on the Urgent Care Pompey page. The comments were almost all supportive of the current centre, either because of the service it has provided to people, or because it was felt that the location was good, or the enhanced access was required. Others felt that the city could not afford to lose capacity, while some people supported the idea of putting GPs into St Mary's – but only *in addition to* those working in Guildhall Walk, not instead of.

7. Healthwatch Portsmouth Stakeholder and Public Engagement

Healthwatch Portsmouth is an independent statutory body that gathers the views and experiences of local people, enabling them to have a chance to speak up about health and social care services in their area, collecting evidence-based information through community engagement to ensure that those who plan, commission and check services listen to the people who use those services.

The CCG sought the help of Healthwatch Portsmouth to carry out some additional engagement activity about the proposals to make use of the organisation's expertise and broad membership base. It is important to note that the research undertaken by Healthwatch was separate from that undertaken by the CCG and developed independently.

Process of Engagement:

The Healthwatch team produced a survey along with a script to ensure a consistent approach was adopted. It focused on how aware the public were of the proposal and the impact of the proposed change.

As part of the brief Healthwatch Portsmouth visited both Guildhall Walk Healthcare Centre and St Mary's Treatment Centre, each on two separate occasions, and sought opinions from members of the public and staff at each facility. Members of the public were also encouraged to complete the survey at open Community Day events held in Cosham and Southsea. In order to reach a wider range the survey was emailed to all 701 Healthwatch Portsmouth members and shared across Facebook and Twitter social media sites.

Focus groups were held by the Healthwatch Community Engagement Officer at Learning Links with job-seeking clients on the Work Programme. Surveys were also completed by households taking part in Learning Links Families Moving Forward programme. Portsmouth Disability Forum shared the survey with their members and the Community Engagement Officer attended their Health Café to seek their views.

In all views were collected from 314 members of the public over a three week period during August 2015. These have been collated into a detailed report by the Healthwatch team and the CCG acknowledges the work that has gone into producing a comprehensive and helpful summary.

Findings:

The main findings from the report were:

- A significant proportion of respondents (two-thirds) stated they were not aware of the proposals to relocate the Guildhall Walk services to St Marys.
- A clear majority of people who responded to the survey (5-to-1) are opposed to the proposed re-location of the walk-in treatment facility based at Guildhall Walk to the St Mary's Hospital site; around one third either have no preference (19%) or support the proposal (14%).
- Concerns and doubts exist about accessibility from the western side of the city to St Mary's, exacerbated by concerns over 'east-west' public transport in the form of a 'one bus journey' between the city centre and the St Mary's site.
- Concerns and doubts exist over the adequacy of car parking facilities at St Mary's, adding to concerns about accessibility and affordability.
- The capacity of a single facility to respond to current and future demand (in the face of increasing housing developments and student accommodation in the City Centre) may lead to increased waiting times at St Mary's.
- Concerns exist about the quality and range of services that would need to be provided in the re-vamped facility, including crisis and mental health services.

The report from Healthwatch made a number of recommendations that are worth noting:

- Given the level of stated unawareness to the CCG's proposals, it is strongly recommended that a timely and robust media and communication plan is urgently developed in partnership with Healthwatch Portsmouth and patient and provider networks across the city, to maximise awareness raising and seek feedback on proposals. Healthwatch Portsmouth would suggest this should clearly set out the full range of benefits and any implementation plans to the public from the proposed changes as well as ways in which concerns will be addressed with a clear and managed plan to

ensure public understanding and active public participation in local health service provision, in the context of substantial reductions in public expenditure by the Government affecting provision of health and social care services.

- That these findings are considered alongside other data sources which focus on possible impacts from the CCG's proposals for older people, people with disabilities, students, and minority ethnic groups.
- That the views of the Emergency Services are obtained and considered in order to substantiate or repudiate views expressed by members of the public within this study, particularly with more residents having to rely on buses to access services at St Marys and the risk of non-urgent ambulance calls increasing because of this.
- That consideration is given to the findings and outcomes of any earlier impact assessments which may have been conducted at, or around the time of the closure of the A&E facility at St Mary's Hospital as these will give context for original aims and objectives for the GWTC and SMTC and themes may resonate with the issues raised in this study.
- If the relocation of services to St Marys goes ahead, the key themes highlighted in this report around accessibility, capacity, car parking and service provision should be prioritised as areas to focus on in formulating the implementation plan. From views gathered from respondents, attention should be given to:
 - a. Access – including the awareness, capacity and consistency of bus routes, car parking and general waiting times at St Marys
 - b. Right service at the right time – to increase Portsmouth residents knowledge of services available and which one they should contact and how, improving right decision making, promoting self-care as appropriate and diverting non-urgent cases away from A&E and ambulance services.
 - c. Credibility / trust – to reassure Portsmouth residents and promote services available, publish success and good news stories of the services at St Marys and elsewhere to increase confidence in alternatives and encourage a move away from what residents have traditionally done when faced with a medical concern.
- Review decisions taken, within 12-18 months of implementation, to assess outcomes and impact on residents of the city. Healthwatch Portsmouth will be happy to assist with this process and work with the CCG, local authority and patient and provider networks to review progress and ensure any lessons learnt are taken on board.

