

Formal complaint to the Co-operation and Competition Panel by 3Well Medical – 28 July 2011

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Part 1 Executive summary

1. 3Well Medical (3Well) runs the Alma Road Primary Care Centre (ARPC), an equitable access centre based in Peterborough that has been serving patients since 2009. It provides services both as a general practice with a list of registered patients and as a GP-led walk-in centre.
2. The quality of care at the centre is excellent, achieving over 99% of the available QoF points in 2010–11; the cost of the centre is extremely competitive both in terms of registered and walk-in patients; it is the only location in the city providing GP-led care beyond conventional 8am–8pm hours; patients are choosing to register at ARPC at many times the rate of other local practices.
3. Many of the patients at ARPC are of Eastern European origin and are more accustomed to a walk-in centre model of care rather than the British model of registering with a GP. As the only GP-led walk-in centre in the city, ARPC is therefore ideally suited to meet the local population's needs.
4. 3Well regrets it is necessary to bring this complaint to the CCP. We believe the behaviour of the PCT has breached principles one, two, four, five, six, and eight of the Principles and Rules of Cooperation and Competition.
5. The PCT launched a public consultation on 18 May 2011 which proposes to close ARPC. The current consultation period ends on 18 August 2011. This follows two previous attempts by the PCT to close the centre:
 - a. The first attempt in June 2010 related to a range of unsubstantiated 'concerns' which PCT representatives later admitted was an attempt at 'trying it on' to save costs.
 - b. The second attempt followed shortly after in July 2010. This was based on 'no cause' and was dropped by the PCT in September 2010 in response to overwhelming opposition by members of the public and local representatives.
6. The current consultation is profoundly flawed in many ways. These include:
 - a. The process and supporting documentation frequently confuses primary and urgent care functions. This contributes to financial assumptions in the document which are riddled with errors. It also means the appropriate processes outlined by the DH are frequently intertwined, confused and misapplied.
 - b. Although the process has been administratively – rather than clinically – led, the key clinicians providing advice include two local GPs who have clear financial conflicts of interest.
 - c. The PCT only considered a limited range of alternatives before launching its consultation. This has led local representatives and members of the public to the conclusion that the supporting analysis was designed to support to a pre-determined conclusion.
7. The PCT's recommended option is likely to lead to a service which is worse for patients, restricts access and costs more. It will however reduce competition and therefore protect local incumbent providers.
8. 3Well would therefore ask the CCP urgently to review this case, noting the imminent closure of the consultation process on 18 August 2011.

Part 2 Introduction

9. 3Well Medical (3Well) regrets that it is necessary to bring this formal complaint to the CCP. However, the behaviour of NHS Peterborough has been deeply unfair and in our view clearly contravenes several of the Principles and Rules of Cooperation and Competition. Unfortunately NHS Peterborough's response to its current financial challenges appears to have been driven by a desire to protect existing, more traditional forms of NHS provision rather than make decisions based on the best options for patients and value for taxpayers. As a result, the Alma Road Primary Care Centre (ARPCC) faces closure which will deprive patients of a service they value, that meets patients' needs and that cannot easily be provided elsewhere without significant additional cost.
10. 3Well hopes that the outcome of this complaint will be that the PCT engages positively with it to ensure that local patient choice is maintained, recognising that patients are disproportionately choosing to register and seek care from ARPCC.

Part 2a An overview of the Alma Road Primary Care Centre and 3Well Medical

11. **3Well Medical** was created to bring an innovative approach to family medicine, placing the understanding that full health is multidimensional at the heart of our approach. The three in 3Well recognises life in three dimensions: body, mind and community.
12. We believe our patients are our primary stakeholders and strive to provide a range of primary healthcare services that is comprehensive, modern, innovative and of excellent quality. Our vision for Alma Road includes providing exceptional access to core services by operating extended hours, both through the 'walk-in' centre and through more conventional appointments. We have also taken steps to ensure that our services are accessible to 'difficult to reach' groups within our community, which has some of the highest levels of deprivation in the country.
13. Founded and led by a group of experienced NHS GPs, our main shareholders are doctors. We place great emphasis on achieving clinical excellence, by creating a culture of continual improvement based on listening to patients; ensuring we are a learning organisation; being a training practice; embedding continuous professional development; and rigorous monitoring of the Quality and Outcomes Framework (QoF) and Skills for Better Health performance through clinical governance and audit.
14. 3Well provides services from two sites in Peterborough: the Botolph Bridge Community Health Centre (just to the south west of the city centre) and ARPCC (about a mile north of the city centre).
15. **The Alma Road Primary Care Centre** contract began on 1 April 2009 following a competitive tender process which was effectively run twice for reasons detailed [below](#). The start of service was also delayed due to PCT oversights – also detailed [below](#).
16. During the negotiation and setup phase, 3Well took a flexible and responsive approach to the PCT and its requests. This included responding to challenges caused by the failure of the PCT to provide

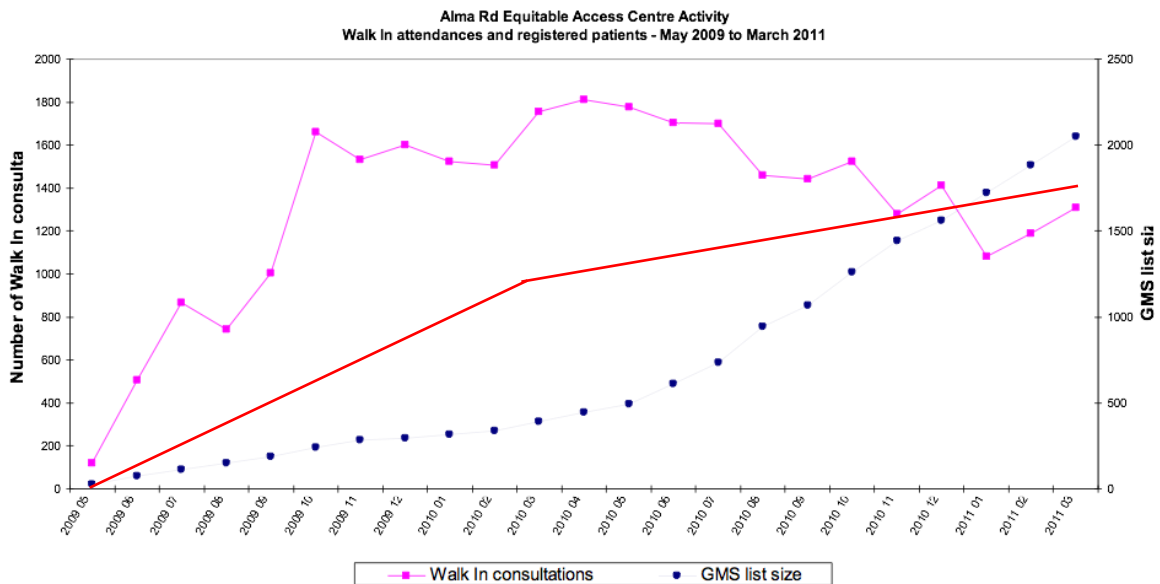
appropriate premises on schedule, and de-prioritising the registration of patients in order to reduce concerns of neighbouring GP practices.

17. By the end of our first year of operation the practice had over 400 patients registered, and feedback from the local PCT has been very positive. For example, during one of our formal quarterly reviews [X] the PCT, stated about ARPCC that, ‘what it says on the outside of the box is what was delivered’. 3Well is proud of our record at ARPCC:

- a. patient feedback has been extremely positive ever since the practice opened
- b. clinical outcomes are generally good or excellent
- c. our comparative costs are low
- d. 3Well has been very proactive in our attempts to help NHS Peterborough address its financial challenges which began to be made public during 2010.

18. By June 2011 there were 2,200 registered patients at ARPCC compared with a notional, non-contractual target of 1,750 to be achieved by 31 Mar 2011. This has been achieved through consistent net growth of more than 140 patients per month for over a year. On current growth we expect to have a list in excess of 3,100 by the time the PCT proposes to close the practice. This is well ahead of the PCT’s initial plans that ARPCC should achieve a list size of 3,250 within 5 years, i.e. by 1 Apr 2014.

19. The table below shows how walk-in attendances and the GMS size have grown since ARPCC opened.¹



The red line indicates notional ‘target registered patient numbers’ (non-contractual) – added by 3Well.²

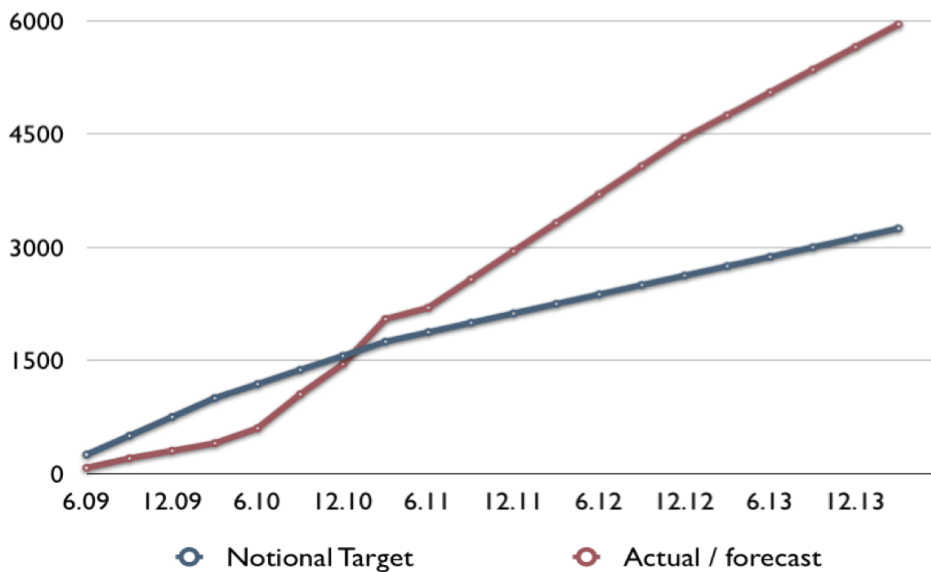
¹ Chart source: NHS Peterborough, [Business Case Primary and Urgent Care](#). Fig 2.9 p.44

² The PCT’s notional forecasts began at 500 patients at day one, but as there were no ‘hand on patients’ on opening, this is a more appropriate representation of anticipated patient numbers.

20. The popularity of the practice with patients, as illustrated by the strong growth in registered patients detailed above, also means that the practice is delivering extremely cost-effective care by converting expensive unplanned services to walk-in patients into low-cost and fixed-cost services to registered patients. By contrast, incumbent practices are still failing to provide sufficient access, thus forcing their registered patients to seek unplanned care at a higher cost. In addition, ARPCC has helped reduce the use of the much more costly A&E services from the levels they would have otherwise reached. 3Well would therefore confidently argue that competition provided by ARPCC is producing exceedingly positive results for the local health economy.

