Meeting:	Brighton and Hove Health and Overview Scrutiny Committee
Board Sponsor:	Juliet Warburton – Interim Director of Programmes
Paper Authors:	Elizabeth Tinley: – Primary Care Commissioner Anne Foster – Strategic Commissioner – Primary Care
Subject:	Brighton Station Health Centre: Progress Report

1 Summary and context

This paper provides a summary of the performance of the Brighton Station Health Centre, following the Overview and Scrutiny Panel's review of the Brighton Station Health Centre the GP Led Health Centre for Brighton and Hove. It provides a brief description of the service including activity and financial performance.

2 Recommendations

The HOSC are asked to note the contents of the paper

3 Relevant background information

3.1 Background

Brighton Station Health Centre opened on 1st July 2009, and is situated in Aspect House, Queens Road, near Brighton railway station. It provides:

- a primary care facility for any resident from Brighton and Hove to register as a patient
- a walk-in centre for anyone who lives or works in or visits the city between 8.00am and 8.00pm any day of the year
- open access to sexual health service available 12.00pm to 8.00pm seven days a week (included as part of the walk-in centre).

The services are provided under a five year contract with Care UK Clinical Service Ltd which was awarded through a competitive tender process. The expected contract volumes are:

- 1,300 patient registrations in year 1 (1 July 2009 to 30 June 2010) rising to 6,000 registered patients by year 5 (30 June 2014)
- walk-in activity of 15,000 patients in the first year, rising to 30,000 walk-in attendances by Year 5. Table 1 summarises the contracted volumes.

Table 1 Contracted Volumes

	Year 1	Year 2	Year 3	Year 4	Year 5
Registrations (patients)	1,300	2,600	4,000	5,000	6,000
Walk-in (attendances)	15,000	20,000	25,000	25,000	30,000

3.2 <u>Performance</u>

The contract is monitored on a quarterly basis, with activity and quality measured against key performance indicators (KPI's), and financial penalties imposed for those indicators not achieved. Overall the contract is performing well and has proved popular with patients. It has exceeded targets for both patient registrations and walk-in activity. The contract has also met the majority of KPI's. A more detailed summary of performance follows:

(a) Patient Registrations

For the 10 month period from 1 July 2009 to 31 May 2010 a total of 1,703 patients registered - 43% above the contract target'. A breakdown and graph summarising the trend in patient registrations month by month is detailed in Appendix 1.

Almost three-quarters of the patients registering have not previously been registered with a GP in Brighton and Hove that is they were previously registered with a GP outside Brighton & Hove (including outside the UK) or been un-registered. A minority of patients (28%) have chosen to re-register from a Brighton and Hove practice. Table 2 below shows this breakdown of registrations registration.

Table 2 Source of Patient Registrations

Source of Patient Registrations ¹	%
From another GP practice in Brighton & Hove	28%
From a GP practice outside Brighton and Hove	48%
Previous GP outside the UK or unregistered	24%
Total	100%

The map in appendix 2 shows that although patients registered at the Brighton Station Health Centre live across the City the majority of

¹ Based on data July to September 2009

patients live within close proximity of the Centre (less than one mile radius). There is also a small cluster of students living at Falmer who have chosen to register at the Centre.

56% of patients registering at the Centre are female and 44% male. The Centre is predominately being used by young adults - over 70% of registered patients are within the age range 15-34. This over twice the number that are registered with other practices across the City - only 33% of registered patients falling in to this category.

Very few older people have registered with the Centre – only 1% of the list is aged 65 or over; whereas over 65's make up on average 13% of practices lists within Brighton and Hove. Appendix 3 contains more detailed data that compares the patient demographics with Brighton and Hove as a whole.

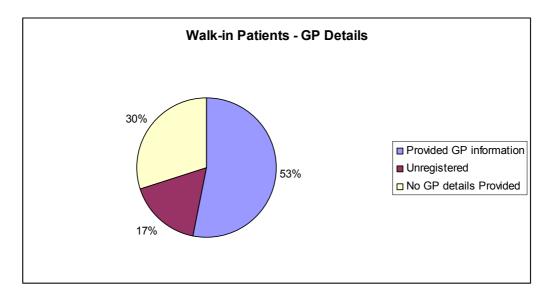
(b) Walk-in Centre

The walk-in centre has proved popular and whilst attendance has varied month by month (from 904 in the first month of operation to a 1,556 in March 2010); overall in the first nine months of operation (July 09 to March 10) the walk-in service has exceeded contracted volumes by 4% of the contract target. A summary of walk-in numbers month by month is detailed in Appendix 4.

The postcode information provided by walk-in patient's shows that 76% were residents from Brighton and Hove city. One aspect of information which has proved difficult to collect from patients is details of the GP they are registered with. Many patients have either chosen not to give this information or unable to recall their GP practice details.

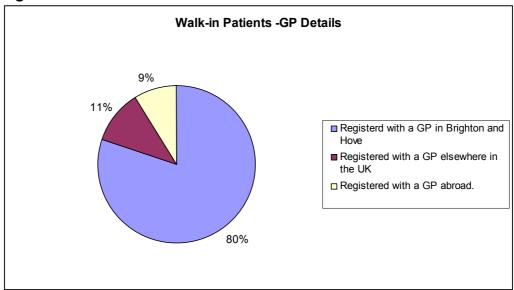
During April and May 2010 only 53% of patients provided details of their GP. 17% of patients stating they were unregistered, and 30% did not provide any GP details. The figures show a very high usage by patients who claim not to be registered with a GP. What is not really known is whether this is a true representation or whether some of this group of patients can't recall whether they are registered or chose not to disclose this information. Figure 3 below shows this graphically.

