

Public Consultation on Options for Primary Care Services in Little Paxton



Consultation starts: Monday 7 February 2005
Consultation closes: Friday 6 May 2005

1 Introduction

1.1 Huntingdonshire Primary Care Trust (PCT) is consulting on the provision of primary care services for the Little Paxton area following the resignation of the single-handed General Practitioner (GP) at the Little Paxton surgery in September 2004.

Purpose of consultation

1.2 The PCT is consulting on the following options for the future provision of primary care services to the patients of the Little Paxton surgery and would like to receive the views of patients, the public and other interested parties on these.

Option 1: Establishing a new GP practice in the village

Option 2: Opening a branch surgery in the village run from a larger practice based elsewhere

Option 3: Inviting people who are currently registered with the surgery in Little Paxton to register with practices in neighbouring villages, St Neots or another area of their choice

1.3 This paper describes the background planning information, three options and the advantages and disadvantages of each.

1.4 In deciding which option to support, the PCT must have regard to the following:-

- the views of local people and health professionals
- quality
- accessibility
- value for money
- sustainability

Consultation process

1.5 This 12 week consultation process will commence on Monday 7 February 2005 and will close at 5.00 pm on Friday 6 May 2005. Details about the public meetings the PCT will be holding as part of the consultation are set out in section 5.

1.6 The Board of the Primary Care Trust will make a decision at their meeting held in public on Wednesday 25 May 2005. The Board will listen to the views of local people as expressed during the consultation process, the Board will also listen to the views of health professionals.

2 Background

The Primary Care Trust

2.1 Huntingdonshire Primary Care Trust (PCT) is a statutory NHS organisation. Its purpose is to improve the health of the people of Huntingdonshire. It has four functions:

- To improve, and address inequalities in, the health of the community
- To develop primary and community services
- To provide a range of health and social care services
- To plan and commission hospital and mental health services

Why is the future of primary care services in Little Paxton under consideration at this time?

2.2 The single-handed GP in Little Paxton stopped providing services in November 2003. The PCT took immediate steps to ensure services from the GP surgery were maintained until such time as a decision for the long term could be taken. The PCT ran an open, transparent and competitive process, (agreed with the Local Medical Committee), and in January 2004 appointed the Great Staughton Practice, to undertake a temporary care-taking role to continue to provide primary care services at the surgery.

2.3 When the single-handed GP formally resigned in May 2004, this ended the PCT's contract for services from that GP.

2.4 From May 2004 onwards the PCT became responsible for reviewing the provision of primary care services in Little Paxton. The temporary caretaking arrangements were extended to allow time to identify what the options are and to enable consultation on the options.

Planning for St Neots population as a whole

2.5 The PCT has an obligation to consider the provision of services for Little Paxton in the context of both the St Neots locality and the wider Huntingdonshire area.

2.6 The PCT is developing a long term strategy for primary care service provision for the St Neots locality. The practices within the locality are shown on the map in Appendix 2. The strategy when fully developed will take account of population changes, the quality of premises, trends in health care, the views of local people and the views of local health professionals.

2.7 The PCT wishes to develop new high quality health care facilities for patients in the St. Neots locality, potentially bringing together one or more St Neots practices into a new single building. This would improve premises for high quality medical care, improve patient accessibility and also meet the growing population for the St Neots locality as a whole.

2.8 The PCT recently established a St Neots Locality Partnership Commissioning Group to involve GP practices in the commissioning of services for the local population. This group met in September 2004 to consider options for commissioning primary care services for patients registered with the Little Paxton surgery. The group had presentations on NHS strategy and trends, population growth and issues of health and social deprivation. The group identified the three options described in this paper and recommended option 3.

3 Key Information to guide the decision

Decision Criteria

3.1 In reaching a decision the PCT needs to give consideration to:

- **Views of local people and health professionals**
- **Quality of medical care and range of services:**
 - Does the option support high quality services?
 - Can patients access a full range of services and specialisms?
- **Accessibility for patients:**
 - Are services a reasonable distance from patients' homes?
 - Are there reasonable alternative transport options available?
 - Is there good access for disabled people?
- **Value for money:**
 - Are investments in facilities yielding long term benefits?
 - A comparison of the costs of the various options with the costs of similar options elsewhere
- **Sustainability for the future**
 - Have we planned for population growth?
 - Quality of premises:
 - Is building fit for delivery of modern primary care services?
 - Does building comply with (or can it be adapted to comply with) NHS requirements?

