

HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 2 February 2015.

PRESENT: Councillors E Dryden (Chair), Councillors S Biswas, J G Cole, D Davison, L Junier and M Thompson

ALSO IN ATTENDANCE: Councillor S Khan and Doctor J Canning, Secretary of the Cleveland Local Medical Committee

OFFICERS: P Duffy, E Kunonga and E Pout

APOLOGIES FOR ABSENCE were submitted on behalf of Councillors B A Hubbard and Mrs H Pearson, OBE.

DECLARATIONS OF INTERESTS

There were no declarations of interest.

1 **MINUTES OF THE PREVIOUS MEETING OF THE HEALTH SCRUTINY PANEL HELD ON 13 JANUARY 2015.**

The Minutes of the Health Scrutiny Panel meeting held on 13 January 2015 were submitted and approved as a correct record.

2 **GP PRACTICES IN MIDDLESBROUGH – DISCUSSION**

The Scrutiny Support Officer presented a report which outlined the purpose of the meeting.

Previous discussions had highlighted that there did not seem to be a consistent approach by all GP Practices in the delivery of the Healthy Heart Check.

The Panel wanted to ascertain whether there were variations in the management of long term conditions.

With regard to the national shortage of Doctors, due to factors such as their age profile, the Panel also wanted to find out the position in Middlesbrough.

Doctor John Canning, Secretary of the Cleveland Local Medical Committee, had been invited to the meeting to discuss these issues.

The Chair welcomed Doctor Canning and added that the Panel would also value his thoughts on the need for a Medical School in the area, as the Panel had been advised at a previous meeting that professionals would see this as beneficial. In a letter to the Panel, the Vice Chancellor of Durham University had said that they had no plans to pursue this.

In discussing the question of variations in GP practice, Doctor Canning stated that all of the issues tended to link together, with the common thread being a shortage in Doctors.

The biggest problem was recruitment and the situation was unlikely to improve in the short term, as the North East training School has 150 places available for medical students and fewer than 40 applications had been received. Of these, experience had shown that about 50% will lead to a placement e.g. just 20 people training to qualify as a Doctor.

This is exacerbated by the fact that many Doctors are at, or approaching, retirement age and there is an ever-increasing demand in cases of acute or chronic disease.

There had been an increase in the number of appointments, against a reduction in the fee that GP practices receive per patient. Doctor Canning tabled a graph that illustrated the upward trend of appointments. From 2000 to 2014, the number of appointments had almost doubled and there had been a year on year increase since 2011.

The age profile of Nurse Practitioners was even higher than for Doctors and they had more restrictions on returning to work, once they had left.

Therefore, initiatives such as the Healthy Heart Check, even if they were resourced, added to the pressures faced by Doctors.

Some GP Practices felt that they could not take on the Healthy Heart Check, as they needed to fulfil the basic element of their contract, which was to see people who are sick.

Prevention was noted as important, of course, but it was difficult to prioritise at the expense of people who were ill at the moment.

The Chair asked whether the Healthy Heart Check could be undertaken by other professionals, with a referral being made if the check discovered anything untoward? Doctor Canning advised that pharmacists could undertake certain aspects but this required an integrated approach in terms of medication, blood tests, etc. This could be useful for screening, but not for a final decision and could lead to duplication.

Demand was increasing, so capacity was the main issue. Whilst there had not been any significant increase in overall illness, people's expectations had changed and exceeded what was possible.

Society tended to want an instant cure where there was not one. This was partly an educational issue; managing illness within a family was not as good now as previously.

A Member commented that the shortage of Doctors in the North East was higher than the national average.

If a Doctor in a Hospital wanted to become a GP they had to go through whole elements of their training again. This was a disincentive to going down the GP route. Also, if a Doctor practiced abroad for a period, they would often require re-training when they returned to the UK.

NHS England required that Doctors were on a performance list and must have provided services in the UK in the last 12 months. If they had not, it was difficult to get back onto the list.

The Chair asked what the views of the British Medical Association were. Doctor Canning said that they accepted the need for revalidation.

A number of Doctors were leaving the profession very early, which was an issue - particularly bearing in mind the amount of training that they had undergone.

A Member commented on the number of Health Centres/Health Villages that were being built. Given the shortages referred to, who would staff these?

