

5 October 2011

**NHS PETERBOROUGH RESPONSE TO THE CCP SUBMISSION BY 3Well
MEDICAL**

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1. EXECUTIVE SUMMARY

- 1.1 NHS Peterborough (the PCT) is facing major challenges in ensuring that high quality, sustainable and affordable primary and urgent care services are provided and meet the changing and increasing needs of the population in Peterborough. In order to do so, the PCT worked together with stakeholders to develop a strategy, ran a comprehensive and compliant consultation process called 'The Right Care at the Right Time' (the Consultation), presented a revised strategy following the Consultation and considered a preferred option in light of the Consultation.
- 1.2 The key elements of the current strategy include:
- Moving services from two walk-in centres to a single integrated urgent care service including GP-led minor injury services, out of hours primary care and telephone triage services (111¹) to centrally located new PFI premises specifically designed for this purpose. The PCT intended to run a fully competitive and transparent procurement process for the provision of the above mentioned services (but has had to delay this process due to the CCP having accepted this conduct complaint from 3Well); and
 - Reducing the number of practices from 28 to approximately 20 sustainable practices across Peterborough. Reducing the number of practices will ensure that higher standards of quality, access and efficiency are achieved (currently suffering from problems of sustainability due to practice size, poor premises - affecting services for high need and growing populations - and impending workforce pressures).
- 1.3 A key part of the strategy lies in the redeployment of financial resources from high cost GP contracts and duplicated walk-in services to the funding of 4 new health centres. This will benefit 60,000 patients in the area and contribute savings to the PCT QIPP programme. The PCT's view is that implementing the strategy above will have a minimal cost to patients in terms of moving services from the walk-in centres and that these costs will be heavily outweighed by the benefits that the redeployment of funds (and therefore the establishment of the new premises) will bring to both patients and taxpayers.
- 1.4 The PCT restarted its change process in October 2010 and has followed a comprehensive process during this time. The PCT obtained legal advice, which confirmed that it has met its obligations under the Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002 and sections 242 and 244 of the NHS Act 2006. The process has also been supported by the Health Overview and Scrutiny Committee (the Scrutiny Committee), commended [redacted] and by Local Involvement Networks (LINKs).
- 1.5 The strategy direction has also been reviewed and supported by the National Clinical Advisory Team, the LINK, [redacted] (lead member for Health) and the majority of local clinicians. It has also received strong support during the Consultation process from other parties who responded to the Consultation.

¹ 111 is a new national telephone number patients will be able to call to access telephone clinical assessment; redirection to appropriate services; and information and advice. It is a national requirement from March 2013. It replaces NHS Direct and compliments 999.

The creation of an integrated urgent care system is entirely consistent with the changes that took place in Nottingham, which were recently endorsed (in June 2011) by the Independent Reconfiguration Panel.

- 1.6 The Scrutiny Committee has been actively involved throughout the process and the PCT has adapted its process and strategy to reflect comments received by it. The Scrutiny Committee gave its support to the strategy at its meeting in September with the exception of those elements which relate to a late proposal developed by 3Well, which the committee and the PCT have asked to be developed further (described further below). The PCT is considering this proposal and had proposed an extension to the original timescale for this element of the strategy. The PCT has provided the CCP with a copy of this proposal.
- 1.7 The CCP has accepted this conduct case on the basis that “*3Well Medical has alleged that Peterborough PCT has failed to act consistently with Principles 1, 2 and 5 in relation to the possible reconfiguration of primary care services in the Peterborough area*”.²
- 1.8 Principle 1 of the Principles and Rules for Cooperation and Competition (the Principles and Rules) states that:

Commissioners must commission services from the providers who are best placed to deliver the needs of their patients and populations.

- 1.9 The PCT is not commissioning services in this case, but is considering service reconfiguration. This is a process which is envisaged and provided for by statute. However, the PCT’s main aim in reconfiguring services is to ensure that, in the future, services will be commissioned from providers who are best placed to deliver the needs of their patients and populations. Further detail regarding the need for such reconfiguration is set out under the heading ‘The need for change’ and described in paragraphs 3.2 to 3.4 below. No decision has been taken regarding the outcome of the Consultation, but the intention is that both patients and taxpayers will benefit from this and, in particular, patients will be provided with better services, further detail of which is set out in paragraphs 4.68 to 4.71 below.
- 1.10 Ensuring the commissioning of services from “providers best placed to deliver the needs of patients and populations” does not only mean that there should be multiple providers for the same services: of great importance is the need for the providers to provide services of a high quality which are sustainable. Currently, patients in the area are confused in terms of which services are most appropriate for their needs. The PCT’s consultation process and strategy aims to ensure that this is no longer the case and to ensure high quality services in the area.
- 1.11 Principle 2 of the Principles and Rules states that:

Commissioning and procurement must be transparent and non-discriminatory and follow the Procurement Guide issued in July 2010.

² http://www.ccp-panel.org.uk/cases/Peterborough_PCT_Conduct_Complaint.html

- 1.12 Whilst again, the Consultation does not relate to 'commissioning' or 'procurement', the PCT has nonetheless carried out a Consultation process, which is both transparent and non-discriminatory.
- 1.13 As is described in further detail at paragraphs 4.20 to 4.27 below, the entire Consultation process has been transparent. The PCT has engaged and consulted with providers (including 3Well), published comprehensive documentation relating to the consultation process (including sending 30,000 letters to patients at practices directly affected by the options being considered, distributed 10,000 consultation documents, produced 250 posters, 4 newspaper adverts, 39 newspaper articles/letters), participated in 7 radio/TV interviews, held 8 public meetings and attended 17 meetings held by other organisations and appointed independent specialists to analyse the questionnaire responses to the consultation.
- 1.14 The PCT has not discriminated against any parties during the consultation process. The PCT has actively consulted with providers, including 3Well. This has included consideration of options proposed by 3Well, one of which was included as Option 2 in the consultation as a result. The PCT is also considering an additional variant option put forward by 3Well and two other practices after the consultation was completed. The PCT has ensured that any possible situations regarding conflicts of interest were appropriately managed.
- 1.15 3Well alleges that two GPs were involved in the process and should not have been, as they have unduly influenced the process. The PCT has to ensure clinical engagement during a consultation process and was even told by the DH Gateway Team at one stage during the process to increase its clinical involvement. Both GPs interests were registered in the 'Register of Interests'. Only one of the GPs was a member of the Board and he will be excluded from voting on any decision to be made in relation to the Consultation process.

- 1.16 Principle 5 of the Principles and Rules provides that:

Commissioners and providers should promote patient choice, including - where appropriate - choice of Any Willing Provider and ensure that patients have accurate, reliable and accessible information to exercise more choice and control over their healthcare.