Little Paxton population and health need

3.2 Key facts on the Little Paxton population:

- Total population living in Little Paxton registered with a GP is 3,135 (Source: NHS Exeter System September 2004)
- 1341 (43%), are registered with the Little Paxton practice. The remaining 57% are registered with other practices, the majority with practices in St Neots. (Source, NHS Exeter system September 2004)
- Little Paxton population is forecast to grow by between 690 - 1030 following the approval of a further 427 new homes. (Source: Cambridgeshire County Council Research Group)
- There are two nursing homes in the area with a total of 71 residents registered with a GP. Some 50% of these residents are registered with the Little Paxton surgery and the remainder are registered with other surgeries.

- Little Paxton Ward is the least deprived ward in Huntingdonshire (see appendix 1). (Source: Office of the Deputy Prime Minister published index of multiple deprivation June 2004).

Quality of Medical Care and Range of Services

- 3.3 The PCT is responsible for ensuring services for the population in Little Paxton meet modern quality standards and primary care targets for healthcare provision.
- 3.4 The number of patients registered with a practice influences staffing levels and the range of services available to patients.

Single-handed practices

- 3.5 Single-handed surgeries are increasingly uncommon as a model of providing primary care services. The PCT would have concern for services if they were to be provided by a single-handed practice. This is because single-handed practice risks professional isolation and this could lead to individual practice of potentially poor quality. Three years ago there were three single-handed practitioners in Huntingdonshire, now there are none.

Branch surgery provision across Huntingdonshire

- 3.6 There is limited availability of branch surgeries across Huntingdonshire. There are currently branch surgeries operating in a small number of villages.
- 3.7 The new General Medical Services (GMS) contract recognises the need for PCTs to support General Practitioners in their responsibility to provide modern premises for patients and staff by having a modern primary care estate to support the delivery of an expanded range of General Medical Services. This creates a tension between the role of the traditional branch surgery and an aspiration to provide a wider range of services delivered from modern premises. Some of which would have been or are being provided within a hospital setting.
- 3.8 In one locality, Huntingdonshire PCT is working with the local community, the local council and two local GP practices to pilot a unique partnership approach to providing GP premises in a rural area. These new premises consist of a village hall, a community centre and a branch surgery built to modern NHS standards. This pilot has been made possible because the local community raised the capital to fund these integrated modern premises.

Potential Pharmacy provision in Little Paxton

- 3.9 An application has been received for a pharmacy to be opened in the village. If this goes ahead this would give patients in the village access to healthcare advice from a pharmacist as well as a wide range of over the counter medication. Pharmacists are able to provide a wide range of healthcare advice to patients including minor illness and emergency contraception.

Premises

3.10 The surveying advice received by the PCT for the Little Paxton surgery indicates that:

- The surgery premises have only 50 % of the space recommended for a single-handed GP
- The floor area is insufficient to enable the building to be extended to meet current requirements
- The quality of the building is such that patient privacy and dignity is compromised
- The premises do not meet the requirements of the Disability Discrimination Act (DDA) which came into force on 1 September 2004

3.11 NHS guidance states that, following public consultation the closure of premises can take place where premises shortcomings cannot be remedied (or the cost of doing so is disproportionate to improvements in service delivery). It is important to note that there are other practices in Huntingdonshire which have premises shortcomings and continue to operate.

Accessibility

3.12 The distances Huntingdonshire patients need to travel for their local surgery varies considerably.

3.13 There is a bus service to the village, however, the local community have identified difficulties using the public transport services in particular the frequency of the transport.

3.14 The river between Little Paxton and St Neots is prone to flooding. During periods when the river is flooded people living in the village have to detour via the A1 road.

3.15 Dial a Ride, a community transport scheme, serves the village. Ouse Valley Dial a Ride offers a reasonably priced door-to-door pick up service for 53 parishes including Little Paxton. The current service does not extend to Gt. Staughton but Dial a Ride have indicated that they are willing to discuss this, subject to demand and funding. All vehicles used by the Dial a Ride service have full disabled access. The service currently requires 48 hours pre-booking. It may be possible to reduce this time.

Example fares:

Little Paxton	St Neots	£3.00 return /£1.50 (with concessions)
Little Paxton	Buckden	£4.00 return/£2.00 (with concessions)

3.16 As stated at 3.2 above, some 57% of patients living in Little Paxton already choose to access a GP outside Little Paxton.

