

Greater Peterborough

Health Investment Plan



Working together to
deliver a

health service

for the **21st Century**

A formal
consultation
document

Working together to deliver a
health service
for the **21st century**

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1. Introduction

Your local NHS aims to deliver a high quality service centred on the needs of patients and their carers.

Many notable achievements and improvements have taken place in your local NHS in the past few years. However, a significant number of our NHS facilities do not serve patients well. They can inadvertently hamper service developments and can be a major obstacle to the delivery of patient centred services.

Working together, all the local NHS partners have set themselves the task of delivering a

patient-centred, modern and integrated health service. We have started to plan how to do this in our **health investment plan**, which has received government backing.



We are now seeking your views and support on the future development of Greater Peterborough's health service through the health investment plan by a **formal consultation** process that runs from 13 December 2001 to 12 March 2002.

Please take a little time to read through this consultation document. If you would like to speak to a member of the health investment plan project team please call the number at the back of this document or email us at feedback@healthplan.org.uk.

We have a web site at <http://healthplan.org.uk> that contains additional information on the plan and a copy of the original business case approved by the Secretary of State for Health.

To help your understanding of the health investment plan and the NHS generally, a glossary is included at the end of this document covering health service terminology.

*Peterborough Hospitals NHS Trust
on behalf of all local NHS trusts and
organisations
December 2001*

The health investment plan is being drawn together by Peterborough Hospitals NHS Trust, North Peterborough, South Peterborough, SW Lincolnshire and Fenland Primary Care Trusts, and in consultation with Peterborough City Council through the Local Health Partnership Board.

2. What is a formal consultation?

This formal consultation gives everyone an opportunity to get involved in the planning process of Greater Peterborough's health service at an early stage, and it ensures we fulfil the spirit of openness and transparency that must characterise the modern NHS.

Formal consultation is a statutory requirement where health bodies wish to make fundamental changes to NHS services in order to improve patient care.

When statutory agencies, such as health authorities or NHS trusts, wish to make such changes, they must seek and obtain the approval of the Secretary of State. Consulting with local Community Health Councils and the general public is an important part of this process.

Health investment plan consultation

One very important characteristic of the health investment plan is that it has already evolved and developed through widespread consultations with health partners, patients, carers and support groups.

In order to continue this process, and in the spirit of genuine consultation, the formal public consultation process is being **run in parallel** with the detailed development of the health investment plan. This means you have a real opportunity to get involved and influence the important decisions that need to be made.

This document sets out the facts and explains the work we have already undertaken with local doctors, nurses and other health professionals. We now need your views on a number of key issues.

In the centre of this document is a pull out section with a series of statements and questions about what you think is important for your local health service. These questions directly relate to the decisions we must take before seeking the approval of the Cambridgeshire Health Authority. The pull out section can be folded and returned by freepost.

3. Background

Your local NHS cares for over 280,000 people living in Peterborough, north Cambridgeshire and South West Lincolnshire.

The area has a higher than average annual population growth. The catchment population is forecast to exceed 310,000 in 2010 and 340,000 in 2020. (Source: Cambridge and Lincolnshire County Councils)

The Cambridgeshire county structure plan shows an additional 18,000 houses will be needed in the Peterborough and north Cambridgeshire area by 2016. An example of this expansion is the Hampton development in south Peterborough, one of the largest privately funded new townships in Europe.

The population growth combined with the increasing demand for emergency services and the need to reduce the time patients have to wait for a routine hospital appointment means the local NHS will need to see 25,000 more patients every year by 2010.



NHS catchment population for Greater Peterborough.



The Hampton development in South Peterborough.

4. Current health care services

The health service for Greater Peterborough is provided by almost 5,000 staff working for six NHS trusts in partnership with Social Services, voluntary organisations and carers.

The services are provided through

- local GPs, health centres and community nurses
- community hospitals in Stamford and Doddington

- mental health facilities at the Gloucester Centre, Lucille Van Geest unit and The Gables in Peterborough
- a NHS walk-in centre in Peterborough city centre, and
- the Peterborough District and Edith Cavell Hospitals.