- 1.17 With the decommissioning of services, there will likely be costs to patients in terms of loss of choice in a specific area. However, as the PCT describes in detail in paragraphs 4.65 to 4.70 below, the resultant effect of the decommissioning of services in this case (if a decision is taken) is that the benefits of such decommissioning will heavily outweigh the costs. Benefits include, for example, an increased range of services from four new health centres providing services to 60,000 patients.
- 1.18 The PCT has sought to work positively with 3Well to develop options for the future, but has consistently found 3Well to be a very challenging organisation to work with. Specific areas where the PCT disagrees with 3Well's comments are highlighted in Appendix 2 and are briefly summarised as including:
- 3Well has been highly selective in its communication with the media, the PCT and the CCP;

- 3Well presented a draft proposal in April (that was included in the consultation document) but did not develop this into a formal proposal, despite agreeing to do so;
 - 3Well has made repeated allegations of conflicts of interest (despite the legal advisor of the Scrutiny Committee confirming in June that this allegation is unsupported by evidence);
 - 3Well has consumed a disproportionate amount of management time in pursuing its interests through use of: the media; 150 requests for information under the Freedom of Information Act (set out in 5 letters); complaints to the Secretary of State and the CCP; and letters to Board members.
- 1.19 The decision by the CCP to accept 3Well's complaint for investigation has led to at least 3 months delay (and it is likely to be a longer period of delay) with the consequence of adverse effects on both patients and taxpayers. The only party to gain from this complaint is 3Well, which will gain financially through increased income for at least another 3 months of operation of the walk-in service (see below).
- 1.20 The adverse effects of this delay on patients include:
- Continued uncertainty regarding the future of their surgery (this directly affects 10 surgeries and this also applies to staff);
 - Significant disruption and delay to the delivery of the 4 new health centres (with the added risk that preferred sites may be lost), which would benefit 60,000 people, i.e. 1 in 3 residents in Peterborough;
 - Significant delay in the delivery of the benefits to patients of the integrated urgent care system and reduced opportunity to incorporate 111 in the tender process.
- 1.21 The adverse effects of this delay on taxpayers include:
- additional costs of approximately £327,000, (the largest element of this is an increased income for 3Well of £182,000); and
 - High utilisation of scarce management capacity at a time of major change in dealing with the complaint to the CCP.

2. BACKGROUND TO THE COMPLAINT BY 3WELL

2.1 The headlines of the chronology are as follows

August 2008 to January 2010	Procurement and Initial Operation of Equitable Access Centre Competitive Procurement Process to select a provider for the Equitable Access Centre. Equitable Access Centre services commence May 2009 and include a service combining a registered GP practice and a walk-in service for un-registered patients.
January 2010 to October 2010	The “PCT” in Turnaround The PCT reports a £12m deficit and develops a Turnaround Plan to recover the deficit and achieve a balanced run rate. This includes a range of short term and long term cost reduction strategies, including plans for the cessation of walk-in services.
October 2010 18 May 2011	Pre-Consultation The PCT restarts its process for developing a strategy for urgent care and primary care (developing the two together given the close synergies and as a result of advice received from the Scrutiny Committee). This includes a major pre-consultation process with stakeholders.
18 May 2011 to 18 August 2011	Formal Consultation Comprehensive formal consultation for change including 3 options. Option 2 was developed with 3Well who proposed this option and the PCT agreed it had sufficient merit to be included in the Consultation.
19 Aug 2011 to present	Revised strategy developed The information received during the Consultation was reviewed and amendments to the strategy were developed and discussed with the Scrutiny Committee. The decision on the outcome of the Consultation was delayed by the PCT Board in light of the request from the CCP following the acceptance of a conduct complaint from 3Well.

2.2 Appendix 1 lists the documents which provide supporting evidence in chronological order. A detailed narrative of the chronology is included in part 4 of Appendix 2.

3. THE PCT STRATEGY FOR PRIMARY AND URGENT CARE

3.1 The development of the PCT Strategy for primary and urgent care is described in the following documents:

- Pre-consultation document Jan 2011
- Consultation document 18 May 2011
- Business case (public version 18 May 2011 and private 13 April 2011)
- Outcome of consultation and recommended strategy 13 September 2011

The Need for Change

3.2 In relation to primary care, change is necessary due to:

- The need to adapt NHS services to meet the requirements of a growing population in Peterborough (it is forecast to increase by 20,000 in the next 5 years);
- The fact that the premises at some practices are not adequate and this is negatively affecting services which, consequently, will not meet new standards taking effect in April 2013. This affects 60,000 patients (1 in 3 residents in Peterborough), particularly those in relatively deprived wards where health outcomes are much lower. These are long standing problems.
- The NHS is moving away from smaller practices. There have been 5 small surgery contracts which ended due to retirement. Where the PCT has re-commissioned these through competitive procurement this has led to a higher price per patient (see business case page 39). Another 5 small surgeries are likely to be affected by retirements in the next 5 years. The PCT needs to plan ahead for this and take decisions as a whole rather than make separate decisions in relation to individual practices, as it has done in the past. (Further details can be found at 66Small_surgery_sustainability)
- It is difficult for patients at some surgeries to get an appointment. This may result in patients using services from other providers.
- There is significant variation in the cost per patient at GP practices. In general smaller surgeries and APMS contracts cost more. (See business case page 39).

3.3 In relation to urgent care, change is necessary due to:

- Patients reporting to the LINks that the system is difficult to navigate
- Overlapping services. Peterborough has 2 walk-in centres (one nurse-led at the City Care Centre and the Alma Road Primary Care Centre - ARPCC), which provide essentially the same services as each other and as those provided by GP practices 'in hours' and by the 'out of hours' GP service
- Too many patients with minor cases are attending the hospital Emergency Department, which is not cost effective and does not give patients any on-going services they may require
- The PCT has high quality PFI premises (the City Care Centre), which is not used to its full potential.
- Walk-In Services at the City Care Centre and Out of Hours GP services will be the subject of a competitive procurement exercise if a decision on the strategy is made. This is a condition of the transfer of the services from the PCT to Cambridgeshire Community Services as part of the Transforming Community Health Services process.

3.4 In relation to efficiency requirements, change is necessary due to:

- The PCT needing to identify extra funding for:
 - increasing demand for services
 - new treatments that need to be provided
 - increasing costs and maintaining infrastructure
 - repaying historical debt

- The growth funding the PCT will receive is much lower than previous years and to fund the anticipated priority costs, the PCT needs to save £40m per year by 2015/16 in its £310m budget.

The proposed strategy

- 3.5 It was envisaged that, as part of the PCT's strategy, over time, there will be fewer but larger GP practices with improved quality and efficiency. In addition, it is envisaged that the Urgent Care System be simplified and clearly communicated to patients in order to reduce wasted spend.
- 3.6 In order to implement the proposed strategy, the overarching changes to be made would include:
- Ensuring every practice achieves a minimum standard for access to GP appointments
 - Providing extra information to help patients choose the right service and GP practice that supports them and their interests
 - Where contracts end for practices with a list size of 4000 or below and there is capacity nearby, patients will be asked to register with the nearby practice.
 - Ensuring that competitive processes are carried out to select new providers for GP Out of Hours and Minor Injuries services.
- 3.7 The Options considered in the Consultation as a result of the need for change included:

Option 1 - Doing nothing

Option 2 - Partially achieving the changes required

This included:

- Funding business cases for new premises at 3 out of 4 locations, thereby addressing requirements for 27000/60000 patients
- Practice mergers and closures, thereby reducing costs
- Reducing the evening and weekend walk-in hours for the Alma Road Equitable Access Centre
- Upgrading the Walk In Centre service at City Care Centre to Minor Injury and Illness Service and move from 7am – 10pm to 8am to 8pm
- Investing £0.5 million per annum in new premises

This would result in net savings of £5 million over 5 years.

Option 3 – Fully achieve the changes required

This option was effectively the same as option 2 above, but also included:

- Funding 4 new health centres, addressing requirements for all 60000 patients currently served by poor premises
- Closing the Alma Road Equitable Access Centre
- Investing £1.0 million per annum in new premises

This would result in net savings of £6 million over 5 years.

The Revised Strategy

3.8 In light of the Consultation, the PCT is now proposing the following changes to the recommended strategy (see Revised Board Paper 21Sep):

(a) Urgent Care

- Moving from a nurse led to a GP led urgent care service for minor injury and illness 8am to 8pm at the City Care Centre.
- Seeking a single provider (through a competitive tender process) to provide GP led minor injury and illness services, out of hours primary care and telephone triage services

(b) Primary Care

- Exploring a late proposal received from 3Well and two other small practices for them to be combined and work as one team. The proposal requires time to be developed in more detail to see if it is workable.