21. A large proportion of ARPCC patients come from Eastern European countries where walk-in type facilities are the norm – over 40% of ARPCC registered patients have an Eastern European first language. Only 36% have English as a first language. As a result, the walk-in services provided by ARPCC are ideally suited for the local population and also provide an ideal engagement mechanism to encourage these individuals to register as patients.

22. The graph below shows growth of registered patient numbers compared with notional, non-contractual, PCT targets. It shows actual performance to date and includes a conservative estimate of future projected growth based on registering patients at a level that is lower than that achieved during the past year.



23. NHS Peterborough forecasts³ that patient registrations at ARPCC are projected to grow by 41% in the months April to June 2011. To put this into context, the same forecast predicts growth at other local surgeries to be much lower:

- a. Projected contraction of -5.04% at the Millfield Medical Centre which is about 75m from Alma Road and consistently has a shortage of appointments according to its registered patients who attend ARPCC as walk-in patients.

³ Source: PCT forecast shared with Peterborough practices. 3Well has made this available to the CCP via its [website](#).

- b. Thistle Moor – a neighbouring practice: growth of 3.65%.
- c. Thomas Walker Surgery – the neighbouring practice [X]: contraction of -0.91%
- d. Park Medical – the neighbouring practice [X]: growth of 0.19%

24. In addition to registered patients, ARPCC has handled around 53,000 walk-in patient consultations since opening and around 21,680 in the past year.⁴

Part 2b An overview of the challenges faced

25. As mentioned above, feedback from NHS Peterborough about ARPCC was initially extremely positive. This positive feedback was consistent during each quarterly review meeting with NHS Peterborough during the first year as well as in public comments by the PCT. However, 3Well noticed a significant change in tone once it became clear to the PCT that it was significantly over budget, and sought to make savings from a range of areas including its primary care services.
26. After initial correspondence from NHS Peterborough indicating that the PCT was actively 'fault finding', i.e. looking for ways to justify terminating the contract in early June 2010, by 9 July the PCT resolved to pursue a no cause contract termination.
27. On 9 July 2010, the PCT issued a formal six-month termination notice to 3Well to cease providing services at ARPCC. This formal termination notice was followed by a public consultation which began on 19 July 2010. Despite objections raised by 3Well, the PCT indicated that it believed it was appropriate to consult the public after it had already issued a termination notice, rather than deciding a course of action following the results of the consultation.
28. In the face of strong support from local patients for ARPCC together with support from locally elected representatives, the PCT eventually recanted. On 13 September 2010, NHS Peterborough announced that it would stop its consultation about the closure of ARPCC. The [X]PCT [X]stressed the importance of listening 'to the views of the public and patients when we look carefully at what services are needed', explaining that there will be a 'review of all our urgent care services and how we can make the whole system more accessible, looking not just at Alma Road, but at all urgent care services such as GPs, A&E and out of hours services.'
29. As part of the agreement to stop the consultation to close ARPCC, NHS Peterborough asked 3Well to shorten the centre's opening hours (reduced to 8am – 8pm from an original 7 am – 10pm) as a mechanism to reduce costs. [X]the PCT indicated that a willingness to implement this reduction in service would allow ARPCC to be seen as 'a full NHS member'. It was made clear [X]that curtailment of the consultation was contingent on 3Well paying a price: the reduction of its income under the contract from £848,000 to £725,000 for the 2010–11 year. This sharp curtailment of income was introduced immediately and had a serious impact on cashflow. It also led to a loss for 3Well on ARPCC for the financial year 2010–11. This was only viable for 3Well because the PCT made it clear that normal contract terms would apply from 2011 onwards.

⁴ This is an estimate based on a count of patients in January and February 2011 to calculate an annual figure

30. In response to NHS Peterborough's direction to reduce opening hours, 3Well withdrew one hour and ARPCC opened for the rest of the financial year 2010–12 from 8am – 10pm. Despite maintaining these extensive opening hours, 3Well only received reimbursement from NHS Peterborough for a service that runs from just 8am – 8pm. The additional two hours were provided at an estimated cost of £42,000 to 3Well. This cost was not passed onto the PCT. This change in service began on 15 September 2010.

31. Several months later, NHS Peterborough began a second public consultation, which was presented as examining urgent and primary care options for the whole of Peterborough. However, the consultation's content is disproportionately focused on ARPCC. That consultation process formally began on 18 May 2011 and is due to close on 18 August 2011. The consultation process proposes three options:

- a. Services continue as currently operating. Described by the PCT as 'do nothing', but which includes plans for the permanent building at the Alma Road site as [originally planned](#).
- b. Move the location of the service at ARPCC while also reducing the walk-in element of ARPCC services. The PCT describes this as 'Partly realise the vision for primary and urgent care'.
- c. The PCT's clearly stated preferred option which includes three elements:
 - i. Close the service at ARPCC altogether
 - ii. Providing new premises for several other practices in the area
 - iii. Upgrading the City Care Centre walk-in provision, in part to provide a minor upgrade to this competing walk-in facility at the City Care Centre and to make up for the lost walk-in care at ARPCC.
This option is described by the PCT as realising 'the full vision for primary and urgent care'.

32. The consultation paper is flawed in numerous ways, including:

- a. The PCT states that by offering patients a choice of urgent care providers, this limits their ability to 'get the right care at the right time'. The notion that choice 'confuses' patients is a core theme underpinning the entire consultation.
- b. There is a risk that public health and access to healthcare could be compromised if adequate access is not delivered in practice. The consultation paper itself alludes to a [potential 12–24-month gap](#) in provision, but this risk has not been addressed, nor have any contingencies or mitigation strategies been proposed.
- c. The consultation contains numerous assertions that support the consultation's conclusions, but lack robust supporting evidence.
- d. The financial arguments use inappropriate and inconsistent comparisons to draw incorrect conclusions about the comparative cost of current local primary care services. These also contradict earlier conclusions reached by the PCT during the competitive tenders of 2008 and 2009.
- e. The financial predictions relating to each option are similarly flawed and could only be partially realised if patients change their behaviour – a prediction for which there is little, if any, evidence.

- f. There is a significant [financial risk](#) that much higher levels of patients will attend A&E at much higher cost than ARPCC and could derail the PCT's recovery plan. Again, no contingencies or strategies to mitigate risk have been put forward.

33. The consultation process is also profoundly flawed, contravening DH guidelines on service redesign:

- a. There are clear conflicts of interests. The DH requires all GP commissioners to be consulted but, [as discussed below](#), the process adopted by the PCT has mixed and confused general practice services with urgent care provision. All three clinicians referenced at the beginning of the consultation paper have vested financial interests in the closure of ARPCC. [X]
- b. Public and patient engagement:
 - i. 3Well is the most affected of all providers by the proposed changes, yet ARPCC was not consulted at all prior to the Notice of Termination.
 - ii. There is a significant lack of engagement of and by LINKs and OSCs until after the options had been developed by the PCT. This lack of engagement occurred during both the 2010 and 2011 consultation processes.
 - iii. Summary consultation documents in major languages other than English were only made available after almost a month into the consultation, disadvantaging participation from non-English speaking patients. Only 36% of ARPCC's registered patients state that their first language is English.
- c. Clarity on the clinical evidence base: according to the DH, decisions to close services should be led by clinicians, but 3Well understands this was an administrative-led approach which has not consulted a range of relevant clinical parties. Also, as indicated above, the three clinicians who have led the PCT's consultation are all financially compromised by their conflicts of interest.
- d. Consistency with current and prospective patient choice: ARPCC represents a genuinely different service choice compared with other local providers. Contrary to the PCT's assertions, ARPCC does not 'duplicate' other services, especially when compared with the other walk-in centre. ARPCC is a GP-led and GP-staffed service while the City Care Centre is nurse-led and principally nurse-staffed service which is therefore more limited in the range of cases it can handle.

34. If the consultation's preferred option – to close ARPCC – is pursued, there is a real danger that:

- a. The public and in particular the ill, elderly, very young, and frail will in some cases suffer major loss to personal health resulting from reduced access to services: the PCT's favoured option proposes an 8% reduction in services.
- b. Patients will lose the choice of a service that is genuinely innovative and different from surrounding services. This would represent a severe reduction in patients' choice of services because the remaining alternatives are too similar in their core proposition. To adapt Henry Ford, patients will be able to choose any colour 'so long as it is black'.
- c. Patients will lose the choice of a popular service that provides significantly better access than any other local GP provider.
- d. Excessive pressure will be put on other local services as supply already struggles to cope with demand. 3Well estimate that close to 80,000 appointments a year (approximately 8%) will be lost by implementing the PCT's preferred option, and there is no robust plan in place to ensure that these are replaced by other services. In discussion with [X]the PCT on 13

July 2011, 3Well were told that the PCT is assuming that adequate access will be provided to patients currently registered at ARPCC and Burghley Road. This equates to about 42,000 appointments a year. No provision appears to have been planned for the current ARPCC walk-in patients, many of whom use the service because these same local GP practices are not dealing with current demand from their existing patients.

- e. A&E services at the local hospital will be further compromised. The hospital recently reported a 25%⁵ year-on-year increase during a three-month period for 'primary care' cases and a further 9%⁶ increase in the first three months of this year. Using A&E resources to manage minor ailments is expensive and compromises their ability to manage major cases.
- f. Costs will rise because:
 - i. new investment will be required to fund additional services to replace care currently provided by ARPCC
 - ii. thousands of previously low-cost appointments will spill over to remaining higher-cost services in ARPCC's absence. This applies to patients currently registered at ARPCC re-registering elsewhere as well as walk-in patients seeking care at other providers including via accident and emergency services.
- g. Competition to deliver primary care services will be compromised in the local area, removing the drive for efficiency arising from choice and competition.

[redacted]

⁶ Source: Email from [redacted], Emergency and Critical Care at Peterborough City Hospital to [redacted], 3Well, 7 July 2011

Part 3 Potential infringements of the Principles and Rules for Cooperation and Competition

35. 3Well believes that NHS Peterborough has breached several of the principles and rules for cooperation and competition. This section summarises those areas where 3Well believes NHS Peterborough may have committed its most significant infringements, though we recognise that the CCP may identify other areas where the PCT's behaviour has been inappropriate.
36. We have made a full and frank disclosure of all issues we believe are relevant to this case. 3Well would be pleased to provide further supporting information on any of the matters detailed in this paper at the request of the CCP.
37. No legal proceedings have commenced in relation to the matters discussed in this paper.