Public views

3.17 The purpose of the public consultation is to listen to views on the options. Key issues which have already emerged are: -

- difficulties travelling outside of Little Paxton
- practice patients like the appointment system operated at the Little Paxton surgery
- concern of the overall potential impact on the village
- practice patients welcome the continuity of care afforded by being registered with a practitioner located in the village

Value for money

3.18 The PCT's judgement on value for money will be determined by the cost of the different options. To demonstrate good value for money the PCT takes into account the following:

- A comparison of the costs of the proposed option with the costs of similar practices elsewhere to ensure that they are broadly the same
- That the total cost of the proposed option is affordable. This means that it is within existing budgets or a clear way of funding any increased costs has been identified
- All service developments within the PCT need to be tested against other service development priorities in order to compete for other resources

4 The options

4.1 Whatever the outcome of the consultation, under all options patients can expect:

- Access to a nurse or other healthcare professional within 24 hours and access to a GP appointment within 48 hours
- All GP Practices will undertake home visits on the same basis as at present
- Same day access to the practice's Duty doctor for primary care medical emergencies
- Access to out of hours primary care services through the PCT run "NHS HuntsDoc", GP out of hours service
- A new patient medical assessment

Option 1: Establishing a new GP practice in the village

4.2 The PCT would need to be confident that the Little Paxton population would grow sufficiently over a relatively short period of time to provide a list size sufficient to support more than one doctor. Also to make this option workable there would need to be a viable premises option that can be delivered within a reasonable period of time and at reasonable cost.

4.3 This option could be achieved if:

- Agreement could be reached to lease the premises from the current owner
- A suitable site can be identified to build new premises
- Funding can be identified for the scheme

4.4 Advantages

- Accessibility good: very easy for patients to get to the surgery
- Least disruption to the existing patients

4.5 Disadvantages

- The PCT would have concern for the quality of services if they were to be provided by a single-handed practice. This is because single-handed practice risks professional isolation and cannot support a wide range of services
- Agreement of a lease with the current owner may not be possible for reasons outside the PCT's control
- The current premises, if adapted, would remain smaller than the recommended levels. This will affect the quality of the environment and constrain what services can be provided
- Upgrading the Little Paxton surgery premises may not represent value for money
- Patients will need to travel out of the village to a main surgery to access some services as at present
- The forecast population growth makes it difficult for the PCT to support this option in the longer term

Option 2: Opening a branch surgery in the village run from a larger practice based elsewhere

4.6 The PCT would conduct an open tendering process to select a practice, from elsewhere to run a branch surgery in Little Paxton. To make this option viable there would need to be a realistic premises option that can be delivered in a reasonable period of time at reasonable cost.

4.7 This option could be achieved if:

- Agreement can be reached to lease the premises from the current owner
- Investment is made to upgrade premises to meet key minimum standards such as confidentiality, health and safety and disabled access
- A suitable site can be identified to build new premises

4.8 Advantages

- Accessibility good: very easy for patients to get to surgery
- Least disruption to the existing patients
- Full range of services would be available from the main site of the practice running the branch
- Continuity of service within the village

4.9 Disadvantages

- Agreement of a lease with the current owner may not be possible for reasons outside the PCT's control
- The current premises, if adapted, would remain smaller than the recommended levels. This will affect the quality of the environment and constrain what services can be provided
- Upgrading the Little Paxton surgery premises may not represent value for money
- Patients will need to travel out of the village to a main surgery to access some services as at present

Option 3 - Patients to register with neighbouring practices

4.10 This option would result in no surgery in Little Paxton. There is sufficient capacity across practices in St Neots and the surrounding area to provide a choice of surgeries with whom patients in Little Paxton can register. The PCT would contact patients offering a choice of named practices. Patients would contact and register with their practice of choice. The surgery in Little Paxton would close after a suitable period of time has elapsed for patients to register with a new GP. A similar process has recently been followed successfully in St Ives following a single-handed GP resignation.

