

**HEALTH SCRUTINY PANEL**

A meeting of the Health Scrutiny Panel was held on 18 June 2008.

**PRESENT:** Councillor Dryden (Chair), Councillors Carter, Cole, Dunne, Lancaster, Purvis, Rehman and P Rogers.

**OFFICIALS:** J Bennington, P Clark and J Ord.

**\*\* PRESENT BY INVITATION:** Councillor Brunton, Chair of Overview and Scrutiny Board

Middlesbrough Primary Care Trust:  
Martin Phillips (Director, Health Systems Development – South of Tees)  
Sarah Marsay (Patient and Public Involvement Manager)

Cleveland Local Medical Committee:  
Dr John Canning (Secretary).

**\*\* AN APOLOGY FOR ABSENCE** was submitted on behalf of Councillor Mrs H Pearson.

**\*\* DECLARATIONS OF INTEREST**

No declarations of interest were made at this point of the meeting.

**\*\* MINUTES**

The minutes of the meeting of the Health Scrutiny Panel held on 29 May 2008 were taken as read and approved as a correct record.

**GP PRACTICE AND GP LED HEALTH CENTRE DEVELOPMENT PROPOSALS-  
MIDDLESBROUGH PRIMARY CARE TRUST**

The Scrutiny Support Officer submitted an introductory report on information to be provided from representatives of Middlesbrough Primary Care Trust (PCT) in relation to proposals around GP Practice and GP Led Health Centre Development to tackle some of the area's serious health problems.

A copy of the PCT Consultation document, which had been produced as part of the consultation process, had previously been circulated to the Panel.

Martin Phillips, Director, Health Systems Development – South of Tees (PCT) provided information on the key issues of the national directive to improve access to and choice of primary care services which in terms of Middlesbrough involved the establishment of a GP led health centre and an additional GP practice in the Middlesbrough PCT area.

It was noted that most GP practices were currently a private business in contract with the NHS. The proposals had been included in Professor Lord Darzi's NHS Next Stage Review Interim Report with the aim of providing 150 GP led health centres and 110 new GP practices in areas of greatest need.

The emphasis of the proposals was to provide more choice from additional facilities and more convenient access in addition to quality care provided by existing GP practices. It was not intended to close GP practices or privatising NHS but to provide more care in the community partly in response to patient's increasingly asking for evening and weekend opening hours. The aim of the new GP practice was also to provide more services aimed at preventing ill health.

Although GPs in UK were well regarded there was evidence of inconsistencies and variations in terms of access arrangements to appointments.

Middlesbrough PCT had been asked to establish a new practice in Whinney Banks/Hemlington and a GP led health centre in North Ormesby based on: -

- increase access to and responsiveness of existing practices;
- current list sizes;
- geographical setting and extent of patient choice available;
- demand and future sustainability.

Whilst many improvements had been made in recent years to providing quality primary care services there was shown to be an increasing need to change the way in which services were provided in the community. There was a need to cope with the anticipated increase in the retired population and meet the patient's demands for extended opening hours.

Members sought clarification on the difference between a GP led health centre and a polyclinic, which had additional staff to GPs. It was explained that most routine healthcare needs were carried out at a Polyclinic offering a wide range of services.

Following the 13-week consultation period asking for views on what services should be provided and criteria for selection of providers to be completed in August 2008 the procurement process would commence in September 2008 with the issuing of tender specifications.

**AGREED** as follows: -

1. That the representatives of Middlesbrough Primary Care Trust be thanked for the information provided and participation in the subsequent deliberations.
2. That the Panel's conclusions be deferred following consideration of the next item on the agenda.

#### **GP PRACTICE AND GP LED HEALTH CENTRE DEVELOPMENT PROPOSALS- CLEVELAND LOCAL MEDICAL COMMITTEE**

The Scrutiny Support Officer submitted an introductory report on information to be provided from Dr Canning, Secretary of the Cleveland Local Medical Committee, a statutory body which represented the views of local General Practice.

Dr Canning addressed the Panel and circulated a briefing note, which included information on the role of the Local Medical Committee.

Dr Canning focussed on the difference between traditional GP practices and an alternative provider of medical services as follows: -

Traditional:

- GPs or other NHS staff at the core;
- usually provided long term contracts;
- contracted GPs expected to remain long term;
- showed commitment to continuity of service;
- a lead in local commissioning and development but healthcare systems were not the only measures to address the social needs of Middlesbrough;

Alternative Provider Service:

- virtually no restrictions on ownership;
- likely to have short term contracts;
- it was questioned if there was more likelihood of the emphasis on profit based rather than patient centred;
- NHS pensions positions were lost;
- accountable to shareholders rather than a partnership which was patient focussed;
- the potential loss of continuity was considered to be a significant issue to many patients.