4. COMPLIANCE WITH THE PRINCIPLES AND RULES FOR CO-OPERATION AND COMPETITION

Principle 1: *Commissioners must commission services from the providers who are best placed to deliver the needs of their patients and populations.*

4.1 The PCT understands that it is the following action/behaviour that 3Well is claiming it has breached:

- “PCTs and other commissioners should ensure sufficient separation between commissioning and their provider services. SHAs should oversee this process.”

4.2 The PCT regards the following rules as being relevant in considering this matter:

- *“Commissioners must commission services from providers who are best placed to deliver the needs of their patients and populations having regard to their overall present and future needs and the sustainability of services*
- *Commissioners, at board level, should be able to demonstrate a clear rationale for procurement and contracting decisions in terms of quality and value for money”*

4.3 The PCT separated its commissioning and provider arms through the transfer of its community health services to Cambridgeshire Community Services on 1 April. This includes the provision of Out of Hours primary care and walk-in services. The PCT has also clearly stated its intention is to procure these services through a competitive procurement exercise at the end of the strategy consultation process. This has been repeatedly communicated to 3Well (see 3Well_Pre-consultation_Notes_04-Feb-11).

Evidence Basis for the Strategy

- 4.4 The Principles and Rules for Co-operation and Competition (Principles and Rules) require that *“Commissioners, at board level, should be able to demonstrate a clear rationale for procurement and contracting decisions in terms of quality and value for money”*. The Board discussed the matter on the following occasions:
- December Private Board Paper 01Dec10
 - March (private) Private Board Paper 02Mar
 - April (private) Private Board 20Apr Paper
 - May (public) Board paper 18May
 - August (private) Board private notes 25Aug
 - September (public) (see Revised Board Paper 21Sep)
- 4.5 The Board papers are provided as supporting evidence illustrating the rationale the PCT has followed with regards to service quality and value for money.
- 4.6 Examples of the evidence used by the PCT (and contained in the see Business case public 18May) are as follows:
- Forecast Population growth
 - Analysis of relative deprivation and life expectancy by ward across Peterborough
 - Quality problems with existing primary care premises
 - Utilisation of the two walk-in services by MSOA (similar to electoral wards)
 - Retirement dates for single handed practices
 - Comparative costs per patient by practice
 - Comparative costs per patient by urgent care provider
 - Patterns of attendance at A&E by time of day
 - Analysis of patients attending Equitable Access Centre as a walk-in patient
- 4.7 Also attached is further information supporting the Board recommendations for the September meeting:
- A&E activity by MSOA ward 9Sep
 - Supporting financial analysis primary care 9Sep
- 4.8 The Independent Reconfiguration Panel has recently reviewed reconfiguration of walk-in services. The most recent example is Nottingham where the IRP supported the PCT’s strategy to combine an equitable access centre, GP out of hours service and nurse led walk-in centre as an integrated service (see <http://www.irpanel.org.uk>).
- 4.9 The PCT invited the National Clinical Advisory Team to review its draft strategy in April 2011. The clinicians from the team visited key sites, reviewed the PCT’s documentation and interviewed PCT staff, local GPs, members of 3Well, Walk In Centre staff, patients, councillors and senior clinicians at the Emergency Department. Their conclusions are described

below and the full report is available on the PCT website ([see NCAT Report 14Mar](#))

Extract of National Clinical Advisory Team Report March 2011: Conclusions and Recommendations

Conclusions

1. The plans for reconfiguration of primary care and urgent care in Peterborough make clinical sense and do not pose any issues of patient safety
2. We were impressed that, in Peterborough, primary and secondary cares were beginning to work together to solve some of the difficult issues of urgent and emergency care. This work needs to develop and continue.
3. We support the closure of one of the walk-in centres and the development of the other walk-in centre as the minor injuries unit. The minor injuries unit needs to be linked closely to the Emergency Department at Peterborough Hospital.
4. The public needs to be reassured that there is sufficient capacity in the system so they can access GP services in and out of hours speedily and appropriately.
5. There is a pressing need to improve GP premises in Peterborough city centre as soon as possible. Replacing small practices with moderate sized GP practices makes clinical sense and should enhance the quality and breadth of services delivered by these practices.
6. The local council needs to be made aware of public transport issues. People should be able to access the CCC and Peterborough Hospital by public transport from early in the morning to late at night

Recommendations

Peterborough PCT proceeds to public consultation on the basis of its plans and describes clearly to the public the benefits of moving to this new system, that is whilst there may be financial savings, the proposals are primarily an opportunity to improve access to GPs, the quality of GP premises and develop a minor injuries service within close reach of the city centre.

4.10 The Principles and Rules require that *“Commissioners must commission services from providers who are best placed to deliver the needs of their patients and populations having regard to their overall present and future needs and the sustainability of services”*. The PCT has serious concerns about the sustainability of some of its primary care providers due to:

- The size and quality of their premises (affecting 60,000 patients)
- The ability of smaller surgeries to recruit replacement partners in view of anticipated future retirements (affecting 30,000 patients)
- the potential impact for smaller surgeries of a move to a standardised cost per patient (affecting 30,000 patients)

Resolution of these sustainability concerns is, therefore, a central part of the PCT strategy. (see 66_small_surgery_sustainability)

Principle 2: Commissioning and procurement must be transparent and non-discriminatory and follow the Procurement Guide issued in July 2010.

4.11 The PCT understands that it is the following rules which it is alleged to have breached:

- *Commissioners must be able to demonstrate at each stage of the procurement process that they have acted in a transparent and proportionate manner*
- *Commissioners must be able to demonstrate at each stage of the procurement process that they have not acted in an unduly discriminatory manner*

4.12 The PCT understands that it is the following action/behaviour which it is alleged to have breached:

- *Commissioners should engage fully and transparently with existing and potential providers regarding future procurement requirements and timetables*

4.13 The PCT regards the following actions and behaviours to be relevant in considering this matter

- *It is for commissioners to specify the services they require, along with their requirements for access and quality of services. The exact configuration of services will be agreed between commissioners and providers. Commissioners must consider the minimum scale required to provide a clinically safe service*
- *All providers, including NHS bodies, should be given a fair and equal opportunity to bid for new contracts*
- *Commissioners' procurement activity should be proportionate to the size and complexity of the service or services in question, and appropriate to the type of provision*

4.14 The PCT also has a responsibility to ensure it complies with:

1. The Cabinet Office Code of Practice on Consultations (see www.bis.gov.uk/policies/betterregulation/consultation-guidance/code-of-practice); and statutory obligations under sections 242 and 244 of The Local Government and Public Involvement in Health Act 2008, which enhance and clarify sections 242 and 244 of the NHS Act 2006.

4.15 In April 2011, the PCT obtained legal advice which confirmed that it has met its obligations: the PCT was advised that its consultation process was robust and legally compliant.

4.16 The PCT also invited the DH Gateway Team to review its process to ensure it was following best practice. The team undertook a wide range of

interviews and systematic documentation review (see Gateway Report 10 February). The review:

- confirmed that the strategy was broadly in line with national policy and is generally supported in the locality;
- it expressed concern regarding the timetable being pursued by the PCT given the state of readiness of documentation at the time of the visit; and
- it recommended that the PCT ensure sufficient resources are dedicated to the project in order to
 - Increase financial capacity to provide assurance on the financial information
 - Revise the consultation document and supporting business case to make a persuasive case to support the proposals for change; and
 - Strengthen project disciplines.