Principle one: commissioning world-class services

38. The PRCC states that 'PCTs and other commissioners should ensure sufficient separation between commissioning and the provider services'.
- The PCT has frequently confused the role of GPs as service providers and their responsibilities as commissioners. The Liberating the NHS white paper⁷ and its supplementary paper focusing on the functions of GP commissioning consortia⁸ make it clear that there should be different commissioning routes for these services to avoid conflicts of interest: responsibility for commissioning urgent care services rests with commissioning consortia and responsibility for commissioning general practice services falls to the NHS Commissioning Board.
 - To bring further clarity to the status and funding of equitable access centres such as ARPCC which provide both general practice and walk-in care, the DH [§<] has [issued clear guidance](#) indicating that responsibility will pass in due course to the NHS Commissioning Board.⁹
 - The rationale for these actions is clearly to avoid conflicts of interest. By launching a consultation on both primary and urgent care, led by GPs with clear [conflicts of interest](#), the PCT has fundamentally compromised the separation between commissioning and provider services.
39. The PRCC outlines a process for addressing under-performance before considering termination or non-renewal. While 3Well would strongly assert that its performance at ARPCC has been of a consistently high standard and exceeded its contractual obligations, the PCT has made no serious attempts to work with 3Well to address any perceived performance failings documented in NHS Peterborough's letter to 3Well on 2 June 2010.¹⁰ This either suggests that the PCT was aware it was ['trying it on'](#) or it did not follow the appropriate approach outlined in the PRCC.

Principle two: transparent and non-discriminatory commissioning and procurement

40. Transparency and full engagement with existing and potential providers:
- ARPCC is a new form of service provider contracted under APMS as an Equitable Access Centre following the High-Quality Care for All Next Stage review in 2007. It is the only such

⁷ source: [Equity and Excellence - Liberating the NHS](#), Department of Health, 12 July 2010

⁸ source: page 6, [The Functions of GP Commissioning Consortia: A Working Document](#), 10 March 2011

⁹ Source: Department of Health, [letter from Barbara Hakin](#) to all PCT Chief Executives in England, 3 February 2011

¹⁰ See appendix: [§<] letter to 3Well – 3 June 2010

provider in the city of Peterborough. There is little, if any, evidence to show that the PCT has considered the [full range of service reconfiguration alternatives](#), during either of the proposed attempts to close ARPCC. The PCT's business case is devoid of any analysis considering options other than the three proposed by the consultation. To investigate this further, NHS Partners Network has sent Freedom of Information requests to the PCT to ascertain whether any further analysis took place, and these are currently awaiting a response.

- b. The PCT's engagement with 3Well ahead of each proposed closure has been [minimal](#). This has been commented on by [§<]the Health and Overview Scrutiny in a [letter to 3Well](#) about the PCT's process. Conversely, 3Well has proposed many alternative options in an attempt to engage the PCT in a dialogue to address its perceived financial and service configuration issues. Most of these have been dismissed without proper consideration.

41. Obligations to engage Oversight and Scrutiny Committees and Local Involvement Networks. During each consultation, Peterborough Health Oversight and Scrutiny Committee commented on the lack of engagement by the PCT and the perception that the consultations were lacking in [sincerity](#) and appeared to be a [foregone conclusion](#) designed to achieve a clear objective: to close ARPCC.

Principle four: co-operation to improve services

42. NHS Peterborough's clear intention to close ARPCC and its decisions twice to close 3Well prior to completing the relevant public consultation exercise, including the serving of a termination notice, have severely compromised the PCT's ability to cooperate in the interests of patients. As well as reducing the scope to identify more beneficial solutions for patients that also address the PCT's financial challenges, it has adversely impacted ARPCC's ability to:

- a. [register patients](#)
- b. [recruit and retain staff](#)
- c. obtain a fair share of publicity through [PCT-led communications](#) and [NHS Choices](#)
- d. achieve a financial return in line with that shown in 3Well's tender for ARPCC service despite a high-level of performance
- e. provide services from a [permanent building](#) as originally intended.

Principle five: promoting choice

43. There are several ways through which the PCT's proposals [restrict patient choice](#):

- a. As well as being a different type of provider of primary and urgent care services, ARPCC provides a distinctive range of access options not on offer from any other local provider, e.g. no other GP-led service provides a [comparable range of opening hours](#) in Peterborough.
- b. ARPCC is proving extremely popular with patients showing consistent high levels of growth in the number of registered patients over the course of the past year which are unrivalled by any other local service. NHS Peterborough's [own figures forecast](#) 41% growth over the next six-month period for ARPCC compared with a combination of minimal growth and shrinking numbers at competing practices. It is therefore clear that the closure goes directly against the choices being made by many patients.
- c. The consultation emphasises that patients should have access to 'the right care at the right time' yet its proposals de facto define this as the right care at the right as *specified by the*

PCT rather than as chosen by patients. Choice of provider is therefore portrayed by the PCT as an obstacle to the right care at the right time rather than an enabler.

- d. Removes patients' choice to see a GP during weekends, evenings or at times when they are away from their registered GP practice.

44. The process has been driven by administrators, supported by clinicians with clear [conflicts of interest](#). While these conflicts of interest have been [denied](#) by some of those individuals concerned, e.g. when challenged at Health Overview and Scrutiny Committee Meetings, those same individuals list these conflicts of interest in relation to their participation in PCT board meetings.¹¹

Principle six: commissioners and providers reaching agreements which restrict patient choice and are not in patients' and taxpayers' interests

45. Through the confused [process described above](#), GP providers have worked with the PCT to prevent ARPCC establishing itself as a new provider. Given that ARPCC delivers a genuinely different and [popular service](#) to patients that is also [cost-effective](#), this restriction of patient choice is against the interests of both patients and taxpayers:

- a. patients are likely to lose access to GP-led services beyond restricted opening hours as well as a choice of a genuinely different type of provider. There will be excessive pressure on other local services including accident and emergency care ([see below](#)).
- b. Costs are likely to rise to cover new services to replace care currently available at ARPCC, in addition to the increased costs arising from patients being channelled into more expensive providers and forms of care ([see below](#)).

Principle eight: discrimination and promoting equality

46. A high proportion of patients at ARPCC come from minority ethnic groups and 36% do not have English as their first language. ARPCC has created a service that is particularly effective at responding to the needs of these groups of patients, yet the consultation contains few, if any, proposals that would specifically address the shortfall in provision for this group of patients which would occur should ARPCC be closed. The fact that the PCT waited until 43% of the consultation period has elapsed before producing consultation documents in languages other than English illustrates the poor consultation processes followed by the PCT and also demonstrates the PCT's lack of consideration of the impact the proposals will have on minority ethnic groups ([see below](#)).

¹¹ source: Peterborough PCT, [Summary of entries in the PCT register of declarations of interest 2010/2011](#)

Part 4 Detailed chronology

October 2007

47. As part of the Interim Report of the NHS Next Stage Review, the Health Minister, Lord Darzi, states 'We should invest new resources to enable PCTs to develop 150 GP-led health centres, situated in easily accessible locations and offering a range of services to all members of the local population (whether or not they choose to be registered with these centres), including pre-bookable appointments, walk-in services and other services.'¹²

19 August 2008

48. Peterborough PCT issues an Invitation to Tender for an Equitable Access Centre in Peterborough.

November 2008

49. Tender process for ARPCC challenged by other participants who claim that 3Well's successful proposal to open from 7am – 10pm was unfair. Tender re-run with requirement that all participants propose to open from 8am – 8pm.

December 2008

50. 3Well notified that it had won the tender for ARPCC on the new 8am – 8pm terms. Having thereby proven better value for money over all other bidders, 3Well was then asked to offer a 7am to 10pm service as per the original bid, with which it was pleased to comply.

17 December 2008

51. Contract to run ARPCC signed by 3Well and Peterborough PCT.

22 December 2008

52. Peterborough PCT announces that a contract has been signed with 3Well for a new centre to open on Alma Road. The PCT's press release states that 'NHS Peterborough has signed a contract with 3Well to provide primary care services from a brand new health centre in the city offering patients more choice and convenience when they need GP services. 3Well is a group of NHS GPs, with many years of general practice, community and health care experience in the East of England. The centre will open on Alma Road, which is off Lincoln Road (subject to planning permission) on 1st April 2009, and will open 7 days a week, from 7am to 10pm. Services will be delivered from a temporary building on site until the permanent building is completed in April 2010.'¹³

53. In an article entitled 'Health centre boost for Peterborough', the Peterborough Evening Telegraph reports that 'a purpose-built permanent centre is expected to be completed in April 2010' and NHS Peterborough [X] is quoted as saying 'Patients tell us they want more convenience and choice from the service they receive in their area – for instance, to be able to see a doctor in the evening, or at weekends, and when they are away.'¹⁴

31 March 2009

¹² Source: p. 25, [Interim Report of the NHS Next Stage Review](#), October 2007

¹³ Source: [NHS Peterborough press release](#), 22 December 2008

¹⁴ Source: [Peterborough Evening Telegraph](#), 22 December 2008

54. PCT and 3Well presented plans and outline of the service to HOSC as newly selected supplier for the Equitable Access centre, including plans of new build premises for the practice.¹⁵

1 April 2009

55. Service is due to begin at ARPCC. Opening is delayed due to the PCT not getting planning permission in time.

18 May 2009

56. ARPCC opened to patients. Power supply is provided by a diesel generator as the PCT failed to arrange for mains electricity to be connected in time.

22 July 2009

57. Quarterly reviews between NHS Peterborough and 3Well. No concerns raised by the PCT about the service provided at ARPCC.

2 February 2010

58. Interim CEO [redacted] is appointed to take over from retiring NHS Peterborough CEO [redacted].¹⁶ This is the first of several changes in senior personnel at NHS Peterborough which increasingly becomes an issue of concern as new incumbents refuse to recognise undertakings made by their predecessors. In turn, transparency and accountability both suffer.¹⁷

1 April 2010

59. NHS Peterborough annual report 2009/10 lists one of its key achievements of the year as 'ARPCC opened providing services to both registered and non registered patients in a deprived area of the city' (page 14). On page 43 it states that 'Throughout 2009/10, we continued to engage with stakeholders in developments and changes to the organisation and specific service redesign, including: Engaging with a wide range of people over the continued development of ARPCC. This is an additional service in an area where services were stretched; a service which has 'Equitable Access' for all service users.'¹⁸

60. This same annual report also reveals the PCT was £12.832m over budget at 31 March 2010.¹⁹

2 June 2010

61. 3Well meets [redacted] representatives from NHS Peterborough: [redacted] To the surprise of 3Well, these representatives present a range of concerns about ARPCC relating to:

- a. adequate medical cover
- b. staffing levels and competency
- c. clinical governance
- d. list size and value for money
- e. QoF results

¹⁵ Source: [Agenda and minutes](#) for the Peterborough Health Overview and Scrutiny Committee meeting on 31 March 2009

¹⁶ Source: [NHS Peterborough](#), 2 February 2010

¹⁷ See appendix: Who's Who

¹⁸ Source: [NHS Peterborough Annual Report 2009-10](#)

¹⁹ Source [NHS Peterborough Annual Report 2009-10](#), p. 52

f. unspecified 'individual issues'.

