Purpose of Report

1. The purpose of this report is to invite the Scrutiny of Health Committee (SoHC) to consider the North Yorkshire and York Primary Care Trust's (PCT's) engagement process on improving equitable access in primary care (a “Polyclinic”) in Scarborough and how the SoHC could contribute to that process.

Background

2. The report considered by the Board of the PCT in May together with the relevant minutes are attached as ENCLOSURES 1 and 2 respectively.

3. In order to progress the Board’s resolutions, a summary of the PCT’s public engagement events are set out in ENCLOSURE 3. These are now underway.

4. The stages to be followed during the engagement process will cover the giving of information; receiving information; debating the issues and securing active participation in the future development of the new services.

5. The basis of the engagement process is that:

   • PCT will be providing at least one GP-led health facility open 8am-8pm seven days a week to both registered and unregistered patients;
   • Views and preferences expressed during the engagement process will inform the next steps and specification for the extended services;
   • Focus of the proposals is to address existing gaps in services to address the specifics needs of the population;
   • Final decisions on the next steps for the project will be agreed by the PCT Board.

6. Media releases for promoting the engagement process are also planned.

Recommendation

7. That Members consider the Plan shown in APPENDIX 3 and agree how the Scrutiny of Health Committee could be involved in the PCT’s Engagement Process.

Background Documents: None

Hugh Williamson, Head of Scrutiny and Corporate Performance
County Hall, Northallerton

BH/24 June 2008
1. Introduction

1.1 Effective and responsive primary and community care services are an essential part of our health care system. National evidence shows that effective primary and community care delivers important benefits:

- Good access to primary care is associated with better health
- Good access to primary care is associated with reduced health inequalities
- Good access to primary care results in better health outcomes
- Good access to the right primary care services can help to improve the management of long term conditions

1.2 North Yorkshire and York residents have access to high quality primary care services and there is a high level of reported satisfaction with the quality of services provided, which is of benefit to patients and credit to primary care and community clinical staff.

1.3 Nationally the level of satisfaction with services is high. In the latest Healthcare Commission survey of general practice, 75% of patients were completely satisfied that the main reason for visiting their local surgery had been dealt with, only 3% were unsatisfied [Picker Institute, 2007]. Locally satisfaction levels are even higher.

1.4 However this does not mean that there is not more that could be done and that there is no room for improvement.
1.5 There remain challenges for the PCT to address, such as variations in access to and quality of services, especially for some groups of people in need of the most support and who find it difficult to access services. Health and local authority provision need to be joined together far better than currently. In addition there are challenges in delivering one of the PCT’s most important priorities – that of improving health. People with complex conditions are living longer with the consequent need to support their carers; there are also rising trends in obesity and the desire among people to have more control over their own care.

1.6 The NHS Next Stage Review Interim Report (October 2007) reported that despite sustained investment and improvement in the NHS over the past ten years, access to primary medical services and the quality of those services continues to vary significantly across the country.

1.7 Linked to the above, the Report identifies improving access to primary care as a key priority if the NHS is to deliver more personalised care that meets the needs of individuals and communities, especially those in disadvantaged or deprived areas.

1.8 Taking this set of recommendations, in December 2007 the Secretary of State for Health announced a National Programme to deliver extended and improved access to General Practitioner (GP) services. This national programme requires every Primary Care Trust (PCT) in the country to secure a contract for a minimum of one additional GP-led health service.

1.9 Across the country, these new centres will: -

- Provide core GP services
- Bring together other community based services into one centre in an easily accessible location
- Be open from 8am – 8pm, 7 days a week every day of the year
- Offer pre-booked GP appointments and walk in services
- Provide a range of services to registered and non registered patients

1.10 North Yorkshire and York Primary Care Trust (PCT) is required to ensure that: -

- It participates in the local procurement of a minimum of one additional service as part of a Strategic Health Authority (SHA) wide process running from December 2007 to December 2008;
- That all patients in the North Yorkshire and York patch gain access to the above services in a geographically convenient location.
1.11 The nature of the North Yorkshire and York area means that to ensure all patients have geographical access will mean that over time the PCT may consider rolling out additional health facilities in different locations across the PCT area. This marks North Yorkshire and York PCT apart from other PCTs in the SHA area, which might be more urban in character rather than rural and which may require only one centre in order to attain the dual objectives of geographical and local access.

1.12 This means that the PCT may need to consider how it rolls out a programme that in time will ensure similar services across the patch. This might be but is not necessarily from the same service provider.

1.13 Results from the national patient survey indicate very high satisfaction with access to core primary care (GP) services. This is a very positive outcome for the people of North Yorkshire and York and reflects the excellent primary care that is provided by GPs and other professionals.