4.17 In view of these concerns (and the requirement not to consult during an election period) the PCT delayed its timetable, increased its financial capacity, fundamentally revised its documentation and strengthened its project disciplines via the Primary and Urgent Care Steering Group (this is an internal group which oversees the strategy and has non-executive and LINK membership).

4.18 The Procurement Guide states that *“The service review process should commence at least nine months before the end of the existing contract. Where a commissioner is evaluating options upon termination or expiry of an existing contract, the decision-making process and key factors to be considered will be broadly similar to scenarios where the commissioner is seeking to secure new service models or significant additional capacity (see Figure 2c). The main difference is that the commissioner is considering options and making decisions in relation to existing services. Considerations for commissioners would include:*

- *Commissioning priorities for service re-design (eg. shifting care from hospital into community settings)*
- *The performance of existing provider(s)*
- *The existence of viable, alternative providers*
- *The potential for incremental improvements/changes to existing services*
- *Any advantages of bundling/unbundling services*
- *The need for new service models*
- *The case for decommissioning existing services*
- *Sustainable Development practices and performance*

4.19 The PCT has adhered to this guidance. This can be demonstrated by the fact that the service review process commenced at least 18 months in advance of any potential contractual change (the review commenced in October 2010). The PCT also identified the advantages of bundling services together in urgent care (see Draft Board paper Scrutiny Commission 9 September) and considered the case for decommissioning services at small surgeries and the ARPCC.

Pre-Consultation Process

- 4.20 The PCT's pre-consultation process is described in full in section 2 of (see 9Sep Attachment 1 - End of Consultation Report). The DH Gateway team stated as *"NHSP is to be commended on the comprehensive range of stakeholders identified and has engaged them in what is generally acknowledged as a good pre-consultation exercise and plans to continue this through the consultation process"*.
- 4.21 The PCT changed its consultation document as a result of the pre-consultation process, including the addition of a new option (2), incorporating the late proposal in April presented by 3Well (see Email walk-in phaseout option 6Apr).
- 4.22 The PCT's option appraisal is described at page 51 of its business case (see Business case public 18May). This includes a long list of options, a list of short-listed options and a weighted scored evaluation. It is worth noting that there are multiple potential variations of options and the PCT endeavoured to select a pattern of options which permit patient and stakeholder comment.
- 4.23 3Well has stated that it has proposed three options which the PCT has not considered (see 3Well_email_23July). The PCT did consider these options. However, in doing so, the PCT had regard to the Procurement Guide which states *"2.24 Commissioners should take care when undertaking variations to existing contracts. It is possible that, in some circumstances, this may lead to the award of a new contract if amendments are made to terms that are materially different in character from the original"*. The options proposed by 3Well were as follows:

Option 1: Providing a Primary Care Service within PCH Emergency Department:

The PCH Department is 2 miles from the current practice location. This would be a material change to the 3Well contract and, therefore, this option would require procurement should the PCT wish to deliver this. Strategically it was an option to secure this service through legitimate procurement. However, the PCT and the acute provider had discussed GP involvement at the front of A&E in 2010 and were unable to reach agreement on the way this might work and would be paid for. This option was therefore discounted.

Option 2: Combining with and running of the Walk-in Service at City Care Centre:

The PCT's revised strategy is to provide a GP-led minor injury service integrated with out of hours primary care. Pursuing this option would result in a material change to 3Well's contract as it would take on the City Care Walk-in Centre services. Carrying out this option would amount, again, to a material change, in breach of procurement law and the Procurement Guide. The PCT identified the best route to achieve consolidated urgent care services was, therefore, through an open competitive procurement process, which 3Well could choose to participate in.

Option 3: Using 3Well resources to build a new Medical Centre as originally promised by the PCT at Alma Road:

This is option 1 in the Consultation. Whilst 3Well would provide the capital, this would require the PCT to provide the annual revenue support. 3Well have indicated their wish to receive [X](see 3Well email accommodationcosts 27July). The PCT has space available in existing premises in the neighbourhood (which the practice has already operated from), which are available at £175 per square metre. For 400 square metres of space this would represent an additional cost of £48,000. The PCT also has lease liability for these premises and needs to ensure optimum use. Therefore, the PCT has focused discussion on the use of the existing premises rather than a new building.

Formal Consultation

- 4.24 The formal consultation process is described in detail in 9Sep Attachment 1 - End of Consultation Report. In terms of engagement with the public, the PCT sent 30,000 letters to patients at practices directly affected by the options, distributed 10,000 consultation documents, produced 250 posters, 4 newspaper adverts, 39 newspaper articles/letters and participated in 7 radio/TV interviews. In addition, it held 8 public meetings (attended by 320 people) and attended 17 meetings held by other organisations and groups in relation to the Consultation.

Post Consultation Activity

- 4.25 The PCT appointed independent specialists, MRUK, to analyse the questionnaire responses to the Consultation. A description of the key themes arising from this analysis including the MRUK report, the PCT's response and its recommended way forward is set out in the draft Board paper (see Draft Board paper Scrutiny Commission 9 September).
- 4.26 In light of the consultation, the PCT adapted the recommended strategy and made changes described below.
- The integrated urgent care service at the City Care Centre would also include GP cover 'in hours' and be closely linked to the new 111 service to ensure the most appropriate use of the services:
 - Providers of the services at Alma Road, Church Walk and Burghley Road have submitted a proposal to move their services to the Healthy Living Centre (HLC) and work as a single clinical team. The PCT's view is that the plan has potential merit, but is not sufficiently detailed to allow a decision to be made. Therefore the PCT intends, in the next few weeks, to consider the options for the location of the 'long term condition' services, which are currently located at HLC. In doing so, the PCT intends to involve local patients and potentially affected stakeholders and request a detailed proposal from the 3 practices, which must include details of the potential benefits and costs, as well as a delivery plan.
- 4.27 These changes clearly show that the PCT has not pre-determined its decision and has listened and continues to listen to the views expressed

during the Consultation. In doing so, the PCT is fulfilling its statutory obligations³.

Scrutiny Committee

- 4.28 The Scrutiny Committee has been closely involved throughout the process and the PCT has adapted its process and strategy to reflect comments of the Scrutiny Committee. Further details of this can be provided to the CCP if required.
- 4.29 In its final decisions, the Scrutiny Committee has clearly supported both the Consultation process followed by the PCT (see Scrutiny Commission Notes 19 July) and the recommendations of the revised strategy (although obviously this is with the exception of the late proposal received from 3Well after the close of the Consultation period, which the Scrutiny Committee has not yet seen). (see Scrutiny Commission Recommendation Letter 16Sep).
- 4.30 The 3Well conduct complaint to the CCP is highly selective in its account of the Scrutiny Committee's involvement and only highlights the questions and comments of the Scrutiny Committee which raise any concerns. It also incorrectly describes Councillor Peach as a member of the Scrutiny Committee, which he is not.

Transparency

- 4.31 The Procurement Guide lists four requirements for PCTs as regards transparency during a procurement process (set out below). As a result of the complaint by 3Well and the CCP's consequent request for the PCT to maintain the *status quo*, the PCT has not been able to begin a procurement process. The PCT has, however, met these requirements during the pre-procurement phase.

“(i) Stating commissioning strategies and intentions

1.22 Commissioners are expected to state their short-to-medium term commissioning intentions on their websites

“The PCT has followed a comprehensive public consultation process stating its draft intentions and seeking involvement. When the strategy has been agreed this will be communicated widely”.

“(ii) Stating the outcome of service reviews and whether a competitive tender is to be used”

The PCT stated during the consultation process that it intends to pursue competitive procurement for 'out of hours' and minor injury services.

