

HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 25 September 2014.

PRESENT: Councillor Dryden (Chair); Councillors Hubbard, Junier and J Walker (substitute for M Thompson).

OFFICERS: J Dixon and E Pout.

ALSO IN ATTENDANCE: S Lister – Head of Primary Care Commissioning, NHS England (Durham, Darlington and Tees Area Team)
W Stephens – Primary Care Contracts Manager, NHS England (Durham, Darlington and Tees Area Team)
J Gossow – Interim Medical Director, NHS England (Durham, Darlington and Tees Area Team)
B Clark – Assistant Director, Clinical Strategy, NHS England (Durham, Darlington and Tees Area Team)
Mr Hutt – Hemlington resident.

APOLOGIES FOR ABSENCE were submitted on behalf of Councillors Biswas, G Cole, N Hussain, Mrs H Pearson OBE and M Thompson.

** DECLARATIONS OF MEMBERS' INTERESTS

Name of Member	Type of Interest	Item/Nature of Interest
Councillor Hubbard	Non-Pecuniary	Agenda Item 3 – Review of APMS. (Registered patient at Resolution HC).
Councillor Junier	Non-Pecuniary	As above, and Ward Councillor.
Councillor J Walker	Non-Pecuniary	Agenda Item 3 – Review of APMS. (Registered patient at Hemlington MC, resident and Ward Councillor).
Councillor N Walker	Non-Pecuniary	As above.

REVIEW OF ALTERNATIVE PROVIDER – MEDICAL SERVICES

The Scrutiny Support Officer submitted a report to provide Members with a briefing on a number of minor changes to GP provision in Middlesbrough.

The NHS England, Durham, Darlington and Tees Area Team had been reviewing Alternative Provider – Medical Services (APMS) provision in the area to ensure they provided high quality, sustainable and affordable services for the future. A briefing paper, attached at Appendix 1, outlined the reasons for the review and details on the individual proposals.

There were currently two providers contracted to deliver services under the APMS contract arrangement which was being reviewed in Middlesbrough (in addition to others throughout the Tees Valley), as follows:-

- Hemlington Medical Centre, Viewley Centre – consultation about whether there was an appropriate level of choice and availability for Hemlington Medical Centre patients that may need to register at neighbouring/alternative practices.
- Resolution Health Centre, North Ormesby Health Village – consultation about the creation of a replacement practice/contract to ensure an appropriate level of choice and availability for all patients registered with Resolution Health Centre.

The consultation period was from 6 August to 29 September 2014. Representatives from the NHS England, Durham, Darlington and Tees Area Team, were in attendance to discuss the proposals with the Panel. Members were requested to comment on the approach to the consultation, details of which were attached at Appendices 2 and 3.

Paragraph 7 of the submitted report outlined potential areas for discussion during the meeting.

B Clarke, Assistant Director, Clinical Strategy, NHS England, was in attendance at the meeting and gave a presentation to Members in relation to the following areas:-

- An introduction to who NHS England were.
- Background to the APMS contracts.
- The reason for the consultation.
- Considerations when making a decision.
- Individual practice information from the initial review.
- The next steps and associated timeframe.

The Panel was advised that NHS England was established on 1 April 2013 as part of the Health and Social Care Act 2012. NHS England was a direct commissioner for primary care, Section 7a public health services, health and justice services and specialised services.

The Panel was informed that Alternative Provider Medical Services (APMS) contracts were created in 2008 and that every PCT in the country was required to have at least one.

The APMS contracts were one of the ways in which the NHS England Area Teams were able to commission primary medical services within their area. In other words, the Area Teams were responsible for commissioning the NHS services (primary medical services) provided by GP practices to their registered patients.

The APMS contracts were time limited for five years (whereas other GP contracts were in perpetuity) and were used to provide essential, additional and enhanced services.

It was explained that consultation was now taking place as the initial five year period for the APMS contracts had ended in Middlesbrough. The consultation was taking place between 6 August and 29 September 2014. One year extensions to the contracts had been agreed in some areas to enable the review to be completed, however, it was unlikely that they could be extended further. The review needed to ensure that the contract was providing value for money with any funding released being re-invested into front-line services.

The two remaining APMS contracts in Middlesbrough were due to expire on 20 December 2014 (Hemlington) and 31 March 2015 (Resolution, North Ormesby). The Area Team was tasked with reviewing the contracts and would take the following issues into account when making its decision:-

- Patient need, including patient list size against initial projections, practice demographics, quality of service and access.
- Financial considerations, including financial viability of the practice and value for money for the tax payer.
- Provider views, for example, whether there were alternative providers nearby, whether there was likely to be interest should a re-procurement exercise be undertaken, whether an alternative model could work.