1.14 However, the national patient survey relates to patients who have been seen by their GP in the previous six months and therefore who have been able to gain access to primary care. The PCT must find out the views of those people who might not have gained access and who therefore might not be part of the existing survey. This information will be collected as part of the local implementation of the roll out of the Extended Hours Agreement recently negotiated as part of national discussions about the General Medical Services (GMS) Contract.

1.15 These Extended Hours agreements are separate to those proposed as part of Equitable Access Centres and will apply to all GPs under the existing national GMS Contract.

2. Options for delivering an Equitable Access Centre

2.1 The PCT has stated in its Corporate Objectives that the priorities are: -

- To develop services such that the health outcomes for the population of North Yorkshire are at or above the median for outcomes in England by March 2009;
- To engage with our population to improve their health and well being while providing them with a fully integrated range of accessible, safe, high quality, value for money health services within allocated financial resources;
- All stakeholders and staff will be key in contributing to the achievement of these objectives, working together with and across the local population.
2.2 The PCT Commissioning Strategy identifies the following principles that will drive commissioning in the next three to five years: -

- Services accessible to people locally and where possible near their homes;
- Ensuring equitable access to services;
- Ensuring that health inequalities are addressed and targeting investment towards areas of highest health need.

2.3 The commissioning of services in an Equitable Access Centre is entirely consistent with the above vision and objectives. There is an expectation that these services are commissioned and the challenge for the PCT is to ensure that they work for local people, meet local need and that the PCT listens to what the local population and public identifies about what they require locally.

2.4 The PCT also needs to weave this development in with other strategic thinking and developments on service configuration that are being taken forward.

2.5 There are further possible options for locating similar services in other locations over time.

3. Starting the roll out – the case for Scarborough

3.1 The proposal for the PCT Board is to accept the above principles and to commence the roll out of this approach in Scarborough Town.

3.2 The case for this approach is discussed below.

3.3 Health needs assessment work has identified parts of Scarborough as having the worst health outcomes and highest health needs within North Yorkshire. Scarborough is in the lowest (i.e. worst) 25% of PCTs nationally for key indicators of health inequality. A summary of health needs analysis is attached at Appendix 1.

3.4 Although there are undoubtedly areas of deprivation elsewhere in the PCT area, the scale of the health inequality in the Scarborough area outweighs the scale of inequality elsewhere.

3.5 The PCT has prioritised Scarborough in terms of the flow of additional investment through to that area to begin to address the health need and to redistribute the flow of funding to reflect distance from the fair shares.
3.6 The PCT wants to invest more money across all services in the Scarborough patch including primary care to ensure that the current high quality services are added to and improved.

3.7 The key points from the health needs assessment that are pertinent to the services whose provision is proposed from the procured service are:

- Scarborough is a location of major health inequality in the PCT area. For most of the health indicators compared, Scarborough has worse outcomes than other council districts in North Yorkshire and York.

- Scarborough practices have the highest diagnosed prevalence for both mental health problems and dementia in the PCT area.

- Antidepressant prescribing (ADQ/STARPU) in Scarborough practices is the highest in the PCT area.

- Rates of claims for incapacity benefit and severe disablement allowance for mental health or behavioural disorders are significantly higher in Scarborough than the England average.

- Alcohol related hospital stays in Scarborough are slightly above the England average but the synthetic estimate of binge drinking is slightly less.

- Scarborough has significantly higher rates than England for under-18 alcohol-specific hospital admissions, incapacity benefit claims for alcoholism, and percent of workers employed in bars.

- The 15-18 year old teenage conception rate in Scarborough (46.5 per 1000 in 2002-2004) was above the England average and the highest in North Yorkshire and York.

- Using the number of teenage conceptions as a measure of demand, Family Planning Clinic opening hours in Scarborough would need to increase three to four fold to match provision in other areas of the PCT.

3.8 The PCT wants to secure new services tailored to meet the specific health needs of Scarborough Town, with a focus on the Castle Ward in the lower part of the town.

3.9 The “extended services” procured will enable the PCT to proactively address the issues above and services will be targeted to do this. Outcome indicators in terms of improving against these indicators of
health will be part of the specification for the service. A list of the “extended services” to be delivered, over and above core primary care, is attached at Appendix 2.

3.10 In addition there are known gaps in access to services that the PCT wants to commission in order to meet access targets, for example the provision of sexual health services to people who do not currently have access to services that meet the requirement to offer an appointment within 48 hours. Sustainable delivery of this target requires more capacity to be in place in Scarborough. The PCT will also commission additional NHS dentistry.