8. Estate Utilisation

8.1. GWHC Premises

The GWHC premises are privately-owned and are leased to NHS Property Services who hold the head-lease with the landlord. There are 2 subleases: one with Care UK who are currently using space in the building for the administration of the diabetic retinopathy services; and one with PHL for the delivery of the primary care services. The total costs for both services are £173k, with £120k being the costs associated with the GP practice. The sub-lease with PHL was set up to align with the term of the original contract (until the 31st July 2014), however this has now expired. A 'tenancy at will' agreement has been operating from this time between PHL and NHS Property Services. Should primary care service provision continue in the longer term, NHS Property Services will be looking to renew the head-lease.

8.2. SMTC Premises.

The building from which the treatment centre operates is owned by Care UK and therefore costs of running this building have already been incorporated into the contract for services currently being delivered by them. As Care UK own the building they are able to ensure best use of the space and can reconfigure this space to reflect changes in the services delivered from here.

The land on which the building sits is own by Solent NHS Trust who are committed to improving parking at the site.

8.3. Void Space

The cost of void space incurred by NHS Property Services Ltd is currently funded by the NHS commissioners of that area. In 2014/15 the cost of void Portsmouth estate was approximately £1.1m. The local estates rationalisation strategy aims to make best use of public sector buildings and minimise void space in order to secure best value for money.

In addition to existing NHS void space, if the lease for GWHC is renewed there is the possibility of additional void space and associated NHS costs, as the diabetic retinopathy service has also been retendered and the building may not be required by the new provider.

9. Physical Access to Services

9.1. St Mary's Site

St Mary's is a well-known location in the city, as the site of a former acute hospital which was in use for much of the last century. It is now a busy health campus from which a number of services operate including the walk-in services, day surgery, dermatology, physiotherapy and rehabilitation, mental and sexual health services in addition to the Portsmouth Maternity Centre birthing unit. Hundreds of people use the site every week, coming not just from the city but from further afield too.

Car Parking

Pay and display car parking facilities are available on site (258 spaces) although the perception is that the car park is regularly very busy, making it difficult for people to park. Consideration is also being given to, and a proposal is being drawn up for, the addition of a small multi-storey car park facility (216 additional spaces) that would be located near the treatment centre building. Funding for this would need to be sourced from the Department of Health and has not yet been confirmed.

Solent NHS Trust also has a Parking Policy that prioritises the parking needs of patients, visitors and those staff who need to use a vehicle to perform their duties. Staff working at St Mary's are encouraged to make use of 60 leased spaces that have recently been made available at the Kingston Prison site.

Relocating staff parking to this or similar sites will have the benefit of reducing the number of vehicles entering the St Mary's site and removing traffic from the A288 Milton Road corridor which runs past the Campus.

Public Transport

A range of bus routes serve the bus stops immediately outside the Health Campus along Milton Road. The services, their frequency, and route are shown below:

Service	Nearest Stop	Route	Weekday Daytime Frequency
2	St Mary's Hospital Stop	Gunwharf - Portsmouth City Centre - Eastney - Copnor - Cosham - Paulsgrove	6 buses per hour
13	St Mary's Hospital Stop	Portsmouth City Centre – Fratton Station – St Mary's Hospital	2 buses per hour
17	St Mary's Hospital Stop	Southsea - St Mary's Hospital - Copnor Bridge - Chichester Road	2 buses per hour
19	St Mary's Hospital Stop	Portsmouth City Centre - Fratton - North End - Southsea	4 buses per day
21	Milton Road Prison Stop, St Mary's Rd	The Hard – City Centre – Fratton – Copnor – Farlington – Bedhampton, Leigh Park, West Leigh – Havant.-	6 buses per hour

As shown in the table the site is served by 5 regular bus services, with stops on Milton Road immediately outside the site and also on St Mary's Road, all within a five minute walk from the Campus. Between all 5 routes the site is served with a total of 16 buses per hour in each direction (northbound/southbound) during the weekday daytime. University of Portsmouth students also have access to a bus service that operates between the city centre and the Langstone campus which runs along Goldsmith Avenue.

The St Mary's Site is also located less than a mile from Fratton train station which is approximately an 18 minute walk away.

9.2. GWHC Site

Car Parking

There is no onsite parking at GWHC, but patients can access nearby pay and display facilities. Being in the city centre there are several car park sites located nearby; however, these are not dedicated or prioritised parking spaces for patients at GWHC. Patients accessing the service by car will need to pay premium inner city parking charges regardless of the time of day.

Public Transport

GWHC is located close to the mainline railway station (Portsmouth and Southsea) and can also be accessed by bus from most parts of the city as Commercial Road is a waypoint for the majority of Portsmouth bus routes.

9.3. Community Pharmacies

Community pharmacies are an important part of the delivery of primary care providing access to lifestyle and medicines advice, over the counter medicines, prescription dispensing and more recently an NHS commissioned minor ailment service (PHARMACY FIRST).

The density of pharmacies located across the city gives patients a choice of local pharmacies for pharmaceutical services and the opening hours of local pharmacies provide residents and visitors with a good level of access to services. Residents are able to use these services from early in the morning to late in the evening and on Saturday and Sundays. The additional opening hours provided by the '100 hour' pharmacies have provided an extension to these hours. Local services are largely commissioned by Public Health within Portsmouth City Council and NHS Portsmouth CCG. These are available from many pharmacies spread across the city. The delivery of these services, particularly in areas of deprivation has widened access for target groups of the population. The award winning Healthy Living Pharmacy scheme, piloted in Portsmouth in 2010, continues to be the basis of commissioning of services from community pharmacies.

