

Utilisation	80% theatre utilisation	75% day case rate by 2003/04	Minimal cancelled operations on the day
Cancer	Maximum 1 month wait to treatment after diagnosis	Maximum 2 month wait from urgent GP referral to treatment	
Coronary heart disease	Maximum wait for angiography to 3 months and then less	Maximum wait for surgery to 6 months then 3 months	
Unscheduled care	Maximum 4 hours in A&E from arrival to admission, transfer or discharge Reduce delays to transfers of care to maximum of 10% of all admissions.	Reduce proportion waiting over 1 hour in A&E	
Primary care access targets	Practices should offer a routine appointment with a GP within 48 hours Practices should offer a routine appointment with a healthcare Professional within 24 hours PCTs should increase capacity and extend services in primary care	Increase range of specialist to support shift of secondary to primary care Develop built environment to ensure effective and equitable access to services	

The Checklist Model^{iv} has been used with the NHS Plan parameters to assess the capacity requirements and a number of initiatives identified to achieve them. These include:

- Adoption of best practice covering public and staff involvement in service planning, collaborative working, developing workforce capacity and the national booked admissions programme.
- Whole system review of workforce requirements, physical capacity and financial resources.
- Identification of the risk areas, in particular, transfers of care, affordability, whole system modelling and workforce.

This work has used the ten-year GPHIP objectives and proposals as the starting point for the three-year plan to ensure the service planning and financial commitments involved move the service towards the GPHIP goals.

2.2.17 PRIORITY AREAS

The local priority areas reflect the nation priority targets and have been included in the GPHIP planning and the Health Delivery Plan.

2.2.18 OTHER LOCAL PLANS

Stamford Hospital Development Plans

A strategic outline case (SOC) has been prepared for the development of additional day surgery capacity, intermediate care capacity and the rationalisation of the health estate at Stamford. The SOC is the route for implementing the GPHIP within the southwest Lincolnshire area and will be rapidly progressed and submitted for approval when this OBC has been approved.

Mental Health Outline Business Case

The Cambridgeshire and Peterborough Mental Health Partnerships Trust is in the latter stages of receiving approval for an OBC for a 110 bed mental health unit located on the ECH site. The proposal is to replace the fragmented and poor quality facilities with a modern building that meets all current guidance and standards, while rationalising the health estate.

The mental health development will be incorporated into a single PFI procurement process for the GPHIP. This will remove the risk of having multiple PFI partners operating on a single site,

reduce procurement costs and provide opportunities to gain from shared site services, including an energy centre.

2.2.19 CONCLUSION

These national and local contextual issues clearly point to a need for a change in both the way services are delivered in Greater Peterborough and to the locations and accommodation from which these services are offered. More specifically local service plans must:

- Be based on a whole system approach.
- Be designed around the needs of the patient.
- Improve equity of access and move services closer to patients' homes.
- Meet the needs of vulnerable people.
- Deliver high quality and effective services.
- Make efficient use of resources.

The points were considered when developing the Health Investment Plan and the case for change as presented below, and have had a great deal of influence on the service planning exercise described in Chapter 4.

2.3 BACKGROUND TO THE HEALTH SYSTEM

The Greater Peterborough health economy serves a population of approximately 285,000 in a mixture of city, market town and rural settings see Figure 3. The area has one of the highest rates of population growth in the country and the population will continue to grow in the future. See Figure 4. Hampton in south Peterborough is the largest new township project in Europe. This high rate of growth is reflected in the catchment population, which will increase to 310,000 by 2010 and 340,000 by 2020, see Appendix 4 for more details.

