

**NHS BRENT CCG**

**GP ACCESS WALK IN CENTRE SERVICE**

**MEMORANDUM OF INFORMATION**

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# 1 INTRODUCTION

## 1.1 PURPOSE OF THIS DOCUMENT

NHS Brent CCG is responsible for the provision of a number of community-based unscheduled care services. The current contract for the provision of the Brent GP Access Centre (GPAC) will come to an end on 31 December 2016

NHS Brent CCG is therefore engaging with interested parties on future provision with a view to ensuring that the needs of Brent residents are met, and that patients can access the right level of care in the right setting. This will inform the CCG's route to market for the specific service detailed above.

Brent CCG recognises that current urgent care pathways and services will need to be developed in line with the direction of the *NHS Five Year Forward View*. We expect this engagement process to stimulate thinking and responses which go beyond simply re-providing services as they are currently configured and specified.

## 1.2 OVERVIEW

The Brent GP Access Walk-in Centre is delivered at the Wembley Centre for Health and Care, and has been commissioned by NHS Brent CCG to deliver treatment for minor illnesses and injuries without the need for an appointment (staffed by experienced nurses and GPs). It provides for access to GP services for registered and unregistered patients without the need for a booked appointment. The service is open seven days per week from 8am to 8pm every day.

## 1.3 CONTEXT

NHS England has made a commitment to developing a coherent 24/7 urgent care service in every area of England that makes sense to patients when having to make choices about care and to drive the integration of services. It also committed to the provision of integrated NHS services seven days a week in order that patients experience genuine seven day care.

There are key operational areas which require improvement in order to deliver better integration:

- Improved communications within and between service providers;
- Improved coordination of services;
- Reduced duplication of services and activities.

Within primary care in Brent, it is recognised that there is potential overlap between services: For example the availability of GP Access Hubs for registered patients and the provision of the GP Access Centre extended opening hours represents an opportunity for close coordination. Across services there is a need to manage such capacity effectively to ensure efficient delivery (without compromising access to care).

## 2 DEMOGRAPHICS

### 2.1 NHS BRENT CCG DEMOGRAPHY

#### 2.1.1 Overview of NHS Brent CCG commissioning arrangements

Administratively, the locality of NHS Brent CCG is divided into five localities:

- Harness;
- Kilburn;
- Kingsbury;
- Wembley; and
- Willesden.

Each locality has a clinical leadership team comprising a locality Clinical Director and Clinical Commissioning leads with administrative and managerial support.

Within localities, networks of GP practices have established themselves as provider vehicles. In this capacity, GP Provider Networks are able to form partnerships or alliances with others to provide an integrated model of care, with the GP at the centre of coordinating patient care. This is in line with the CCG's strategic ambition to commission integrated and holistic patient care as outlined in the North West London application for Integrated Care Pioneer Status, Living Longer and Living Well<sup>1</sup>.

At present (as at June 2015) there are four GP Provider Networks developed. The number of practices within each of the four networks is as follows:

- Harness – 21 Practices (covering approximately 115,000 registered patients);
- Kilburn – 12 Practices (covering approximately 72,000 registered patients);
- Kingsbury and Willesden – 24 Practices (covering approximately 115,000 registered patients); and
- Wembley – 10 Practices (covering approximately 50,000 registered patients).

As at June 2015 NHS Brent CCG is responsible for a registered population of approximately 354,000, (the number of people registered with a Brent CCG GP practice). A patient does not necessarily have to live in Brent to be registered with a Brent GP.

The latest activity report is detailed below:

#### 2.1.2 Geography

Brent is an outer London borough in north-west London. The geography of Brent broadly divides at the A406 road into the north-west and south-east.

#### 3.1.3 Patient Flow – Post Code Analysis

Figure 1 illustrates the key post code areas within Brent and surrounding areas.

