

## **Banbury Health Centre Report for the Oxfordshire Joint Health Overview and Scrutiny Committee meeting**

### **1. Purpose**

1.1 The purpose of this paper is to provide background and an update on the contract performance of the Banbury Health Centre (GP-led Health Centre).

### **2. Introduction**

2.1 The Banbury Health Centre (HC) commenced services on 15<sup>th</sup> October 2009 following PCT Board approval on 29 January 2009. The procurement was part of the national Equitable Access programme led by Lord Darzi. Each PCT was required to commission a GP-led health centre in their area to deliver the core criteria set;

- Core GP services
- Maximising opportunities to integrate and co-locate with other community-based services, including social care
- Easily accessible locations
- Open 8am-8pm, 7 days a week
- Bookable GP appointments and walk in services
- Registered and non-registered patients

2.2 The primary aims for this contract, as approved by the PCT Board, were:

- To increase access to GP led primary care services for the Oxfordshire population.
- To address some of the inequalities in GP access, by targeting areas of Oxfordshire that currently are less well served by primary care medical services and other services such as NHS dental services.
- To reduce levels of deprivation and health inequalities by providing improved access for hard to reach groups;
- To help address demographic changes including population growth.

2.3 Following a competitive tender process the APMS contract was awarded to Principal Medical Services (PML).

### **3. Background**

3.1 NHS Oxfordshire had previously identified Banbury as an area where patients told us that it was more difficult to register with a GP practice and to get an appointment with a GP. At times there had been several of the Banbury practices requesting “open but full list” status approval from the PCT. The Joint Strategic Needs Assessment and the Director of Public Health’s annual reports also identified local wards as some of the most deprived in the county and nationally.

3.2 The public health profile of Banbury showed significant health inequalities compared to other parts of Oxfordshire and a need to break the cycle of deprivation. There are significant health outcome inequalities within Banbury with a difference in

life expectancy of 15 years between the best and worst wards. There is also a large difference in life expectancy between males and females.<sup>1</sup>

3.3 The Oxfordshire 2030 Partnership plan (2011) for improving quality of life in Oxfordshire indicates that Cherwell's population increased by almost 12% between 1991 and 2001 and by a further 4.5% since. Growth predictions of a further 8% by 2016 and a cumulative 15.6% by 2026 are significantly higher than regional and national rates. Most of the recent growth has been in Banbury and Bicester and this is predicted to continue.

3.4 In addition, the PCT Board approved the co-location of NHS dental services along side the GP-led Health Centre as Banbury was identified as a priority area to improve access to NHS dental services. A new NHS dental practice opened in February 2010.

#### 4. Delivering increased access

4.1 The total number of registered patients was 2,700 as at 31/08/12 compared with the contracted target of 2,547.

4.2 The total number of unregistered patients seen since opening to 31/08/12 is 26,000.

Day	GP Practice opening times
Monday	8 am to 8 pm
Tuesday	8 am to 8 pm
Wednesday	8 am to 8 pm
Thursday	8 am to 8 pm
Friday	8 am to 8 pm
Saturday	8 am to 8 pm
Sunday	8 am to 8 pm

4.3 A GP is on site at all times during opening hours as per the contract specification and the telephone lines are also open throughout this period.

#### 5. Addressing inequalities in access to GP services

5.1 The Banbury Health Centre has achieved registrations from deprived areas. In a random sample of 17% of the patient list, the post code breakdown was as follows:

Grimsbury & Castle	55.81%
Bretch Hill (Ruscote)	18.37%
Neithrops	13.49%
Easington	6.98%

<sup>1</sup> The HNA stated: Almost twice as many small areas (Super Output Areas) in Oxfordshire are in the top 10% most deprived areas in England in terms of income deprivation compared with 2004 (nine instead of five). Banbury Ruscote no longer features as one of the most deprived areas but Banbury Grimsbury and Castle is one of five areas in which deprivation has increased to the point where it is now amongst the most deprived areas in England.

These stark figures illustrate well the cycle of deprivation in parts of Banbury. Addressing this has been identified as a key priority in the PCT's strategic aim of improving services for children and families in areas of deprivation.

East villages	2.79%
West villages	1.86%
Other	0.70%

5.2 Some 74% of the patient list reside in the two most deprived areas of Banbury, i.e. Grimsbury & Castle and Bretch Hill/Ruscote. If the parts of the Neithrops that are also considered particularly deprived are added, this increases to over 87% of our list. A very small proportion of the population reside in the relatively affluent areas of Easington and surrounding villages.

### 5.3 Hard to reach groups

The Banbury Health Centre continues to attract hard-to-reach groups such as those people from ethnic minority groups. In a similar random sample conducted over 9 months, immigrants who had never been previously registered with the NHS made up 21.25% of the practice population and the data showed that a significant number of these immigrants were resident in Banbury for several years before they registered, confirming the need for more access to primary care services in Banbury.

5.4 This population are most likely to live in the deprived wards and indicates that the service is successful in attracting those from minority ethnic backgrounds into primary care. One contributing factor may be due to the use of Language Line, and allow the opportunity for non-English speaking patients to access 20 minutes for appointments when deemed necessary. A second reason reported by patients is that this population finds it difficult to take time off work to attend the for GP services, being fearful of their job security. The extended opening hours gives greater flexibility to attend ensuring equity of access to routine primary healthcare services. Practice system data shows that 70% of appointments for registered patients at the weekend are for working age patients.