“(iii) Advertisement of Procurement (where applicable) and notification of Contract Award”

³ **Statutory Duties Section 242 and 244** - The Local Government and Public Involvement in Health Act 2008 made provision to enhance and clarify sections 242 and 244 of the NHS Act 2006. Section 242 and 244:

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081089;
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_089787

The PCT has not reached this stage of the process.

“(iv) Transparency of Documentation and process/decisions”

The PCT published comprehensive consultation documentation which was commended by an external legal advisor specialising in consultation law. The PCT intends to publish comprehensive documentation as part of its procurement process for urgent care.

Provider Engagement

- 4.32 The Procurement Guide states that *“Effective engagement with providers is essential for effective commissioning and a key factor in any successful procurement. To get the maximum benefit, this engagement should be with both current and potential providers and take place as part of an ongoing exercise, i.e. it should not just be limited to procurement activity – it should be part of an iterative process to inform and be informed by the commissioning strategy and procurement priorities. As a result of ongoing engagement with a range of providers, commissioners can be confident that their commissioning intentions are well informed and well understood.”* As the PCT has demonstrated, it has engaged extensively with providers, including 3Well; the PCT has had continuous dialogue with 3Well at all stages of the Consultation process (the pre-consultation stage, consultation document drafting stage and the consultation stage). The chronology of communication with 3Well is set out below:

Date	Type	Summary
24 Jan	Meeting	Initial pre-consultation meeting
4 Feb	Meeting	Included discussion of options and the PCT explained its view on the options which it considered to be feasible in procurement terms. In particular, the idea was put forward of reducing walk-in centre income over time and phasing it into a registered practice only with a fixed budget.
22 mar	Meeting	Further options were discussed. The PCT asked 3well to describe the proposal for a phased transition into a registered practice in writing
25 Mar	Email	An extract from the Draft business case was sent to 3Well for comment
30 Mar	Meeting	3Well presented a revised option including the phasing out of walk-in centres and a move to a registered only practice.
6 Apr	Email	3Well confirmed the phasing out option.
7 Apr	Email	The PCT sought clarity on the proposed opening hours in order to assist the consultation
7 Apr	Email	3Well explained that they were unwilling to confirm hours in short term and stated that they wanted to flesh out details during the consultation period
18 May		The PCT included a version of the transition option in the Consultation
25 May	Email	3Well were asked to clarify in public that it had developed option 2 with the PCT. 3Well did not do this.
18 May – 18 Jul	Multiple informal	The PCT reminded 3Well of the need for the option to be worked up.

	contacts	
16 Jun	Email	3Well set out detailed ideas regarding how PCT should approach capacity at the GP practices, but no details of the option were provided. 3Well stated that the approach to capacity needed to be addressed before it would consider fleshing out the option.
1 Jul	Email	PCT requested information from 3Well on activity at times during the week and the percentage of nurse and doctor appointments. This was never provided.
Date	Email	3Well provided a detailed analysis of 80,000 lost appointments, but again, no details were provided in relation to the revised option.
18 Jul	Letter	A letter was sent to 3Well confirming the need for detail regarding the proposals which the PCT should consider within the framework of the consultation and listing potential variations.
23 Jul	Email	3Well stated that they did not wish to work further on any options unless the PCT stopped the consultation.
25 Jul	Tele-conference	Options were discussed and again, 3Well stated that they did not intend to work with the PCT on the revised options.
27 July	Email	3Well confirmed their expectation that they would require [x]per square metre for a new building (compared to [x]per square metre at an existing suitable building nearby).
25 Aug	Informal meeting	3Well confirmed they were working with First Health and Welland to develop a proposal to join as one team at the Healthy Living Centre.
5 Sep	Email	The PCT was notified of 3Well's submission of a complaint against it to the CCP and a copy of the complaint was provided to the PCT.
8 Sep	Document	3Well and 2 other practices submitted a joint, revised option to the PCT.
30 Aug	Email	3Well presented evidence regarding the contractual rules for PMS contracts to support their application for joining with the other 2 small practices.

- 4.33 The PCT notes that, despite this continued dialogue and the opportunities given, 3Well did not develop option 2 into a more detailed proposal, nor did it submit any other proposals despite repeated requests from the PCT during the Consultation. When 3Well did submit a proposal, the Consultation had closed and the proposal was only very high level.

Dialogue with other providers during the Consultation

- 4.34 When considering potential urgent care models the PCT consulted with:

- Peterborough City Hospital;
- Peterborough Community Services (the existing provider);
- Cambridgeshire Community Services (the neighbouring provider, including 3 minor injury units and the assigned provider in the interim for urgent care services as part of the Transferring Community Services process);
- Care UK.

- 4.35 The PCT also asked GP practices both prior to and during the consultation process to clarify their proposals in light of the consultation process. This led to premises business case proposals from:
- North Street and 63 Lincoln Road;
 - Orton Bushfield Medical Practice;
 - First Health and Welland;
 - Hampton;
 - Thistlemoor Medical Practice;
 - Millfield Medical Practice; and
 - The Grange.
- 4.36 The following practices also contacted the PCT during the Consultation to clarify their intentions and capacity:
- Nene Valley Medical Centre;
 - Thomas Walker Centre;
 - Huntly Grove;
 - Minster Medical;
 - Park Medical.

Non-discrimination

- 4.37 The Procurement Guide states that:

“The commissioning process, including any form of procurement, should be non-discriminatory and transparent at all times, neither including nor favouring nor excluding any particular provider. This includes documentation and, particularly, the identification of criteria and weightings that will be used as part of any evaluation process.

All appropriate information should be supplied in good time to enable potential providers to properly assess whether they wish to express an interest in providing the relevant services.”

- 4.38 As has been explained above, the PCT has not yet been able to commence a procurement process. As such, it is difficult to apply the above principles to the current situation. However, the PCT would emphasise the fact that 3Well have been actively involved throughout the consultation process and the proposals they have made have been carefully considered and, where appropriate, included in the Consultation. Further, the PCT has extended its review to consider a late proposal by 3Well.

Conflicts of Interest

- 4.39 It is a common dilemma for commissioners to involve local providers in developing commissioning strategies and avoid conflict of interest, a point made by the Scrutiny Committee legal advisor at the meeting on 27 June (see Scrutiny_Commission_Notes_27Jun) and noted in paragraph 4.13 of the Procurement Guide.

“4.13 Conflict of interest is an issue that commonly arises during procurement activity and can occur when a commissioner is developing a service specification, when a commissioner is engaging incumbent or

potential providers in preparing them to provide solutions to deliver that service, or during the procurement process itself. When conflicts of interest arise, it is the responsibility of the commissioner to manage them appropriately to ensure a robust and transparent procurement.

4.21 ... Any potential conflicts should be identified early and interests declared on a conflicts of interests register, held by the commissioner. It is the role of a commissioner to be vigilant regarding conflicts of interest.”