All the parties have been working together to ensure patients have benefited from a whole range of improvements and developments in health care.

These include:

- Establishing one of the first NHS walk-in centres in the country
- A one-stop cataract service with patients being referred from their optician direct to the eye specialist at the hospital
- Tests and results are transferred electronically between hospital and GPs
- GP involvement in developing hospital or community treatment for patients
- An award for quality for developments in urology and outpatient services
- The use of computer technology (telemedicine) to link hospital consultants and GPs
- GPs, rapid response teams, and social services working together to help patients avoid an un-necessary hospital admission by providing patients with the right care in the right setting at the right time - 24 hours a day.

These examples demonstrate how well your local health service has performed relative to many other parts of the country. We have a reputation within the NHS for innovation and good management practice. The Peterborough Hospitals NHS Trust was recently awarded one of the national top performance 3-star ratings by the Department of Health.



Peterborough's NHS walk-in centre.

5. The problem

The service developments described in section 4 have been achieved despite the limitations imposed by our old and inappropriate buildings, many of which are in a less than ideal location, lack room for expansion and lack the capacity required to meet an ever-increasing demand for healthcare.

The main problem areas are:

Access and capacity

- At peak times there are insufficient beds to accommodate all emergency and elective patients so planned operations have to be cancelled, leading to increased waiting times
- The lack of operating theatres leads to cancelled operations and longer waiting times
- Most hospital beds are occupied more than 90% of the time, at peak times this impacts on the quality of care.
- Urgently needed beds are occupied for long periods by patients awaiting community care
- The District Hospital and maternity unit have no space to expand or absorb growth in services.

Providing the services

- The fragmented system is wasteful, expensive and difficult to staff
- More medical staff are required at the hospitals for patient safety than would be otherwise be necessary
- The Royal Colleges' training accreditation in some specialties is threatened by the poor hospital facilities, which may make it difficult to attract top staff
- The combination of pressures mean NHS performance targets could be very difficult to achieve.

Patient services

- Many health care facilities are in a poor condition, are cramped and will not be able to expand to provide the new community services
- There is a problem recruiting GPs and other key health staff
- Patients have to be transported by ambulance between wards and hospital sites to accommodate emergencies
- Patients have to travel to hospital for services that could be easily provided in their local community
- There is a backlog maintenance bill for the Peterborough District Hospital and the maternity unit of approximately £8 million
- An independent risk assessment concluded that the current split site arrangement of our hospitals represented the local service's biggest single risk to patient safety.

Treating patients in this environment is unacceptable in the long term.

Patients are inconvenienced and often have little choice than to travel to hospital for even minor injuries. Having staff move between hospital sites is inefficient, costly and a duplication of effort. Buildings are

becoming expensive to maintain and are drawing money away from patient care. The lack of capacity means patients have to wait longer for an appointment and may find their care delayed by the need to treat emergencies first.

Although the local NHS has provided a very good service for many years, introduced many new and innovative ideas and worked hard to care for everyone, this cannot continue in the future without investment in new services and facilities.

6. The health investment plan - The solution

The health investment plan aims to resolve the problems of a lack of capacity, poor quality buildings and fragmented services while delivering the government's ten-year NHS Plan.



This will be achieved through three closely linked developments that will give social services, GPs and hospital services rapid access to specialist advice, information and diagnostic services. The three developments are:

1. The introduction of a new level of service that sits between primary care (GP surgeries and community services) and hospital services. This is called intermediate care.

It is proposed that this intermediate care will provide a wide range of services based in three health care centres. These will be operated by primary care trusts, each serving a population of approximately 100,000 people.

The range of intermediate care services provided in these health care centres may include:

- Beds for rehabilitation and short term emergency support for those who don't need hospital care but who can't be supported at home
- Diagnostic and therapy services
- GP surgeries



Peterborough's Thomas Walker Medical Centre.

- Community services, including mental health services
- Minor injuries service or walk-in centre
- Outpatient clinics, and
- Palliative care.

2. The expansion and changes of primary care and hospital services to meet future demands and move non-urgent care closer to peoples' homes.

