

## GP-led health centres

### Background Briefing

#### **Equitable Access to Primary Medical Care**

Lord Darzi is an eminent surgeon who is currently serving as a junior health minister. In June 2007 the Secretary of State for Health, Alan Johnson, asked Lord Darzi to undertake a review of the NHS in England, with a view to producing a strategy for the next decade.

In October 2007 Lord Darzi published *Our NHS, Our Future – NHS Next Stage Review, Interim Report* (the final report will be published in July 2008). In the interim report, poor access to primary care was highlighted as a key issue in the NHS and Lord Darzi recommended that the government should invest in new resources to ensure equitable access to Primary Medical Services.

Following the interim report, the government declared its intention to implement Lord Darzi's proposals on access to Primary Medical Services through the "Equitable Access to Primary Medical Care" programme. This is an initiative to procure:

- over 100 new GP practices in the 25% of Primary Care Trusts (PCTs) that are the most "under-doctored" (38 in all – the only one in the South East Coast area is Medway PCT);
- the development of at least one "GP-led health centre" in each PCT area (there are 152 in total).

This was confirmed in the NHS Operating Framework for 2008–9, which stated that "all PCTs will complete procurements ... for new GP-led health centres" during the year.

The health centres (which are also being referred to as "Darzi clinics" or polyclinics) must:

- be in easily accessible locations;
- deliver core GP services;
- maximise opportunities to integrate and co-locate with other community-based services, including social care;
- be open between 8:00am and 8:00pm, seven days a week;
- offer both bookable GP appointments and walk-in services;
- provide services for both registered and non-registered patients.

The government has stated that additional funding for this procurement exercise (both GP practices and GP-led health centres) will be provided to

PCTs from a new £250 million Access Fund, with the GP-led health centres costed by the Department of Health (DoH) at around £790,000 each. Funds will be added to PCTs' allocations, on a weighted capitation basis – apparently with ringfencing.

It is being emphasised that this funding is for new capacity – not the expansion or replacement of existing surgeries or health centres. Investment must be for additional clinical capacity (i.e. extra GPs, nurses and support staff). And the procurement is for new and innovative services, not necessarily for new buildings or facilities.

PCTs seem bound to use the Alternative Provider Medical Services (APMS) contracting route for this procurement. This raises the possibility that contracts could be awarded to corporate, for-profit providers – although the DoH says that GP practices must be able to compete on a “level playing field” with the independent sector.

Alliance Boots have said they could host all 152 of the GP-led health centres. Lord Darzi has reportedly held meetings with at least 15 potential private and voluntary sector providers of primary care services, including private healthcare providers such as BUPA, Netcare UK and Care UK, and High Street chemists Alliance Boots and Lloydspharmacy – with non-healthcare commercial organisations, such as Tesco, also “welcome to attend”.

The DoH will not scrutinise individual plans or specifications but will ask Strategic Health Authorities (SHAs) to provide the necessary assurances. Progress will be monitored by the DoH on a monthly basis against “key milestones” deadlines – on an extremely demanding timescale for PCTs:

- 1) SHAs to sign off PCT project specifications by 29 February 2008;
- 2) PCTs to place adverts and have a Memorandum of Information for bidders by 16 May 2008;
- 3) PCTs to evaluate pre-qualifying questionnaire responses and select bidders by 29 August 2008;
- 4) SHAs to sign off Invitation to Tenders and PCTs to issue to selected bidders by 31 October 2008;
- 5) Contracts to be awarded and signed by 31 December 2008.

The DoH expects all the health centres to become operational between January and March 2009.

Jill Norton, Assistant Director of Primary Care Provider Services at Medway PCT, has reportedly stated that it will be:

“extremely difficult for some PCTs to meet the targets” due to the daunting timescale and “absolutely intense” workload.<sup>1</sup>

## Scrutiny and consultation

There is a clear expectation that, as part of this timetable, PCTs will (between May and August 2008) undertake consultations around this procurement exercise with:

- local authority Health Overview and Scrutiny Committees under s.244 of the National Health Service Act 2006 and Regulation 4 of the Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002;
- local Patient and Public Involvement Forums / Local Involvement Networks and the local community, under s.242 of the National Health Service Act 2006.