4.11 Advantages

- Larger practices may be able to offer a wider range of services with a broader professional skill base on one site for patient care including for example minor surgery and coil fitting
- Larger practices may choose to offer longer opening times
- Larger practices are able to offer a choice of GPs and other health professionals
- All practices would provide a better standard of premises and therefore patient facilities that is higher than that which could be achieved in the Little Paxton surgery. There would be no additional premises costs involved

4.12 Disadvantages

- Patients would need to travel further than at present to access primary care services. This may be particularly difficult for patients without access to a car
- Most disruption to patients

PCT Professional Executive Committee recommendation

- 4.13 The PCT's Professional Executive Committee (the Committee) which is a committee of the PCT, met on Wednesday 3 November 2004. The Committee is made up of health professionals: doctors, nurses, physiotherapists, pharmacists and dentists. Their role is to provide medical advice to the PCT Board and Executive to inform its decision-making. At their meeting on 3 November 2004 the Committee considered options for the provision of primary care services in Little Paxton. In making its recommendation the Committee were required to advise on what would represent best practice in terms of national and local policy. The Committee supported "Option 3 - Patients to register with Neighbouring Practices" as the ideal way for the PCT to secure a full range of modern, high quality primary care services in the long term for patients registered with the Little Paxton surgery.

5 The Consultation Process

- 5.1 This 12-week consultation process will run from Monday 7 February 2005 to 5.00 pm on Friday 6 May 2005.
- 5.2 As part of the consultation process the PCT will be holding the following public meetings:
- Wednesday 23 February 2005, 7.30 pm – Little Paxton Village Hall
Thursday 3 March 2005, 7.30 pm – Southoe Village Hall
Wednesday 30 March 2005, 7.30 pm – The Priory Centre, St Neots (Guest Hall)
- 5.3 The PCT will also attend a Little Paxton Parish Council meeting.
- 5.4 The PCT Board will meet in public on Wednesday 25 May 2005. The Board will receive the views expressed through consultation together with the advice from the Professional Executive Committee. The Board will then make its decision.

6 What we would like your views on

- 6.1 We would like to receive your views on the three options presented and any further options you might propose:
- Option 1: Establishing a new GP practice in the village
- Option 2: Opening a branch surgery in the village run from a larger practice based elsewhere
- Option 3: Inviting people who are currently registered with the surgery in Little Paxton to register with practices in neighbouring villages, St Neots or another area of their choice
- 6.2 For a new or branch surgery to be considered a site may need to be identified. Do you know of a site in Little Paxton which may have potential for such a service?

7 How to contribute your views

7.1 Please send your comments, by 5.00 pm on Friday 6 May 2005 to:

Andrea Prime
Director of Corporate Services (and Board Secretary)
Huntingdonshire PCT
The Priory
Priory Road
St Ives
Cambridgeshire PE27 5BB

Or email: andrea.prime@hunts-pct.nhs.uk

7.2 The Board Secretary will ensure that views expressed through consultation are presented to the Board for consideration at their meeting in public on 25 May 2005.

7.3 Previous responses to the earlier consultation have been kept on file and will be taken account of when the Board considers all responses at the end of the new consultation period. An additional response to this new document would be welcomed.

8 Working together with residents in Little Paxton

8.1 The PCT would like to establish a small local patient and public involvement group. Initially the PCT will work with the group to help inform the consultation. The PCT would like to then continue to work with this group to take forward the outcomes of consultation.

8.2 It is envisaged the group would involve local councillors, representative(s) of the Save our Surgery campaign, patients of the Little Paxton Surgery, other local members of the public. The PCT will need to ensure the group is an effective size and is populated with a broad range of interested people.

8.3 If you wish to be considered to join the group please contact Andrea Prime (See 7.1 above) by 28 February 2005.

8.4 The PCT will write to all the patients registered with the Little Paxton Surgery to communicate the decision of the Board in May and what this means for them. The decision will also be available on the PCT's website – www.hunts-pct.nhs.uk

8.5 The PCT will also ensure the staff at Little Paxton Surgery are informed of the decision along with staff at the care-taking practice.

9 Making a complaint

- 9.1 Should you wish to make a complaint regarding the consultation process please contact:

Margaret Lyne
Executive Assistant
Huntingdonshire Primary Care Trust
The Priory
Priory Road
St Ives
Cambridgeshire PE27 5BB

Email: viv.mags@hunts-pct.nhs.uk
Telephone: 01480 308220
Fax: 01480 308234

10 How to request further copies or a different format

- 10.1 You can request further copies of this consultation document by telephoning Andrea Prime on 01480 308219 or emailing andrea.prime@hunts-pct.nhs.uk
- 10.2 This document is also available electronically on the PCT's website – www.hunts-pct.nhs.uk
- 10.3 The consultation document can also be made available on request on audio cassette tape, on disk, in large print and in other languages.