3.11 The area has a high influx of patients in the holiday season and there are other groups of people (for example commuters) who might require access out of traditional working hours or people who require evening appointments or appointments at weekends.

3.12 Children and young people, service users who might not feel they can easily access traditional GP services or groups who are “hard to reach” will benefit from the additional and extended services. The PCT wishes to offer these groups of people a real alternative provision to help to meet their needs. The rate of teenage pregnancy in the Scarborough area is amongst the highest in the North Yorkshire and York patch and the PCT needs to tackle this issue with more creative commissioning to access hard to reach clients and offer real alternatives.

3.13 There are other hard to reach groups for whom access to mainstream services is problematic. This includes homeless people (of whom there are approximately 200 in Scarborough), young people (for drugs, sexual health and other risk factors) and people who are migrant workers.

3.14 The drop in or walk in elements of the development will improve access for patients in the most deprived part of the patch.

3.15 There may be some patients who are dissatisfied with current GP opening times but people do not feel that there is an alternative. The extended opening hours of this service give patients an alternative. For example, some groups of people with young children may require advice and support out of normal GP hours for whom an appointment in General Practice may not currently be available.

3.16 The Alcohol Harm Reduction Strategy has prioritised action to be taken in the Scarborough area. The extended services available as part of the Equitable Access Proposal will enable delivery of some of this action.
3.17 The PCT wants to invest in Mental Health Services in the Scarborough area given the high degree of need.

3.18 The PCT is embarking upon a Strategic Service Review for Scarborough and the surrounding area and is engaging clinicians to help with describing the best possible future pattern of services across the area. This development will be part of that strategic shape of the future.

3.19 Finally, the PCT wants to commission innovative support to local people. Examples include part of the service providing information and advice on self care, choose and book and other aspects of health and well being.

4. Current access to primary care in Scarborough

4.1 The services which the PCT is proposing to commission for the Scarborough project include traditional GP core services for patients who will choose to register with the new service. These services will be commissioned on the extended opening hours basis.

4.2 The contract for the service will be awarded for five years.

4.3 In addition to core traditional GP services, there will be a range of additionally commissioned “extended services” to address the needs of hard to reach groups or known gaps in access to services. These will include: -

- Walk in primary medical services for residents and visitors
- Specialist support services for drug users and people with alcohol related problems
- Sexual health and family planning services
- Counselling and other support services
- A homeless service
- A resource to enable other public and voluntary sector organisations to work together to support ease of access to services
- Advice and support in self-care, including an information centre and internet cafe

A full description of services is outlined at Appendix 2.

4.4 The PCT wants to retain the existing primary care and community services in Scarborough, which are of a high standard. The specific services the PCT is looking to commission are currently either not available or have limited access to meet the health needs of the community. The services to be provided are intended to add capacity by providing a broader range of provision which is both convenient and accessible to the public.
4.5 The expectation is that many existing patients will continue to be registered with their current GP to benefit from the continuity of care offered by traditional GP services while those patients who require easier access to routine primary medical services, such as smear tests and vaccinations, may choose to access these services through this development. All patients would benefit from the new services that would be available by referral through their GP.

4.6 No site has been identified in Castle Ward for this development. The successful service provider will have the responsibility to secure and develop an appropriate service which could be in existing vacant premises, a new build or an adaptation of an existing building. This initiative is not about new buildings but services. The development of the new service will not jeopardise the future potential re-provision of primary care (GP) premises in the area.

4.7 If patients are satisfied with the level, quality and access to primary care they will choose to remain registered with their current GP Practice. The aim is to drive up access to and quality of primary care services generally, which is of benefit to patients.

5. **Current access to primary care in Scarborough**

5.1 Whilst satisfaction levels are high, the key reported factors about current GP hours in the proposed catchment area include:

- Not all practices in the proposed catchment area will offer extended opening hours
- The main reason for patient dissatisfaction is that surgeries are not open on a Saturday
- 88 percent of patients who responded to the GP Patient Survey in 2006/07 were satisfied with GP practice opening times
- There was less dissatisfaction with evening surgery hours and very low levels of dissatisfaction with surgeries being closed on a Sunday
- 90 per cent are satisfied with telephone access to GP practices
- 86 per cent say they are able to see a GP within 48 hours if wanted
- 81 per cent say they are able to book a GP consultation 3+ days ahead if wanted
- 88 per cent say they are able to see a specific GP if wanted

5.2 In view of current high levels of patient satisfaction, the new centre must deliver a further improvement and quickly. It will not be acceptable for the provider to deliver satisfaction levels below those being achieved by other practices as this would be unsatisfactory for patients and would damage the credibility of the centre in the local community.
5.3 The proposed satisfaction targets for patients registered at the centre are:

- 93% percent of patients who respond to the GP Patient Survey 2009/10 are satisfied with GP practice opening times
- A dissatisfaction rate with evening surgery hours of 5% or less
- A dissatisfaction rate with Sunday surgery hours of 5% or less
- 95 per cent are satisfied with telephone access to GP practice
- 95 per cent say they are able to see a GP within 24 hours if wanted
- 90 per cent say they are able to book a GP 3+ days ahead if wanted
- 90 per cent say they are able to see a specific GP if wanted

5.4 Based on the raw list size registered population as at 1 October 2007, assuming settlement of the national contract, the practices in the catchment area served by the centre would open for an additional 35 hours per week, an average of 3 hours a practice per week.

5.5 The catchment area for the practice is approximately 8 square miles which is currently served by 10 practices. Approximately half of the catchment area offers patients a choice of registration at one of 2 or 3 practices for essential and additional services. All practices currently have open lists.

6. Number of patients and activity volumes over the five year contract

The projected patient numbers for the proposed scheme is as follows. These are planning assumptions at the current time and there is no certainty that these numbers of patients will register for care:

<table>
<thead>
<tr>
<th>Timeframes</th>
<th>Projected list size numbers</th>
<th>Rationale/assumptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>At service commencement</td>
<td>200</td>
<td>Estimated number of patients who are homeless</td>
</tr>
<tr>
<td>At end of Year 1 (2009/10)</td>
<td>500</td>
<td>First 7 months of start up capacity is focused towards walk in provision</td>
</tr>
<tr>
<td>At end of Year 2</td>
<td>750</td>
<td>Extended range of enhanced services is available</td>
</tr>
<tr>
<td>At end of Year 3</td>
<td>1000</td>
<td>Steady growth</td>
</tr>
<tr>
<td>At end of Year 4</td>
<td>1500</td>
<td>Steady growth</td>
</tr>
<tr>
<td>At end of Year 5</td>
<td>2000</td>
<td>New housing likely to be available for occupation</td>
</tr>
</tbody>
</table>
Walk in Primary Medical Care Activity

SWR = Scarborough, Whitby, Ryedale

<table>
<thead>
<tr>
<th>Timeframes</th>
<th>Walk in patient attendances</th>
<th>Rationale/assumptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>At service commencement</td>
<td>8000</td>
<td>Service opens during peak summer visitor period. 3% of registered, 5% of visitors and unregistered, 0.5% of SWR populations</td>
</tr>
<tr>
<td>At end of Year 1 (2009/10)</td>
<td>8000</td>
<td>3% of registered, 5% of visitors and unregistered, 0.5% of SWR populations</td>
</tr>
<tr>
<td>At end of Year 2</td>
<td>10,400</td>
<td>5% of registered, 5% of visitors and unregistered, 1% of SWR populations</td>
</tr>
<tr>
<td>At end of Year 3</td>
<td>11,500</td>
<td>7% of registered, 5% of visitors and unregistered, 1% of SWR populations</td>
</tr>
<tr>
<td>At end of Year 4</td>
<td>14,000</td>
<td>10% of registered, 5% of visitors and unregistered, 1% of SWR populations</td>
</tr>
<tr>
<td>At end of Year 5</td>
<td>14,000</td>
<td>10% of registered, 5% of visitors and unregistered, 1% of SWR populations</td>
</tr>
</tbody>
</table>

Extended range of Enhanced Services in mental health, alcohol and sexual health services

GPSI = GP with a Special Interest

<table>
<thead>
<tr>
<th>Timeframes</th>
<th>Patient Referrals (NB not attendances)</th>
<th>Rationale/assumptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>At service commencement</td>
<td>Nil</td>
<td>Overall assumed that 3 GP clinical sessions a week are used to support delivery of enhanced</td>
</tr>
<tr>
<td>At end of Year 1 (2009/10)</td>
<td>100</td>
<td>Provider engaged in redesign of services with GP and local healthcare community during start up year with aim of services commencing from October 2009 – part year effect</td>
</tr>
<tr>
<td>At end of Year 2</td>
<td>200</td>
<td>Clinical commitment to enhanced services increased full year effect</td>
</tr>
<tr>
<td>At end of Year 3</td>
<td>300</td>
<td>GPSI* service delivered in year</td>
</tr>
<tr>
<td>At end of Year 4</td>
<td>500</td>
<td>GPSI plus enhanced services</td>
</tr>
<tr>
<td>At end of Year 5</td>
<td>800</td>
<td>GPSI plus enhanced services</td>
</tr>
</tbody>
</table>
7. **Process**

7.1 It is important to note that the PCT is required to procure a **service** or **service provider**.

7.2 The provider of the new service will be the subject of a competitive tendering exercise for which the process will begin in May 2008.