Scrutiny and consultation should cover:

- service specification;
- selection of preferred bidder;
- proposed contractual mechanism.

The following issues are likely to arise in the course of scrutiny and consultation:

- *the intended locations of the proposed new services*

Are the PCTs targeting them at the right areas and populations (those that are the most under-doctored and in the greatest need)?

- *how the new services are to be funded*

Some PCTs are reported to be intending to use money from their core budgets, in addition to the allocation that is being provided specifically for this procurement. Eastern and Coastal Kent PCT has reportedly confirmed that “the main funding will come from the PCT’s own budget”.<sup>2</sup>

- *the proposed service model*

Exactly what mix of services will be provided? What elements, if any, will there be of integration and co-location with other community-based services, including social care?

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<sup>1</sup> "How the APMS drive is gaining speed", [www.pulsetoday.co.uk](http://www.pulsetoday.co.uk), 20 February 2008

<sup>2</sup> "Exclusive: PCTs raid own funds to build 'unnecessary' polyclinics", [www.healthcarerepublic.com](http://www.healthcarerepublic.com), 27 February 2008

- *the possibility of adverse knock-on effects for other services*

Some GP practices have raised concerns about this – for instance in Chatham, where four new services under Equitable Access to Primary Medical Care are said to be planned close to the King’s Family Practice. Dr Christine Huxham, senior partner at the practice, has reportedly said that “Undoubtedly we’re going to fall dramatically. I don’t know whether we will be viable ... We’ve just been told it’s happening ... We’ve had no say in it at all”.<sup>3</sup>

- *how the procurement process is to be handled*

What are the PCTs doing to ensure a genuine "level playing field", to allow GP practices to compete with corporate providers in bidding for the APMS contracts to run services under Equitable Access to Primary Medical Care? There is a widespread perception amongst GPs that the APMS contracting mechanism is biased in favour of the corporate sector – although APMS contracts have been won by GP practices, including some in Kent and Medway.

### **Political controversy**

The plan for GP-led health centres has been politically controversial. It has been interpreted by the British Medical Association (BMA) as part of a government drive to replace traditional GP surgeries, provided by independent practitioners, with polyclinics containing many doctors and serving large populations, run by large for-profit corporate providers.

Another report by Lord Darzi, *Healthcare for London: A Framework for Action*, published in July 2007, clearly advocates a polyclinic-based model for primary medical care in the capital (although the report does not state how this service is to be commissioned). London PCTs have been told that if they undertake a polyclinic pilot this will be regarded as meeting their obligation to set up GP-led health centres under Equitable Access to Primary Medical Care. The BMA fears that this model is to be applied across the country.

The Association is currently running a “Support Your Surgery” campaign on this issue, targeted at patients and the general public.<sup>4</sup>

HM Opposition has also raised concerns about Lord Darzi’s plans for primary medical services. The Leader of the Opposition, David Cameron MP, has stated that “The plan for a national network of polyclinics is the biggest upheaval in primary care since the creation of the NHS” and accused the government of “imposing them on local communities without public support and against the wishes of GPs themselves”.<sup>5</sup>

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<sup>3</sup> “GPs cry foul over polyclinic threat”, [www.pulsetoday.co.uk](http://www.pulsetoday.co.uk), 8 April 2008

<sup>4</sup> [www.supportyoursurgery.org.uk](http://www.supportyoursurgery.org.uk)

<sup>5</sup> Speech to King’s Fund, 21 April 2008, [www.conservatives.com](http://www.conservatives.com)

The Secretary of State, however, has told Parliament that “There is no national policy for replacing traditional GP surgeries with health centres or, indeed, polyclinics. There are no plans to herd GPs against their will, or the will of patients, into super-surgeries.” Mr Johnson further argued that the investment of £250 million in additional primary care for underserved areas should be welcomed. And he stated that Lord Darzi’s polyclinic plan for London was specific to the capital and “not a blueprint for the rest of the country”.<sup>6</sup>

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<sup>6</sup> Hansard, House of Commons Debates, 23 April 2008