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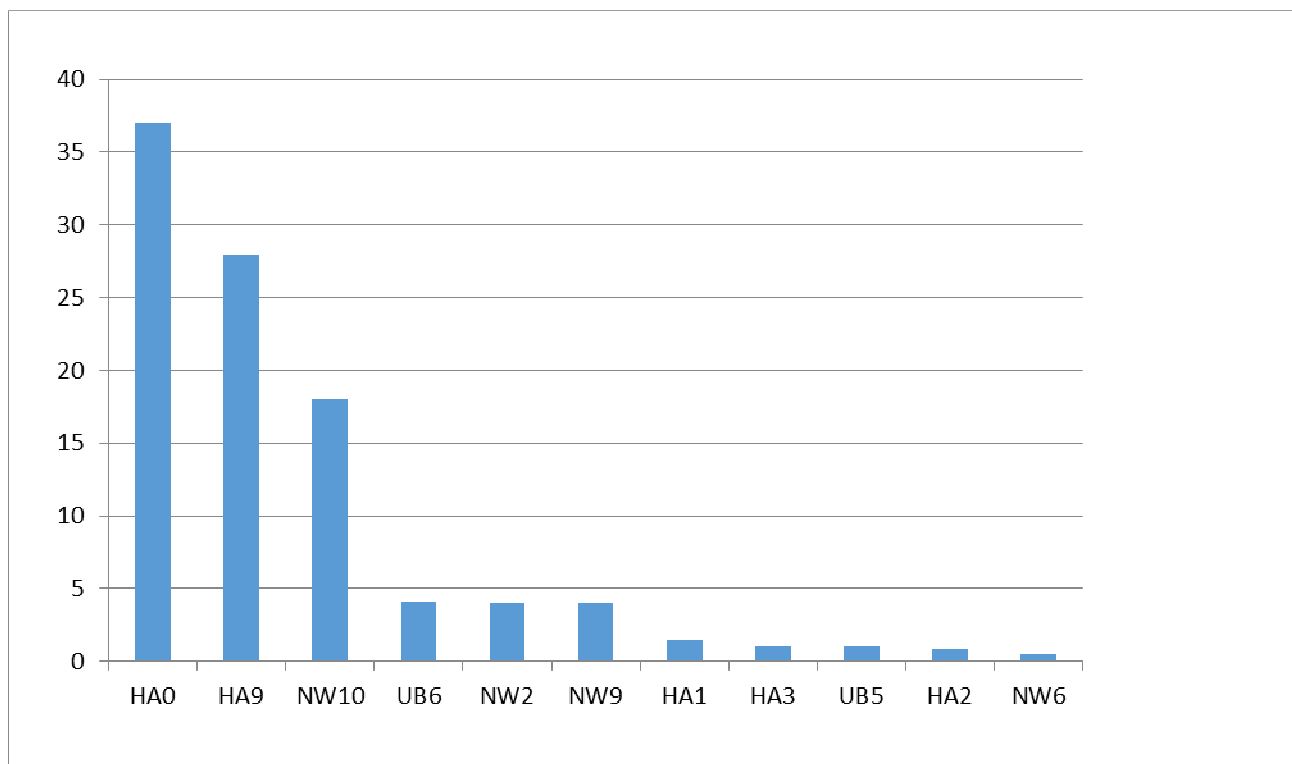
<sup>1</sup> Living Longer and Living Well, North West London's application for Pioneer Status – June 2013



Figure 1 NW London Post Codes

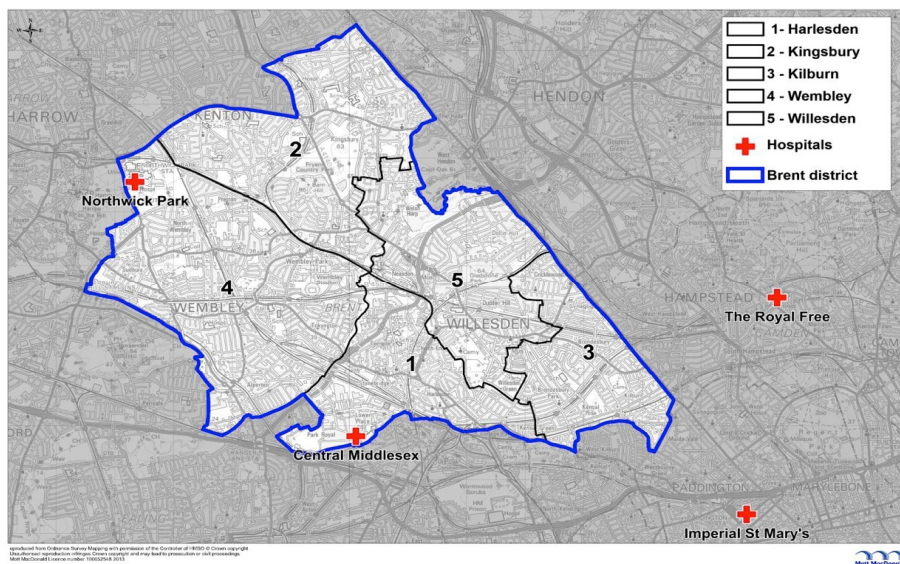
#### Wembley GP Access Centre (HA0 4UZ)

As detailed in Figure 2 patients who have accessed the Wembley GP Access Centre in the last 12 months are drawn from three primary post code areas, HA0, HA9 and NW10, which together account for in excess of 80% of total activity, which equates to approximately 32,500 attendances.