7.3 The tendering process will be open to current NHS and private providers, independent contractors, third sector organisations and ‘entrepreneurial’ GPs as well as other potential providers or partnerships of providers.

7.4 Services within the new development will come under the NHS banner and will be free at the point of delivery, in line with existing arrangements for local NHS care.

7.5 There will be the full range of supporting documentation to ensure a robust procurement process, including service specification and criteria for assessment along with a full business case.

7.6 The procurement process will be led by the Project Team and governed by the Board or appropriate Board sub committee as determined by the Board.

8. **Gaining public views on the proposal**

8.1 The PCT has commenced the process of engaging the local population about the proposal; this will continue and grow in size over the next few months.

8.2 Further details about the proposal will be posted on the PCT website, in public libraries and other public facilities. Arrangements are also about to be published for a series of public information and feedback events, starting in May and running throughout the early summer. These events will be designed to inform the local community of the PCT’s aspirations for the new service and will be an opportunity for local people to help inform the final design, location, and configuration and future workings of the service. The Project Team leading the project will circulate details of these events.

8.3 Whilst the procurement process will run in parallel to the process for gaining public views on the proposal, the outcome of the public engagement exercise will help to inform the final project specification and design/function of the new facility. For this reason a competitive dialogue procurement process will be used.
9. Funding

The contract for the service will run for five years after which there will be no obligation to continue on the part of the PCT. The baseline allocation received by the PCT includes an allocation to contribute to the cost of the service.

10. Timetable

10.1 The procurement is a local one, which is governed by a regional timetable that is challenging and has some elements that are fixed.

10.2 The PCT will ensure that it meets all of the fixed elements but there will be local flexibility within the timetable, particularly over the summer months. This will allow the PCT and the Project Team the time to engage with the local public, local clinicians and other stakeholders to listen to and address their views and concerns and incorporate the findings into the specification.

10.3 The next key milestone is the issue of the Memorandum of Information or advertisement as the invitation to tender and for potential providers to respond to the specification and complete a pre qualification questionnaire.

10.4 A Project Steering Group has been established within the PCT to oversee the process and ensure that it delivers to the required timetable. A Project Board will be established with non-executive director involvement, subject to Board approval.

10.5 If the proposal is approved the service is planned to go live from May 2009.

11. Recommendation

11.1 The Board is asked to comment on the proposed rationale for Scarborough and to consider the relative standing of this proposal to other possible locations for this service.

11.2 Subject to the above, the Board is asked to support the proposal to engage with the public of Scarborough whilst simultaneously running the procurement process.

11.3 The Board is asked to approve the reporting arrangements for the Project Team and agree to the establishment of a Project Board.

11.4 The Board is asked to advise on the Board level sub committee that will oversee the procurement process.
For further information please contact:

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Appendix 1

Summary - Health Needs Assessment for Scarborough

- Scarborough has the lowest life expectancy (LE) for males (75.9) and females (81.1) in North Yorkshire and York (NYY). Male LE is significantly below the England average.

- Scarborough is the most deprived council district in NYY, with 13 Lower Super Output Areas amongst the most deprived 20% in England.

- Premature mortality from heart disease and stroke in Scarborough is the worst in NYY and significantly worse than the England average.

- Scarborough is a location of major health inequality in NYY. For most of the health indicators compared, Scarborough has worse outcomes than other council districts in NYY.

- Scarborough practices have the highest diagnosed prevalence for both mental health problems and dementia in North Yorkshire and York.

- Antidepressant prescribing (ADQ/STARPU) in Scarborough practices is the highest in NYY PCT.

- Rates of claims for incapacity benefit and severe disablement allowance for mental health or behavioural disorders are significantly higher in Scarborough than the England average.

- Alcohol related hospital stays in Scarborough are slightly above the England average but the synthetic estimate of binge drinking is slightly less.

- Scarborough has significantly higher rates than England for under-18 alcohol-specific hospital admissions, incapacity benefit claims for alcoholism, and percent of workers employed in bars.

- The estimate for drug misuse (crack and opiates) in Scarborough is less than the England average but not significantly so.

- The 15-18 year old teenage conception rate in Scarborough (46.5 per 1000 in 2002-2004) was above the England average and the highest NYY.

- Using the number of teenage conceptions as a measure of demand, Family Planning Clinic opening hours in Scarborough would need to increase three to four fold to match provision in other areas of NYY.