Detailed below is a map showing the proximity of pharmacies from SMTC.

9.4. Summary of Physical Access

A common theme highlighted in the feedback received from the engagement work carried out to date relates to transport and physical access to the St Mary's site. This section demonstrates the efforts currently being undertaken by Solent NHS Trust in developing a sustainable travel plan for St Mary's that reviews the impact on the site due to the transfer of services from St James' Hospital and any potential future relocation of services to SMTC. It also demonstrates the number of public transport links to the site which was raised as a concern in the public engagement exercise.

Although GWHC does not have dedicated or prioritised parking, there are nearby pay and display facilities available and it is served very well by public transport links.

There are a number of pharmacies located throughout Portsmouth including some which are within walking distance to the SMTC site.

10. Financial Position

The current cost of GWHC to offer both Primary Care and WIC services is £1.67m made up as follows:

Cost Description	Activity/Units	Activity/Unit Cost	Annual Cost
Registered List Size <=5000	5,000	£117.87	£0.59m
Registered List Size >5000	1,000	£75.77	£0.08m
GP-Led WIC	13,777	£46.00	£0.63m
Full Rent @ GWHC			£0.12m
Cost of void in nearby suitable premises (John Pounds & Somerstown)			£0.15m
Current Total Cost			£1.57m

The registered list size payment includes a premium to offer walk in access to its registered patients throughout its opening hours of £210k per annum. Currently the price paid per patient over and above the original contracted number of 5,000 is paid at standard GMS rates. As part of the renegotiation of the treatment centre contract the provider will be paid £33 per attendance for a GP walk in consultation and £30 for a nurse walk in consultation. These are comparable to rates paid under the GP Out of Hours Contract.

11. Statement of Options

In light of all the information available to us at the present time and the necessity to make a firm decision as to the future of the GWHC contract, which will shortly expire, there are only a limited number of options available to us that are realistic, achievable, and affordable. The options to be considered can be found below.

11.1. Option 1

GP-led Walk-in Activity and Primary Medical Care Service Provision to be Delivered from its Current Location (Guildhall Walk Healthcare Centre)

11.2. Option 2

GP-led Walk-in Activity Provided at St Mary's Treatment Centre, and Primary Medical Care Service Provision Delivered from its Current Location (Guildhall Walk Healthcare Centre)

11.3. Option 3

GP-led Walk-in Activity Provided at St Mary's Treatment Centre, and Primary Medical Care Service Provision Delivered from Void Space within the City (Somerstown Hub)

11.4. Option 4

GP-led Walk-in Activity Provided at St Mary's Treatment Centre, and Primary Medical Care Service Provision Delivered from Existing Practices in the City (Decommission Guildhall Walk Healthcare Centre Practice)

12. Considerations for Options

12.1. Procurement

In August 2014 NHS Portsmouth CCG confirmed to incorporate the activity, and associated finance, from the GP-led GWHC WIC into a wider re-procurement exercise for the Treatment Centre within Portsmouth City. This will be provided via the NHS Standard Contract. The service specification for this Treatment Centre also includes, among other services, the activity, and associated finance, of the Nurse-led WIC historically provided at SMTC. This service went out to competitive tender with a contract mobilisation date set for January 2016. The contract has subsequently been awarded to Care UK Ltd. As the APMS contract for GWHC does not expire until the 31st March 2016 the provision of a GP-led WIC by the incoming provider of the Treatment Centre will be delayed until the 1st April 2016. The service specification for the Treatment Centre indicates that the Nurse-led WIC service provision will continue to be located at SMTC, whereas the GP-led WIC service provision may be located at SMTC or another location in the city centre, depending upon the outcome of the future of service provision currently delivered at GWHC.

The recommissioned GP-led WIC service will operate from 07:30-22:00 Monday to Friday and 08:00-22:00 on Saturdays, Sundays, and bank holidays, 365 days of the year. This is an extension to the GP-led WIC currently being delivered from GWHC which is open from 08:00-20:00, 365 days a year

As stated, the current contract for service provision at GWHC expires on 31st March 2016; should the CCG decide to pursue an option which requires procurement, the process will take approximately 12 months to deliver from inception to a new service roll out. This time-scale includes:

- Market Engagement Process - in order to fully assess the level of interest and risk assess the CCG's long term strategic intentions (approximately 2 months)
- Full Procurement Process - including a Pre-Qualification Questionnaire and Invitation to Tender stages (approximately 6 months)
- Exit Strategy - management of the exit strategy including migration and roll out of the new services and incorporating a TUPE consultation process (approximately 4 months).

The Board should also be aware that NHS England recently completed a national procurement process in accordance with public contracts regulations, for a framework agreement for the Provision of Short Term Primary Care General Medical Services. The

framework agreement is for interim services which can be required at short notice for a number of reasons, for example, the death of a single-handed general practitioner or the short notice retirement or resignation of a general practitioner.

The process attracted a high level of national interest and resulted in nine providers successfully being assessed as having the required capacity, capability and financial stability to deliver these services in the Wessex region. National and local providers are listed on the framework. This process demonstrates that market conditions are highly competitive for these services; therefore a long term extension with the incumbent cannot be justified. However, it needs to be recognised that the framework is for short-term arrangements and not long-term contracts which may result in a different market condition, although this is deemed unlikely.