62. These concerns are documented in a letter [X]dated 3 June 2010 and sent by email on 4 June 2010.²⁰

17 June 2010

63. 3Well writes [X]fully rebutting each of the criticisms highlighted in [X] letter dated 3 June 2010.²¹

9 July 2010

64. NHS Peterborough [X]writes to 3Well giving six months' notice to terminate the contract to run ARPCC. This is due to come into effect on 9 January 2011.²² Following the comprehensive rebuttal by 3Well of the concerns raised [X]on 2 June, it is significant that the PCT chooses to opt for a 'no cause' cancellation: a clear indication that the PCT recognises its criticisms could not be substantiated. Further light is shed on this approach four months later when a PCT representative admits this was an attempt by the PCT at ['trying it on'](#).

19 July 2010

65. Peterborough Health Overview and Scrutiny Committee is presented with its first sight of the draft consultation document by the PCT relating to the planned closure of ARPCC.²³ Councillors express a number of concerns, including:

- a. In response to a statement by the PCT that ARPCC and the City Care Centre offer similar services, councillors ask why there has been no comparison or discussion about which service should be selected if one must close?
- b. The PCT had presented to the HOSC the compelling need for an Equitable Access Centre and justification for the choice of site only 15 months earlier. HOSC members could not comprehend what could have changed the PCTs thinking so fast.
- c. Questioning 'how serious or sincere were the PCT about this consultation as the service providers had already been given notice to quit [before the consultation began] and the consultation only promoted the closure of the practice'. I.e. the consultation itself created a competitive disadvantage for ARPCC by making it harder to recruit and retain staff as well as discouraging patients from registering with the practice.
- d. 'This consultation document did not provide a fair and unbiased consultation as it appeared to be skewed towards one option. The document was an argument towards a particular outcome and not a consultation.'

66. At the same meeting Councillors, including the representative for Park Ward which covers ARPCC, [X]also observed that

- a. 'in general the financial management and strategic direction of the PCT would continue to be poor. With regard to the closure of Alma Road it would be better to look at the other surgeries that were in older buildings with inappropriate facilities to close rather than a brand new building such as Alma Road'

²⁰ See appendix: [X]letter to 3Well – 3 June 2010

²¹ See appendix: 3Well letter [X]– 17 June 2010

²² See appendix: [X]letter to 3Well – 9 July 2010

²³ Source: [Agenda and minutes](#) for the Peterborough Health Overview and Scrutiny Committee meeting on 19 July

- b. The PCT was incorrect to suggest ARPCC duplicated services, whereas in reality 'The City Care Centre was not a comparable service as it only offered a Nurse Practitioner service when Alma Road offered a GP service. The other GP practices listed [were not comparable services to Alma Road as they] did not offer extended hours from 7.00am to 10pm. The service at Alma Road was open to all people across Peterborough.'

3 August 2010

67. An extraordinary meeting of Peterborough Overview and Scrutiny Committee is called with the sole agenda to discuss the consultation on the closure of ARPCC. A number of key issues are aired during the meeting²⁴:

- a. Conflicts of interest. [X] appears to give evidence [X] to NHS Peterborough on this issue'. When asked if he had any conflicts of interest, he stated there were none. However, he has a financial interest in two competing services [X]
- b. Transparency. The PCT stated 'The Alma Road contract was let under a different system and could not be compared with other GP practices.' Yet it is making the case that it is more expensive than other facilities. These positions are incompatible and demonstrate a lack of transparency.
- c. Ease of closure. The minutes record that 'the PCT consultation document stated that all of the practices which were close to Alma Road were PMS practices which would be very difficult to terminate without cause' – in effect stating that ARPCC is being selected for closure because the APMS contract makes this easier than closing PMS practices, rather than for reasons that relate to quality of service, patient choice or efficiency.
- d. Lack of financial rigour. Councillors expressed 'concern that if Alma Road was closed people would go to A&E which could incur additional costs for the PCT'. The issues of adequate capacity at alternative facilities, the cost-effectiveness of alternatives and the issue of patient choice were not addressed properly. The PCT's arguments regularly jumped between the registered patient component of the practice and its walk-in component. It failed to mention comparative cost per patient consultation for the walk-in component. ARPCC is very competitive on this providing high-quality care which also represents extremely good value for money as detailed [below](#).
- e. Patient demand and supply of services. The PCT stated 'the rationale for the proposal was that there was already sufficient GP provision close to the centre which provided a very large number of similar services.' However, there are numerous way in which this reasoning is flawed:
 - i. When the PCT commissioned the service it made it clear to the same Health Overview and Scrutiny Panel that there was significant need.²⁵
 - ii. The choice of location at Alma Road was precisely because it would address unmet needs of a particularly deprived area as noted in the PCT's 2009–10 Annual report²⁶

²⁴ Source: [Agenda and minutes](#) for the Peterborough Health Overview and Scrutiny Committee meeting on 3 August 10

²⁵ [Agenda and minutes](#) for the Peterborough Health Overview and Scrutiny Committee meeting on 31 March 2009

which describes provision in the Alma Road area as ‘stretched’ prior to the opening of ARPCC.

- iii. From a standing start in May 2009, ARPCC is handling around 24,000 walk-in consultations a year and as of 3 August had registered over 1,700 patients. As patient registrations increase this will reduce the number of walk-in consultations and therefore cost to the PCT. The large volume of both types of patients clearly demonstrates a demand for additional service that is not satisfied by the incumbent providers.
 - iv. The PCT repeatedly states that the density of GP practices in central Peterborough is not needed. It fails to comprehend or account for the density of the population that these practices serve. An analysis of ARPCC registered patient list shows many examples of multiple occupancy of more than ten (up to 18) registered patients in one small house.
- f. Incorrect comparisons of service provision. The PCT stated that ‘The City Care Centre worked the same hours as Alma Road and GPs were available during out of hours so the [out of] hours services [that] were available were similar to Alma Road.’²⁷ According to staffing figures for the City Care Centre seen by 3Well,²⁸ it includes 0.36 whole time equivalent of a doctor. The OOH service doctors are only available if they are not attending to their own case-load. Many patients are sent from the City Care Centre to ARPCC because the nurses there are not able to complete treatment. By comparison, at ARPCC, at least one GP is available for patient consultations throughout its 15 hours a day opening hours.
- g. Understanding of patient choice. The PCT continually talked of being able to direct patients to ‘the most appropriate’ point of care. There has been no discussion of how patients can be effectively directed other than by closing a facility that they currently choose to use. At an earlier meeting on 13 June 2011 with the PCT and the Council representative on the PCT board, [redacted]3Well asked the PCT for evidence of any place in the UK where such a change in patient behaviour had been successfully achieved. The PCT were unable to provide any examples.

68. On the same day, Peterborough Evening Telegraph reported local residents concerns about the proposed withdrawal of services at ARPCC. The article stated that ‘concerned residents [of the Pavilions care home in ARPCC] have appealed to health bosses not to close the local primary care centre’. The report includes a number of examples of service users calling for the centre to remain open. For example: ‘Extra care manager at the home, [redacted] said the centre makes a huge difference to the lives of people living at the Pavilions. She said during one incident at the home on a Friday evening in June, a resident fell while in the gardens outside and hit her head, causing severe bruising. But she was seen straight away at the centre without the need to call an ambulance. She said: ‘She was black and blue, we took her to the care centre and they said we could take her there throughout the weekend to check her over. If it was a different surgery, we would’ve had to wait

²⁶ Source: [NHS Peterborough Annual Report 2009-10](#)

²⁷ Source: [Agenda and minutes](#) for the Peterborough Health Overview and Scrutiny Committee meeting on 3 August 10

²⁸ Source: numbers were provided by the PCT to the hospital who were considering bidding for the City Care Centre and OOH. The leader of the bid team showed these figures to [redacted]3Well.

until Monday for her to be seen. Also, we would've had to call an ambulance and that's a cost to the primary care trust of using the ambulance.²⁹

4 August 2010

69. Reporting on the previous day's Health Overview and Scrutiny Meeting, the Peterborough Evening Telegraph notes that the councillors considering NHS Peterborough's proposed closure of ARPCC considered the document to be inadequate, recommending that 'debate is postponed until the document is redrafted because they did not feel it was detailed enough for the intricacies of the issue'.³⁰

c. 5 August 2010

70. [X] requested that 3Well stops registering new patients as termination notice had been issued. 3Well reminded [X] that the consultation outcome could not be pre-judged and that it was anti-competitive for such a request to be made.

9 August 2010

71. PCT interim CEO [X] is replaced by another interim CEO, [X].³¹

18 August 2010

72. [X] a letter [X] confirming the PCT's request for unregistered patients to be limited to 50 per day. The PCT later realises that it had removed the relevant clauses which would have given them the power to limit numbers before signing the contract. 3Well is unaware of any similar attempt to limit patient numbers at the other walk-in service in Peterborough.³²

13 September 2010

73. NHS Peterborough meets with 3Well and agrees to halt the consultation to close ARPCC. As part of the conditions to remain open, the PCT requires a reduction of the payment for the balance owed to 3Well for the financial year 2010–11. NHS Peterborough also requires ARPCC to reduce its opening hours resulting in significant revenue losses.