- In the absence of prevalence data on chlamydia infections at PCT or council district level, high teenage conception rates may point to high levels of chlamydia in the Scarborough population. Community based sexual health services and Chlamydia screening would be advantageous in Scarborough.
Sample summary of possible services to be provided

1. **General Services**

The service will be GP led with a GP available for consultation for both registered and non-registered patients. Practice nurses will be available as will community nursing services. The registered list size is anticipated to be comparatively small comprising initially of patients registered with the existing homeless project, which will be decommissioned, and patients from three sources: patients from the wider Scarborough area who choose to re-register for convenience reasons, patients from new housing developments who may find a town centre practice more convenient and patients who find it difficult to access primary medical services (including migrant workers and travellers).

The improved access to sexual, mental health, drug and alcohol and homeless services will potentially attract new patients who do not want to access these services at their home practice. Some services will be open to referrals from existing GPs. It is envisaged that there will be scope for the development of GPs or practitioners with special interest for some of the additional services offered. As many of the core services as possible (e.g. Choose and Book and extended hours) will be included in the Alternative Primary Medical Services contract.

The practice will, in time, be a training practice.

The Practice will participate in Practice Based Commissioning and join the consortia.

**Opening Hours**

The centre will be open 8am to 8pm 7 days a week 362 days per year (excludes Christmas day, New Year Day and Easter Day)

2. **Minor Injury Service (Draft for discussion only)**

As discussed above the provision of Minor Injury service will need to be incremental starting with a locally agreed service enhancement and progressing incrementally with local negotiation.

Therefore the vision for the future is that a Minor Injury Unit (MIU) service will be provided alongside and integrated with the Personal Medical Services (PMS) Service relating to the primary care Equitable Access Clinic. An alternative and additional resource to the existing A&E alongside the GP out of hours service will increase choice for the local resident population. For non-residents and those visiting the area this service will offer an immediate, convenient and quality service for minor injury care. The MIU service will support and interact with all existing services, including local GP practices that choose to open extended hours.
The MIU service shall operate from 8am to 8pm every day. In time the MIU will provide:

- A fully integrated minor injury service provided from a co-located PMS unit
- A full MIU service that includes:
  - Minor illness care
  - X-ray facilities and interpretation
  - Wound management, care and advice
  - Health advice
  - Follow up clinics where appropriate to monitor care plans implemented
  - Removal of sutures
  - Access to pathology and medical diagnostics facilities as well as radiology
  - Gateway to specialised care following assessment in the MIU
  - Removal of minor foreign bodies from skin and eyes
  - Communication of treatments with the 'patient's resident practice' – for the non-confidential visits, the GP records shall be updated. This information transfer shall be required by 08:00 hours the following working day in line with current national quality standards for out of hours providers
  - Direct referral into existing secondary care pathways
  - Care for patients with minor illnesses
  - Cryotherapy

3. Homeless Service

Service Description

The homeless service shall provide equal access to a multi-agency team. The service shall offer drop-in, flexible access to clients who fulfill the service criteria, and are in need of health and/or social care interventions, advice or signposting. Daily access is therefore required, although some outreach services may also be delivered across other areas demonstrating need.

The team shall work toward closing existing service gaps, with a greater emphasis on meeting local need. The client groups supported by this service shall be:

- People sleeping on the streets ‘rough sleepers’
- Those staying in insecure accommodation e.g. hostels
- Those waiting for permanent accommodation that may already have been provided with a temporary place to stay
- Travellers
- Clients staying at the women's refuge
Opening Hours

Weekdays 10am to 1pm. Plus further hours to be decided.

Daily sessions allow a consistent level of access and also allow those arriving in the area an easy access to the service without much delay. Regular daily sessions underline encouragement of clients to return should their condition require ongoing care or monitoring.

4. Counselling Services

Service Description

Counselling will be provided within an integrated brief therapeutic approach for patients with mild to moderate difficulties, suitable for help within a limited time frame of 6-12 sessions.

The service will provide 1:1 counseling, group counselling, couples or family counselling and Cognitive Behavioural Therapy (CBT). The service assessment process should clarify which type of therapy available is most appropriate for each person. If it is deemed a service user should be provided with a counselling service which is not provided by the service this will be discussed with the patient’s GP and/or Primary Mental Health Worker and the patient referred to the most appropriate service.

The service may be required to undertake community visits to service users in other community locations.

The service will be expected to provide counselling services to people aged over 12 years.

Opening Hours

Sessional appointments will be offered during clinic opening hours 1pm to 8pm, 5 days per week, on identified opening days.