Figure 3



Of those patients who do give their GP details, 80% have a registered GPs in the Brighton and Hove, 11% are registered with a GP practice in the UK (outside Brighton and Hove), and 9% are registered abroad. Figure 4 below shows this graphically.



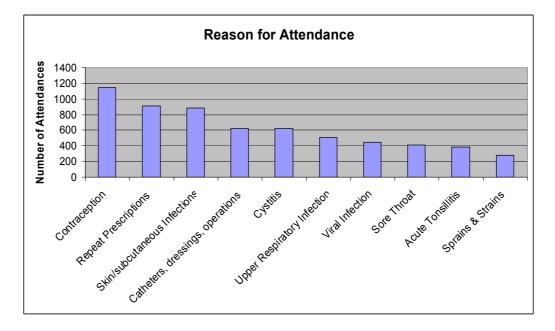


Although there are issues in terms of completeness of data; it does demonstrate that the Centre is predominantly being used by Brighton and Hove residents who in the main already have a GP. The PCT is working with Care UK to improve the level of GP recording, and ensuring that any patients are aware of the potential adverse consequences of withholding information from the GP practice where the patient is ordinarily registered.

Reason for Usage of the Centre

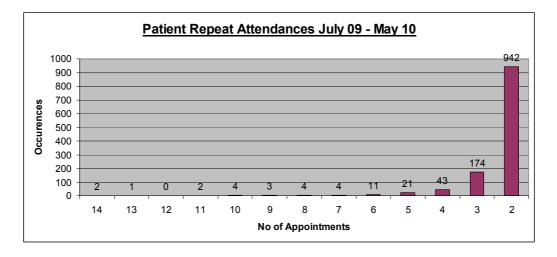
The Centre is being used for a variety of primary health care issues with the top three reasons for attendance being contraception; repeat prescriptions and skin infections. Figure 5 below gives details of the main conditions that patients attend Brighton Station Health Centre with:

Figure 5:



Repeat attendances

Most of the 14,025 patients that have attended the walk-in centre have used it once. However a significant number (1122 patients - 8% of the total) have used the facility more than once. 942 patients used the centre twice and at the other end of the scale two patients have used the walk-in Centre a total of 14 times. Repeat users of the walk-in centre are encouraged to register at the Centre.



(c) Key Performance Indicators

A summary of the KPI's is detailed in Appendix 5 The headline information from these indicators is shown below:-

- 1. Access **Partly achieved** failed to achieve the required level of recording on equity of access.
- 2. Quality Partly Achieved detail is incomplete until the end of the first contract year as Annual Staff Satisfaction survey to be completed in June.
- 3. Service Delivery **Partly achieved –** failed to achieved the sexual health and immunisations targets
- 4. Value for Money Achieved
- 5. Patient Experience Achieved

(d) Sexual Health Service

The Centre offers a walk-in sexual health service, which has been introduced in stages, initially in the weekends only and currently open between 12 noon and 8.00pm weekdays, and from 8.00am to 8.00pm at weekends. The sexual health centre is proving popular - during May, 341 patients attended as walk-in patients for sexual health related conditions, which is 40% of to total walk-in volume for the month.

(e) Performance Management

As the Centre is projected to exceed contracted volumes on both walk-in and registered patients in Year 1 of the contract the PCT has negotiated with Care UK to manage activity within the overall contract value. The contract finances are insufficient to pay for over-performance on both these elements of the contract and the PCT's decision has been to:

- Continue to allow patients to register at the Centre beyond the contracted volume – thereby increasing patient choice of GP practice.
 - Manage the walk-in activity within the agreed contracted volumes given the fact that the majority of attendees (in excess of 75%) are from Brighton and Hove and could access alternative primary care provision via their own GP. The implications of this decision has been that from April 2010 the Walk-in Centre has been unable to treat all patients and the Centre advises patients that are unable to treat to either:
 - \circ access care from their own GP
 - o register as a patient at the Centre
 - make an appointment at the Centre the next day
 - to visit a pharmacy if appropriate.
 - Patients requiring emergency care will be seen immediately at BSHC.
 - From 1 July 2010 the contracted annual volumes for the walk-in centre increases by a third (from 15,000 per year to 20,000) so the capacity restrictions will be lifted from 1 July.

(f) Impact of the Service

Brighton Station Health Centre offers the local population an alternative choice of surgery to register with in a central and accessible location. It provides both registered and unregistered patients with the flexibility of booking appointments from 08.00am to 08.00pm every day of the year, as well as taking advantage of the walk-in facility. The service has the potential of reducing attendances at A&E and the Urgent Care Centre, although it is too early at this stage to draw any direct conclusions.

Analysis over time of patient flow from other GP surgeries will show whether Brighton Station Health Centre is reducing the pressure on nearby practices by reducing their list sizes. To date the numbers have been too small to assess any measurable impact.

Once it is fully established the sexual health service has the potential both to increase choice for residents, particularly providing alternative services at evenings and the weekends and also reduce the pressure on the Claude Nicol service based at Brighton and Sussex University Hospital. Patient usage of all sexual health services will continue to be monitored by the PCT to assess the impact.

(g) Challenges

The main challenge has been the need to manage the volumes of patients attending for walk-in appointments to remain within the contract finances. If the service continues to grow in popularity the challenge will remain. The number of available walk-in appointments increases by 5,000 from 1 July 2010, but if the demand continues to increase this will still create a pressure to manage over-performance. The challenge will be to manage the activity within the financial value of the contract without impacting negatively on patient satisfaction.