S Lister, Head of Primary Care Commissioning, was also in attendance at the meeting and provided information in relation to each of the two practices where the APMS contracts were due to expire.

Resolution Health Centre, North Ormesby

- As at July 2014, the registered patient list size was 3,994 (slightly lower than the anticipated 4,000 list size at the end of March 2014).
- The practice was contracted to provide essential, additional and enhanced services.

- The contract was due to expire on 31 March 2015, however, an extension until 30 September 2015 was currently being negotiated.
- The practice had achieved similar or slightly below the CCG average in Quality and Outcomes Framework (QOF).
- The GP Patient Survey results had been consistently good and above the Middlesbrough and national averages for opening hours and experience of making an appointment.
- Key Performance Indicators (KPIs) were generally consistent but the practice was below the national and area average for cervical screening and immunisation achievement.
- The practice had a younger than average registered population and served people living in areas of greater deprivation than on average.
- In terms of financial viability, the current cost per patient at the practice was higher than average cost per head of population when compared to similar PMS and GMS providers in the area, although the practice opened from 8.00am to 8.00pm, 365 days a year, unlike other GP practices who delivered services between 8.00am and 6.30pm Monday to Friday.
- In terms of alternative provision, patients registered at the practice lived across the whole of Middlesbrough where there were 24 practices in total. There were 14 other practices within a two-mile radius of Resolution, four of which were within North Ormesby Health Village. All of the practices had an 'open list'.
- It was clarified that, on the basis of the information reviewed so far, such as the high numbers of patients, value for money, service quality/performance, neighbouring provision and access, the NHS England Area Team was consulting on the option to procure a new practice within the local area. Should a new contract be introduced, it was anticipated that those patients currently registered with Resolution Health Centre would transfer to the replacement practice when it opened.

Hemlington Medical Centre

- As at July 2014, the registered patient list size was 1,824 (far lower than the anticipated 4,750 list size at the end of December 2013 and it was not expected to reach the anticipated 6,000 at the end of December 2015).
- The practice was contracted to provide essential, additional and enhanced services.
- The contract was due to expire on 20 December 2014.
- The practice had achieved similar or slightly below the CCG average in Quality and Outcomes Framework (QOF).
- The GP Patient Survey results had been consistently good and above the Middlesbrough and national averages for opening hours and telephone access but below average for making an appointment and overall experience.
- Key Performance Indicators (KPIs) were generally consistent and the practice had achieved higher than the national and area average for cervical screening and immunisation achievement.
- The practice had a younger than average registered population and served people living in areas of greater deprivation than on average.
- In terms of financial viability, the current cost per patient at the practice was much higher than average cost per head of population when compared to similar PMS and GMS providers in the area, despite the practice being open for the same number of hours. It was noted that it would be more difficult for a contract owner to make the practice viable and sustainable if the list size remained small.
- In terms of alternative provision, it was highlighted that the Coulby Medical Practice and Parkway Medical Centre were the closest practices to Hemlington Medical Centre, being just over one mile away. There were a further eight practices with open lists within a three mile area where patients resided.
- It was clarified that, on the basis of the information reviewed so far, such as the low numbers of patients, above average cost per head of population, service quality/performance, neighbouring provision and access, the NHS England Area Team was consulting on whether there was sufficient capacity in the area if the practice was to close.

The Panel was advised that the NHS England Area Team had produced a stakeholder consultation document which sought the views of patients that were directly affected by the proposals in relation to Resolution and Hemlington, and other stakeholders such as local CCGs, other GP practices,

local HealthWatch, local Medical Committees, local Councillors and Overview and Scrutiny Committees. A copy of the Stakeholder Consultation Document was attached to the submitted report for information.

In terms of the next steps, the Panel was informed that once the consultation period had ended on 29 September 2014, the consultation findings would be analysed. The report findings and initial view on the preferred option for each practice would be reported back to the Health Scrutiny Panel towards the end of October/start of November. Once a final decision was made, based on the review, findings of the consultation and views of the Health Scrutiny Panel, the Area Team would write to all patients advising them of the outcome of the review and advising them, where necessary, of the new arrangements – either that they would have a choice of local practices to register with, that a replacement practice was going to be put in place that they could transfer to or that the current provider would continue to provide the service under a new contract.