74. Peterborough Health Overview and Scrutiny Committee meets, and is told that the consultation on ARPCC has been halted.³³

14 September 2010

75. NHS Peterborough publishes a press release announcing its decision to stop its consultation about closing ARPCC. The new PCT chief executive, [X], stresses the importance of listening 'to the views of the public and patients when we look carefully at what services are needed', and explaining that there will be a 'review of all our urgent care services and how we can make the whole system more

²⁹ Source: [Peterborough Evening Telegraph](#), 3 August 2010

³⁰ Source: [Peterborough Evening Telegraph](#), 4 August 2010

³¹ Source: [NHS Peterborough](#), 27 July 2010

³² See appendix: letter [X] 18 August 2010

³³ Source: [Agenda and minutes](#) for the Peterborough Health Overview and Scrutiny Committee meeting on 13 September 10

accessible, looking not just at Alma Road, but at all urgent care services such as GPs, A&E and out of hours services.’³⁴

15 September 2010

76. NHS Peterborough and 3Well sign an agreement further to meeting of 13 Sep 2010 covering the PCT’s revocation of the termination notice dated 9 Jul 10. The document includes agreement that:
- ‘the contract value for 2010/11 will be capped at £725k
 - ‘the core contracted hours of opening will be amended to 8am – 8 pm (Monday to Sunday) for the remainder of this financial year, 2010-11
 - ‘NHSP will continue to seek to identify a “permanent” premises solution
 - ‘NHSP will review the contract to ensure that the requirement to deliver a GP led service during the opening hours is no more or less onerous than other NHSP GP practices, whilst ensuring appropriate clinical cover and governance arrangements are maintained
 - ‘NHSP will review the 2011/12 contract terms in line with the PCT’s Primary Care Financial Review of all GP contracts.
 - ‘All other contractual terms remain and as from April 2011 the initial contract terms will again apply unless altered by agreement of the parties.’³⁵

77. Figures collected in March 2011³⁶ suggest there is demand for in excess of 3,400 walk-in consultations per year after 8pm at ARPCC. Given this clear demand, the restriction imposed by the PCT inappropriately impedes both patient choice and ARPCC’s ability to offer a competitive and different proposition – something that is clearly in the interests of patients and that was recognised by the PCT when it awarded the contract to 3Well in 2008.

78. Peterborough Evening Telegraph reports that the PCT has ‘given a stay of execution’ to ARPCC. The article reports that: ‘The PCT [X]told a meeting of Peterborough City Council’s Health Scrutiny Committee on Monday that the decision was taken as a result of “public opposition” to the plans... “We have had a lot of public opposition to this and I think we very clearly need to listen to this opposition.”’³⁷ This contrasts with the current consultation document published on 18 May 2011 which again proposes the closure of ARPCC and says that it ‘has been developed by listening to what patients want’.³⁸

28 September 2010

79. In further coverage of the PCT’s decision to drop the plans to close ARPCC, Peterborough Evening Telegraph reports [X] ‘This is a common sense result. NHS Peterborough has a serious financial problem and the practice has worked with them to contain the costs at Alma Road but will still provide a much needed service.’ The article also quotes [X] ‘There is nowhere else in the city where patients can see a doctor up to 10pm and at weekends or bank holidays. This is a service that

³⁴ Source: [NHS Peterborough press release](#), 14 September 2010

³⁵ See appendix: agreement to revoke the closure of Alma Road Practice, 15 September 2010

³⁶ There were 286 walk-in consultations during March 2011 after 8pm at ARPCC. This suggests an annual rate of around 3,432.

³⁷ Source: [Peterborough Evening Telegraph coverage of Alma Road](#), 15 September 2010

³⁸ Source: page 2, [The Right Care at the Right Time Consultation](#), NHS Peterborough, 18 May 2011

is really valued by the residents of Peterborough. Now we are staying open, we are encouraging more people to register with the practice.³⁹

18 November 2010

80. [X]the PCT informally admits [X]after the quarterly review meeting that the PCT were 'trying it on' with the attempt to terminate the contract 'for cause', represented by [X]letter dated 3 June 2010. This cynical and potentially libellous approach was taken because it was considered that it might be cheaper than terminating for 'no cause' as compensation for lost profits would not be due.

1 December 2010

81. NHS Peterborough CEO [X]is replaced [X]⁴⁰ – the fourth CEO in nine months. This, together with similar turnover in other executive leadership positions, has presented an ongoing challenge in terms of stability and consistency of direction for all stakeholders and local providers. In particular, commitments and agreements entered into by 3Well have frequently been discarded as new members of the PCT's senior team take up position.

23 December 2010

82. NHS Peterborough website page on walk-in centres references ARPCC, but gives disproportionate prominence to the City Care Centre.⁴¹ This page was later updated on 7 April 2011, shortly before the launch of the consultation proposing the closure of ARPCC to give more prominence to the centre⁴². This is one of several examples where NHS Peterborough-led publicity has either ignored or significantly downplayed the service provided at Alma Road compared with other provision. Other examples include features in *Your Peterborough*⁴³ and discussion at the NHS Peterborough annual general meeting on 28 September 2010.⁴⁴

17 January 2011

83. NHS Peterborough presents its plans for its proposed 'primary care and urgent care review and proposed consultation' to Peterborough Health Overview and Scrutiny panel.⁴⁵ The consultation contains a number of flaws and omissions, including:
- a. Restricting patient choice:
 - i. Denying patients a meaningful choice of provider. The document redefines the term 'right care at the right time' to mean that patients should only be able to choose from a single source of urgent care as determined by the PCT rather than patients.

³⁹ Source: [Peterborough Evening Telegraph](#), 28 September 2010

⁴⁰ Source: [NHS Peterborough](#), 1 December 2010

⁴¹ See appendix. Screenshot of NHS Peterborough website section showing walk-in centres updated 23 December 2010

⁴² Source: [NHS Peterborough](#), 7 April 2011

⁴³ See appendix: NHS pages of *Your Peterborough* from May and Nov 2009 which show significantly different profiles given to ARPCC and the City Care Centre by the PCT

⁴⁴ Although the PCT has not yet published any minutes of this meeting, just an [agenda](#), many local people were present at the event

⁴⁵ Source: [Agenda and minutes](#) for the Peterborough Health Overview and Scrutiny Committee meeting on 17 Jan

- ii. The PCT paper refers to ‘multiple overlapping access points for urgent care and primary care, which mean it is difficult for patients to access the right service at the right time. This is frustrating for patients and inefficient for the NHS.’ This can only be interpreted as the PCT considering a choice in care options to be too challenging for patients to understand. Approximately 24,000 patient consultations were completed at ARPCC with walk-in patients in the first year. None reported ‘difficulty’ or ‘frustration’ concerning the decision to use the service. While the PCT does not cite any evidence to support the suggestion that patients want less choice, commentators such as the King’s Fund’s deputy director of policy have noted that patients normally believe their chosen access routes are appropriate even if that view is not shared by local commissioners.⁴⁶ Indeed, a recent article in Pulse states that ‘NHS Choices ranks Darzi centres top’ citing ease of access and appointment availability as major advantages.⁴⁷
- iii. The PCT paper incorrectly cites a range of ‘choices of provision’. The document omits to mention that some ‘choices’ it cites are due to be taken over by a single provider, which would leave patients with a single provider of all urgent/unplanned care. For example:
 1. It was planned to transfer the out of hours and nurse-led walk-in centre to Stamford and Peterborough Hospitals NHS Trust on 1 April 2011, leaving the city with just one provider of all urgent/unplanned care apart from ARPCC. In the end, the Trust declined because of £0.5million shortfall in funding from the PCT.
 2. The minutes present the review as ‘a major opportunity for the hospital [which has a vested financial interest in the City Care Centre by virtue of the services that it already runs from that location] to coordinate out of hours provision in the city’.
- b. Lacking transparency. The PCT paper refers to ‘analysis’, but this is not sourced in the paper and as far as 3Well is aware, has not been published. We understand that there have been extensive discussions within the PCT and involving the LMCs about the fairness of the calculation methods used for financial comparisons. For the purposes of transparency these should be made public and subject to scrutiny.
- c. Making inappropriate and unsubstantiated financial comparisons. For example, the PCT claims that ‘Peterborough has the highest NHS spending level per head in East of England for non-elective hospital admissions – current systems of access contribute to this.’ However, no evidence for a causal link for the PCT’s spending level and systems of access is cited.
- d. Making misleading statements about demographic trends. The paper also makes inaccurate statements about net migration and changes in demographics in the area (paragraph 4.4). The consultation paper suggests that there is an ageing population, but demographic trends in the centre of Peterborough show that the population age is expected to get younger as it is a site for net migration including a large proportion of people of child-bearing age (see p. 3 of the minutes from the meeting).

⁴⁶ Source: Candace Imison at the NHS Confederation conference ‘[managing demand for secondary care](#)’ session, Jul 2011

⁴⁷ Source: [Pulse](#), 22 June 2011

18 January 2011

84. Peterborough Evening Telegraph reports that the PCT is 'hunting for new premises for a number of GP surgeries'. The article reports that the PCT expects a significant increase in population in the next few years quoting [redacted]NHS Peterborough [redacted] 'One of the major things we are looking towards is the substantial demographic change in the city. We expect an extra 20,000 residents to come into the city in the next five years.... 'We will be looking to focus on medium and larger surgeries, with more than 4,000 patients, as they are more cost effective. There are five small practices in the city where retirement could end the contracts within five years.'⁴⁸

19 January 2011

85. Peterborough Evening Telegraph reports that the PCT is again looking to close ARPCC. The article reports [redacted]that part of the consultation would look at the potential closure of GP surgeries with less than 4,000 registered patients as they are more expensive to run than larger surgeries.' He is reported in the article as going on to say that 'One of the main aims of the consultation is to try and reduce the amount of duplication of health services in the city. Someone could go to the out-of-hours service, their GP and the hospital about the same issue. This is confusing for patients as they do not know where the best place for them to go is and it does not offer value for money. We need to simplify it so patients know exactly where to go.' By contrast, the article quotes [redacted]the importance of patient choice: 'I can see the point that NHS Peterborough are making about concentrating on surgeries that are financially viable. But a lot of people prefer to be treated by a GP than at a hospital. Alma Road may not have that many patients registered but it offers an important service for residents. Alma Road is the only place in the city where you can see a GP seven days a week and that is more important in today's world, when people are working long hours and can't always get to their doctors surgery between 9am and 4.30pm.'⁴⁹

3 February 2011

86. [redacted]the Department of Health, writes to all PCT chief executives in England⁵⁰ indicating that responsibility for GP health centres (such as ARPCC) initiated under the Equitable Access programme will pass in due course to the NHS Commissioning Board. On that basis, she indicates that PCTs should plan on the basis that:
- a. GP consortia will not inherit contractual liabilities when the NHSCB takes over responsibility for GP health centre contracts from April 2013.
 - b. 'In the meantime, PCTs remain responsible for contractual arrangements with GP health centre providers and for securing best value from the investment made, working in partnership with emerging GP consortia and with service providers'
 - c. 'Those PCTs that commissioned new GP practices in deprived areas under the 'Equitable Access' programme will receive non-recurrent additions to their baseline for 2011/12. The addition will be £1.1 million for each new practice that is open to new patient registrations as of April 2011. This funding will form part of the baseline for the future primary care budget for the NHS Commissioning Board.'
87. On the basis of this letter from the DH and in the context of a significant volume of patient registrations at ARPCC, it is far from clear that NHS Peterborough should be considering closure of

⁴⁸ Source: [Peterborough Evening Telegraph](#), 18 January 2011

⁴⁹ Source: [Peterborough Evening Telegraph](#), 19 January 2011

⁵⁰ Source: Department of Health, [letter](#) [redacted] to all PCT Chief Executives in England, 3 February 2011

the centre at all at this stage because responsibility is clearly going to pass to the NHS Commissioning Board shortly. Moreover, all the financial assumptions made by the PCT need to be updated to take into account the funding commitment contained within this letter, which would leave them with a surplus in excess of their current budget for ARPCC. As far as 3Well is aware, none of the ensuing consultation papers from the PCT reference this communication from the DH.

