

HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 20 August 2008.

PRESENT: Councillor Dryden (Chair), Councillors Mrs H Pearson, Purvis and P Rogers.

OFFICIALS: C Breheny and J Ord.

PRESENT AS OBSERVERS: Councillors J Walker and N J Walker

**** PRESENT BY INVITATION:** Middlesbrough Primary Care Trust: -
Paul Frank, Head of Patient Experience
Sarah Marsay, Patient and Public Involvement Manager
Chris McEwan, Assistant Director for Health Systems Reform

**** APOLOGIES FOR ABSENCE** were submitted on behalf of Councillors Carter, Dunne, Lancaster and Rehman.

**** 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 30 July 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 a report the purpose of which was to introduce representation from Middlesbrough Primary Care Trust (PCT) to discuss the final GP Practice and GP Led Health Centre Proposals to be presented to the PCT Board.

Members were reminded that the Health Scrutiny Panel had considered the topic of developments in General Practice, which Middlesbrough PCT had been consulting upon, on two previous occasions. On the second of those occasions the Panel had decided that before it made a decision regarding its position, it wanted to see the detailed proposals that would be put to the PCT Board on 21 August 2008.

A copy of the proposals had been circulated to the Panel and the Scrutiny Support Officer advised that the papers and the proposals they outlined would form the basis of the debate. It was anticipated that the Panel would formulate a view on the proposals, which would then be fed into the PCT Board meeting.

Paul Frank, Head of Patient Experience thanked the Panel for providing the PCT with the opportunity to present the results of the consultation exercise.

The contents of the report were noted and the Panel was provided with a brief overview in respect of the following sections: -

- National Framework
- Local Case for Change
- Consultation Proposals
- Commissioning and Procurement Timetable
- Views Expressed in the Consultation
- Middlesbrough PCT and Redcar & Cleveland PCT

Specific reference was made to section 6.3 of the report, which set out an overview and the proposals for Middlesbrough PCT.

In respect of the consultation feedback for Middlesbrough PCT the Panel was advised that an extensive consultation exercise had been undertaken and that there had been a total of 675 respondents. A number of different consultation methods had been used and a petition in support of a new practice in Hemlington of 255 signatures had been received. The Councillors for Hemlington Ward advised that a separate signed piece of paper had been submitted for every person consulted.

Following the consultation exercise the Panel was informed that the final proposals to be recommended to the PCT Board included the establishment of a new GP practice in Hemlington, providing services to be determined, and provision of a GP led health centre in North Ormesby.

In formulating the proposals Members were advised that due regard had been given to the lack of capacity and dissatisfaction expressed in respect of GP provision in East Middlesbrough. The Panel was advised that the new GP practice list size for Hemlington would consist of approximately three thousand patients.

During the ensuing discussion the following points were made: -

- The extra investment to improve access was welcomed and the increased capacity was being directed where there were the greatest need in Hemlington and East Middlesbrough.
- Members were pleased with the consultation process and the fact that views expressed had been taken on board and changes made as a result.
- Approval for an additional GP practice in East Middlesbrough was pending and dialogue had been opened with the Strategic Health Authority (SHA) and subsequently the Department of Health (DOH).
- The additional investment was intended to increase choice from additional facilities and provide more convenient access - it was not intended to replace current GP practices.
- Potential providers could include private companies, GP's and consortiums and prospective providers would be identified through the tender process.
- The proposed contract arrangements would be for three to five years during the initial period.
- The provision of new facilities would be beneficial for patients, as there was the potential for patients to receive physiotherapy and chiropody treatment at their local GP surgery.
- At present the PCT was inviting bidders to come forward and in the long term the proposals would attract more GPs into the area.
- Members were supportive of the proposals that new providers would provide newly developed services including cardiovascular screening, services for older people and improved screening and prevention services.
- The provision of primary care services in health centres and GP surgeries was part of a general move by the PCT to increase the number of services offered to patients within their local community.
- Conversations had taken place between the PCT and officers of the Council's Asset Management Team to identify potential existing premises for the new GP surgery.

The PCT welcomed Members comments in respect of the consultation exercise and Paul Frank advised that the PCT had as an organisation listened to the views expressed during the consultation.

In respect of the work undertaken with the Council to identify potential premises in Hemlington the Panel was advised that although no decisions had yet been taken the dialogue had been opened and it was deemed 'right and proper' to use the available resources.

Paul Frank indicated that there was a need to provide local services for local people and that there was also a need to increase capacity and improve patient choice. Reference was made to the National Survey of Local Health Services [2008] in which Middlesbrough performed poorly. The results highlighted that over 31,000 people were not completely satisfied with their GP practice, with 27,000 'reporting' that appointment times given by their GP practices were not convenient.

Chris McEwan, Assistant Director for Health Systems Reform, acknowledged that changing GPs was an issue for some patients and that not all patients were aware that they had the right to change their GP. Similarly many patients had developed a good relationship with their GP and wished to remain at their current practice. The Panel was advised that the establishment of a new GP practice and GP led health centre did not mean that patients had to move GPs it simply offered people a choice. The PCT representatives accepted that for some patients continuity of care was very important whereas for others patients access to a GP at a convenient time was more important.

Clarification was sought from Members on whether patients with long term conditions had the same right as other patients to move to a new GP practice. The PCT representatives advised that the new GP practice and GP led health centre would not be able to 'cherry pick' patients and that the PCT had the right to assign patients to the list.

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 was pleased that the PCT had engaged in real consultation and had changed its views as a result of the feedback received during the consultation exercise.
3. That the additional investment was welcomed and it was hoped that it would empower patients and improve access to appointments.
4. That the Panel positively endorsed the proposals.

IMPLEMENTATION OF RECOMMENDATIONS

The Scrutiny Support Officer questioned whether Members would be interested, as part of the scrutiny evaluation process, in inviting back representatives from the PCT to provide an update in respect of actions taken as a result of the Panel's Review of Life Expectancy with a Particular Focus on Cardiovascular Disease. The Panel welcomed this proposal and it was agreed that the item would be scheduled for a December Panel.

In a report of the Scrutiny Support Officer details were provided of progress achieved with the implementation of agreed Executive actions resulting from the consideration of Scrutiny reports since the last update to the Panel.

It was confirmed that of the 75 recommendations, which should have been implemented by June 2008, 71 had been implemented and 4 had been partially completed.

The agreed Executive actions, which had not been fully implemented by the proposed target date and the reasons and/or proposed action, were outlined in Appendix A of the submitted report.

NOTED

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 Special Overview and Scrutiny Board meeting held on 15 July 2008 and the Overview and Scrutiny Board meeting on 29 July 2008.

NOTED

ANY OTHER BUSINESS

A Member of the Panel queried whether a review of patients' access to results from pharmaceutical testing could be undertaken to establish the reason for delays. The Chair advised that the request needed to be forwarded to the Scrutiny Support Officer and that a short piece of work could be undertaken.

NOTED