The main developments will mean:



- Providing GPs and nurses with specialist training to undertake some routine work currently done in hospital to provide faster and more local access (e.g. minor surgery, basic diagnostics and management of long-term illness)
- Increasing the 691 beds within the health system by about 100, while allowing space for future growth



- Increasing the number of surgical procedures carried out as day cases, thereby reducing the time patients need to spend in hospital, where this is safe and desirable for the patient
- Providing more clinics in GPs' surgeries using new technology to book hospital appointments, order tests or report results
- Providing more consultant clinics in the community with greater use of computer technology and 'telemedicine'
- Building in provision for Linear Accelerators (a highly specialised radiotherapy treatment) as part of an expanded radiotherapy service for cancer patients in Peterborough (currently patients have to travel to Addenbrooke's Hospital, Cambridge).

3. The provision of new, modern facilities, located where there is space for future growth and easy access.

The building programme will cover:

- The three new health care centres and investment in other health care facilities



- A multi-professional training and education centre on the main hospital site with computer links to GPs and new health care centres
- The merging of the city's District Hospital and Edith Cavell Hospital on to the Edith Cavell site, and
- The development of a high-tech diagnostic and treatment centre on the Edith Cavell Hospital site providing fast, one-stop access to diagnostics and routine day surgery.

All the local NHS trusts, health authorities, primary care trusts, the Community Health Council and Peterborough City Council, believe the proposals set out in this document present a real opportunity for improved patient-centred care, providing a modern and efficient service fit for the 21st century.

The health investment plan builds on our current services to provide a comprehensive range of services that will ensure we fulfil the primary aim of the NHS, which is to put the needs of the patients first. It will also ensure the right level of investment is made in the community services to deliver these developments in a safe and effective manner.

It will mean that many more patients will be treated nearer their homes with less need to endure the inconvenience of travelling to hospital.



Getting the best care at home.

By streamlining services in this way and eliminating unnecessary hospital visits:

- There will be more capacity for those patients who really do need to go to hospital
- There will be better use of beds
- A reduction in waiting times, and
- Much more effective use of qualified specialist staff and equipment.

It also places more power in the hands of the GP and patients to choose the most appropriate care for individuals.

Based on current forecasts all these new developments will increase the annual cost of local health services by about £14.5 million in 2010, well within the forecast for growth in local NHS funding over the same period.

- A significant portion of this money, £6 million will be spent on services in the community, supporting those in most need such as the frail and elderly
- The extra 25,000 patients the service will need to treat will account for a further £5 million
- The remaining £3.5 million will be spent on providing the new hospital services and maintaining all the new facilities.

7. Implementing the health investment plan

Determining how best to deliver patient-centred care through the three developments, detailed in section 6, has meant exploring the feasibility of a number of options and their associated costs.

The options cover both the new community based facilities and the new hospital development. Each option was judged against criteria that ensured services would be:

- Clinically safe and of high quality
- Operationally viable and usable by patients, staff and the public
- Acceptable to all the NHS partners, social services and other interested parties
- Affordable without draining money from other local health services
- Able to meet current and future workloads and sustainable in the long term

The relative benefits and the quality of each option will have to be assessed as part of the decision making process. Therefore we need to consider:

- Where the new health care centres should be located
- Which option for the hospital development will provide the best solution and
- How we can ensure our health services are accessible for everyone.

1. New local services - health care centres

The aim of the health investment plan is to make the local NHS more accessible and responsive by moving care out of hospital and nearer to patients' homes.

This involves the redevelopment of our existing community services and the provision of three new health care centres. The suggested locations are:

- One could be somewhere in the Peterborough city centre
- A second centre could be located south of the river Nene to serve the population covering the Ortons to Whittlesey
- A third centre could be located in the south Fenland area in March, Doddington or Chatteris

These three health care centres will cost between £2 and £6 million each, depending on the range of services they provide.



A more accessible NHS.

2. The options for the hospital development

We have identified three options that came closest to meeting the needs of patients. These are:

Option 1: Do minimum

This option would cost an initial £56.3 million to build and £85.8 million a year to run. It is the minimum investment necessary to meet the needs of local people and the government's NHS Plan standards. It includes a general upgrading of existing facilities, eliminating the maintenance backlog, providing single sex facilities, duplicating some high-tech diagnostic equipment and staffing on each hospital site and some minor changes to patient services.

