

HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 16 March 2015.

PRESENT: Councillor E Dryden (Chair), Councillors S Biswas, J G Cole, B A Hubbard, L Junier and M Thompson

ALSO IN ATTENDANCE: C Blair, Associate Director of Commissioning, Delivery and Operations, South Tees Clinical Commissioning Group
Doctor J Canning, Secretary of the Cleveland Local Medical Committee

OFFICERS: P Duffy and E Pout

APOLOGIES FOR ABSENCE were submitted on behalf of Councillor N Walker, Chair of the Overview and Scrutiny Board

DECLARATIONS OF INTERESTS

There were no declarations at this point in the meeting.

1 MINUTES - HEALTH SCRUTINY PANEL - 24 FEBRUARY 2015

The Minutes of the Health Scrutiny Panel held on 24 February 2015 were submitted and approved as a correct record.

2 GP PRACTICES IN MIDDLESBROUGH – DISCUSSION

The Scrutiny Support Officer submitted a report which outlined the purpose of the meeting and the background.

The meeting of the Panel on 2 February 2015 had highlighted a number of issues of concern, including long term workforce planning issues; GP recruitment and retirement; and the increasing demand for GP appointments.

The Panel also considered Information from the Chief Workforce Strategist and Planner for NHS Health Education North East (HENE), which summarised discussions held so far with the Clinical Commissioning Groups and Primary Care Workforce.

The Panel also had regard to a paper submitted by South Tees Clinical Commissioning Group (CCG) on the Retention and Recruitment of GPs in Middlesbrough, South Tees. This detailed the actions that they were taking to address the situation.

The Chair stressed the role that elected Members had in looking after citizens. He was keen therefore to look at steps that the Council could take, with its partners, to help improve the position.

Doctor Canning, Secretary of the Cleveland Local Medical Committee, advised the Panel that, although the situation was not good, he did not see it as a crisis. He felt that the key thing was to accentuate the positives – for example, stressing that South Tees was a good area in which to live and work. The Cleveland Local Medical Committee would be happy to work with the Council on this.

In response to a question from the Chair, Doctor Canning confirmed that there was a misleading perception about Doctors' workloads. Many Doctors were carrying heavy caseloads and this was not sustainable. Seeing a Doctor had become the default position, but a crucial message to get across was that, in many cases, people did not need to see their Doctor. This related back to a point that he had made at the meeting of the Panel on 2 February 2015, namely, that society increasingly expected an instant cure for everything and that was not possible. As a result, Doctors were seeing a lot of people who could be described as "worried well".

In this respect, public information needed to be tailored - for instance, the message that people should see their Doctor if they had had a cough for a certain period of time. In reality, there would usually be far less need for, say, a generally healthy 20 year old to see their Doctor in such a case, than an older person who had had a history of illness.

Craig Blair, Associate Director of Commissioning, Delivery and Operations at South Tees CCG, advised the Panel that, regionally and nationally, GPs in the area scored highly in patient experience surveys. A good deal of education/awareness raising work was taking place with the public. This had led to some reduction in the number of people attending Accident & Emergency. However, more work was required about whether people really needed to see their GP.

A Member referred to the important role that could be played by pharmacists in managing demand.

Doctor Canning said that a key factor would be how Doctors could provide the same or better service with less people. Federations of practices could assist, going forward, but this could lead to the loss of the "personal touch" from the relationship gained from getting to know patients and their conditions, which remained an important facet.

A Member commented that the Council needed to be pro-active in working with publications – such as Medical Journals – to inform people what a good place the Middlesbrough area was to live and work. Mr. Blair stated that the CCG was working with HENE on this and discussions had been held at the Health & Well Being Board.

Doctor Canning said that there was some evidence that students were likely to stay in the area in which they had studied. This made the high number of unfilled places for medical training at Newcastle and Durham Universities perturbing.

Doctor Canning advised that, broadly, Doctors could be classified in one of three groups:-

- partners in a practice – employed by the CCG;
- salaried employees; and
- locums – providing cover for holiday, sickness, etc

Most Doctors were in the second and third groups, as being a partner could be onerous. It carried greater responsibility (such as the requirement to take on a lease for the building where the practice was located); there was a greater amount of regulation; and the need to ensure that the GP contract was fulfilled.

Mr. Blair indicated that the CCG could work with General Practices to support alternative models of delivery – such as shared Practices and Federations.

The Chair wondered whether the Council could create some form of scholarship for medical students in the area to assist with their university fees. Mr. Blair advised that this would be something that NHS England would commission, but the CCG could seek to facilitate it. It was appreciated that, if this were possible, some form of agreement would be required to ensure that Doctors remained in the area for a certain period and, if they did not, a proportion of the scholarship would need to be repaid, depending on how long they were to stay.

Doctor Canning mentioned that It could be difficult for Doctors to move between specialisms, which was a further inhibiting factor.

The following points were also made by Members:-

- Might it be possible for the Council to waive Council Tax payments for a period for Doctors who moved to the area?
- Whilst the focus on attracting Doctors to the area and retaining them was important, so was the need to encourage people to enter medical training in the first place.

- The public health challenges in the area could actually be an incentive for Doctors to work here.
- There was clearly an increased role for non-medical staff and Practice Managers.

Doctor Canning added that it would be important to look at what could be done to help keep Doctors aged in their 50s working. Very few Doctors aged over 60 were still working.

In response to a question from a Member, the banding was not considered a factor in recruitment and retention, but the premium paid to the area had been reduced over the years.

Doctor Canning said that if any Member of the Panel wanted to obtain a further insight into the situation within a General Practice they should contact him and he would be happy to arrange this.

ORDERED:

- a) That the Scrutiny Support Officer prepare a draft paper, for consideration by the Panel, Doctor Canning and South Tees CCG, to include, among other things, suggestions as to what could be done to:-
 - increase the number of students wanting to study medicine at Newcastle and Durham Universities. (This could include ascertaining whether those Universities had a view as to supporting and encouraging local people to study there; the possibility of scholarships; and whether there was the potential to look wider than the requirement for top grades at "A" level);
 - raise the profile of South Tees as a good place to live and work. (This might include articles in Medical Journals and making reference to the relatively affordable cost of housing; the public health challenges in the area; and the state of the art facilities at James Cook University Hospital);
 - manage patient demand (e.g. to raise awareness that seeing a Doctor is not always the most appropriate course of action);
 - facilitate easier movement by Doctors between specialisms; and
 - encourage Doctors to enter General Practice and to remain into their late 50s/early 60s. (This might include ways of increasing the variety of work and reducing / removing some of the current regulations, such as the requirement to buy a lease on the premises).
- b) That the finalised paper be presented to the Executive.

3 OVERVIEW & SCRUTINY BOARD – UPDATE

The Panel considered a report by the Scrutiny Support Officer which updated them on what had taken place at the meeting of the Overview and Scrutiny Board on 3 March 2015.

NOTED.