In assessing these options the CCG has sought expert procurement advice from NHS South of England Procurement Services.

12.2. Patient Flow

Walk-In Centre

When assessing these options it is important to understand the impact any decision may have on patient flow through different components of the healthcare system. The table in Appendix H details activity for ED, the GWHC WIC, and the SMTC WIC; this is presented against each member practice as a rate per 1,000 population for 2014/15 activity.

This information demonstrates that the level of activity for each urgent care site is largely driven by the proximity of the practice to that particular location (a small number of practices appear to have relatively high activity rates despite their distance to a particular site, however these practices correlate with highly deprived demographics which may explain the inflated activity).

Should the GP-led WIC be relocated to the St Mary's site it is possible that the users of this will potentially change with more people choosing to access the GP-led WIC rather than ED if they live to the north of the city. It is possible that a proportion of people who would have accessed the GWHC would go to the Urgent Care centre at ED. However the assumption is that the worst case scenario will be that the number of ED attendance does not change overall.

General Practice

If the CCG is to consider whether to decommission the primary medical care service provision at GWHC then consideration must be taken as to whether the wider healthcare system would be able to manage the patients being dispersed from the GWHC registered list. The CCG has engaged with its member practices to determine whether there is sufficient capacity within primary care in the city to assist patients registered at GWHC to register with another practice should the service be decommissioned. From the feedback received there was a mixed response. Some practices indicated they would be able to absorb the whole registered list if required; some practices stated they would be able to manage a fraction of those patients; while other practices indicated that they would struggle to manage any significant increase to their registered lists. Therefore, from these responses we can conclude that the dispersion of patients from the GWHC registered list would be manageable from a system capacity perspective, but it must be stressed that this does not consider the views of those patients affected, either those currently registered at GWHC or those registered at practices who would see an increase to their practice's registered list.

12.3. Vulnerable Patients

The medical services and management of vulnerable patients, such as people who are homeless, or alcohol and substance misusers, currently delivered at GWHC are clearly an

essential component of care that needs to continue to be delivered within the city. This has been highlighted in the Equality Impact Assessment (EIA) carried out by the CCG which can be found in Appendix G. Regardless of which option is chosen for the future of the GWHC contract, the CCG is committed to re-commissioning specific service provision for these cohorts of patients deemed as vulnerable or hard to reach, taking into account feedback from our engagement exercise.

12.4. Equity of Access

As indicated previously the current opening times commissioned for the circa 6,000 patients registered at GWHC presents inequity of access to primary medical care service provision when compared with the wider Portsmouth population.

As outlined in the finance section of this report, that additional access comes at a significant increase in cost per registered patient. Although the ambition of both national and local healthcare strategies seek to increase opening hours for primary care services, including evening and weekend access, this needs to be delivered via a financially sustainable model. Based on the additional cost per registered patient at GWHC compared to an average cost across the remaining practices within Portsmouth, to roll out a like-for-like service model to all patients registered to GP practices within Portsmouth would cost an additional £8m per annum. There is not the workforce available to deliver this model, nor is there evidence of demand for all practices to be open seven days a week.

As a responsible commissioning organisation with statutory responsibilities to ensure consistent care for all its patients (including equity of access) we need to work to improve access to primary care services for the entire Portsmouth population, rather than continuing with an inequitable model of delivery for a minority of patients. Therefore, the options which require primary medical care service provision to be re-commissioned from a GP practice (Options 1-3) it is proposed that this will initially be commissioned in line with core opening hours plus extended hours service provision (through Enhanced Service provision). However, clearly patients registered at Guildhall Walk have indicated, via the engagement work, that they value certain key services offered by this practice. We will therefore seek to secure a primary medical service which provides: open access to both GPs and nurses; which responds to the needs of the registered population in terms of hours of provision; and ensure the staff employed have the skillsets to manage vulnerable patients.

The CCG wants to address access to primary care for the whole of the city in line with national and local policy, extending access to cover the whole week, but in a way which makes best use of the limited primary care workforce. To do this we will need to identify savings and reinvest from existing resources.

12.5. Capacity and Demand

Physical Space

If the GP-led WIC were to relocate to SMTC, as the provider own the building they would have the ability to expand the available space for this service including increasing the number of treatment cubicles. The current waiting area is of sufficient space to be able to meet the increased demand of attendances that would result.

Waiting Times

The current waiting time target for the GP-led WIC at GWHC within the APMS contract is for 95% of patients to be seen within 2 hours. This is currently consistently achieved and exceeded. The current waiting time target for the nurse-led WIC at SMTC is in line with the national NHS Standard Contract, i.e. for 95% of patients to be seen within 4 hours. This is currently consistently achieved and exceeded. However, statistics provided by Care UK show that over two thirds of patients are actually seen within 2 hours.

Workforce

If the GP-led WIC remains at GWHC Care UK would be required to provide clinical and managerial staff across two sites which would potentially be an inefficient use of a limited workforce. Conversely, integrating the GP-led WIC with the nurse-led service at SMTC allows for a more flexible use of the workforce which may bring about reduced waiting times for patients.

PHL, the current provider of the GP-led WIC, and Care UK, the incoming provider of the GP-led WIC, will be expected to work through any TUPE implications for affected staff. This will both protect individual staff members, but also ensure continuity of the limited primary care workforce within the city.