Figure 3 – Map of the Catchment Area of the GPHIP Health System

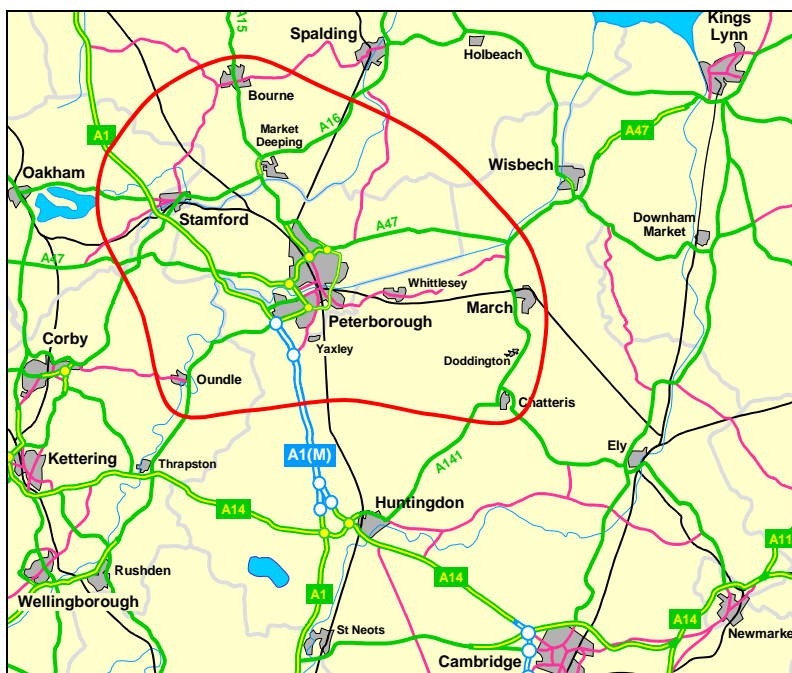
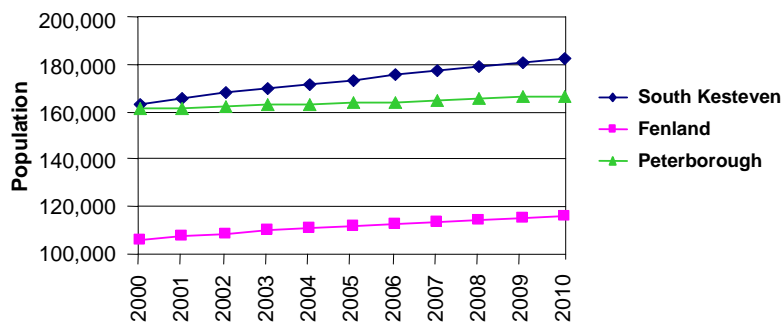


Figure 4 – Population Growth by Local Authority 2000 to 2010



2.3.1 LOCAL HEALTH SERVICE ORGANISATIONS

Six NHS Trusts serve the local population, four primary care trusts, a mental health services trust and an acute hospital trust.

Historically, patients of the Greater Peterborough area have benefited from a health system that performs well and has a reputation within the NHS for innovation and good management practice. The local health service organisations have a strong tradition of collaborative working and have undertaken many joint developments.

The PCTs

Two PCTs lie wholly within the Greater Peterborough health system, North Peterborough PCT and South Peterborough PCT. From December 2002 they have been operating under a single Chief Executive and management structure in preparation for future amalgamation. The North Peterborough PCT covers the area of the city that lies to the north of the river Nene and has a registered population of 85,000. The South Peterborough PCT covers the remainder of the Peterborough Unitary Authority area, plus a small part of Northamptonshire around the market town of Oundle. The registered population is 90,000.

The western part of the East Cambridgeshire and Fenland PCT and the south western part of Lincolnshire south west PCT also fall within the area of the health system. These two PCTs represent 12% and 22% of the nominal catchment population of the Greater Peterborough health system.

The Mental Health Trust

The Cambridgeshire and Peterborough Mental Health Partnerships Trust manage the mental health services for the whole of the County of Cambridgeshire. These include:

- Child and adolescent mental health services.
- Adult mental health services.
- Older peoples' mental health services.
- Forensic and specialist mental health services.
- Substance misuse services.
- Learning disability services.

Community learning disability services are provided by the Peterborough Learning Disability Partnership. Health staff working within the learning disability services are managed by the partnership but are employed by the Mental Health Partnership Trust. Inpatient Intensive Assessment and Support Services are provided by the Mental Health Partnership Trust in collaboration with the Learning Disability Partnerships.