Hospital services would remain split across the three sites, maternity services would remain separate to the children's services at the District Hospital. In areas currently below standard there would be limited improvement.

This option does not include the new health care centres and only limited investment in community services.

Option 2: One hospital at the Edith Cavell Hospital

This option would cost £135.1 million to build and £88.7 million a year to run. All hospital services would be on the Edith Cavell site, including emergency services, surgical patients, maternity, children's services and a diagnostic and treatment centre.

Option 3: One hospital at the District Hospital

This would be the most disruptive and expensive option. The site is already overcrowded and there is no room for expansion. It would cost £142.2 million to build and £87.9 million a year to run. All hospital services would be on one site, including emergency services, surgical patients, maternity, children's services and a diagnostic and treatment centre.

However the existing buildings, and particularly the tower block, are not easily adaptable and many services would continue to be provided in cramped accommodation. Patients' journeys around the hospital would remain complicated.

An analysis of the options by local health professionals showed that having one hospital at the Edith Cavell Hospital was the most preferable option based on:

- The greatest level of patient benefits
- A significant level of investment and services switched to GP and community services
- A shorter building time than the District Hospital option and much less disruptive to patients and staff

- Meeting all the requirements of the NHS Plan and local health improvement plan
- A service level the NHS can afford

3. Access for patients

Although more community-based services will reduce the need for a hospital visit, this will be unavoidable for patients needing operations or more specialist treatment. Therefore local access to hospital services is important.

Access to Peterborough District Hospital (PDH)

The District Hospital is near Peterborough city centre and close to the public transport hub. However, a very recent transport study showed that only 7% of patients came to hospital by bus. The vast majority, 86%, travelled by car, motorbike or taxi. The remaining 7% travelled by train, cycled or walked.

(Source: WS Atkins Travel Survey, June 2001)



This presents a major problem for parking at the PDH. The hospital generates large volumes of traffic and adds to city centre congestion. The travel pattern also reflects the rural nature of the population that is growing fastest in out-of-town locations around Peterborough and in south Lincolnshire.

Access to Edith Cavell Hospital (ECH)

The Edith Cavell site is two miles from the PDH, well situated on the parkway system and A47 at Bretton Gate. The location of the hospital fulfils a major requirement for fast access to the accident and emergency department by ambulances. There is more room for parking and the excellent network of major roads makes the site more readily accessible for the majority of people. *(Source: WS Atkins Travel Survey, June 2001)*

Service planning, transport and the environment

In the wider context of the environment, pollution and road congestion, local authorities, businesses and public services will have to encourage a move away from reliance on the car to greater use of buses and other forms of public transport.

Therefore any change in service must consider the wider impact on the environment. Peterborough Hospitals NHS Trust is working with the Peterborough City Council to develop a travel plan for the Edith Cavell Hospital site.

The travel plan will also focus on the need to provide the fastest possible access to the city's accident and emergency department.

Case Study

South Derby Hospital Trust faced a similar problem to that in Peterborough. The preferred location for the new hospital was less well served by public transport. The problem was overcome by introducing a health hopper shuttle bus service. This is a solution the Trust is actively exploring to solve the access problem at ECH and to help meet the travel plan targets. The health hopper would run frequent services between the Queensgate Centre, the train station and the Edith Cavell Hospital.



A dedicated, frequent service to Edith Cavell Hospital?

The local health services, including the ambulance service, believe the Edith Cavell Hospital site, with a direct link from the A47, will provide the fastest possible access for patients who need emergency care. The introduction of a health hopper bus can provide an acceptable solution to the problem of bus access to the hospital.

8. Your views

Included with this consultation document is a pull out section containing three sets of statements. They directly relate to the decisions that need to be made:

- What services should the health care centres provide and where should they be located?
- Which option for our new hospital will provide the best services?
- How can we ensure everyone has easy access to healthcare services?