**5.5 Ethnic minorities:** 46.82% of the registered population are non-British or non-white ethnic groups, and 21.5% report that their main spoken language is other than English. Of these, the largest group is Polish (14.5% of total registered list), followed by Arabic (3.5%), Shona (2%) and Portugese (1.8%).

**5.6 Expectant mothers and young families** - of the total practice population 12.5% are under 4 years old, which represents nearly 200% of the expected baseline figure for this age group. They also have 28.5% in the age group 25 – 35, again representing nearly 200% of the normal baseline figure for this age group. The PCT's Strategic Plan identified children and young families living in areas of deprivation, and especially in Banbury, as a priority group. Young mothers find Banbury Health Centre easy to access, not only because of its location but also because of its extended opening hours. There is a designated Health Visitor working to improve the health outcomes of this group. Banbury Health Centre has a high proportion of complex families and families who are disadvantaged. For example, the families in the Women's Refuge are complex families because of their history, and present significant risk of adverse outcomes for the children. The mothers themselves generally have very low self-esteem and need greater support for anxiety and depression.

**5.7 Transient population** - represent 6.5% of the practice population and the Banbury Health Centre attracts a transient population, e.g. the travelling community, with more a chaotic life-style as the service appeals to families who find the constraints of regular services difficult to access. A significant number of homeless

patients (no fixed abode) now have access to primary care services attending through the Banbury Young Homeless Centre and the Beacon Centre.

**5.8 People with drug addictions** – Banbury Health Centre has GPs with the relevant training to treat patients with drug addictions who work cooperatively with the designated drugs worker and SMART (addiction support services) team also located in the same building.

**5.9 Young people** – Banbury Health Centre provides services to young people, including emergency contraception, Chlamydia screening and other sexual health services. Since opening to June 2012 Emergency Contraception (Levonelle) has been issued to 44 registered patients, 30% of whom have been under the age of 20. In addition to this, Levonelle is consistently one of the top 10 drugs issued to unregistered patients, and since opening Banbury Health Centre has issued Levonelle 341 times to unregistered patients, and 25% of this number has been issued to patients under the age of 20.

## **6. Integration within the local healthcare community**

6.1 An important aspect of the successful implementation of this contract was that Banbury Health Centre fully integrated within the local community of GP practices, and there should be local ownership of services. From the outset PML have been successful in recruiting and retaining local clinicians and healthcare professionals who understand the requirements of the contract. There is a stable team of clinicians who trained in the Oxfordshire GP Vocational Training Scheme and are known to the healthcare community. In addition, as locums are needed to backfill for holidays or maternity leave, PML hold a bank of locally trained and experienced GPs to fill these hours. Only when absolutely necessary do they use locums from out of area.

6.2 This approach brought local knowledge and experience into the service from the outset. Current successful local systems, custom and practice were automatically carried forward into the Banbury Health Centre creating an opportunity for greater integration and consistency of approach with other local health services, whilst providing a stable environment for cooperation, innovation and new working practice.

6.3 A GP representative is member of the Oxfordshire Clinical Commissioning Group (OCCG) North Locality Group since October 2009, attending regular meetings in a new capacity as Deputy Chair of the Group.

## **7. Contract Performance**

7.1 The contract is monitored by quarterly reviews with the practice producing a regular report to be discussed at the review meeting. The meetings are attended by clinicians and managers from both PML and NHS Oxfordshire.

7.2 The 10<sup>th</sup> Quarterly Report (1 January 2012 – 31 March 2012) shows good overall performance against delivery of the contract and key performance indicators (KPI) attached. There are 3 performance achievement bands, A – C, each indicator has a different target score set by national and local criteria. The bands represent increasing levels of achievement with A being the highest and to which the contractor should aspire.

7.3 Out of a total of 33 KPI's for the registered patient element of the contract 73% are achieved at band A, 9% at band B and 18% at band C.

7.4 Out of a total of 14 KPI's for the unregistered element of the contract 93% are achieved at band A and 7% at band C.

7.5 The contractor has an agreed plan with the PCT for each KPI achieving below band A.

## 8. Quality and Outcome Framework

8.1 The annual QOF results show good progress and for 2011/12 a score that is above the Oxfordshire average score.

2011/12	Clinical	Organisational	Additional services	Patient Experience	Total	Oxon Average	National Average
Max Points	661.00	262.00	44.00	33.00	1000		
Banbury HC Achievement (11/12)	635.15	261.30	44.00	33.00	973.45	967.77	*

\*National Average for 11/12 will be available in October 2012

2010/11	Clinical	Organisational	Additional services	Patient Experience	Total	Oxon Average 10/11	National Average (10/11)
Max Points	697.00	167.50	44.00	91.50	1000		
Banbury HC Achievement (10/11)	617.86	166.50	44.00	33.00	861.36	969.62	946.6

## 9. Patient Experience

9.1 The Ipsos MORI Patient Satisfaction Survey results for July 2011 – March 2012 are attached and show that Banbury HC has achieved scores that are either above or close to the Oxfordshire PCT average scores.

## 10. Conclusion

10.1 The current contractor PML is consistently delivering the service requirements of the contract to a high standard within the contract value.

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