- 4.40 It is not clear why clinicians leading the process, which is part of the Department of Health key tests, have any greater conflict in this service reconfiguration than in any other. The usual process for managing conflicts of interest during service reconfiguration has been applied here, but it seems that no thought appears to be given in 3Well's complaint to the decision-making role which the GPs involved have. Generally, this appears to be an alleged infringement based on a lack of understanding with regard to the law and guidance on service reconfiguration.
- 4.41 The two individuals alleged to have unduly influenced the process are [§<]. Both [§<] are listed in the Conflicts of Interest Register (see Register_of_Interests). The body taking the decision on the strategy is the PCT Board. [§<] is not a member of this Board. [§<] is a member of the Board and declared an interest on this matter at the meeting the decision to consult was taken (see Board_Minutes_18 May). His contribution is, therefore, noted in this context and he would be excluded from voting should a vote be required in the future. The actions taken in this regard are in line with the PCT's policies (see Standing and Financial Instructions).
- 4.42 The group that has been steering the project and advising the board includes a non exec director and member of LINKs. It does not include either [§<]. (see List_of_Board_members).
- 4.43 The PCT invited the DH Gateway Team to review its process and one of the recommendations it made was that the PCT increase its clinician involvement, particularly when presenting the strategy to the public (see Gateway_Report_10Feb). [§<] were, therefore, actively involved in all public meetings and this proved particularly useful when answering questions concerning the out of hours services and primary care appointment systems.
- 4.44 As is mentioned above, PCTs are required by the Lansley Tests (set out in May 2010) to ensure that GP commissioners are consulted on the proposals. In fulfilling this requirement, the PCT paid careful attention to the separation of the primary care and urgent care elements of the strategy.
- 4.45 The urgent care components of the strategy become the responsibility of clinical commissioning groups in future. Therefore, GP commissioners were consulted as a group as part of the pre-consultation process with regard to the urgent care components of the strategy. (see GP_cluster_lead_papers_23Feb, see GP_cluster_lead_minutes_23Feb, GP_cluster_lead_minutes_23Mar). The PCT was careful to ensure that only urgent care matters were discussed on these occasions and any comments made by the group were considered by the PUC Steering Group in the context of potential vested interests.

- 4.46 3Well have repeatedly alleged that the PCT has breached its responsibilities for managing potential conflicts of interest. This is despite information provided to 3Well confirming that this is unfounded (see 3Well_Pre-consultation_Notes_04-Feb-11) and assurance by the Scrutiny Committee legal advisor (see Scrutiny_Commission_Notes_27Jun) that there is no evidence to support this claim.
- 4.47 In the PCT's view, this allegation amounts to vexatious behaviour by 3Well, as, with full knowledge of the processes employed by the PCT to manage conflicts of interest, 3Well Medical and their patients' groups have continuously criticised [3Well] for their involvement in the strategy in public at the Scrutiny Committee (leading to newspaper articles alleging this conflict of interest), presented the matter to the CCP in a public complaint and presented the matter in a complaint to the Secretary of State.

Principle 5: Commissioners and providers should promote patient choice, including - where appropriate - choice of Any Willing Provider and ensure that patients have accurate, reliable and accessible information to exercise more choice and control over their healthcare.

- 4.48 The PCT understands that it is the following rule which it is alleged to have breached:

- *Commissioners and providers must not take any actions which restrict choice against patients' and taxpayers' interests*

- 4.49 The PCT regards the following expected actions and behaviours to be relevant in considering this matter:

- *National policy and guidance also requires PCTs to offer patients choice in an increasing range of services outside of elective care, including maternity, long-term conditions and end-of-life care, as well as GP services and where possible to apply any willing provider models.*

Choice of Providers for Registered Services

- 4.50 The Procurement Guide states that:

"The Government will give every patient a clear right to choose to register with any GP practice they want with an open list, without being restricted by where they live. People should be able to expect that they can change their GP quickly and straightforwardly if and when it is right for them, but equally that they can stay with their GP if they wish when they move house."

This describes precisely what the primary care elements of the strategy aim to achieve: the PCT's vision for primary care is to commission services from a range of GP practices, which are caring, accessible, offer a wide range of services and achieve high standards of care. To achieve this, each practice must have multi-skilled, stable teams with sufficient capacity and must operate from appropriate premises in the right locations. Overall, local health services must be affordable. The PCT's understanding is that medium and larger sized practices will be better placed to deliver this requirement due to workforce and financial viability and this is demonstrated by the current trends (both national and local) to move away from the use of smaller surgeries. The majority of providers of small practices have raised

the concern of sustainability with the PCT and this has led to proposals from small practices to join together in the interests of patients. (66 small-surgery-sustainability)

- 4.51 The PCT needs to be clear on its strategy when taking commissioning decisions regarding single handed practices (i.e. practices run by a single GP) that become available when GPs retire; practices submitting cases for revenue funding for premises; and the future of APMS contracts that are close to expiry. Therefore, the PCT anticipates a move over time from 28 practices to around 20 practices. It is intended that each of the 20 practices will be sustainable and able to achieve high standards, operate from appropriate premises and be affordable. For an urban area such as Peterborough, this reduction in the number of practices would still ensure that patient choice is maintained. Patients in the areas of ARPCC would have seven practices to choose from (see below). This approach is consistent with Principle 5 as it ensures choice for GP services and Principle 1 as it will ensure high quality, sustainable services.
- 4.52 The PCT's business case (see Business case public 18 May) illustrates that the cost per head at smaller practices is higher. If the PCT ends the three contracts for small surgeries with high costs per patient, described in the strategy, patients will register with practices with a lower price per patient, reducing NHS spending by £430,000 to commission the same volume of services. In addition, the PCT is pursuing a PMS rebalancing exercise to ensure all PMS contracts will be within the same band of pricing per patient within 2-3 years. This will bring financial pressure to those smaller surgeries with high costs and risk their long term viability.
- 4.53 Central Peterborough (where the Alma Road surgery is located) is currently served by eleven different practices. The table below shows the practices, their list size and their future plans (should the strategy come to fruition).

	Current	List size April 2011	Future plans
1.1	ARPCC	2100	Proposal to combine at under utilised new premises. Expected to offer extended hours. Would have capacity to grow list numbers to significantly.
1.2	Burghley Road	2100	
1.3	Church Walk branch of Welland surgery	2400	

2	Millfield Medical Centre	10250	Already offers 8am to 8pm and walk-in sessions. Serves large non-UK community. Has capacity to grow list significantly.
3.1	Huntly Grove	2100	Proposal to combine and offer 8am to 8pm and weekend services. Would have capacity to grow list numbers significantly.
3.2	Thomas Walker	6860	
3.3	Minster Medical Practice	3700	
4	Park Medical Centre	8600	Scope to grow list numbers.
5	Thistle Moor Road	10400	New premises with popular walk-in model. Serves large new to UK community. Scope to grow list numbers significantly.
6.1	North Street	15500	Proposal to combine and offer 8am to 8pm and weekend services (requires new premises) and has scope to grow list numbers significantly.
6.2	63 Lincoln Road	11080	
7	Westgate Surgery	9070	Consolidating after recently joining with a nearby small surgery.
		84160	

4.54 Whilst the PCT's strategy would lead to a reduction in the number of practices in Central Peterborough from eleven to seven, it would ensure each provider is of a sustainable size, is able to achieve high standards, operates from appropriate premises alongside community health teams and is affordable. This will bring the following benefits to patients:

- More extended hours - currently practices 1.1 and 2 offer significant extended hours (in total 12,350 patients registered with these practices can access these hours of service). In future, because practices 1, 2, 3 and 6 will all provide these extended hours an extra 43,750 patients would have the option to attend in these hours.
- Range of services - Practices 6.1 and 6.2 currently operate from premises that are 1/3 of the size of other surgeries in the city, yet they serve 26,000 patients. The strategy would release funding to allow these practices to be combined in new premise, offering a greatly extended range of services (see 9Sep_Attachment 3- primary care analysis and conclusions page 10).
- Community Health Services - the new premises would also allow the practice to offer integrated services with community health services that have been accommodated outside of the practice due to space shortage (26,000 patients registered with these practices could potentially benefit)
- Sustainability – the practices with small lists sizes described above have expressed concern regarding their long term sustainability. The strategy would address this problem for practices 1.2, 3.1, 3.3 and would benefit 10,300 patients in this part of Peterborough through staff continuity.