5. Substance Misuse Intervention Workers

Service Description

The service will provide brief intervention therapy for patients wishing to control their addiction. The service will also include targeted screening – the implementation of systems of routine standardised screening for alcohol misuse in primary care, A & E and hospitals.

The service commissioned will provide a range of Tier 1 and Tier 2 Interventions to people presenting with a substance misuse problem.
The service will offer a wide range of information – and advice on substance misuse and the effect of misusing substances to service users, concerned others and professionals.

The service will be available for people aged 18 years and over.

Future substance misuse intervention services shall be located in areas demonstrating most need. Areas close to the centre of town contain high numbers of the homeless population, who are well known to have co-existing problems relating to alcohol dependency. Services shall focus on the central theme being that of a walk-in service, as this reduces access barriers and meets the needs of these client groups. This affords the provider the opportunity to develop outreach and in reach services.

**Opening Hours**

Services shall be available during clinic opening hours 1pm to 8pm, 5 days per week. Suitable accommodation shall support the need for private, confidential consultations.

**6. Primary Mental Health Workers (PMHW) Service Specification (Moderate Depression (MD) service)**

**Service Description**

The purpose of the MD service is to provide interventions for clients with mild to moderate depression.

PMHW shall ensure effective collaboration across the interface through the provision of clinical care in primary care settings and by improving the skills and confidence of primary care staff. The principles of service delivery are underpinned by the National Institute for Health and Clinical Excellence (NICE) guidelines for depression (2004) and the stepped care model, including the development of a Cognitive Behavioural Therapy (CBT) service and assisted self help. The service shall encourage a range of interventions to maximise health potential of clients and the facilitation of self-care and independence. The service shall thereby encourage the development of the 'Expert Patient'.

**Opening Hours**

Services should be available during clinic opening hours 1pm to 8pm, 5 days per week during agreed opening times. The service will offer flexible consultations across the Scarborough locality. The service may also be required to undertake community visits to service users; this maybe within their own home or other community location.
7. **Level Two Sexual Health Services**

**Service Description**

The Level Two Sexual Health Service will act as a resource to other colleagues providing sexual health care in primary care, both by accepting referrals and providing advice, support and training. Providers offering this service will aim to become a centre of experience and expertise.

The service will offer a mixed economy of appointment and walk-in clinics which will be clearly advertised in accessible locations. They will offer a choice of appointment times, opening times, with answering machine to give information about emergency contraception outside clinic hours. Walk-in clinics should have waits of no more than two hours; appointments should be available within 48 hours.

The Service shall provide: -

- Contraception
- Pregnancy and abortion
- STI screening and treatment
- a holistic approach to assessment of risk of sexually transmitted infections (STI), HIV and/or unplanned pregnancy
- the provision of information on, testing and treatment for all STIs (excluding the treatment of HIV and syphilis, or treatment-resistant infections which require referral to specialist units).
- a service for HIV testing, including pre and post test counseling

**Opening Hours**

The Sexual Health service will be open when the tier 3 service currently based at Northway is closed. The service will open 10am to 2pm weekends and Bank Holidays.
Equitable Access in Primary Care – Commissioning Extended Access to GP and Extended Services in North Yorkshire and York

1. The Board supports the proposal to engage with the public of Scarborough in scoping out a proposal for extended services in Scarborough whilst simultaneously engaging with potential providers against a context of known deprivation and known gaps in services in Scarborough. In so doing the Board expects that Lord Darzi’s recent well publicised assurances will be implemented, specifically that:
   
   a. changes would only be carried out on the clear evidence of benefit to patients and with clinical leadership and the full engagement of frontline staff.
   
   b. Patients, the public and other stakeholders are fully engaged in all stages of the development.
   
   c. existing services continue to be provided pending the full establishment of the extended services.

2. The Board approves the reporting arrangements and agrees to the establishment of a Project Board with the inclusion of clinical leaders, local doctors and patient and stakeholder representation.

3. The sub committee structure required to oversee the procurement process is agreed as follows:
   
   a. Project Board with strategic leadership for project.
   
   b. Project team with operational responsibility to develop the specification and respond to the outcomes of the engagement process.
   
   c. External reference group to lead, monitor and translate the public engagement process.

4. The Board determines that further consideration is given to other possible locations for these extended services where there is evidence of unmet health needs and similar levels of health deprivation are known to exist.