Parking

In addition to the plans set out by Solent NHS Trust to ensure more patients have better access to the St Mary's carpark, it should be noted that the demand for GP-led walk-in services are likely to be greatest on Saturday, Sundays, and the hours after GPs surgeries are closed. At these times there is significantly less demand for parking spaces at the St Mary's site which means the majority of patients who would access a GP-led WIC at STMC, should the service be relocated, should find adequate parking available.

13. Options Appraisal

13.1. Option 1 – GP-led Walk-in Activity and Primary Medical Care Service Provision to be Delivered from its Current Location (Guildhall Walk Healthcare Centre)

Overview:

Option 1 would see both the GP-led minor illness walk-in service and the primary medical care services to the registered list population continuing to operate from Guildhall Walk Healthcare Centre. This would be achieved by the CCG directing the successful bidder of the Treatment Centre procurement, Care UK, to deliver a GP-led WIC from Guildhall Walk Healthcare Centre whilst re-commissioning, via a competitive tender process, the provision of primary medical care services within GP core opening hours (08:00-18:30, Monday-Friday), with the option to deliver extended opening hours. A service would also be commissioned to provide distinct provision for the homeless population within the city and for other vulnerable groups. Due to the time implications associated with undertaking a full procurement exercise, the mobilisation of any new service would exceed the incumbent's existing contract expiration date. As a result, this option would dictate the extension of the incumbent's contract past the 31st March 2016 to allow enough time to adequately undertake the procurement process and to mobilise the new service.

Finance:

Cost Description	Activity/Units	Activity/Unit Cost	Annual Cost
Registered List Size	6000	£75.77	£0.45m
Registered List Patient Premium	6000	£42.10	£0.25m
GP-Led WIC	17,377	£33.00	£0.57m
GWHC registered activity attending in non-core hours	-3,600	£33.00	(£0.12m)
Full Rent @ GWHC			£0.12m
Cost of void in nearby suitable premises			£0.15m

(John Pounds & Somerstown)			
Future Total Cost			£1.42m
Total Saving			£0.15m

Therefore this option potentially saves £150K per annum compared with current service provision. Assuming a seven year contract term this would save £1.05m.

These costing assume:

- The premium payment per patient will remain to enable extended access for the registered list
- An allowance for the fact that walk in attendances during core hours by GWHC registered patients are costed within the price per registered patient
- The CCG will be charged for void space in NHS leased properties

Risks:

Detailed below are some of the key risks associated with this option, their potential impact, probability, and any mitigating factors. Risk Scores are calculated utilising a risk matrix (located in Appendix I) and are reflective of any mitigating factors.

Description	Mitigation	Impact Score	Probability Score	Total Score
If the landlord is unwilling to extend the head-lease on the GWHC premises post April 2016 then the practice will need to relocate	NHS Property Services have been in dialogue with the landlord who has indicated a desire to extend the head lease	2	2	4
If the incumbent provider is unwilling to extend the contract for 12 months there will be a need for a change in service provider	Utilisation of NHS England's Provision of Short Term Primary Care General Medical Services	2	2	4

Issues:

Listed below are some of the key issues associated with this option:

- Maintaining a separate GP-led WIC from the location of GWHC does not address the issue highlighted in the national and local urgent care strategies, and the feedback received from a number of consultation and engagement exercises with the general public, that the urgent current system at present is too complex. Patients have expressed confusion as to the difference between the SMTC and GWHC WICs and which to choose in an urgent situation. This issue would fail to be addressed by choosing this option.
- This option would not enable the GP-led WIC to have access to a wider array of diagnostics and tests that would be available if the WIC was located at SMTC, potentially limiting improvements to the quality of patient care.
- Choosing to recommission both services at GWHC would not utilise any of the void space currently within the city and therefore miss an opportunity to optimise the use of estates already paid for by the CCG.
- This option would represent the least financially beneficial when weighed against the other options available. This would impact upon the CCG's ability to increase improved access to primary care services across the city in an equitable manner.

- There would be need to reconfigure the current space at GWHC to enable delivery of the two separate services, namely GP-led walk in and primary care medical services from the same building. This would be a cost pressure in addition to that identified above.
- The SMTC provider will need to agree working arrangements with the primary medical care services provider to facilitate delivery of the GP-led WIC from GWHC and to ensure patient confidentiality is maintained.

Benefits:

Listed below are some of the key benefits associated with this option:

- The majority of patients registered at GWHC live within a one mile radius of the premises. This option would ensure those patients continue to have access to services within close proximity to their residence.
- Patients registered at GWHC will not have to register at another practice within the city.

13.2. Option 2 – GP-led Walk-in Activity Provided at St Mary’s Treatment Centre, and Primary Medical Care Service Provision Delivered from its Current Location (Guildhall Walk Healthcare Centre)

Overview:

Option 2 would see the GP-led minor illness walk-in service being delivered in conjunction with the Nurse-led minor illness and minor injuries walk-in service at SMTC, alongside existing diagnostics. The primary medical care services to the registered list population would continue to operate from Guildhall Walk Healthcare Centre. This would be achieved by the CCG directing the successful bidder of the Treatment Centre procurement, Care UK, to deliver a GP-led WIC from SMTC whilst re-commissioning via a competitive tender process, the provision of primary medical care services within GP core opening hours (08:00-18:30, Monday-Friday), with the option to deliver extended opening hours. The re-commissioned service would also have distinct provision for the homeless population within the city and for other vulnerable groups. Due to the time implications associated with undertaking a full procurement exercise, the mobilisation of any new service would exceed the incumbent’s existing contract expiration date. As a result, this option would dictate the extension of the incumbent’s contract past the 31st March 2016 to allow enough time to adequately undertake the procurement process and to mobilise the new service.

