

HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 18 November 2014.

PRESENT: Councillor Dryden (Chair); Councillors Cole, Mrs H Pearson OBE and M Thompson.

OFFICERS: J Dixon and E Pout.

ALSO IN ATTENDANCE: S Lister – Head of Primary Care, NHS England: Durham Darlington and Tees Area Team.
D Steel – Primary Care Commissioning
Dr J Slade – Medical Director for the Area Team.

PRESENT BY INVITATION: Councillor J Walker – Hemlington Ward Councillor.
Councillor N Walker – Chair of Overview and Scrutiny Board and Hemlington Ward Councillor.

APOLOGIES FOR ABSENCE were submitted on behalf of Councillors Biswas, Hubbard and Junier.

**** DECLARATIONS OF MEMBERS' INTERESTS**

There were no Declarations of Interest made by Members at this point in the meeting.

**** MINUTES**

The Minutes of the Health Scrutiny Panel meeting held on 4 November 2014 were submitted and approved as a correct record.

REVIEW OF ALTERNATIVE PROVIDER – MEDICAL SERVICES

The Scrutiny Support Officer submitted a covering report to update Members on the latest position in relation to the APMS contracts for two general practices in Middlesbrough.

At its meeting on 25 September 2014, the Panel received information regarding the proposals for the Hemlington Medical Centre and the Resolution Health Care Practice in North Ormesby.

As part of the consultation process, the Panel responded to the NHS England Area Team and provided additional information on future housing developments in the area.

S Lister, Head of Primary Care Commissioning for NHS England, Durham, Darlington and Teas Area Team was in attendance at the meeting to discuss the proposed way forward following the end of the consultation period. Full details were provided at Appendix A to the submitted report.

The Panel was reminded that the NHS England, Durham, Darlington and Tees Area Team had been reviewing Alternative Provider Medical Services (APMS) contracts for general practice that were coming to an end.

In 2008, APMS contracts were established on a time limited basis (unlike the majority of general practice contracts that ran 'in perpetuity'), and a decision was now required as to whether or not the APMS contracts were meeting the needs of local people and offering high quality, sustainable and affordable services for the future, whilst demonstrating value for money.

There were two APMS contracts under review in Middlesbrough – Resolution and Hemlington. The outcome of the consultations undertaken with patients and a range of stakeholders, was now known and the following key messages had been received:-

- Both practices served populations with a high degree of health need.

- Information had been received regarding an increase in planned housing of 2,114 homes to be built in the area, with 1,162 local to Hemlington.
- Patients valued the services currently delivered at these practices.
- The patient list size at Hemlington had remained low compared to the planned list size of 6,000 patients.

The Head of Primary Care Commissioning updated Members in respect of the latest position regarding both practices, as follows:-

Resolution Health Care Practice, North Ormesby

The current patient list size at Resolution was 4,205 and the APMS contract was due to end on 31 March 2014. The contract provided core services, and enhanced services – walk in element and opening hours of 8.00am to 8.00pm, 365 days a year.

The Area Team was seeking to extend the current contract until 31 March 2016 and was working with the current provider to re-commission the registered patient element (core services).

In relation to the walk in element of the practice (and other additional services such as extended opening hours), it was reported that this part of the contract would be further reviewed, with the Clinical Commissioning Group (CCG) to fully understand the CCG's future requirement with regard to the walk in element. More extensive engagement with patients, patient representative groups and other stakeholders on the future primary care needs of the patients registered at the practice was needed. This aspect formed part of the Urgent Care Review which was currently ongoing. It was highlighted that the GP practice was unlikely to remain in its current form without the walk-in element.

The Panel considered the walk in element of the practice to be well used and there would be town-wide implications if it was lost. The Panel felt it appropriate to write to the CCG expressing its views in support of retaining the walk in element at the Resolution Practice and to invite a representative to a future Health Scrutiny Panel meeting to obtain information in relation to the ongoing Urgent Care Review.

Hemlington Medical Centre

Following the consultation exercise, the Area Team was seeking to extend the current contract until 6 December 2015.

It was highlighted that the national GMS (General Medical Services) contract average per head of population was currently £73.56 and the GMS average cost per person at the Hemlington practice was around £121 for delivery of basic services. The Area Team considered this not to be value for money for the tax payer. Negotiations with the current service provider were taking place, however, due to the low list size at the practice, the provider was seeking more than £200 per patient which was considered not to be feasible.

As a result, an advertisement had been placed in the Durham, Darlington and Tees area, for an emergency provider on a like for like basis, with a closing date for applications of 20 November 2014. An allowance of £99.00 per patient would be made available to a provider to recognise the temporary situation. Should a provider not be forthcoming, an alternative plan would need to be implemented.

A letter had been sent out to stakeholders and patients registered at the practice informing of the latest position. The Hemlington Ward Councillors, who were in attendance at the meeting, requested that they be kept informed of progress in relation to the situation.

Doctor Jonathan Slade was in attendance at the meeting to provide the Panel with a clinician's viewpoint in relation to the issues being discussed. Doctor Slade advised that he was a senior partner in a GP practice in Stockton. The practice had a list size of around 13,000 patients. He considered that the quality and scope of care was enhanced with a larger practice as it enabled the practice to take on additional options such as extended hours, whereas a single doctor practice with a small number of patients would be limited in offering enhanced services. It was difficult to offer patients choice with a single doctor practice.

Doctor Slade referred to difficulties in the recruitment of GPs which was a national problem but particularly in the north east. It was highlighted that the governance of clinical teams needed to be maintained to an appropriate standard and that a larger practice provided GPs with opportunity to scrutinise colleagues in order to make a judgement in relation to care quality.

A discussion ensued and the following issues were raised:-

- The Panel considered it would be worthwhile undertaking an exercise to identify patient need in Middlesbrough and whether need was being met and to identify how many practices might potentially be under threat in the near future due to GPs retiring/recruitment difficulties. The Panel also considered it appropriate to make representations to the CCG in support of maintaining the walk-in element of the Resolution Health Centre as it believed that walk-in centres met a previously unrecognised demand and that loss of such services could impact on un-registered patients placing greater demand on A & E and other practices.
- It was queried whether GPs tended to move between practices. The Panel was advised that some doctors moved from practice to practice, however, this could be for a variety of reasons but not generally for financial reasons as the pay tended to be fairly consistent.
- Reference was made to the average GMS payment per patient and it was clarified that the payment could vary depending on the area, for example where there was a high level of need, there could be a slight increase in the payment made to the provider and also where there were enhanced services such as extended hours.
- In response to a query as to how the quality of GP practices was measured, it was explained that a number of factors were taken into account – the main clinical aspect was the Quality Outcomes Framework scheme – all information was held on a national database.

The Chair thanked the NHS England Area Team representatives for their attendance.

AGREED as follows:-

1. That the information provided be noted.
2. That appropriate representatives of the CCG be invited to a future Panel meeting to provide information in relation to the Urgent Care Review.
3. That a mapping exercise be commenced in relation to identifying patient need in Middlesbrough, whether need was being met and to identify how many practices might potentially be under threat of closure in the next five years due to GPs retiring/recruitment difficulties.
4. That the Panel make representations, in writing, to the CCG expressing the view that it considered the Resolution Health Centre should continue in its current form (ie continue to deliver enhanced services which included extended hours and walk-in facility).

DATE AND TIME OF NEXT MEETING

The next meeting of the Health Scrutiny Panel was scheduled for Tuesday, 16 December 2014 at 4.00pm.