5. That a business case be submitted to the Board for the extended services proposal prior to the final sign-off of the invitation to tender by the Strategic Health Authority.
### Scarborough Extended Services - Engagement Events

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Process</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 June 08</td>
<td>Save Our GP Surgeries Campaign</td>
<td>PCT to attend</td>
<td>Confirmed</td>
</tr>
<tr>
<td>14 June 08</td>
<td>Save Our GP Surgeries Campaign</td>
<td>PCT to attend</td>
<td>Confirmed</td>
</tr>
<tr>
<td>24 June 08</td>
<td>Coast &amp; Moors CVS Charity Bank Event – 80 voluntary groups attending( 9am – 09.30 Allatt House)</td>
<td>PCT key staff to speak to public and distribute briefings/questionnaires</td>
<td>Confirmed</td>
</tr>
<tr>
<td>30 June 08</td>
<td>Scarborough Urban Area Support Group Castle Choice Centre, (Scarborough Enterprise Centre), Auborough Street, 6pm</td>
<td>PCT key staff to speak to public and distribute briefings/questionnaires</td>
<td>Confirmed</td>
</tr>
<tr>
<td>2 July 08</td>
<td>Baby Clinic Oasis Centre, Castle Road 1&lt;sup&gt;st&lt;/sup&gt; &amp; 3&lt;sup&gt;rd&lt;/sup&gt; Wed 1.30 – 3.30pm2 July 2008</td>
<td>PCT key staff to speak to parents and distribute briefings/questionnaires</td>
<td>Confirmed</td>
</tr>
<tr>
<td>7 July 08</td>
<td>Scarborough 6&lt;sup&gt;th&lt;/sup&gt; Form College 11 – 2pm</td>
<td>PCT key staff to speak to students and distribute briefings/questionnaires</td>
<td>Confirmed</td>
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<tr>
<td>8 July 08</td>
<td>Elder Street Day Centre – Café Tues 11am 8 July 2008</td>
<td>PCT key staff to speak to users and distribute briefings/questionnaires</td>
<td>Confirmed</td>
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<tr>
<td>TBC</td>
<td>Homeless Centre, Castle Ward</td>
<td>PCT key staff to speak to users/carers, distribute briefings/questionnaires</td>
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<tr>
<td>10 July 08</td>
<td>Brunswick Centre</td>
<td>PCT key staff to speak to public and distribute briefings/questionnaires</td>
<td>Confirmed</td>
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<tr>
<td>Date</td>
<td>Event</td>
<td>Process</td>
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<tr>
<td>24 July 08</td>
<td>Community Partnership Board Meeting</td>
<td>Briefing and questionnaire to be shared with members at meeting</td>
<td>Confirmed</td>
</tr>
<tr>
<td>Ongoing</td>
<td>Meet with community and voluntary groups, on request</td>
<td>PCT key staff to speak to key groups and distribute briefings/questionnaires</td>
<td>Ongoing</td>
</tr>
<tr>
<td>TBC</td>
<td>Balmoral Centre</td>
<td>PCT key staff to speak to public and distribute briefings/questionnaires</td>
<td>TBC</td>
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<tr>
<td>TBC</td>
<td>McCains Staff Canteen</td>
<td>PCT key staff to speak to staff and distribute briefings/questionnaires</td>
<td>TBC</td>
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<tr>
<td>TBC</td>
<td>Pinders Staff Canteen</td>
<td>PCT key staff to speak to staff and distribute briefings/questionnaires</td>
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<tr>
<td>TBC</td>
<td>YMCA Leisure Centre, St Thomas Street</td>
<td>PCT key staff to speak to users and distribute briefings/questionnaires</td>
<td>TBC</td>
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<tr>
<td>TBC</td>
<td>Scarborough Christian Centre, Castle Rd, Oxford St</td>
<td>PCT key staff to speak to users and distribute briefings/questionnaires</td>
<td>TBC</td>
</tr>
<tr>
<td>TBC</td>
<td>Baby Clinic Briercliffe Childrens Centre Mon 10 – 11am</td>
<td>PCT key staff to speak to parents and distribute briefings/questionnaires</td>
<td>TBC</td>
</tr>
<tr>
<td>14th or 18th Aug</td>
<td>Public Meeting - Spa</td>
<td>PCT + Partners to share outcomes, debate issues and hear key voices from engagement events</td>
<td>TBC</td>
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<tr>
<td>Date</td>
<td>Event</td>
<td>Process</td>
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<tr>
<td>10 Sept 08</td>
<td>Scarborough Urban Area Support Group Castle Choice Centre, (Scarborough Enterprise Agency) Auborough Street, Scarborough 6pm</td>
<td>PCT key staff to speak to public and provide an update</td>
<td>Confirmed</td>
</tr>
<tr>
<td>25 Sept 08</td>
<td>Community Partnership Board Meeting</td>
<td>PCT key staff to speak to public and provide an update</td>
<td>Confirmed</td>
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</tbody>
</table>

_Bridget Read – Patient Engagement Manager 24 June 08_