Finance:

Cost Description	Activity/Units	Activity/Unit Cost	Annual Cost
Registered list size	6,000	£75.77	£0.45m
Homeless Service	200	£50	£0.01m
Full rent Rent of GWHC			£0.12m
Walk in activity at SMTC	17,377	£33	£0.57m
Cost of void in nearby suitable premises (John Pounds & Somerstown)			£0.15m
Total Future Cost			£1.31m
Total Savings			£0.27m

Therefore this option potentially saves £270K per annum compared with current service provision. Assuming a seven year contract term this would save £1.89m.

These costings assume:

- The GP-led walk in service is relocated to SMTC but attendance levels for non GWHC registered patients remains the same as now
- All GWHC registered patients currently accessing the service at GWHC outside of core GMS hours, i.e. between 18:30-20:00 Monday to Friday, and 08:00-20:00 Saturday and Sunday will now access the service at SMTC
- The primary medical care services to the registered list population would continue to operate from GWHC but in accordance with standard core GP hours (08:00-18:30, Monday-Friday), with the option to deliver extended opening hours
- The CCG will commission a bespoke homeless service at an indicative costs of £50 per registered homeless person

Risks:

Detailed below are some of the key risks associated with this option, their potential impact, probability, and any mitigating factors. Risk Scores are calculated utilising a risk matrix (located in Appendix I) and are reflective of any mitigating factors.

Description	Mitigation	Impact Score	Probability Score	Total Score
If the landlord is unwilling to extend the head lease on the GWHC premises post April 2016 then the practice will need to relocate	NHS Property Services have been in dialogue with the landlord who has indicated a desire to extend the head lease	2	2	4
If the incumbent provider is unwilling to extend the contract for 12 months there will be a need for a change in service provider	Utilisation of NHS England's Provision of Short Term Primary Care General Medical Services	2	2	4

Issues:

Listed below are some of the key issues associated with this option:

- Choosing to recommission primary medical care services at GWHC would not utilise any of the void space currently within the city and therefore miss an opportunity to optimise the use of estates already for paid for by the CCG. This may even exacerbate the issue of void space as the delivery of primary medical care services in isolation, without the provision of a WIC, would create additional void space within the GWHC premises, reflecting poorer value for money.

Benefits:

Listed below are some of the key benefits associated with this option:

- This option would address the issue highlighted in the national and local urgent care strategies, and the feedback received from a number of consultation and engagement exercises with the general public, that the urgent care system at present is too complex. Patients would no longer be confused as to which WIC to choose in an urgent situation.
- This option would enable the GP-led WIC to have access to a wider array of diagnostics and tests at SMTC, potentially improving the quality of patient care.
- Patients would no longer be re-directed to the other WIC within the city as they had attended the 'wrong' WIC.

- The majority of patients registered at GWHC live within a one mile radius of the premises. This option would ensure those patients continue to have access to services within close proximity to their residence.
- Patients registered at GWHC will not have to register at another practice within the city

13.3. Option 3 – GP-led Walk-in Activity Provided at St Mary’s Treatment Centre, and Primary Medical Care Service Provision Delivered from Void Space in the City

Overview:

Option 3 would see the GP-led minor illness walk-in service being delivered in conjunction with the Nurse-led minor illness and minor injuries walk-in service at SMTC, and the primary medical care services to the registered list population commissioned to be delivered from vacant NHS space such as Somerstown Hub. This would be achieved by the CCG directing the successful bidder of the Treatment Centre procurement, Care UK, to deliver a GP-led WIC from SMTC whilst re-commissioning via a competitive tender process, the provision of primary medical care services within GP core opening hours (08:00-18:30, Monday-Friday), with the option to deliver extended opening hours. The re-commissioned service would also have distinct provision for the homeless population within the city and for other vulnerable groups. Due to the time implications associated with undertaking a full procurement exercise, the mobilisation of any new service would exceed the incumbent’s existing contract expiration date. As a result, this option would dictate the extension of the incumbent’s contract past the 31st March 2016 to allow enough time to adequately undertake the procurement process and to mobilise the new service.

Finance:

Cost Description	Activity/Units	Activity/Unit Cost	Annual Cost
Registered list size	6,000	£75.77	£0.45m
Homeless Service	200	£50	£0.01m
Lease of 250 Square Metre @ average of £250 Per Square Metre	250	£250	£0.06m
Walk in activity at SMTC	17,377	£33	£0.57m
Cost of residual void in nearby suitable premises			£0.09m
Total Future Cost			£1.18m
Total Savings			£0.39m

Non Recurrent Costs:

Cost Description	Activity/Units	Activity/Unit Cost	Annual Cost
Reinstatement and Dilapidation to GWHC leased asset 288 Square Metre @ £889 Per Square Metre	288	889	£0.3m
Refurbishment of NHS asset for relocation	250	889	£0.2m
Total Non Recurrent Cost			£0.5m

Therefore this option potentially saves £390K per annum compared with current service provision, but would require £500K in non-recurrent up-front costs. Assuming a seven year contract term this would save £2.73m minus £500K, giving a net saving of £2.23m.