Dr Canning highlighted the main areas of concern with regard to the proposals, which centred on the following: -

- a) it was considered that Middlesbrough did not need two new practices and the robustness of the data upon which a proposal was made was questioned;
- b) new practices were considered likely to destabilise existing services with likely loss of income, reduction on staff, and difficulties in recruitment – the new GP practices would provide services to an average list of 6,000 patients;
- c) long term loss of commitment and continuity;
- d) local GPs had already demonstrated their willingness and commitment to develop services in response to changing practices and improved services;
- e) local GPs were committed to a long-term vision for local General Practice.

Members concurred that the loss of continuity was an important consideration for many patients as GPs often provided support and advice not wholly medical matters in difficult and complex circumstances.

Dr Canning indicated that Middlesbrough was unique in that GPs took patients from a large catchment area. The impact of the proposals and loss of patients was considered to be potentially significant on existing GP practices.

The Panel sought clarification of patient's perspective. Dr Canning referred to recent patient surveys, which demonstrated that Middlesbrough patients had shown increased satisfaction with current opening hours, especially the elderly and more frequent service users.

Martin Phillips indicated that there was no evidence to suggest that new GP practices would result in any less stability or would provide any less contractually. Evidence suggested that there was already a turnover of GPs in practice.

Members were keen to see how the proposals would help the preventative agenda. In response Martin Phillips indicated that this was an area which could be explored further. The consultation process was aimed at identifying what services patients wanted. Dr Canning confirmed that various measures were currently being pursued for example screening services but reiterated that a joint approach was also required by public health and local authorities to tackle the wider social needs.

The importance of engaging with patients was acknowledged and Members sought an assurance that the methodology of the consultation would ensure meaningful responses and reflect the different perspectives from the public.

The PCT representatives outlined the consultation process, which included contact with the local media and distribution of leaflets with a free local paper to every household, which Members agreed might not be the best method of encouraging responses. It was also confirmed that the leaflets had been circulated to all GPs, dentists, libraries, community centres and other community based organisations. It was acknowledged, however, that the circulation and content of publicity material was an ongoing area for improvement.

Martin Phillips confirmed that all clinical staff in the new GP services would need to meet NHS standards and requirements to ensure that patients received the best possible advice and healthcare.

The Panel concluded by stressing the importance of ensuring that the consultation process was robust and ensured that a meaningful response and input could be gained from the public on the new arrangements.

**AGREED** as follows: -

1. That Middlesbrough Primary Care Trust representatives be thanked for the information provided and participation in the subsequent deliberations.
2. That a further report be submitted on the outcome of the consultation.

### **AUDIOLOGY SERVICES – FINAL REPORT DRAFT**

The Panel considered a draft final report following the Panel's review into Audiology Services between February to May 2008.

The Panel concurred with the conclusions outlined in the draft final report and in considering possible recommendations identified the following key areas: -

- a) it was suggested that a progress report be submitted in six months time to examine the impact of additional resources in relation to the waiting lists;
- b) the possibility of extending access to a drop in facility within the Town Centre was supported;
- c) the need for improved signage and availability of appropriate information at James Cook University Hospital was highlighted and the introduction of a suitable handheld alert device to assist with the appointments system was supported;
- d) the need to improve opportunities for service users to submit comments and/or complaints and to receive feedback was agreed;
- e) the development of links with the Deaf Centre and other associated groups was supported.

**AGREED** that recommendations be based on the key areas outlined above for inclusion in the final report in respect of the Audiology Services.

### **OVERVIEW AND SCRUTINY UPDATE**

In a report of the Chair of the Health Scrutiny Panel, Members were advised of the key matters considered and action taken arising from the meeting of the Overview and Scrutiny Board held on 3 June 2008.

NOTED

### **ANY OTHER BUSINESS – MIDDLESBROUGH PRIMARY CARE TRUST – COMMISSIONING – REGIONAL NETWORK**

Reference was made to the Health Seminar, which had been held on 23 May 2008, and a number of issues raised including commissioning strategy with an increased emphasis on the PCT acting as a commissioner.

The PCT was to host a commissioning event on 8 July 2008 further information on which would be provided.

The Council referred to the powers and role of health scrutiny with particular regard to regional issues.

Reference was made to ongoing discussions with a view to health scrutiny being conducted on a regional basis. It was noted that a further report would be submitted on the options available.

**AGREED** that the information provided be noted.