4 February 2011

88. [X]3Well met with [X]the East of England SHA, in Cambridge for advice on the competition and cooperation aspects of the Peterborough PCT dealings regarding ARPCC. After presenting some evidence, 3Well were advised that further discussions with the CCP were appropriate.

11 February 2011

89. [X]3Well met with [X]the CCP for an informal conversation further to our discussions with [X]the SHA.

10 March 2011

90. 3Well has its attention drawn to the walk-in profile page on NHS Choices (www.nhs.uk). ARPCC is not listed but other providers such as the City Care Centre have a clear presence. Because responsibility for listing PCT-commissioned services on NHS Choices rests with the local PCT, and enquiries with NHS Choices suggest that this omission, which compromises both patient choice and ARPCC's ability to compete, is most likely to have been caused by the PCT's inaction although it is not possible to determine whether this was deliberate or accidental.⁵¹ ARPCC's presence on NHS Choices' walk-in listing is later reinstated.

When closed, all GP practices divert their phones through to the out of hours service which is based at the City Care Centre and works closely with the walk-in service based at that location. This effectively gives the City Care Centre further publicity from which ARPCC is excluded.

16 March 2011

91. 3Well receives a copy of the draft consultation paper (version 15) for comment. 3Well responds to NHS Peterborough's Peter Wightman⁵² highlighting numerous flaws in the document which continue the themes of the paper presented to the Health Overview and Scrutiny Committee on 17 January 2011. These include:
- a. conflicts of interest involving key decision-makers and advisers
 - b. a large volume of assertions unsupported by evidence
 - c. a move to limit patient choice in order to ensure patients 'get the right care at the right time'
 - d. unclear and unfair financial comparisons including unsubstantiated financial statements that those services which have been through competitive tender are more expensive while overlooking the requirements to which the PCT adhered during those tender processes to consider comparative value for money; the paper also contains incomplete financial arguments about potential savings which do not take into account the full costs of alternative options.

⁵¹ See appendix: Screenshot of NHS Choices walk-in centre results for Peterborough, 16 March 2011

⁵² See appendix: 3Well response to PCT consultation draft 15

18 May 2011

92. The PCT issues its 'The Right Care at the Right Time' consultation, seeking views on the primary care and urgent care commissioning strategies for Peterborough. The consultation will close on 18 August 2011.⁵³
93. The consultation⁵⁴ begins with 'messages from our clinicians', of whom all three have clear conflicts of interests:
[redacted]
94. As PCT board members, both [redacted] declare these interests in the PCT's declarations of interest 2010–11. However, the consultation document makes no reference to these conflicts of interest, nor is there any evidence that either doctor has distanced himself from the process. In part, this may be because of the PCT's confusion between how to commission primary and urgent care appropriately ([see below](#)), but 3Well also notes the deliberate and public denial of any conflict of interest [redacted]
95. The 'messages from our clinicians' are overwhelmingly supportive of the PCT's preferred option to close ARPCC. There is no acknowledgement that this may be in any way controversial as evidenced by the robust public support which led to NHS Peterborough abandoning its initial attempt to close the centre in 2010.
96. The executive summary of the PCT's consultation document (page 5) outlines a commitment to 'invest in four new primary care premises in high need areas' but makes no reference to the proposed new facility which was promised for ARPCC in the 2008 tender and subsequent publicity. 3Well tendered for the ARPCC service on the assumption that registered patient numbers would increase at a faster rate once the promised new building was delivered. This assumption was material to the cost of the bid submitted. 3Well has therefore been disadvantaged both by the failure of the PCT to deliver on its promise, and now by the promise of the PCT to provide some of its competitors with new buildings.
97. The section on urgent care (page 6) talks about 'urgent care services [that] are overlapping with two walk-in centre services'. Its proposed resolution, to 'reduce duplication of walk-in centre services' by closing ARPCC, does not show any evidence of having considered other options such as increasing the role of the facilities in Alma Road while diminishing other services. Given that patients have been disproportionately registering at ARPCC rather than other neighbouring GP practices (see [above](#)), this omission is greatly at odds with patient choice.
98. The diagram on page 7 of the consultation document showing patients moving between different types of care provision is transformed into a far more ordered and extremely optimistic picture on page 22. However, other than the references to 'a marketing campaign to communicate clearly the roles of specific services' and a requirement for all NHS providers 'to direct patients to the correct services for their urgent care needs', the consultation paper offers no evidence or reason for why patients would change their behaviour to meet the objectives of the consultation document. Both

⁵³ Source: [NHS Peterborough press release](#), 18 May 2011

⁵⁴ Source: [The Right Care at the Right Time Consultation](#), NHS Peterborough, 18 May 2011

these actions could equally be carried out for a range of other potential solutions which could include the continued operation of ARPCC.

99. The section on urgent care on page 11 states that 'recent audit data shows that one in three walk-in patients also attended the practice they are registered with, as part of the same episode of illness'. The consultation paper does not attempt to address the obvious question, which is why patients would choose to go to ARPCC if they were satisfied with the range of services and care provided by the practice at which they are registered. This could therefore be evidence that patients are exercising choice in order to address their perceived needs. To verify if this is the case, the PCT should also have done the same study the other way round: i.e. auditing the number of patients who have been to their normal GP and then found it necessary to follow-up with a walk-in centre visit within 48 hours for the same condition. Depending on its findings, this could reveal some very valuable information about the performance both of local GP practices and walk-in provision.
100. The 'audit' is principally used to support the PCT's assertion that walk-in urgent care services increase costs by requiring the PCT to pay both for patients' walk-in consultations and then a second time for around one third of these patients who also present to their normal GP within 48 hours as a follow-up. This is a deeply flawed conclusion because it fails to address a number of key points:
- a. A follow-up attendance may be wholly appropriate and clinically justified. The audit does not properly quantify those patients for whom a follow-up appointment would be expected. It crudely and inappropriately lumps all follow-up appointments together. By contrast, ARPCC is following PCT guidance in these cases by directing walk-in patients back to their normal GP for follow-up where possible.
 - b. There are studies which show that an average of 1.7 consultations per presenting condition would be reasonably efficient. If the audit really does show that only 30% of ARPCC cases follow-up with their GPs, this equates to a highly efficient 1.3 consultations per condition.
101. Page 13, 'our vision' describes 'a GP practice in Peterborough which could deliver our vision for primary care'. This includes a premises which is 'purpose-built, with sufficient space, meeting Care Quality Commission standards'. As noted above, NHS Peterborough has failed to provide such a facility for ARPCC even though this was part of the original tender and features in the APMS contract.⁵⁵ It would appear that a contributory reason for the proposal to close ARPCC is NHS Peterborough's failure to fulfil its commitments.
102. Throughout the process, the PCT has referenced the cost of the temporary premises that it has provided for ARPCC. By contrast, premises costs are rarely, if ever, mentioned as a factor relating to other local practices nor are they cited in relation to the City Care Centre which carries significant PFI-related commitments. 3Well has offered to build its own premises as other practices do, and to be reimbursed rent on the same basis as determined by the district valuer, but this option has been turned down by the PCT.

⁵⁵ Page 12 section 8 of the APMS contract between NHS Peterborough and 3Well discusses the PCT's obligations to identify a site for the practice and premises from which to operate. In the contract's finance section, it identifies the PCT as responsible for continuing the minimum income guarantee until such time as 3Well is able to move into permanent facilities provided by the PCT. The PCT's then finance director agreed to the inclusion of this clause because it put added pressure on the PCT to resolve the permanent building solution.

103. Page 13 also states that this model practice would be 'one of the most efficient practices in Peterborough'. As clearly illustrated [below](#), ARPCC is offering exceptional value for money compared with other practices in the area.
104. The evidence points to the fact that ARPCC already fulfils the criteria that the PCT lay down for a model practice. In particular, the combination of existing registered list and walk-in consultations is equivalent to a practice of greater than 5,000 patients. The PCT has acknowledged that ARPCC does not therefore qualify as a 'small practice.'
105. The principle 'benefits for patients' highlighted on page 15 stem principally from services operating from 'purpose-built facilities accessible to high need communities'. This could, if NHS Peterborough honours its commitment to provide a purpose-built facility to ARPCC, describe that practice perfectly given that its patients are disproportionately drawn from immigrant populations with high needs.
106. The 'benefits for patients' section also stresses the need to 'be able to cope with the forecasted population growth - 20,000 extra patients in five years without impacting on existing registered patients'. ARPCC's consistent high levels of growth in registered patients over the past year suggest that it is ideally placed to cope with such growth. NHS Peterborough's own forecasts⁵⁶ suggest that patient registrations at ARPCC will grow by 41% in the months Apr-Jun 11. By contrast, Thistlemoor, a neighbouring practice is forecast to have growth of just 3.65% which makes it the second fastest growing practice in Peterborough. There is also a projected contraction of -5.04% at the Millfield Medical Centre which is about 75m from Alma Road and consistently has a shortage of appointments according to its registered patients who attend ARPCC as walk-in patients.
107. The consultation paper proposes three options which it emotively labels:
- a. Do nothing
 - b. Partly realise the vision for primary and urgent care
 - c. Realise the full vision for primary and urgent care
108. Option one would keep ARPCC open; option two would see a reduced service with opening hours and walk-in services cut and a possible permanent premises solution (but not as originally promised in the 2008 tender); option three proposes extensive new facilities for incumbent GP practices, an upgrade to the City Care Centre walk-in facilities and closure of ARPCC.
109. The consultation paper strongly indicates its preferred option is to close ARPCC.
110. All the comparisons made in the consultation paper of these options are written as if these three options are the only alternative solutions. However, there is little, if any, evidence that the PCT has seriously considered other alternatives which could, for example, include a greater role for ARPCC in addressing Peterborough's health challenges. The paper is therefore articulating a false and limited choice of the alternatives available which has deliberately excluded any role for ARPCC.

⁵⁶ Source: PCT forecast shared with Peterborough practices. 3Well has made this available to the CCP via its [website](#).