**Figure 2 Top 10 Post Codes**

A map of the geography covered by NHS Brent CCG and the main NHS Hospitals which currently provide a significant proportion of secondary care services to Brent residents is presented below:



**Figure 1: Brent Borough map and NHS Hospital Trusts**

### 2.1.3 Brent population information

The Office of National Statistics (ONS) Mid-2013 Population Estimates for Clinical Commissioning Groups in England estimates the population of Brent to be 317,264<sup>2</sup>.

Official figures also show that Brent's population is on the increase, having risen 18 per cent between the 2001 census and 2011 census. Population projections are as follows:

2014	319,800
2015	322,400
2016	325,400
2017	328,200
2018	331,100

The health of people in Brent is varied compared with the England average. Deprivation is higher than average and about 24.8% (16,200) children live in poverty. Life expectancy for both men and women is higher than the England average.

The map below shows the population density for Brent. It shows that the highest densities of people live predominantly in the south east of the area, predominantly in central Harlesden and eastern Harlesden, southern and eastern Kilburn and south eastern Willesden. Other parts of the region also have isolated areas of high population density including parts of the Wembley locality.

### 2.1.4 Overview of Health Profile of Brent Population

Life expectancy for males and females in Brent is higher than the national average. However, there are clear gaps and inequalities. For example life expectancy for males in the most deprived areas of Brent is 4.7 years lower than for males in the least deprived areas<sup>3</sup>.

The leading causes of morbidity within Brent are cancers, cardiovascular disease (CVD), and respiratory disease. In 2012, 19.5% of adults in Brent were classed as obese, with estimates of the levels of adult physical activity worse than the England average. The Joint Strategic Needs Assessment (JSNA) review has identified that long term conditions such as diabetes are particularly endemic in Brent. In 2012/13, 7.8% of people on GP registers in Brent were recorded to have a diagnosis of diabetes. This compares to the England average of just 6%<sup>4</sup>.

Children and young people under the age of 20 constitute 25% of the population of Brent. However, despite the young population the number of people over 75 continues to grow. The 65+ age group has grown by 8% over the last 10 years; even though the number of people aged 65-69 has reduced by 4%. This demonstrates that we have a spike in our older population, which is a significant planning factor.

Brent has a very mixed profile in terms of child health with oral health and childhood obesity key health issues across the borough. Brent ranks among the poorest authorities in the country in oral health for children under five. In 2011/12, 45.9% of five-year-olds showed signs of dental decay, which is worse than the England average. Childhood obesity rates in Brent remain higher than the England average with 11% of reception year pupils

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<sup>2</sup> <http://www.ons.gov.uk/ons/rel/sape/small-area-population-estimates/mid-2013/rft---clinical-commissioning-group-unformatted-table.zip>

<sup>3</sup> National Health Observatory (2015): 'Health Profile: Brent':  
[http://www.apho.org.uk/resource/view.aspx?QN=HP\\_RESULTS&GEOGRAPHY=AE](http://www.apho.org.uk/resource/view.aspx?QN=HP_RESULTS&GEOGRAPHY=AE)

<sup>4</sup> NHS Brent (2014): 'Brent JSNA 2014 Refresh. Mortality information sheet'

classed as obese in 2012/13 and 24% of year 6 pupils were measured as obese. In England, the average rate of obese reception year pupils in 2012/13 was 9% and 19% for year 6 pupils.

### 3 SERVICE PARAMETERS

#### 3.1 CURRENT SERVICE DELIVERY

The Brent GP Access Centre is currently being delivered by the Harness Care Cooperative Limited (GP Provider Network). This has an attendee combination of registered patients, local to the practice, and unregistered patients, from across Brent borough.

#### 3.2 CURRENT SERVICE SPECIFICATIONS

The table below summarise the current service specification for the Brent GP Access Centre

##### Brent GP Access Walk-In Centre

Service Type	Service summary	Service Required
Health Promotion and Disease Prevention	Health promotion and disease prevention signposting services as part of every walk-in consultation, where such a signposting service is both relevant and appropriate to the reason for the service user attending the provider's premises and/or services environment. Signposting services is deemed to be a service which directs service users to other local services which meet the identified health promotion and disease prevention need.	
	Such health promotion and disease prevention signposting services shall include but not be limited to:	
	Smoking	✓
	Alcohol	✓
	Obesity	✓
	lack of exercise	✓
	poor dietary habits	✓
	sexual behaviour	✓
	chronic long-term conditions	✓
	The provider shall provide walk-in consultations to service users presenting with the following conditions:	
Urgent	IV Benzylpenicillin for suspected meningococcal disease	✓