- 4.55 As a result of the strategy, there would be a cost for registered patients at Alma Road in terms of access to routine appointments outside the hours of 8am - 8pm on weekdays and Saturday mornings. However, this loss is minimal and is heavily outweighed by the benefits described in paragraphs 4.68 to 4.70. Between 1 April and 23 September 2011, 13% of attendances by registered patients were outside these hours. This equates to 2400 attendances in a year (0.2% of primary care attendances in Peterborough) and the equivalent of 300 patients (assuming patients attend on average 8 times per year) (see 3Well attendance analysis 28Sep).

Choice in Urgent care services

- 4.56 The Principles and Rules state that “*Commissioners and providers must not take any actions which restrict choice against patients’ and taxpayers’ interests*”. The PCT’s case is that it is in the interest of patients and taxpayers to integrate, not duplicate and fragment urgent care services.

- 4.57 The Procurement Guide states that:

“The Government will develop a coherent 24/7 urgent care service in every area of England that makes sense to patients when they have to make choices about their care. This will incorporate GP out-of-hours services and provide urgent medical care for people registered with a GP elsewhere. We will make care more accessible by introducing, informed by evaluation, a single telephone number for every kind of urgent and social care and by using technology to help people communicate with their clinicians;”

- 4.58 Again, this describes exactly what the PCT is seeking to achieve through its urgent care strategy, as described in its consultation document (see Public Consultation Document 18May) and the revised recommendation (see Draft Board paper Scrutiny Commission 9Sep).

The integrated model is described in the revised strategy (see Draft Board paper Scrutiny Commission 9Sep) and includes a single provider running minor injury and out of hours GP services. It also includes close working to single protocols with ambulance, mental health, community, hospital, primary care and telephone assessment services and proposes bringing together urgent care services on one site and extending the services offered (including a minor injuries unit). The service would be responsive to patients' needs at a time when they need urgent care. The option is about ensuring patients receive appropriate care at their first visit, reducing the need for patients to see additional health professionals for the same condition (a practice which is happening at present {1 in 3 patients who visit Alma Road also see their GPs in relation to the same matter}).

- 4.59 The inclusion of a minor injuries unit will enable a ‘one stop facility’ in a city centre location, thereby simplifying the patient care pathway. It will be staffed by doctors from 8am to 8pm, who will lead the multi-disciplinary team and ensure the provision of extensive services supported by diagnosticians (who will also be co-located with the out of hours service). Patients will be able to choose the most appropriate service for them depending on their clinical need. In addition, the 111 telephone messaging service will also provide support and guidance to patients to help ensure that they attend the most appropriate service for their clinical need.

4.60 Additional benefits to patients as a result of the above will also include a reduction in the number of handovers the patient has to endure throughout the pathway and increased ability to ensure that the patient receives the correct service from the outset. Taxpayers will also benefit in that service provision will be more efficient and thereby reduce the likelihood of wasted costs. In addition:

- £730,000 will be saved from the GP walk-in costs at the ARPCC. The extra cost to provide GP cover in the nurse-led walk-in service (following discussion with providers) would be £343,000. This 'extra cost' would be offset by the economies of scale for the provider, delivering a net saving to the PCT of £730,000 - 9Sep_Attachment 2-urgent care analysis and conclusions; and
- there is also the potential for £500,000 savings from reduced A&E attendance once the system is fully operational. A unified service operating at higher clinical level able to see all minor injuries would be more likely to change behaviour in A&E attendance, especially if this is supported by 111 and 999 ambulance protocols. (see 9Sep_Attachment 2- urgent care analysis and conclusions)

4.61 The scope of the Principles and Rules with regard to Choice is primarily directed at elective care:

"In respect of acute elective services, legal Directions require PCTs to offer patients 'free choice' of provider of routine elective services."

4.62 Whilst the Principles and Rules also note some extension to this:

"National policy and guidance also requires PCTs to offer patients choice in an increasing range of services outside of elective care, including maternity, long-term conditions and end-of-life care, as well as GP services"

4.63 The examples given relate to primarily 'in hours' services of a more elective nature whereby patients have time to consider options and exercise choice. The exception is maternity services, where commissioners are offering choice not by duplicating maternity departments in their health system, but by promoting choice to travel to adjacent health systems particularly for patients on the borders of two health systems.

4.64 Given the context of choice within urgent care, to bring market forces pressure to providers, the PCT will use a competitive procurement process to drive increased benefits for patients and taxpayers in line with the principles of choice and competition.

The Costs and Benefits of the Revised Strategy

The costs

4.65 As with the decommissioning of services, there will likely be costs to patients in terms of loss of choice in that specific area. The costs of pursuing the revised strategy for patients, would include:

- 22,000 patient attendances (the current number of walk-ins per year at the Equitable Access Centre) would need to be

accommodated in other services. There is evidence that 1 in 3 patients attending the ARPCC also attend their own registered surgery with regard to the same clinical episode (see Business case public_18May page 45) it is therefore, estimated that at least 30% would attend the GP practice where they are registered instead. Therefore, 15,400 may seek to attend the urgent care service at the City Care Centre.

- The geographic analysis (3Well_ -attendance_analysis_28 September) shows that using the City Care Centre Walk-In Service would involve increased travelling for 26% of attending patients (approximately 3500 patients).
- 13% of the 18,000 registered attendances per annum at Alma Road take place during hours that are outside the expected operating hours of practices in the area that will be implemented (again, according to the 3Well_attendance_analysis_28Sep). These patients would need to attend within hours.

Summary

Cost to Patients	Number of patients affected
Increased journey distance for walk-in service	3500 ⁴
Registered attendances not able to take place outside expected future working hours	2400

4.66 For taxpayers, the costs would include a net increase in the spend on primary care premises per annum.

Summary

Net increase in spend per annum on primary care premises	£440,000 ⁵
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4.67 There will also be some ‘neutral changes’ as a result of the Revised Strategy. These include:

- 7000 patients registered with 3 small practices (ARPCC, Church Walk and Burghley Road) would attend other premises within the neighbourhood to see the same clinicians. This is within walking distance of current sites. [This assumes that the late proposal to move to Healthy Living Centre Option is workable]
- An estimated 54% (10,100) of current Alma Road walk-in centre attendances would find the City Care Centre an equivalent distance in terms of location.
- The increased travel for approximately 5000 patients in Parnwell, Welland and Dogsthorpe would be balanced out by reduced travel for 5000 patients in South Dogsthorpe/East ward (which is closer to the proposed location of the new surgery premises)

Benefits

⁴ [3Well_attendance_analysis_28Sep](#)

⁵ [Supporting_financial_analysis_primary_care_9sep](#)

4.68 There would also be significant benefits realised as a result of the revised strategy. For patients these include:

- An increased range of services could be delivered from the four new health centres described in 9Sep_Attachment 3- primary care analysis and conclusions
- Opening hours would be increased at practices at North Street and 63 Lincoln Road, East and Dogsthorpe and Orton
- Patients who will disperse (or merge) from the small practices would receive improved quality services elsewhere and a greater choice of clinicians
- The financial savings will enable funding for the extra patients' forecast
- Increased convenience of enhanced minor injury services which will mean that patients do not go to A&E when it is not appropriate to do so

4.69 For taxpayers, the benefits include:

- Savings from contractual efficiencies achieved through practice contracts
- Savings from the reduced expenditure in relation to GP walk-in services
- Savings from patients attending Urgent Care Centre instead of A&E
- Net savings from the current costs of the existing portacabin supplying the Alma Road Walk-in centre

Summary

Benefit	Number of patients affected
Increased range of services for patients at four new health centres as described in page10 ⁶	60,000
Increased opening hours at North Street and 63 Lincoln Road, East and Dogsthorpe and Orton	52,000
For patients at small practices that are expected to disperse or merge - greater stability in clinical teams - greater choice of clinicians within the team - greater peer support to assist service quality	24,000-30,000
The savings below will provide the budget required to fund the forecast extra registered places in Peterborough forecast to rise by 4000 patients per annum for five years	20000
Increased convenience of enhanced minor injury services allowing treatment away from A&E	5400 ⁷

4.70 For taxpayers

Savings from contractual efficiencies achieved by practice contracts	£430,000
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⁶ [9Sep_Attachment 3- primary care analysis and conclusions](#)

⁷ [9Sep_Attachment 2- urgent care analysis and conclusions](#)

Savings from reduced expenditure on GP walk-in services	£730,000
Savings from patients attending Urgent Care Centre instead of A&E	£500,000
Net savings from existing portacabin	£223,000
	£1,873,000

4.71 The PCT's modelling assumes that savings are also made from patients receiving telephone advice or attending their surgery instead of the Urgent Care Centre and balancing the extra costs of medical cover and telephone triage service.