Doctor Canning mentioned that Doctors in Health Centres dealt with acute issues, but many patients were advised to go and see their own Doctor. This could lead to a degree of inefficiency as people were being seen twice.

Some closures were because Practices were not recruiting the number of patients that they had hoped to. Turnover of patients in Middlesbrough was low, comparatively. Patients value continuity.

A Member commented that if patients were unable to see their Doctor it was important that other staff in the Practice were aware of their issues.

The Chair queried whether the future could be greater use of walk-in services? Doctor Canning felt that this would not be a good way forward, in that, whilst this route was useful for acute cases, it was not helpful in managing someone who needed a referral.

A Member felt that Walk-in Centres provided a role in terms of reassurance to patients.

The Chair commented that the position did not seem encouraging. Doctor Canning remained positive, however. There had been similar shortages in the past - it tended to go in cycles. However, the constant change faced by GPs and alterations to pension arrangements did not encourage GPs to remain in practice.

A greater concern to him was why people did not want to train to become GPs. There could be a number of factors for this, including the relatively bad press that GPs had received in recent years.

Doctor Canning was not convinced of the need for a Medical School closer to Teesside, as Newcastle University had a base in Durham and several students receive part of their training in Middlesbrough practices.

The Chair was keen to move this forward and asked Doctor Canning what could be done to encourage people to remain in General Practice? Doctor Canning felt this would involve a range of measures, including:-

- giving Doctors a varied portfolio comprising, among other things, research; public health; general practice; and community services;
- developing them after training; and
- time and other opportunities to use their skills, linking into the above

The Chair wondered if the Council could employ Doctors? Doctor Canning confirmed that Public Health, in particular, had ever increasing links with General Practice. Local Authorities would be required to appoint a Medical Examiner to be responsible for the process of certifying deaths.

The Chair queried whether there could be greater flexibility as to who patients could see. Doctor Canning felt that a trend would be towards practices merging so that there would be far more GPs within a practice. This would give individuals greater opportunity to utilise their skills. Another option would be a Federation, whereby GPs retained their own identity but were part of a larger body.

In response to a question from the Chair, Doctor Canning confirmed that Doctors could become more involved in minor surgery - for instance, injections for treatment of conditions such as "tennis elbow". This would make their work more attractive, but it all came back to the limited time available.

Doctor Canning referred to the last national contract for GPs in 2004. Doctors were comfortable with the principle of dividing work into essential services; additional services and enhanced services - but not its implementation.

The Chair felt that there was a perception that Doctors would not see people out of hours. Doctor Canning said that there had been a move away from the position where people used to be seen at home if they needed to see a Doctor out of hours. Seeing people at home had been inefficient.

The Chair felt that, to progress this, the views of NHS England and the Clinical Commissioning Groups needed to be known and that this was an issue that needed to come from the Council as a whole.

AGREED as follows:-

- a) That NHS England and the local Clinical Commissioning Groups be asked what their plans are for addressing the shortages of Doctors.
- b) That, in combination with the above, the Chair and Vice Chair work with the Scrutiny Support Officer to prepare a briefing of the main issues and suggested way forward for the Executive and that Doctor Canning be asked to feed into this.

3 OVERVIEW AND SCRUTINY BOARD UPDATE

The Panel considered a report by the Scrutiny Support Officer which advised them of matters considered at recent meetings of the Overview and Scrutiny Board.

These issues comprised:-

- Attendance of Executive Member for Children's Social Care
- 2014/2015 Revenue Budget Outturn Update
- Interim Report of Environment Scrutiny Panel - Alternative Delivery Model - Environment, Property and Commercial Services
- Final Report of the Environment Scrutiny Panel - Maintenance of Open Spaces
- Final Report of Social Care and Adult Services Scrutiny Panel - Assistive Technology - How New Technology Can Transform Care
- Final Report of the Children and Learning Scrutiny Panel - Early Help: Improving Outcomes for Children, Young People and Families
- Scrutiny Processes Update
- Executive Feedback
- Executive Forward Work Programme
- Scrutiny Panels Progress Reports
- Mayor's Strategic Priorities and Council Direction of Travel

NOTED.

4 DATE AND TIME OF NEXT MEETING - TUESDAY, 24 FEBRUARY 2015 AT 4.00PM.

It was noted that the next meeting of the Scrutiny Panel would be held on Tuesday 24th February 2015 at 4.00 p.m.