Service Type	Service summary	Service Required
initial treatment relating to:	Salbutamol nebulizer for acute asthma	✓
	cardiac arrest	✓
	Respiratory arrest/ airway obstruction/ acute asthma	✓
	Suspected meningitis	✓
	Meningitis	✓
	Anaphylaxis	✓
	Any other activities/ treatment required to reasonably provide basic life support	✓
Treating minor injuries and illnesses, including:	Wounds, e.g. superficial cuts and bruises, minor burns and scalds, insect or animal bites, risk of tetanus, minor head injuries;	✓
	Muscle and joint injury, e.g. strains and sprains, back pain, tendonitis;	✓
	High temperature;	✓
	Headaches and dizziness;	✓
	Coughs, colds, 'flu-like' symptoms and hay-fever;	✓
	Ear, nose and throat infections (e.g. minor infections such as sore throats, and ear aches);	✓
	Eye care, e.g. conjunctivitis, styes, removal of superficial foreign bodies;	✓
	Stomach ache, indigestion, constipation, vomiting and diarrhoea;	✓
	Dermatology and skin complaints, e.g. rashes, minor allergic reactions, scabies, head lice, sunburn; and	✓
	Genito-urinary problems, e.g. urinary infections, thrush, and menstrual problems	✓
	Emergency contraception	✓
	Pregnancy testing and advice	✓
	Wound dressing service (subject to protocol)	✓

**Table 1:** Summary of current WIC specification

### 3.3 CRITICAL SUCCESS FACTORS (CSFs)

NHS Brent CCG currently requires its unscheduled care services to meet the following CSFs:

- **Access** – The services must be provided to meet patient access needs and preferences with national waiting time targets met.
- **Integration** – Providers of services will be expected to integrate with, and positively contribute to and communicate with the local healthcare community.

- **Quality** – The services should be patient-centred while being delivered in a safe and effective manner through a learning environment.
- **Value for Money** and Affordable – The services must be high quality and cost effective offering affordability and providing Value for Money for the NHS.

In delivering these CSFs, there is has been a need for service providers to:

- Be able to coordinate their services to ensure effective access and delivery; and
- Communicate effectively within the service and to other complementary services e.g. GPs, acute/ secondary care provision, community services.

These success factors will be expanded to incorporate a more comprehensive understanding of true integration in line with the *NHS Five Year Forward View* and its application to Brent

## 4 POTENTIAL SCOPE OF SERVICES

The GP Access Centre is under contract until 31st December 2016. NHS Brent CCG is committed to continuing to deliver this service for the benefit of Brent patients. The content below reflects the principles and scope of the service as currently delivered or specified.

### 4.1 BRENT GP ACCESS CENTRE

#### 4.1.1 Principles underpinning the service

In support of the strategic aims, the development of the service scope will be guided by the core principles of:

- Providing services from the Wembley Centre for Health & Care premises;
- Delivering services in a coordinated and integrated manner with the local health economy;
- Deliver excellent patient experience together with excellent patient and clinical outcomes; and
- Delivering affordable and Value for Money (VfM) primary medical care services.

#### 4.1.2 Scope of service

The Brent GP Access Walk-in Centre service shall deliver a combination of Essential, Additional and Enhanced Services for primary care to registered and unregistered patients using the Brent borough boundary as its 'catchment' area. This represents greater access to primary medical care services for the Brent population.

Although there is potential overlap with the GP Access Hub, the service should still deliver extended hours provision.

#### 4.1.3 Outcomes

The outcomes for the Brent GP Access Walk-in Centre are:

- Delivery of a service model based upon the need to provide improved access to primary care services to registered and unregistered patients.
- Integrating with current primary care service provision landscape including urgent care and available extended hours services (as well as social care, voluntary and community resources).

- Supporting unregistered patients to register with a local GP practice of their choice.

## 5 ROUTE TO MARKET

Brent CCG is currently exploring options around the most suitable route to contract award. The market engagement will help to inform the CCG of the most appropriate route to contract and any final decisions. If the CCG authorises a procurement process to be undertaken, then the process is likely to commence from mid July 2016 with adverts for the ITT published on OJEU and Contracts Finder advertising the opportunity.