The Chair clarified that the Panel's views in relation to the consultation were being sought and requested that a discussion be held in relation to this. The following issues were raised:-

- A Panel Member commented in relation to the on-line survey regarding the Resolution Health Centre. He stated that it appeared to be very limited in terms of answers that could be provided, for example, answers required a yes or no and there was no option for 'don't know'. The Member highlighted that he had accessed the survey on-line as a result of information contained within the submitted documents that accompanied the Panel's agenda.
- It was queried who had actually been consulted and it was highlighted that none of the Community Councils in the East Middlesbrough area had been consulted. The Head of Primary Care Commissioning responded that a list of stakeholders that had been consulted could be made available to the Panel and clarified that a letter was sent to householders in the affected areas, asking that they complete the on-line survey.
- The Hemlington Ward Councillor commented that she had been contacted by lots of residents who had experienced difficulties in completing the survey as some of the questions were difficult to understand. In addition, it was pointed out that Hemlington Medical Centre currently had on display two notices stating that the practice was NOT closing. This indicated that there was a great deal of confusion as to what was actually happening and what the consultation in Hemlington was actually about, ie whether there was sufficient capacity in the area if the practice was to close. The Ward Councillor, therefore, believed that the consultation exercise should be undertaken again before consideration was given to closing the practice.

The Chair welcomed Mr Hutt, a resident of Hemlington registered at the Hemlington Medical Centre. Mr Hutt was asked to provide his views in relation to the consultation process, in terms of how he was consulted, how he had accessed the consultation survey and his views on the actual survey.

Mr Hutt stated that both he and his wife had registered with the Hemlington Medical Centre approximately three years ago after transferring from another practice. Mr Hutt had been provided with a copy of the patient consultation survey at the surgery. Mr Hutt stated that he had completed the survey over a three-week period and had taken time to study it but felt that a lot of people would have found it difficult to understand.

Further discussion ensued and the following key issues were raised:-

- Concern was expressed in relation to the actual survey as it appeared to be confusing and did not allow patients to provide their views easily. W Stephens, Primary Care Contracts Manager, responded that the patient consultation survey was different to the stakeholder survey which was attached to the submitted report and would provide a copy to the Scrutiny Support Officer for circulation to the Panel. It was highlighted that the survey included a free-phone number for patients who had any queries or concerns in relation to completing the form.
- In response to a question as to whether all Ward Councillors, in the areas concerned, had been sent a copy of the Stakeholder Consultation Survey, the Panel was advised that they had all been sent a copy.
- The Panel noted the comments in relation to the signs on display at Hemlington Medical Centre stating that the surgery was not closing, and considered that if patients believed that the

surgery would remain open, they might not see the point in completing the consultation survey. The Primary Care Contracts Manager agreed to speak to the Practice Manager in relation to the signs.

- In response to a query, it was confirmed that patients and residents could write directly to the NHS England Area Team by 29 September 2014 expressing their views and that those views would be captured as part of the consultation process.
- The Stainton and Thornton Ward Councillor was in attendance at the meeting and highlighted several concerns. He stated that, at a recent meeting of Hemlington Community Council, which had been attended by B Clarke at the request of the Hemlington Ward Councillors, residents had voiced concerns in relation to transferring to the Coulby Newham practice due to difficulties in making appointments there. The information presented at the meeting by NHS England indicated that access to making appointments at Hemlington was below average, however, concerns expressed by residents appeared to be to the contrary. The Primary Care Contracts Manager confirmed that the information was taken directly from the GP survey results.
- It was acknowledged that whilst the eight nearest alternative practices had open lists, residents had expressed concerns in relation to potential problems and it was queried how those views were dealt with. The Head of Primary Care Commissioning responded that those views would be recognised, however, anyone with such concerns should make the NHS England Area Team aware so that those views could be recorded and considered. In response it was highlighted that it might be difficult to contact NHS England as it appeared that the consultation survey had not been rolled out to all patients concerned.
- A Panel Member highlighted that there was a large number of older people living in Middlesbrough and that there were approximately five care homes located within the North Ormesby and Brambles Farm Ward and queried whether care homes had been consulted with as part of the exercise and also whether there was a facility for members of the BME community to complete the survey. It was confirmed that the survey was available in other languages, however, there was some uncertainty as to whether care homes had been consulted.
- It was queried whether the survey had been rolled out to each adult patient registered at the affected practices. In response it was confirmed that the rollout of the survey was determined by a national formula, therefore, surveys were sent to the oldest male in each household within the consultation area. However, if there was another male with a different surname or a female with a different surname living at the same address, a survey would also be sent to them. The Panel expressed concern in relation to the rollout process and considered that potentially many patients could have been missed. The Area Team advised that the Panel's comments would be fed back to the national team.
- It was queried how many surveys had been sent out to households. The Panel was advised that a figure was not available yet as consultation was still ongoing and would not close until 29 September 2014. The Panel considered that many people would not be aware of how important it was to complete the survey despite having expressed views to Ward Councillors, or through Community Council in the case of Hemlington, that they did not want to transfer to other practices that were further away.
- Further concerns were expressed in relation to the Area Team having no knowledge of how many surveys had been completed until after the consultation closing date.
- The Panel voiced concerns in relation to the consultation survey documents particularly around the lack of explicit questions and explanation as to what was actually happening. The Panel was informed that the Area Team did not have the expertise to carry out the actual consultation themselves and, due to the tight time constraints, had commissioned a support service to do this on their behalf, however, feedback had been disappointing.
- Reference was made to the Stakeholder Consultation document which stated that there were no known future housing developments planned for the area. The Hemlington Ward Councillor advised that there were 2,114 proposed dwelling houses planned for development in South West Middlesbrough alone, some of which were already under development. One significant site, Hemlington Grange, was due to start development towards the end of the year with a proposed 1,162 dwelling houses. All of the new housing developments were likely to impact on Hemlington Medical Centre's patient list size by increasing it. None of this information had been taken into account during the consultation. The Ward Councillor produced a sheet of information detailing the proposed developments together with housing numbers. The Head of Primary Care Commissioning agreed to accept the information as part of the consultation process.