By completing the questionnaire and returning it to the Cambridgeshire Health Authority, using the free post service, we can take your views into account.

All the responses will be compiled and used to rank in order the issues that are important to the local people. These will then be used to help evaluate the health investment plans.

The Health Authority will acknowledge your comments and the results will be widely published.

9. Public meetings

Your local NHS is providing you with an opportunity to have your say about the future of health care in Greater Peterborough.

We have arranged five open public meetings during early 2002. These are:

Town/City	Location	Date	Time
Peterborough	Town Hall	15 January 2002	2.30 pm
March	Neal Wade School	23 January 2002	5.00 pm
Stamford	Arts Centre	8 February 2002	2.30 pm
Stanground	Stanground College	11 February 2002	2.30 pm
Peterborough	Great Northern Hotel	6 March 2002	7.30 pm

Each meeting will be led by the North West Anglia Community Health Council and will include speakers from the local Primary Care Trusts and Peterborough Hospitals NHS Trust.

Following the presentations there will be time to ask questions and refreshments will be provided.

Look out in the local press for more details.

Local NHS staff can also attend any local special interest groups to present information on the health investment plan and to hear their views. If you would like to arrange a speaker to visit your group please contact the health investment plan project office at the Edith Cavell Hospital (see the back page for details).

10. Next steps

On completion of the public consultation, and in the light of the views and comments received, a report on the outcome of the consultation process and the health investment plan will be submitted to the Cambridgeshire Health Authority and the NHS Executive for formal approval.

If approved the health investment plan will move into the final stage of its implementation.

It is a government requirement that all major public schemes are tested under the Private Finance Initiative (PFI). We will seek a private sector partner to fund, construct and maintain the new buildings we need. However, the NHS will continue to provide and run all the clinical services.

The NHS will also employ all the healthcare staff, the doctors, nurses, therapists, support workers and other health professionals.

North West Anglia Healthcare Trust's £18 million mental health centre on the Edith Cavell site has already been approved. This scheme will be included in the health investment plan to save on the costs of designing and building the new facilities.

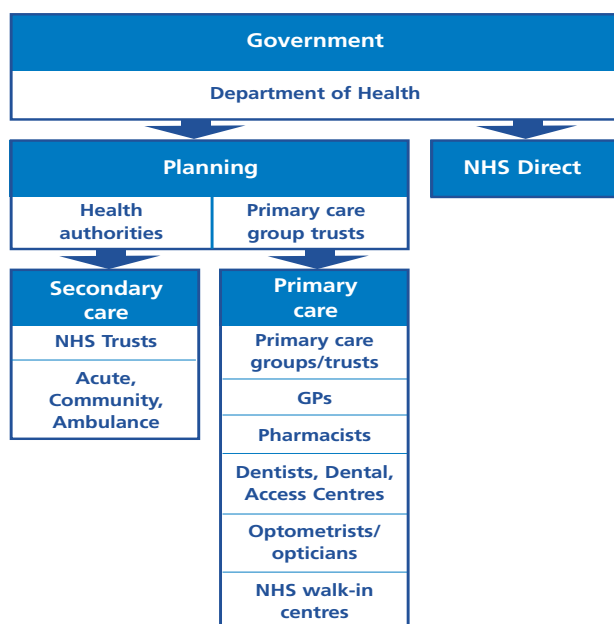
A joint management team will steer the project through its various stages.

Although the timetable can only be provisional at this early stage, completion of the new hospital is unlikely to be before autumn 2007, although the mental health development and the intermediate care facilities should be open well before then.

11. Glossary

How the NHS works

The diagram shows how the different organisations in the NHS relate to each other.



Department of Health

This is the government department responsible for delivering a fast, fair, convenient and high quality health and social care service to the people of England.

Health authorities

In England and Wales, health authorities identify the health needs of local people and make arrangements for services to be provided by NHS trusts, primary care and other agencies, using funding provided by the government.

NHS Direct – 0845 4647

NHS Direct opened in March 1998 and offers fast and free 24-hour advice about personal health care. NHS Direct nurses aim to provide callers with the advice and reassurance they need to care for themselves at home – or, if they need further help, to direct them quickly to the right service at the right time.