These costings assume:

- The GP-led walk in service is relocated to SMTC but attendance levels for non GWHC registered patients remains the same as now
- All GWHC registered patients currently accessing the service at GWHC outside of core GMS, i.e. between 18:30-20:00 Monday to Friday, and 08:00-20:00 Saturday and Sunday will now access the service at SMTC
- The primary medical care services to the registered list population would operate from nearby vacant NHS premises but in accordance with standard core GP hours (08:00-18:30, Monday-Friday), with the option to deliver extended opening hours
- The CCG will commission a bespoke homeless service at an indicative costs of £50 per registered homeless person

Risks:

Detailed below are some of the key risks associated with this option, their potential impact, probability, and any mitigating factors. Risk Scores are calculated utilising a risk matrix (located in Appendix I) and are reflective of any mitigating factors.

Description	Mitigation	Impact Score	Probability Score	Total Score
If the incumbent provider is unwilling to extend the contract for 12 months there will be a need for a change in service provider	Utilisation of NHS England's Provision of Short Term Primary Care General Medical Services	2	2	4

Issues:

Listed below are some of the key issues associated with this option:

- Patients currently registered at GWHC will need to travel to another location within the city centre to receive primary medical care services. This may or may not be further for patients to travel (Somersetown Hub is approximately quarter of a mile from GWHC).

Benefits:

Listed below are some of the key benefits associated with this option:

- This option would address the issue highlighted in the national and local urgent care strategies, and the feedback received from a number of consultation and engagement exercises with the general public, that the urgent care system at present is too complex. Patients would no longer be confused as to which WIC to choose in an urgent situation.
- This option would enable the GP-led WIC to have access to a wider array of diagnostics and tests at SMTC, potentially improving the quality of patient care.
- Patients would no longer be re-directed to the other WIC within the city as they had attended the 'wrong' WIC.
- The majority of patients registered at GWHC live within a one mile radius of the premises. This option would ensure those patients continue to have access to services within close proximity to their residence.
- Patients registered at GWHC will not have to register at another practice within the city

13.4. Option 4 – GP-led Walk-in Activity Provided at St Mary’s Treatment Centre, and Primary Medical Care Service Provision Delivered from Existing Practices in the City (Decommission Guildhall Walk Healthcare Centre Practice)

Overview:

Option 4 would see the GP-led minor illness walk-in service be delivered in conjunction with the Nurse-led minor illness and minor injuries walk-in service at SMTC, and the primary medical care services to the registered list population decommissioned. This would be achieved by the CCG directing the successful bidder of the Treatment Centre procurement, Care UK, to deliver a GP-led WIC from SMTC whilst decommissioning the provision of primary medical care services at Guildhall Walk Healthcare Centre by allowing the existing contract to come to a natural end through expiration on the 31st March 2016. This decision would result in the registered list population being required to register with another local GP practice of their choice, affectively dispersing the list. A separate service would be commissioned to specifically deliver primary medical care services to the homeless population within the city.

Finance:

Cost Description	Activity/Units	Activity/Unit Cost	Annual Cost
Repatriation of 6,000 patients into surrounding practices @ city average of £80.55	6,000	£80.55	£0.48m
Extended Hours Premium	6,000	£1.90	£0.01m
Enhanced service for the homeless	200	£50	£0.01m
Current Walk in activity at SMTC	17,377	£33	£0.57m
Cost of void in nearby suitable premises (John Pounds & Somerstown)			£0.15m
Total Future Cost			£1.22m
Total Saving			£0.35m

Non Recurrent Costs:

Cost Description	Activity/Units	Activity/Unit Cost	Annual Cost
Reinstatement and Dilapidation to GWHC leased asset 288 Square Metres @ £889 Per Square Metre	288	889	£0.3m
Total Non Recurrent Cost			£0.3m

Therefore this option potentially saves £350K per annum compared with current service provision, but would require £300K in non-recurrent up-front costs. Assuming a seven year contract term this would save £2.45m minus £300K, giving a net saving of £2.15m.

These costings assume:

- Patients are supported to re-register at alternative practice of their choice within Portsmouth City at the end of the current APMS contract term
- The distribution of patients will attract the average capitation rate for the city
- The GP-led walk in service is relocated to SMTC and total attendance levels will remain the same as now

- The CCG will commission a bespoke homeless service at an indicative costs of £50 per registered homeless person

Risks:

Detailed below are some of the key risks associated with this option, their potential impact, probability, and any mitigating factors. Risk Scores are calculated utilising a risk matrix (located in Appendix I) and are reflective of any mitigating factors.

Description	Mitigation	Impact Score	Probability Score	Total Score
If patients register with a variety of different practices then those practices cannot plan for the additional capacity required	Patients would be encouraged to register with those practices who have indicated they have sufficient capacity to take on new patients	2	2	4

Issues:

Listed below are some of the key issues associated with this option:

- This option would limit the choice available for patients when choosing to register with a GP practice in Portsmouth.
- This option may further alienate or discourage vulnerable groups of patients from registering at another practice within the city, especially if they experience issues around anxiety or general distrust of healthcare providers.
- This option may cause concern that patients may not easily be able to register with another practice.