Information about the population in Little Paxton

Age profile in Little Paxton

	0-4	05-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	Total	% of total
Registered with Lt . Paxton practice	46	158	169	136	184	229	194	108	89	28	1,341	43%
Registered elsewhere	90	223	193	209	318	251	287	140	78	5	1,794	57%
Total	136	381	362	345	502	480	481	248	167	33	3,135	100%

Source: Exeter System September 2004

Population Growth

St Neots Wards – Dwelling and Population forecasts
(including Little Paxton, St Neots Park, Priory Park, Eaton Park, Eaton Socon and Eynesbury)

Source: Cambridgeshire County Council Research Group

	Year				Change 2002-2021	
Year	2002	2011	2016	2021	actual	%
Dwellings	11770	14050	14910	15100	3330	28%
Population	27680	31970	32500	31870	4190	15%

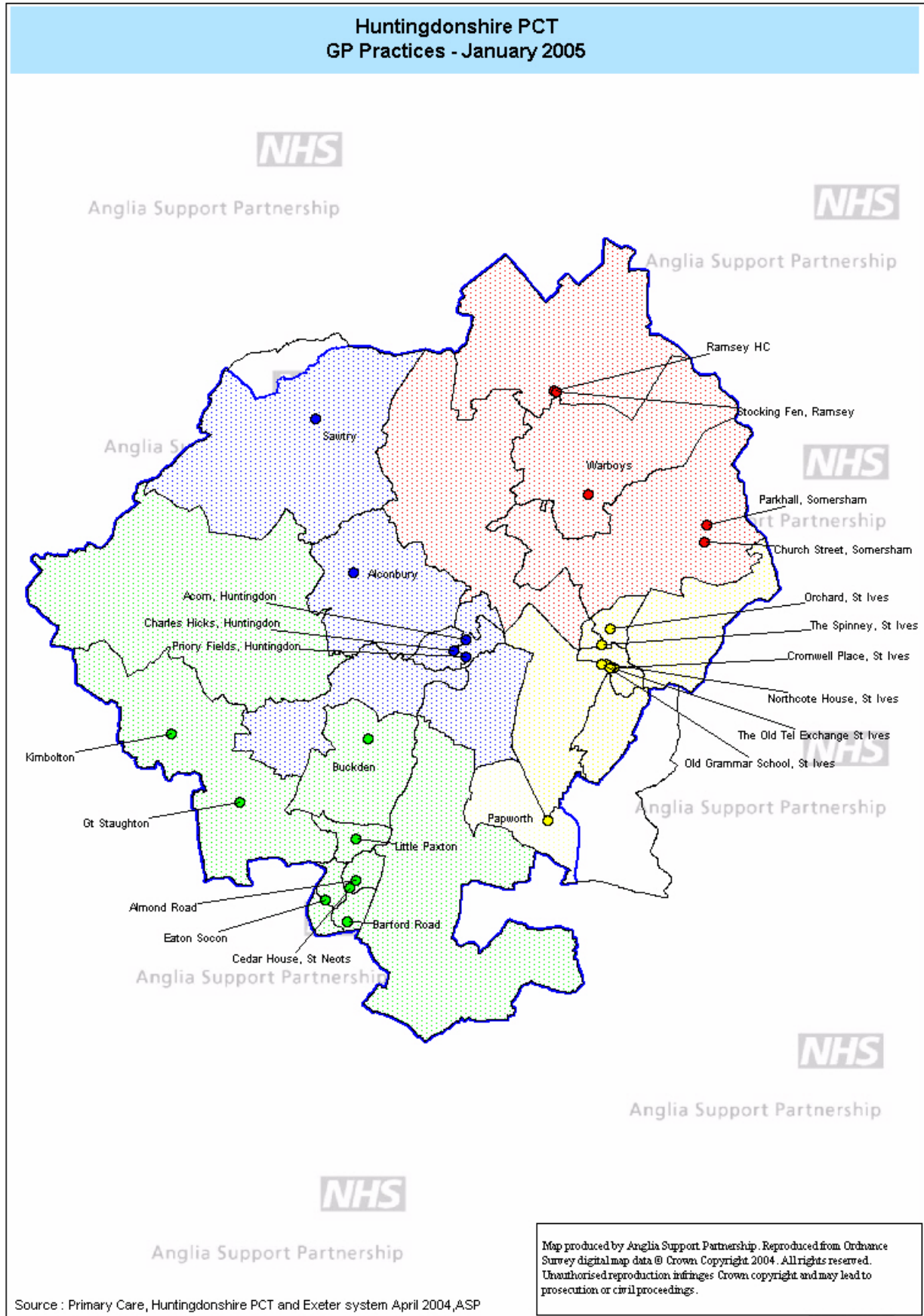
Characteristics of Little Paxton Population source 2001 Census