## 6 COMMERCIAL FRAMEWORK

### 6.1 PAYMENT ARRANGEMENTS

The CCG has set an activity threshold of 38,000 patient attendances for the 12 month Term of the Contract. This activity will be paid at a rate of £33.00/ attendance. If the Provider carries out consultations above the threshold of 2,917 per calendar month, the Provider shall receive additional payment for consultations provided over and above the threshold of 2,917 at the marginal price of £31.00 per consultation.

The Table below provides details of activity since 2012/13

<b>Brent GP Access Centre Attendances 2012-2016</b>				
	2012/13	2013/14	2014/15	2015/16
July	2,542	2,725	2,319	2,877
August	2,469	2,368	2,425	2,705
September	2,266	2,428	2,811	2,945
October	2,352	2,608	2,878	3,297
November	2,373	2,606	2,884	3,188
December	2,728	2,749	3,523	3,385
January	2,524	2,426	2,927	3,408
February	2,461	2,450	3,118	3,404
March	2,818	3,086	3,861	3,794
April	2,584	2,959	3,341	3,067
May	2,534	3,021	3,196	
June	2,424	2,725	3,062	
<b>Total</b>	<b>30,075</b>	<b>32,151</b>	<b>36,345</b>	<b>32,070</b>

#### **6.1.1 Key commercial considerations**

It is anticipated that any new contractual arrangement that NHS Brent CCG may enter into will be for the duration of one year. The precise contract term/duration, however, requires confirmation.

There is a working assumption that GP Access Centre services will be provided from the Wembley Centre for Health & Care, Chaplin Road, Wembley, Middlesex, HA0 4UZ.

Providers will be responsible for the rent, rates, utility and insurance costs for the mandated premises, as well as facilities management, equipment and IM&T costs.

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## 7 GLOSSARY OF TERMS AND ABBREVIATIONS

Term	Description
A&E	Accident & Emergency – medical treatment facility specialising in acute care of patients who present without prior appointment, either by their own means, or by ambulance (also known as Emergency Department)
CCG	Clinical Commissioning Group – NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England
CMH	Central Middlesex Hospital – Acton Lane, Park Royal, London, NW10 7NS (part of the London North West Healthcare NHS Trust)
CQC	Care Quality Commission – the independent regulator of all health and social care services in England
CSF	Critical Success Factor – element necessary for an organisation or project to achieve its mission
CVD	Cardiovascular disease – general term describing a disease of the heart or blood vessels
ED	Emergency Department – medical treatment facility specialising in acute care of patients who present without prior appointment, either by their own means, or by ambulance (also known as Accident & Emergency)
FM Services	Facilities management services including: <ul style="list-style-type: none"> <li>• ‘Hard FM’ (including services relating to security, fire, utility management, utility breakdown, pest control, landscape maintenance); and</li> <li>• ‘Soft FM’ (including services relating to cleaning, laundry, health and safety, porter services, waste management, clinical waste management, infection control, linen, gowns and bedding)</li> </ul>
GP	General Practitioner
ICT	Information & Communication Technology – infrastructure including the internal and external electronic communication networks
IM&T	Information Management and Technology (as ICT above)
JSNA	Joint Strategic Needs Assessment – on-going process by which local authorities, CCGs and other public sector partners jointly describe the current and future health and wellbeing needs of its local population and identify priorities for action
LNWT	London North West Healthcare NHS Trust – integrated care trust bringing together hospital and community services across Brent, Ealing and Harrow
MMR	Measles Mumps and Rubella
Mol	This Memorandum of Information setting out the details the Procurement
NHS	National Health Service
NHS England Standard Contract	The contract to be entered into by NHS Brent CCG and the selected Provider(s) for the service

Term	Description
ONS	Office of National Statistics – independent producer of official statistics and the recognised national statistical institute for the UK
OOH	Out-of-Hours – those hours outside of the core hours for which essential primary care services should be offered
QOF	Quality and Outcomes Framework – the annual reward and incentive programme detailing GP practice achievement results
SaHF	Shaping a Healthier Future Programme: <a href="http://www.healthiernorthwestlondon.nhs.uk">www.healthiernorthwestlondon.nhs.uk</a>
TUPE	Transfer of Undertakings (Protection of Employment) Regulations 2006 (SI/2006/246)
UCC	Urgent Care Centre – a category of walk-in centre primarily treating injuries or illnesses requiring immediate care, but not serious enough to require an emergency room visit
VfM	Value for Money which is the optimum combination of whole-life cost and quality (fitness for purpose) to meet the overall service requirements
WIC	Walk-in Centre – a site that provides routine and urgent primary care for minor ailments and injuries with no requirement for patients to pre-book an appointment or to be registered at the centre or with any GP practice

**Table 2:** Glossary