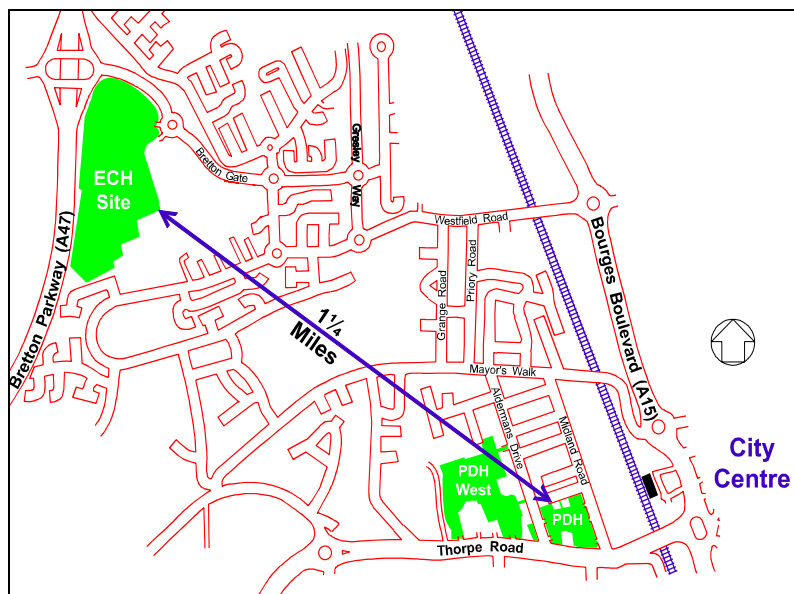
The Acute Hospital Trust

The Peterborough Hospitals NHS Trust was established in 1993 and provides a full range of acute services from three sites within the city of Peterborough, see Figure 5.

The PDH site is the location for all emergency and trauma services, paediatrics, major diagnostics and the majority of the medical services. The PDH West site is the location for

obstetrics, neo-natal intensive care and many support facilities. The ECH site is the location for the majority of elective services.

Figure 5 – The location of the two Acute Hospital Sites in Peterborough



2.3.2 LOCAL SERVICE DEVELOPMENTS

Peterborough has benefited from a number of leading edge health care developments in clinical services and systems. With the support of the Sainsbury's Trust, the first Hospital at Home scheme was introduced in Peterborough in the early 1980s and has been used as a model for similar developments elsewhere. The service allows patients to be discharged from hospital much earlier by providing support in the patient's home, including a hospital bed and a high level of nursing support if necessary. The service will continue to grow depending on the numbers of patients who meet the service criteria.

In 1996 the Peterborough Hospital Trust established a Transformation Project Team that has worked within the acute trust and with outer service providers to modernise and reform the provision of local health services. This work has resulted in the Trust receiving several awards and gaining beacon Site status for a number of service areas. Among the developments of note are:

- The direct referral cataract project that reduced waiting times from 18 months to less than six weeks. (The project won the 2002 HSJ award for improving patient care and the first ever Prime Minister's award for excellence in healthcare management.)
- Electronic communications project to develop electronic communication links to support the sharing of information local general practitioners and Trust clinicians.
- Establishment of a medical admissions unit and rapid assessment facility.
- Development of clinical haematology and oncology outpatient services to ensure patients are seen at the appropriate time and in the appropriate place whilst maintaining patient comfort and dignity.

2.4 HEALTH SYSTEM ACTIVITY

The Hospital Trust provides a full range of acute general hospital services and some specialised services such as the satellite dialysis service and the regional genetic screening service. The Primary Care Trusts provide a full range of general medical services and community health services. Detailed activity information can be found in Appendix 1.

Table 16 – Activity Data

Type of contact	1999/2000	2000/2001	2001/2002
Inpatient FCEs	50,582	53,179	52,519
Inpatient OBD	185,267	187,493	196,175
Outpatient new	54,171	55,282	55,547
Outpatient follow up	132,072	132,082	130,905

The current inpatient bed complement for the Trust is 698, excluding Stamford Hospital. Details of the individual ward bed numbers and specialties are provided in the following tables.

Table 17 – Bed Complement for PDH

Ward	Beds	Specialities
1Y	32	General Medical, Respiratory, Medicine for the Elderly, Sleep Study Unit,
1Z	26	Medical Admissions and Assessment Unit
2X	34	General Medical
2Y	34	General Medical, Haematology, Oncology, Gastroenterology
2Z	30	Stroke Unit
3X	30	General and Vascular Surgery
3Y	34	General Medical MDHU
4X	13	Intensive Care Unit (5), CCU (8)
4Y	30	General Surgery (Colo-Rectal)
5X	29	Orthopaedics
5Y	30	General Surgery including surgical recovery unit
6X	18	Gynaecology
G1	38	Paediatrics (Medical, Surgical and Admissions Unit)
Total	378	

Table 18 – Bed Complement for Peterborough Maternity Unit

Ward	Beds	Specialities
Charlotte Ward	12	Transitional Care
Victoria Ward	29	Obstetrics, Labour Rooms (3)
Delivery Unit	18	Delivery (9), Active Birth (1), Induction (4), Recovery (4)
SCBU	18	Special Care Baby Unit, NICU (6)
Total	77	

Table 19 – Bed Complement for Edith Cavell Hospital

Ward	Beds	Specialities
HDU	4	High Dependency Unit (Post OP)
2	29	Nurse Led Unit (Elderly)
3	34	Medicine for the Elderly
6	36	Medicine for the Elderly (24), Isolation (12)
7	29	Orthopaedic (MDHU)
8	30	Orthopaedic
9	21	Orthopaedic, General Surgery, Pain Relief
10	30	Urology
11	30	ENT Adults (20), Paediatrics (10)
Total	243	

2.5 HEALTH SYSTEM FINANCIAL POSITION

The income and expenditure for the trusts for 2000/01 and 2001/02 is given in Table 20.

