

**BOLTON PRIMARY CARE TRUST**  
**Our Health, Our Future**  
**‘Equitable Access to Primary Medical Care Services’**

**1. Introduction**

- 1.1 A launch event on 13<sup>th</sup> December announced national priorities for improved access to Primary Medical Services. Key headlines were:
- (i) the procurement of over 100 new GP Practices, targeted in the 25% cohort of PCTs in greatest need. Need defined based on current numbers of GP and Nurses; overall Health Needs and results of Patient Access Survey
  - (ii) the procurement of over 150 GP led Health Centres
  - (iii) the introduction of a target associated with extended opening of practices – ie 50% of practices will open extended hours (minimum hours per week beyond core times to be advised) by March 2009 – (since brought forward to December 2008).
- 1.2 The majority of PCTs deemed in ‘greatest need’ is in the North West (ie 14, with initial confirmation of a total of over 60 practice procurements), including Bolton.
- 1.3 Additional resources (revenue not capital) would be made available to procure the additional GP Practices at (i) above - £1m plus £50k procurement costs per practice. There will be no new resource to fund the GP led Health Centre beyond what is already in PCTs’ base-line allocations.
- 1.4 The additional practices including the GP led Health Centre must be procured to national timescales with contract to be signed off by December 2008.
- 1.5 The resource attached to the Access and Choice Directed Enhanced Services (currently offered to all practices) will be made available for PCTs to use an incentive to practices open extended hours.

**2. New GP Practices – (target 100 across the country):**

- 2.1 There are national core requirements associated with commissioning of the new GP Practices. These include:
- must be procured using a transparent process
  - should be procured under an APMS contract (as opposed to other contract routes eg GMS/PMS)
  - provides new not expansion of existing
  - have measurable increase in number of clinicians
  - have extended opening
  - have 6,000 list unless justify otherwise
  - be a training practice

2.2 North West PCTs in the 25% cohort have been asked, through their SHA to procure up to 3 additional practices each. These would be in addition to current DH led procurements under the Fairness in PC Procurement Initiative.

2.3 We have made an expression of interest for one additional practice

### **3. New GP led Health Centre (target 150 new centres)**

3.1 There is an expectation that there will be a GP led HC in all PCTs, irrelevant of whether they are in the 25% cohort. National core requirements include:

- procured through transparent process
- APMS contract
- opening time 8 to 8, 7 days per week
- bookable GP appointments and walk-in
- registered and non-registered patients
- easily accessible location
- co-located with other services

3.2 To be resourced from PCTs base-line allocation.

3.3 We are negotiating with the SHA on how this will be achieved associated with our current procurement for an Innovative Practice.

### **4. Service Specification for procurement of an additional practice**

4.1 Options have been considered through the Professional Executive Committee and Clinical Commissioning Forum to design an additional practice that supports the PCTs current strategy. That is to support primary care growth aimed at addressing health inequalities which is a key priority included in the Manifesto and includes a 'promise' to increase the number of GPs.

4.2 The recommended option is for a new practice to be designed to deliver three main objectives:

- To support patients with long term conditions or other debilitating illness in achieving and/or maintaining employment
- To provide outreach services in targeted areas of deprivation to improve primary prevention
- To be located and have a registered list (max 3,000) in a high deprived area (area to be determined by public health data and primary care access survey)

### **5. Monitoring**

5.1 The procurement processes will be monitored nationally and other key performance outcome measures will be confirmed. Possibly to include:

- increased workforce;
- increased choice eg practices within geographic radius; increased appointment slots etc/extended opening;

- improved patient satisfaction;
- evidence that practices focus on health promotion/ill health prevention;
- quality measures/increased training practices.

## 6. **Progress to Date**

Given the challenging timescale for implementation we have progressed the development of an outline service specification, required for submission to the SHA by 27<sup>th</sup> February. This and the summary of an affordability review are to be considered in Part II of the Board meeting owing to the commercial nature of the documents.

A draft timeline for the procurement process is attached at Appendix 1. This identifies the procurement milestones to be monitored nationally.

A project team has been identified and a consultation and communication plan drafted. This is at Appendix 2. Advice is that formal consultation is not required though this will be confirmed at the Health Overview and Scrutiny Committee in April at the earliest.

Arrangements to secure procurements services are in place.

## 7. **Action**

The Board is asked to:

- (i) note the national initiative launched in 'Our Health, Our Future' for the procurement of additional practices to improve access to primary care services
- (ii) note Bolton PCTs response for the procurement of one additional practice
- (iii) note the timescales for procurement and the national milestones – Appendix 1
- (iv) approve the consultation and communication plan – Appendix 2