Benefits:

Listed below are some of the key benefits associated with this option:

- This option would address the issue highlighted in the national and local urgent care strategies, and the feedback received from a number of consultation and engagement exercises with the general public, that the urgent care system at present is too complex. Patients would no longer be confused as to which WIC to choose in an urgent situation.
- This option would enable the GP-led WIC to have access to a wider array of diagnostics and tests at SMTC, potentially improving the quality of patient care.
- Patients would no longer be re-directed to the other WIC within the city as they had attended the ‘wrong’ WIC.
- This is in line with the CCG’s vision to support the development of larger practices.

14. Options Evaluation Framework

This section structures the options in accordance with an evaluation and prioritisation framework (located in Appendix J). This offers a simplistic overview of the available options and RAG (Red, Amber, Green) rates each option with how well it complies with the evaluation and prioritisation framework. This is presented as an aide to decision-making but does not replace the need to evaluate all the information contained within this document as to which option is most suitable.

	Option 1	Option 2	Option 3	Option 4
Clinical	• Lack of clinical standardisation	• GP-led WIC ensures clinical	• GP-led WIC ensures clinical	• GP-led WIC ensures clinical

	<ul style="list-style-type: none"> No access to diagnostics for GP-led WIC 	<ul style="list-style-type: none"> standardisation Access to on-site diagnostics 	<ul style="list-style-type: none"> standardisation Access to on-site diagnostics 	<ul style="list-style-type: none"> standardisation Access to on-site diagnostics Potential adverse impact on primary care services
Financial Sustainability	<ul style="list-style-type: none"> Rated 4th with regards to financial sustainability Lacks reinvestment potential to address improved equitable access 	<ul style="list-style-type: none"> Rated 3rd with regards to financial sustainability Lacks reinvestment potential to address improved equitable access 	<ul style="list-style-type: none"> Rated 1st with regards to financial sustainability Best reinvestment potential to address improved equitable access 	<ul style="list-style-type: none"> Rated 2nd with regards to financial sustainability Some reinvestment potential to address improved equitable access
Integration	<ul style="list-style-type: none"> WICs would operate as separate services 	<ul style="list-style-type: none"> WICs would be integrated services 	<ul style="list-style-type: none"> WICs would be integrated services 	<ul style="list-style-type: none"> WICs would be integrated services
Deliverability	<ul style="list-style-type: none"> Potential operational issue if two distinct providers are delivering similar services from GWHC 	<ul style="list-style-type: none"> Operationally feasible No foreseen adverse healthcare system impact 	<ul style="list-style-type: none"> Operationally feasible No foreseen adverse healthcare system impact 	<ul style="list-style-type: none"> Operationally feasible Potential negative impact on primary care access
Patient Focused	<ul style="list-style-type: none"> Some consistencies with national and local policy Patients have expressed a preference to this model 	<ul style="list-style-type: none"> Consistent with national and local policy Patients have expressed some reservations about this model 	<ul style="list-style-type: none"> Consistent with national and local policy Patients have expressed some reservations about this model 	<ul style="list-style-type: none"> Some consistencies with national and local policy Patients have expressed reservations about this model

15. Conclusion

As discussed throughout this paper the upcoming expiration of the contract for healthcare service provision at GWHC necessitates the need to make a decision as to the future of these services; however, this has also provided an opportunity to critically assess the current structure of service provision and to determine if there are alternative models in which to provide services more effectively.

The subsequent analysis of viable options in relation to aspects such as: strategic alignment; financial sustainability; patient feedback and preference; equity of access; and local healthcare system flow, all combine to present a very complex landscape from which to make a recommendation as to the future of this contract.

There are good clinical and strategic reasons to support the re-location of the GP-led WIC to St Mary's as part of an integrated urgent care centre. This does however need to be balanced against the public concern, principally around access to the site.

Likewise there are good clinical and strategic reasons why the CCG should be encouraging and supporting the establishment of larger General Practice units; however, the support from the patients, the public, and stakeholders for the continuation of a stand-alone practice has been strong. There are clear concerns regarding the potential closure of a GP practice in the city and the impact that this may have on securing primary care medical services for the current registered population. Patients have also indicated their support for the 'walk-in' model of care whereby patients are not required to book appointments in advance.

If the CCG is to procure a new practice for this population this should be done in a way which delivers good value for money and which enables us to move towards more equitable access for the population as a whole.

In conclusion – and taking into account all criteria, considerations and feedback – Option 3, namely relocate the GP-led WIC to SMTC, and procure a GP practice which should be delivered from current void space in the city, is the preferred option for continuation of services beyond the current March 2016 GWHC contract expiration date and this should now form the basis for a formal consultation both with Portsmouth Health Overview & Scrutiny Panel and the public prior to a final decision by the CCG Governing Body.

16. Recommendation

The CCG Governing Body are requested to:

- Endorse and support Option 3, namely the relocation of the GP-led WIC to SMTC, and the procurement of a GP practice which should be delivered from current void space in the city as the preferred option for continuation of services beyond the current March 2016 GWHC contract expiration date, and;
- Require the CCG to conduct a formal consultation with Portsmouth Health Overview & Scrutiny Panel and the public on the basis of this preferred option from October 2015 for a period of no greater than 12 weeks in line with good practice on public consultation.