5 COMMENTS IN RESPONSE TO ISSUES RAISED BY 3WELL INCLUDING DETAILED CHRONOLOGY

5.1 Attached as Appendix 2 is a detailed commentary on the issues raised by 3Well. The PCT observes that the complaint is selective and, in the PCT's view, contains a number of inaccuracies.

5.2 Ways in which the 3Well conduct complaint is highly selective:

		Para
a.	3Well states it has made a "full and frank disclosure of all issues" to the CCP, however they do not mention the extent of dialogue with the PCT.	36
b.	3Well does not mention that Option 2 in the consultation was specifically included following dialogue between 3Well and the PCT	40
c.	3Well does not mention its promise to develop this option during the consultation and its decision later to not do so unless the PCT stop the consultation	40
d.	3Well claims a lack of clinical evidence, yet does not mention the NCAT process in which they were interviewed and which led to clinical endorsement for the PCT's draft strategy (NCAT fielded nationally recognised expert clinicians in primary and urgent care).	91
e.	3Well is silent on the fact that many people support the strategy being put forward by the PCT, including LINKs and the local MP and is silent on the support given by the Scrutiny Committee to the process	109
f.	3Well does not mention its approach to the media, its complaint to the Secretary of State or the 150 requests for information under the Freedom of Information Act they and their patients have sent the PCT and which has consumed a disproportionately high amount of management time.	36
g.	3Well does not identify the fact that extending its current contract and delaying the decision making process stands to benefit 3Well financially.	36

5.3 Ways in which the 3Well conduct complaint is inaccurate

a.	3Well's account of events leading to the termination notice is highly selective and inaccurate. This is verified by the contact minutes (see appendix 1)	48-73
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b.	3Well claims that PCT staff informally admitted to “trying it on”. This is a gross misrepresentation of the conversations, which were held in good faith with 3Well.	5a, 39, 64, 80
c.	3Well describes itself as a “training practice”. This terms accepted use is in describing practices approved by the Deanery to train GP Registrars. 3Well does not have such approval.	13
d.	3Well claims the PCT stated in public meetings that it gave lower priority to comments at public meetings. This is not true.	122
e.	3Well have systematically misrepresented the PCT’s plans for future practice capacity, claiming 80,000 appointments will be lost. 3Well have repeatedly stated in public that other surgeries would not be able to take on these patients ⁸ which history and practice plans demonstrate is untrue.	34d, 116, 131, 132
f.	Councillor Peach is frequently quoted and described as a member of the Scrutiny Committee, which he is not.	40, 125
g.	Whilst the average age is forecast to drop in Peterborough, there is a growth in the number of older people (this was clarified at the Scrutiny Committee meeting at which 3Well were present).	83d
h.	3Well incorrectly states the reasons for the Peterborough City Hospital’s decision not to take on out of hours primary care and walk-in services.	83a iii 1
i.	3Well make an incorrect statement about satisfaction at other practices. Access satisfaction statistics show 5 practices in Peterborough to have a higher overall access satisfaction rating than Alma Road (September Board paper attachment 3, page 23). The registered practice operated by 3Well under a separate contract in Peterborough has the second lowest satisfaction rating in Peterborough for access.	34c
j.	3Well have made public claims that there is no capacity at Millfield Medical Centre despite the surgery having 150 appointments available per week.	106
3Well’s statistical analysis is deeply flawed:		
k.	They imply no practice will be able to register any extra patients if the lists are dispersed (despite practice lists being open and having significant growth in previous years)	131
l.	They project a 160% increase in A&E attendance as a result of a change to 8% of appointments (for which the PCT has demonstrated it is procuring replacement activity)	132
3Well make inaccurate and misleading financial statements		
m.	3Well incorrectly state the cost of re-registration with other practices	137
n.	3Well misquote the price of their walk-in service	138
o.	3Well imply there are savings from the walk-in service by patients registering with the practice (£285,000) – however, the payment for the walk-in service is a block value of £730,000 and will not reduce to yield this saving under the contract..	139

5.4 3Well’s approach has consumed a disproportionate amount of resources in terms of management time

p.	The patient representative group for 3Well has submitted a long complaint
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⁸ http://www.peterboroughtoday.co.uk/news/health/health-news/surgery_hits_out_over_pct_s_closure_plans_1_2948489

	to Andrew Lansley MP repeating many allegations which the PCT provided a public response to at the Scrutiny Committee. The letter includes an allegation of assault by the PCT chairman towards a member of the group at a public meeting, which is without foundation. (see 3WellPPGcomplaint 1sep)
q.	5 letters have been submitted, containing over 150 questions requests for information under the Freedom of Information Act (see FOI requests by campaigners at 3Well)
r.	Letters have been sent to Board members asserting potential breaches of the Nolan Principles (see 3WellPPG Boardletter 13sep)
s.	NHS Partners has been lobbied and this led to a very demanding and challenging FOI request – the nature of the request exceeds the time available to the PCT to reply. (see NHSPartners FOIRequest 19Jul)
t.	Multiple press releases have been made and are of a very selective nature. For example, 3WellEmail draftpressrelease illustrates 3Well's attempt to present what was a proposal dependent on further work as a certainty.

6 CONSEQUENCE OF DELAY

- 6.1 The nature of the strategy is that it is interconnected with resources released by one change being used to fund others. Also the advice by CCP to maintain status quo has had an impact on decisions, which are not directly related to 3Well's services.
- 6.2 A major impact of the delay for patients is that the decision to proceed with four health centres is on hold. This has the risk of practices losing access to their preferred sites as some sites are subject to competitive interests and it delays bringing the benefits described to 60,000 patients who would use services .
- 6.3 The delay has meant reconfiguration decisions for small practices are suspended, resulting in uncertainty for staff and patients. This has had a particularly detrimental effect in Orton where a caretaking service is in place and is scheduled to end in December. The practice has submitted a formal complaint against the PCT regarding the impact of this delay. [Complaint_by_OrtonMP_on_delay_27Sep](#). The delay also raises concern regarding delivery of the new health centre premises at Orton at no cost to the NHS ([57b_Orton_concerns_on_delay](#)).
- 6.4 The delay to commissioning the integrated urgent care system has meant that the option to include 111 as part of the tender process has been lost (confirmation of this was required to the SHA by the end of September). This will now be procured separately through a national exercise and can only now be included as a partnership arrangement.
- 6.5 The delay of approximately 3 months (although we understand it could be more), financially means a cost of £327,000:
- 3 months delay in securing Orton caretaker savings £25,000 (2011/12)
 - 3 months delay in releasing GP walk-in centre savings £182,000 (2012/13)

- delay in securing A&E savings and procurement savings £50,000 2011/12, £70,000 2012/13

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