Table 20 – Trust Income and Expenditure

Trust	2000 – 2001 (£,000)			2001 – 2002 (£,000)		
	Income	Expenditure	Balance	Income	Expenditure	Balance
Peterborough Hospital	89,107	87,052	2,055	98,773	96,601	2,172
North Peterborough PCT	72,936	72,936	0	85,296	85,063	233
South Peterborough PCT	53,649	51,849	1,800	56,642	56,289	353
Lincs. South West PCT*	N/A	N/A	N/A	122,500	122,500	0

* Lincolnshire South West Teaching PCT was established on 1 April 2001 following the reorganisation of PCG boundaries in Lincolnshire. Less than 14% of the PCT expenditure relates to the Greater Peterborough health system.

The Peterborough Hospital Trust and the PCTs have all met their financial performance targets for the past two years.

2.6 HEALTH SYSTEM RESOURCES

This section details the human and estates resources currently utilised to provide health care services in Greater Peterborough.

2.6.1 HUMAN RESOURCES

The human resources employed by the Peterborough Health Community are documented in Table 21 and Figure 6 below:

Table 21 – Staffing by Site / Organisation and Staff Group:

Staff Group	ECH	PDH	Stamford	North Peterborough PCT	South Peterborough PCT	Total
AHP Registered and Support	50	117	19	28	40	254
Admin & Clerical	121	473	42	173	122	931
Facilities	69	153	7	2	0	232
Medical	69	233	6	68	63	439
Management	31	96	2	18	19	166
Nursing	300	955	96	198	105	1,654
Prof & Technical	62	154	23	1	5	245
Total	702	2,181	195	488	370	3,921

2.6.2 HEALTH ESTATE

The Table 22 below lists the main estate components of the health system. Working with North West Anglia Health Care Trust, the precedent of the Cambridgeshire and Peterborough Mental Health Partnerships Trust, the other organisation with a major stake in the local health estate, a Joint Estate Strategy Team was established in 1998. Its remit is to develop the local health estate based on the health service needs of the local population, ensure there is sufficient capacity to meet current and future demand, and provide effective service relationships.

Figure 6 – Analysis of Health System Staffing

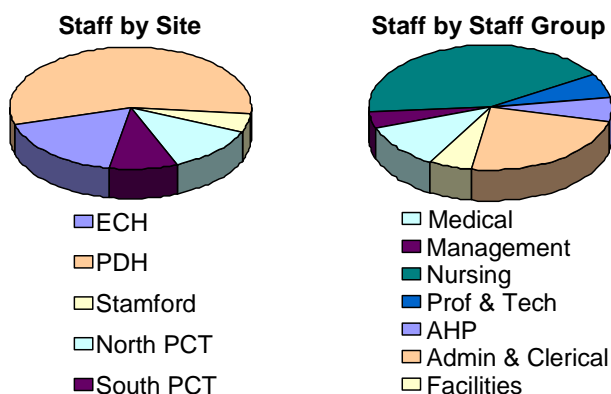


Table 22 – Major Components of Health Service Estate
(See below for definition of colour codes)

Property	Condition of Estate (%)	Brief Description
Peterborough District Hospital (PDH Site)		<ul style="list-style-type: none"> - Opened 1968 - Cast concrete structure - 380 acute beds - Critical care - A&E - Diagnostics - OPD - Trauma - Medical services - Radio therapy
Sutton Wing (PDH Site)		<ul style="list-style-type: none"> - Opened 1984 - Steel frame - Oral surgery, including day surgery - Ophthalmology, including day surgery - Pathology
Memorial Wing (PDH Site)		<ul style="list-style-type: none"> - Opened 1928 - Brick under tile construction - Rehabilitation - Paediatrics - Child health records - Child development - Child psychiatry
Fenland Wing (PDH Site West)		<ul style="list-style-type: none"> - Opened 1980 - Cast concrete frame (all electric building services) - Inpatient and day centre closed 1998 - GUM clinic <p>NB. The majority of this building is unused.</p>