111. Page 24 highlights one set of meetings held in the Town Hall on 30 June as well as four 'community meetings' taking place between 25 May and 7 June. As well as the fact that the first of these meetings took place just one week after the consultation exercise began, as detailed [below](#), no versions of the consultation document were made available in languages other than English until 17 June, i.e. after all of the initially scheduled community meetings had taken place. Given that only 36% of ARPCC's patients have English as a first language, this seriously compromises those patients' ability to contribute to the consultation. Following significant concerns expressed by councillors and the public, a number of additional meetings were scheduled again with little notice (the first just six days after the new meetings were announced). However, later comments by NHS Peterborough representatives on 18 July 2011 suggest that these meetings are [perceived by the PCT to be of minimal importance](#).

112. Page 26 highlights the 'Lansley criteria for significant service change', i.e. that before any major changes to NHS services there must be (i) support from GP commissioners; (ii) clarity about the clinical evidence base; (iii) strengthened arrangements for public and patient engagement; (iv) development of and support for patient choice. The consultation paper specifically references these criteria as being published in May 2010 coinciding with an announcement by the Secretary of State.⁵⁷ However, the PCT's approach of attempting simultaneously to reconfigure areas of [primary and urgent care](#) provision in the same consultation suggests the PCT has not fully engaged with the subsequent more detailed guidance published in July 2010,⁵⁸ the DH's [note on equitable access services](#) in February 2011⁵⁹ or the paper on the responsibilities of consortia and the NHS Commissioning Board⁶⁰. 3Well believes that the consultation is seriously deficient on all four of the areas:

- a. Support from GP commissioners is seriously compromised by the clear conflicts of interests of those GP commissioners most closely involved in the process. [X] In part this is a consequence of the PCT's approach which has frequently [confused processes](#) appropriate for primary and urgent care.
- b. Public and patient engagement: 3Well is the most affected of all providers by the proposed changes, yet 3Well was not consulted at all prior to the notice of termination; also there is a significant lack of engagement of and by LINKs and OSCs until after the options had been developed by the PCT. Furthermore, as illustrated [above](#), the consultation process has been seriously deficient in its attempt to engage non-English speakers who comprise a significant proportion of patients at ARPCC.
- c. Clarity on the clinical evidence base: decisions to close services should be led by clinicians according to the DH, but 3Well understands this was an administrative-led approach which has not consulted a range of relevant clinical parties.
- d. Consistency with current and prospective patient choice: ARPCC represents a genuinely different service offering compared with other local providers. Its popularity among patients is illustrated by consistent growth in the number of patients registered at the practice and by NHS Peterborough's forecast that numbers of registered patients are expected to grow at the centre by over 40% during April-August 2011.

⁵⁷ Source: Department of Health [press release](#), 21 May 2010

⁵⁸ Source: Department of Health [letter](#) [X], 29 July 2010

⁵⁹ Department of Health, [letter](#) [X] to all PCT Chief Executives in England, 3 February 2011

⁶⁰ source: page 6, [The Functions of GP Commissioning Consortia: A Working Document](#), 10 March 2011

113. In summary, the consultation paper continues to repeat problems highlighted in the initial paper which went to the Health Overview and Scrutiny Committee on 17 January 2011 and then the draft given to 3Well on 16 March 2011, i.e.:
- a. conflicts of interest involving key decision-makers and advisers
 - b. a large volume of assertions unsupported by evidence
 - c. a move to limit patient choice rationalised as ensuring patients ‘get the right care at the right time’
 - d. unclear and unfair financial comparisons

24 May 2011

114. NHS Peterborough tweets BBC coverage of research from the Emergency Medical Journal stating that ‘difficulty accessing out-of-hours GP care may be to blame’ for parents ‘bypassing GPs and taking children to hospitals’ A&E departments for medical treatment’.⁶¹ This research clearly supports improving access to out-of-hours GP care, which is the precise opposite of the consultation's proposals.

14 June 2011

115. 3Well gives evidence to Peterborough Health Overview and Scrutiny Committee, making the case for a different approach that prioritises:
- a. patient choice
 - b. increased access to GP-led care
 - c. a cost-effective solution to ensuring patients can register at the primary care provider of their choice while maintaining access to walk-in provision beyond normal surgery opening hours.
116. 3Well also highlight that the PCT has no robust plan to replace the 80,000 appointments per year which will disappear under its preferred option. The PCT’s response is that the incumbent GPs will pick up this capacity. This is not a credible position because:
- a. The same GPs were, in the PCT’s words, ‘stretched’ before ARPCC was commissioned and population in Central Peterborough has risen since then. Evidence from increased walk-in and A&E attendances is that these practices are still not providing enough access for their registered patients, let alone any additional ones.
 - b. The capitation cost which incumbent GPs might gain from registering additional patients will not cover the cost of the additional capacity which they are being expected to provide. It falls short by an estimated £1m+ per year⁶². GPs will not fund additional access from their own pockets.
 - c. The PCT has no contractual ‘teeth’ to enforce improved access.
 - d. Given that incumbent GPs have neither extended access nor significantly increased their volumes of registered patients in response to the introduction of competition, there is little, if any, reason to believe they would respond once competition from new provision has been removed.

⁶¹ Source: [NHS Peterborough Twitter page](#) and [BBC News](#), 24 May 2011

⁶² 3Well would be pleased to provide the calculations which underpin this estimate to the CCP

- e. There is a risk that healthcare could be compromised if adequate access is not realised in practice. This risk has not been addressed, nor have any contingencies or mitigation strategies been proposed to manage this eventuality.
- f. There is a significant financial risk that much higher levels of patients will attend A&E at much higher cost than ARPCC, and this could derail the PCT's recovery plan. Again, no contingencies or mitigation strategies have been put forward.

117. Members of the HOSC expressed significant concern at the proposals outlined in the consultation paper, including:⁶³

- a. Conflicts of interest of PCT representatives [§<]. Despite their entries in the PCT's declaration of interests⁶⁴, they again deny they have any conflicts of interest.
- b. The extent to which the consultation appears to be a foregone conclusion. Even though a notice of termination has already been issued for ARPCC and the consultation overwhelmingly recommends this option, the PCT maintained that it 'was a fair consultation'.
- c. The claim by the consultation paper that Peterborough 'had two walk-in centres which duplicated in hours and the out of hours GP services. Members felt that this was a misleading statement as the service offered at the City Care Centre was nurse led and therefore did not duplicate the Alma Road walk-in centre which was GP led'
- d. 'There would be a fundamental change in service provision in attending the City Care Centre as it would no longer be the choice of the patient if they saw a GP whereas at Alma Road the patient could request to see a GP.'
- e. The consultation process appeared to be 'flawed because not enough meetings had been held for public consultation' with concerns expressed about the lack of availability of the consultation document in various languages.
- f. 'There is no financial breakdown for the committee to make a sound judgement on which option to choose.'

17 June 2011

118. One month into the consultation, some language translations⁶⁵ of a summary of the consultation document are made available on the PCT website⁶⁶. This is discriminatory given that that over 40% of ARPCC registered patients have an Eastern European first language. Only 36% have English as a first language. No translations of the full consultation document are available, nor are any response forms yet available in languages other than English. Other key documents which have been added to the consultation web page (but not available in translated forms) since the consultation began include:

- a. Business Case
- b. Equality Impact Assessment
- c. NCAT Report

27 June 2011

⁶³ Source: [Agenda and minutes](#) for the Peterborough Health Overview and Scrutiny Committee meeting on 14 June 11

⁶⁴ source: Peterborough PCT, [Summary of entries in the PCT register of declarations of interest 2010/2011](#)

⁶⁵ Czech, Kurdish Sorani, Lithuanian, Polish, Portuguese and Urdu

⁶⁶ Source: NHS Peterborough, [The Right Care at the Right Time – primary and urgent care consultation](#)

119. 40 days into the 92-day consultation period (i.e. 43% of the way through), the PCT publishes response forms in languages⁶⁷ other than English.⁶⁸

14 July 2011

120. NHS Peterborough meets on the Alma Road plot to discuss alternative developments on that site. This is despite the fact that they tendered for services from 3Well on the basis that the PCT would build a new 1000m² medical centre on the plot within 12 months of the start of the contract. As a result 3Well has experienced an ongoing competitive disadvantage which has been exacerbated during both consultations proposing to close ARPCC: its ability to attract and register new patients would have been significantly greater if the PCT had provided the new purpose-built building that it proposed in its original tender and publicised at the point that contracts were signed.⁶⁹

121. In addition, the consultation makes it clear that the new buildings which are being planned for other practices in the city are contingent on the closure of ARPCC.

18 July 2011

122. At the PCT public consultation meeting at Dogsthorpe Infant School, a member of the public, [X], comments to the panel, 'I have attended five of these meetings and no-one has been in favour of the proposed plans. I hope that you will listen to the public and reconsider your plans and come back with a fourth option where you agree to sit down with the people affected and work out a solution.' [X] from Peterborough LINK responded, 'I have been in business many years and have gone through many public consultations and those who turn out to the meetings are not representative of what the public wants. I found that the letters sent in are a better indication of what the public want.' [X] the PCT added, 'we have received many letters of support for our plans. So, even though in public meetings people have disagreed with our plans, we will give more consideration to the letters we have received.'⁷⁰

19 July 2011

123. NHS Partners Network submits requests under the Freedom of Information Act seeking information about:

- a. the extent to which the PCT communicated with local GPs before and during the consultation relating to the proposals in their latest consultation;
- b. documentation to support the clinical evidence base for the proposals;
- c. the extent to which the PCT examined alternatives other than those outlined in the consultation prior to its launch on 18 May 2011.

124. A few hours after NHS Partners Network submits the freedom of information requests, [X] NHS Peterborough writes [X] offering to explore options that go beyond the consultation.⁷¹ Despite repeated attempts by 3Well to propose alternative solutions throughout the process, we

⁶⁷ Czech, Kurdish, Lithuanian, Polish, Portuguese and Urdu

⁶⁸ Source: NHS Peterborough, '[The Right Care at the Right Time – primary and urgent care consultation](#)'

⁶⁹ Source: [NHS Peterborough press release](#), 22 December 2008

⁷⁰ Discussion noted [X] from 3Well who attended this public consultation meeting.

⁷¹ See appendix: letter from [X] NHS Peterborough [X], 19 July 2011

were surprised that the PCT chose to engage in more detailed discussions on options at this stage. In previous discussions 3Well has perceived the PCT engagement as perfunctory.