- It was also highlighted that further housing developments were planned at Cargo Fleet Lane which might impact on the Resolution Health Centre.
- It was suggested that detailed information be obtained from the Council's Planning Department in relation to the housing developments and that this should be attached to the Panel's official response to the consultation.
- The Chair pointed out that, in the past, engagement with the Health Scrutiny Panel would have undertaken at an earlier stage so that the Panel could have some input as to who should be consulted with, however, this process had not occurred on this occasion. The Chair suggested that the contextual analysis used was flawed, key people had been missed out of the consultation process and no account had been taken of the imminent housing developments. In response, the NHS England Area Team believed that relevant officers and stakeholders had been consulted on the consultation documents outside of the meeting arena, however, this now appeared not to be the case.

B Clarke advised that he had attended the recent Hemlington Community Council meeting, at the request of the Hemlington Ward Councillors. He stated that it had been difficult to convey the problems associated with small practices and advised that Dr Gossow was in attendance to provide information to the Panel.

Doctor Gossow briefed Members in relation to the problems with single GP practices. He stated that he was a GP at a small practice in Saltburn with 5,100 patients. They had recently tried to recruit and the process of recruiting a GP had taken over a year. Teesside was the seventh most difficult place to recruit GPs. Dr Gossow considered that if a practice had a list size of under 2,000, there was a possibility of it becoming a single GP practice which created many problems in terms of covering sickness and holidays and advised that he would recommend steering away from such a model. This was a potential problem with procuring a service where there was a small list size. The Chair advised that the Panel had recently explored the issue of access to GP services and were aware that the service needed to be sustainable.

The Hemlington Ward Councillor advised that a petition of more than 500 signatures was to be submitted to Parliament in respect of Hemlington Medical Centre and she presented a copy to the NHS England Area Team to be considered as part of the consultation exercise.

In conclusion, the Chair asked Mr Hutt to sum up his views in relation to the consultation in respect of Hemlington Medical Centre.

Mr Hutt summed up by stating that one of the reasons he and his wife had transferred to Hemlington Medical Centre was in order to make appointments more easily and he believed it to be an excellent surgery. He stated that he had gathered a great deal of information which he had included in a letter to the Secretary of State. He had obtained a list of proposed housing developments from the Council's Planning Department. There were 2,114 dwelling houses planned in the area and he conservatively estimated that there would be a potential for more than 4,000 people to register with Hemlington Medical Centre and strongly believed that this information should be taken into account as part of the consultation exercise.

The Chair thanked Mr Hutt for attending and the comments he had provided. The Chair also thanked the NHS England Area Team representatives for their attendance.

AGREED as follows:-

1. That the information provided in the submitted documents, and verbally at the meeting, be noted.
2. That, on behalf of the Panel, the Scrutiny Support Officer, in conjunction with the Chair, be authorised to provide a response to the NHS England Area Team, outlining the Panel's comments by 29 September 2014.
3. That the response contain the following issues:-
 - a) The Panel considered the consultation survey to be flawed.
 - b) Consideration had not been given to future housing developments in the area.
 - c) People had been excluded from the consultation that would have had a beneficial input.
4. That a copy of the Panel's response be circulated to Members of the Panel.

DATE AND TIME OF NEXT MEETING

The next meeting of the Health Scrutiny Panel was scheduled for Monday, 6 October 2014 at 4.00pm.