NHS trusts

Hospital trusts are found in most large towns and cities, and usually offer a general range of services to meet most people's needs. Trusts can also provide services in the community - for example through health centres, clinics or in people's homes.

NHS walk-in centres

NHS walk-in centres first opened in January 2000 and offer fast access to health advice and

treatment. They are open and available to anyone.

Optometrists / opticians

These are specialist health professionals who test eyes and prescribe lenses to correct sight problems.

Pharmacists

These are specialist health professionals who make and sell medicines.

Primary care

The first port of call for many people when they develop a health problem is their local doctor, also known as a general practitioner (GP). These doctors usually form a small practice or surgery to serve a particular neighbourhood. GPs are on the frontline of the NHS – the part officially called 'primary care'.

Primary care groups and trusts

Since 1999, GPs have been able to join together to form 'primary care groups' or 'primary care trusts' along with other health professionals. This means they are given the funding to work together to plan and commission health services for their local communities previously carried out by health authorities.

Secondary care

Specialised treatment usually provided by a hospital

11. Glossary (continued)

ACAD	Ambulatory Care and Diagnostics Centre see ambulatory care
Acute care	Medical or surgical treatment usually provided in a district general hospital (also called an acute hospital)
Ambulatory care	Care that does not involve an over night stay in hospital and usually involves diagnosis and treatment on the same day. May be provided in a hospital or special centre.
Chronic disease	A long term illness or condition
Community care	The network of social and health care designed to keep people independent
Community Health Council	A statutory body, independent of other NHS organisations that represents the health interests of local people.
Community services	Care provided outside hospital by nurses, midwives, therapists and other professionals
Day case or day surgery	A surgical procedure that does not involve an overnight stay in hospital
Elective care	Care that is planned in advance. It may be as a day case or inpatient.
GP	General practitioner, a doctor who, often with colleagues in partnership, works from a local surgery providing medical advice and treatment to patients registered on his list
Health Authority	Assesses the health needs of the local people and draws up plans for meeting those needs. From April 2002 Strategic Health Authorities will replace both Health Authorities and Regional Health Authorities.
Intermediate care	Care provided between hospital and home care for non-urgent cases
NHS Direct	24 hour, nurse led, telephone helpline providing nation-wide access to healthcare advice, nurses and crisis teams
NHS Executive	The managing body within the Department of Health with regional offices throughout England
NHS Plan	The plan was published in July 2000 and proposes radical changes to the NHS. The NHS Plan is the government's 10-year plan for the modernisation of the health service in England. It aims to provide a wider range of choice, introduce new services, reduce the time patients wait for appointments and move health care closer to people's homes.
Outline Business Case	A detailed document providing the information needed to bid for capital investment. It includes detailed planning assumptions, revenue costs and an analysis of the options available to deliver the objectives of the investment.

11. Glossary (continued)

Peterborough Health Partnership Board	A group of city councillors, board members of local NHS organisations and representatives from the partnership board voluntary sector who oversee all aspects of joint working on behalf of the people of Peterborough.
PFI or PPP	Private Finance Initiative or Public Private Partnership is a mandatory government programme enabling the public and private sector to co-operate in providing facilities that will be run by the NHS.
Primary care	GP-led services provided by family doctors and those who work with them including district nurses, therapists, local dentists, pharmacists, opticians and other community health professionals
Primary Care Trust	A NHS trust that provides all local GP, community and primary care services and commissions hospital services from other NHS trusts. PCTs are managed by a Board comprising local GPs, community nurses, lay members, the Health Authority and Social Services.
Telemedicine	The use of communication systems such as video and computers to provide remote diagnosis and healthcare.
Walk-in Centre	Centres managed by the NHS that provide information on the NHS, social services and other local healthcare organisations as well as advice on self-care and treatment for minor injuries and illness.

12. How to find out more

How to find out more information and contact the health investment plan project team

Email: info@healthplan.org.uk
Web: <http://healthplan.org.uk>
Post: The Health Investment Plan Project Office
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Look in local press for further details of the public meetings.



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