22 July 2011

125. Peterborough Health Overview and Scrutiny member and councillor [X] writes to 3Well⁷² expressing concerns about the PCT's process including:
- a. The 'lack of preparation and thought' by the PCT which 'has been breath-taking and deeply patronising';
 - b. The 'thin' level of evidence supporting the PCT's conclusions which has been 'inconsistent' and where 'the derivation of financial data is opaque. There is no evidence that the PCT have done any risk assessment to show where their proposed options might fail and have presented no plans to manage these risks. PCT representatives at the Scrutiny Panel meetings have generally been poorly prepared and arrogant, resenting the fact that their plans should be scrutinised by elected representatives of their patients.
 - c. Highlighting that 'the PCT has saddled itself with a serious financial debt through its own decisions and it seems that Alma Road is being targeted as a means to save money. Quite the reverse is true. This practice is providing a service that people love at a low cost compared to the alternatives. '

⁷² See appendix: letter [X] to 3Well, 22 July 2011

Part 5 Conclusion – an alternative approach

126. 3Well recognises and supports NHS Peterborough's objectives to:
- a. increase capacity and improve access at GP surgeries
 - b. improve care quality
 - c. maintain sufficient capacity of urgent and unplanned care while reducing costs.

Improving access

127. 3Well believes that there is a shortage of GP provision in Peterborough rather than an oversupply. There is significant evidence to support this, including :
- a. The strong demand for services at ARPCC: the practice was located specifically by the PCT to provide 'an additional service in an area where services *were stretched* [our emphasis]⁷³
 - b. 'the highest demand [at accident and emergency] for patients attending for minor conditions is *at times when their GP surgeries and both walk-in centres are open* [our emphasis].'⁷⁴
128. ARPCC has significantly reduced the demand for expensive unplanned services. In part, this has been achieved by the increase of over 1,700 registered patients last year at ARPCC. While some practices have seen a small decrease in the number of patients, there has been no comparable reduction in the list size of other nearby practices.
129. The fact that many walk-in patients at ARPCC say that they are unable to get appointments at their normal GP practice illustrates that existing local practices are struggling to satisfy existing demand and would be unable to cope with an increase in patient load. Yet the PCT is planning to reduce access introducing a 12 to 24-month gap between the proposed closure of ARPCC in 2012 and the proposed completion of new premises:
- a. new GP surgery facilities will not open until 2014
 - b. the proposed minor injuries and illness unit at the City Care Centre would open in 2013.
130. This gap contravenes DH guidance which states that 'existing services will not be withdrawn until new and better services are available to patients so they can see the difference.'⁷⁵
131. 3Well estimate that there will be a requirement in excess of an additional 80,000 GP appointments per year if the consultation's preferred option proceeds:

Rationale	No. Patients affected	Appointments required ⁷⁶
Closure of ARPCC registered list	3,100 (by March 2012)	24,800

⁷³ Source: page 43, [NHS Peterborough Annual Report 2009-10](#)

⁷⁴ Source: page 11, '[The Right Care at the Right Time – primary and urgent care consultation](#)', NHS Peterborough

⁷⁵ Source: page 5, [Changing For the Better: Guidance When Undertaking Major Changes To NHS Services](#), May 2008. This guidance was published to bring clarity to Sections 242 and 244 of the National Health Service Act, 2006

⁷⁶ National average GP appointments per patient per year rose from 3.9-5.5 from 1997-2007. Estimated 2011 = 6: Average at least 8 in deprived urban areas.

Closure of ARPCC walk-in service	?	21,680
Closure of Burghley Road surgery	2,000	16,000
Expected increase in population, central ward	1,500	12,000
Planned reduction in hours at City Care Centre walk-in	?	3,900
Withdrawal of pharmacy first for over 16-year-olds ⁷⁷	?	1800
Total additional GP appointments needed per year		80,180

The calculations supporting this table were shared by 3Well with [redacted] NHS Peterborough on 13 July 2011⁷⁸

132. The consultation document does not adequately explain how these additional 80,000 appointments will be funded. If all patients requiring these appointments go to their GPs, then this will put a significant financial burden on GPs to fund additional provision that would cost in excess of £1.12m. This is highly unrealistic. Alternatively, patients may choose to go to accident and emergency. If just one third of these additional 80,000 required appointments were to present at accident and emergency, this would lead to an additional cost of £1.68 million per year. Either way, the costs are significant and notably absent from the consultation document's considerations.

Care quality

133. ARPCC has delivered exceptionally high levels of care quality. In 2010–11 the practice achieved 673 out of a possible attainable 674 points⁷⁹ for clinical quality under the national Quality and Outcomes Framework scheme

Value for money

134. NHS Peterborough's business case published in support of its consultation included a table showing 'primary medical care cost per weighted head 2009/10 indicating contract type'⁸⁰. Inexplicably, only four of the five practices holding APMS contracts with NHS Peterborough featured on that diagram. ARPCC, which has an exceptionally good weighted cost per head, is missing from the diagram in the PCT's business case:

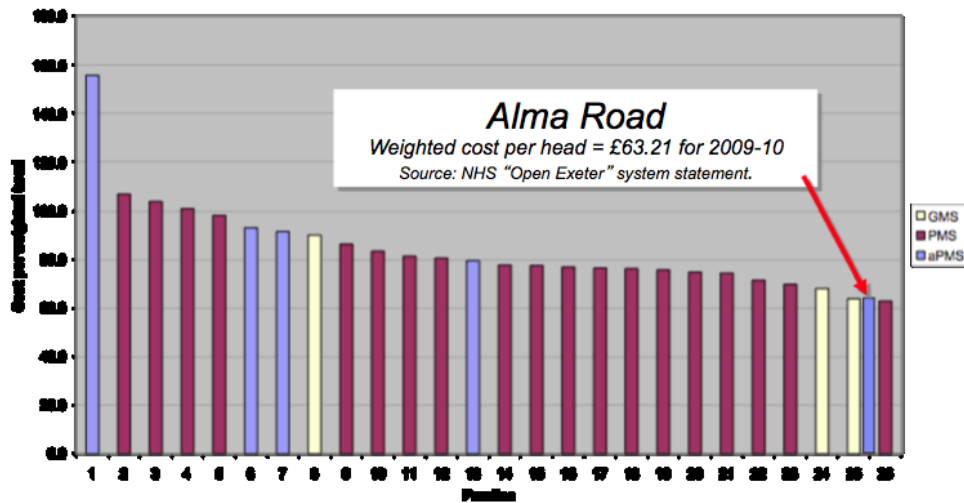
⁷⁷ The withdrawal of pharmacy first for over 16-year-olds is not directly connected to the consultation

⁷⁸ Calculations underpinning requirements for additional GP appointments arising from NHS Peterborough's preferred option are available on 3Well's [website](#)

⁷⁹ Although it is possible for practices to achieve more than 674 points, this could only be achieved by conditions which do not exist in the local patient population. 3Well agreed in 2010 with [redacted] of NHS Peterborough that ARPCC should be measured against the attainable target of 674 points.

⁸⁰ Source: figure 2.6, page 39, NHS Peterborough, [Business Case Primary and Urgent Care](#), 18 May 2010

**Primary Medical Care - Cost per head by contract type
2009/10**



135. The diagram above, amended to include the weighted cost per head of patients at ARPCC shows that the centre is in the top two or three of all practices in Peterborough for registered patient costs (cost per weighted head in 2009–10 was £63.21; cost per weighted head in 2010–11 was £64.59).

136. The PCT has not taken into consideration in its comparisons that ARPCC sees registered patients across 105 hours each week without any remuneration for extended hours. Other practices are generally providing the normal two sessions a day plus a few extended hours a week, for which they receive additional payment. As a result, a simple comparison of headline costs per patient does not give a full indication of the value provided by ARPCC. 3Well calculate that it provides 52.5 hours a week on average more access than other local practices. If this were remunerated on the same extended hours basis as other practices, the additional value provided by ARPCC would be in the order of £210,000 per annum.

137. Moving the anticipated 3100 registered patients at ARPCC to another practice would therefore increase the cost of care by £47,800 per year.⁸¹

138. The PCT's business case states that the cost per walk-in patient attendance at ARPCC is £40. This is inaccurate and misleading. 3Well has repeatedly asked to see NHS Peterborough's calculations but the PCT has declined. The actual cost at ARPCC is closer to £29.⁸² This compares favourably with a cost per attendance of £37 at the City Care Centre and £63 at accident and

⁸¹ based on an average cost of £80 per weighted patients per year

⁸² Calculations:

- Cost of registered patients taken from actual Open Exeter payments made by PCT to us in 2010-11, based on PCT numbers for ARPCC registered patients x PCT price per registered patient given in their financial statements to 3Well = £94,589.15
- Contract limited to £725k during 2010-11.
- Number of walk-in consultations based on actual count of Jan + Feb 2011, annualised = 21,680
- Cost for walk-ins = total contract cost - cost for registered patients (£725,000 - £94,589.15) = £630,410.85
- Cost per walk-in = total walk-in cost / number of consultations (£630,410.85/21680) = £29.08

emergency (minor cases). It demonstrates that the displacement of walk-in patients from ARPCC would be extremely costly:

- a. if ARPCC walk-in patients attend the City Care Centre, there will be a cost increase of £172,000 per annum
- b. if those patients choose to go to accident and emergency, the increasing cost will be £735,000 per annum

139. By contrast, ARPCC has already reduced costs to the local health economy through its highly effective conversion of expensive walk-in attendances to more cost-effective registered patients. This equates to a saving of £168 per year per patient. The 1,700 patients who chose to register with ARPCC therefore equate to £285,000 in savings over the course of the past year. A further £185,000 savings are anticipated before March 2012 by the conversion of an additional 1,100 patients on the basis of current trends. It would be impossible for the City Care Centre/Minor Injuries Unit to achieve this because it does not have a registered list.

140. In conclusion, 3Well strongly welcomes the recent assertion made by the Prime Minister that 'Open public services are going to mean you in control. No more take what you're given. No more like-it-or-lump-it... Right across public services we're putting you in charge like never before.'⁸³ We believe that it is essential that the service provided at ARPCC is allowed to remain open, competing to provide excellent quality and value for patients on a fair basis alongside other providers of care to NHS patients.

141. We look forward to working with the NHS Peterborough in the future to deliver excellent services to local people based on the five principles of open public services outlined in the Government's recent Open Public Services White Paper, which we believe are consistent with the PRCC:

- a. 'Choice – Wherever possible we will increase choice.
- b. 'Decentralisation – Power should be decentralised to the lowest appropriate level.
- c. 'Diversity – Public services should be open to a range of providers.
- d. 'Fairness – We will ensure fair access to public services.
- e. 'Accountability – Public services should be accountable to users and taxpayers.'⁸⁴

⁸³ Source: [10 Downing Street](#), 11 July 2011

⁸⁴ Source: Para 2.2, [Open Public Services White Paper](#), 12 July 2011

[X]