Population Characteristic	Number	% of Total
Economic Activity		
Employed/self employed	1,653	73.4
Unemployed	47	2.1
Retired	274	12.2
Sick/disabled	40	1.8
Looking after home/family	116	5.2
Health		
Persons living with limiting long term illness	370	12.3
Declaring not good general health	165	5.5
Providing unpaid care	268	8.6
Ethnic		
Minority groups	66	2.2
Car/Van Ownership		
Without	98	8.17
1 car or van	505	42.08
2 or more cars or vans	597	49.75

Deprivation

In June 2004 the Office of the Deputy Prime Minister published the Index of Multiple Deprivation 2004. This is a composite indicator of seven separate domain indices – Income deprivation, Employment deprivation, Health deprivation and disability, Education, skills and training deprivation, Barriers to housing and services, Living environment and crime. All data was published at Super Output Area but the County Council Research Group have created weighted ward average scores.

The weighted ward average score for Little Paxton is 3.65. The range of ward scores across Huntingdonshire are 3.65 to 29.83, which means that Little Paxton is the least deprived ward in Huntingdonshire.



Glossary

Commissioning

Identifying health needs of local people; planning, and purchasing health services which respond to their needs

Patient List

The list of all the patients who are registered with a particular surgery.

Primary Care Services

GPs, dentists, opticians and community pharmacists provide the services, known collectively as primary care and the PCT works closely with them to develop the services they offer. They are not directly employed by the PCT. We have responsibility for the people registered at the 24 GP (family doctor) practices in our area.

Primary Care Trust (PCT)

A Primary Care Trust is a statutory NHS organisation. The Primary Care Trust Board comprises of a Lay Non-Executive Director Chair, 5 lay Non-Executive Directors, appointed by the NHS Appointments Commission and 5 Executive Directors appointed by the Board. The Executive Directors comprise, the Chief Executive Director, the Professional Executive Committee Chair, the Director of Public Health (joint appointment with Huntingdonshire District Council) the Director of Nursing & Clinical Services and the Director of Finance.

Professional Executive Committee (the Committee)

The Committee is a formal committee of the PCT responsible for developing and initiating service policies, investment plans, priorities and projects to be delivered by the PCT. The Committee's membership includes: Five General Practitioners, two nurses, one physiotherapist, a community pharmacist, a dentist, the Director of Public Health, the Medical Director, the Director of Nursing and Clinical Services, the Chief Executive and the Director of Finance.

Locality Commissioning Group

Locality Commissioning Groups draw together GP practices within a GP locality to discuss and develop proposals for developing and commissioning health services within a locality. The group acts in an advisory capacity to the Professional Executive Committee.

St Neots Locality

A locality is a geographical area identified by the PCT to enable effective planning of services. Little Paxton is within the PCT's St Neots locality

Secondary Care

Health care provided in hospital.

You are able to record your comments on this tear out sheet and return it to the PCT as detailed over page. Do attach additional sheets of paper if you run out of space.

Response to consultation

Huntingdonshire Primary Care Trust's public consultation on options for primary care services in Little Paxton

Please give your views on each option below:

Option 1: Establishing a new GP practice in the village

Option 2: Opening a branch surgery in the village run from a larger practice based elsewhere

Option 3: Inviting people who are currently registered with the surgery in Little Paxton to register with practices in neighbouring villages, St Neots or another area of their choice



For a new or branch surgery to be considered a site may need to be identified. Do you know a site in Little Paxton which may have potential for such a service?

Please use the space below to provide any further comments.

Name _____

Address _____

Please return this form to:

**Andrea Prime, Director of Corporate Services,
Huntingdonshire Primary Care Trust, The Priory, Priory Road, St Ives, PE27 5BB**

by 5.00 pm on Friday 6 May 2005

This document is produced by:

Huntingdonshire Primary Care Trust
The Priory
Priory Road
St Ives
Cambridgeshire PE27 5BB

To request further copies or a different format please contact Andrea Prime on 01480 308219 or email andrea.prime@hunts-pct.nhs.uk

This document is also available electronically on the Primary Care Trust's website – www.hunts-pct.nhs.uk