HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 15 March 2016.

PRESENT: Councillors S Biswas, J G Cole, E Dryden, A Hellaoui, B A Hubbard and J McGee.

ALSO IN ATTENDANCE: Councillor J A Walker and D Jones (Primary Care Commissioning Manager, NHS England).

OFFICERS: E Pout and C Lunn

APOLOGIES FOR ABSENCE Councillor C Hobson, S Dean and T Lawton.

DECLARATIONS OF INTERESTS

Name of Member	Type of Interest	Item/Nature of Interest
Cllr J A Walker	Non Pecuniary	Item 3: Ward Councillor for Hemlington and Patient of GP Practice.

15/44 **HEMLINGTON GP PRACTICE - UPDATE**

The Scrutiny Support Officer presented a report, the purpose of which was to provide the Committee with an outline of the meeting.

It was explained to Members that in November 2014, the Health Scrutiny Panel had been apprised of the situation facing Hemlington GP Practice. At that time, concern was raised that the practice may close if the time-limited Alternative Provider Medical Services (APMS) contract, which Hemlington had had in place, could not be extended and/or replaced.

The Panel heard that following the previous consultation exercise, the Area Team had sought to extend the current contract until 6 December 2015, which was subsequently extended to 31 March 2016.

The Primary Care Commissioning Manager was in attendance at the meeting to provide an update in respect of Hemlington practice's current position.

As there were a number Members that were new to the Panel, it was felt that it would be useful to explain the varying elements of NHS contracts.

The representative explained that the majority of GP practices were delivered under a General Medical Services (GMS) contract, which was in place of a Medical Services (MS) contract.

APMS contracts, which were introduced circa. 2008/2009 on the back of the Lord Darzi initiative, were mostly time limited and, in the main, lasted five-years in duration. The difference between normal GMS contracts was varying perpetuity, whereas the APMS contracts did have a definitive end date.

The representative indicated that when procuring contracts, it had been advisable to do so under an APMS contract. The reason for this was to enable the market to be intermittently tested to ensure market alignment and fitness for purpose. Reference was made to the varying types of service providers; GMS contracts may have had a GP as part of the contract, whereas APMS contracts may have involved non-clinical partners.

A Member queried whether or not the GP practice at Hemlington was a Darzi clinic. In response, it was indicated that this was not the case.

With regards to the Hemlington practice, Members were advised that engagement exercises had been undertaken in August 2014 around the potential closure of the practice, due to low patient numbers. Originally, a contract had been implemented that estimated that the patient list should have approached about 6000, but this was never realised. It was indicated that

over the last year or so, patient figures had increased. There were 1,938 patients as of January 2016.

It was explained to the Panel that, during the engagement exercise with patients and stakeholders, strength of feeling from both groups to retain the contract in Hemlington had been conveyed. Attempts were made to extend the contract at that point, with local providers being contacted in respect of securing a twelve-month emergency contract. Unfortunately, this could not be achieved. After unsuccessful attempts to progress with two applications in respect of operating a time limited branch service, it was explained that work had been undertaken with the current provider to extend services with them where required. Subsequently, further engagement work had commenced in December 2015.

Members heard that this engagement activity revolved around permanent full-time branch service at Hemlington on an existing contract. It was felt that this would provide longevity to the contract, which would attract potential bidders by offering stability and longevity, who would otherwise have been put off by a time limited contract.

In terms of engagement processes, the Panel was advised that surveys had been despatched to all patients over the age of 16 years; it was highlighted that there was an option for telephone completion if required. A total of eighty-eight patients responded to the survey. In addition to this, eleven patients had attended an open session on 19 January 2016, and three patients had attended an open session on 21 January 2016. Four patients had attended a focus group exercise on 26 January 2016, with two remaining until completion.

Feedback arising from the engagement activity was outlined to the Panel. It was explained that patients valued the service and wished for it to be retained. There were concerns that the temporary stance of the contract had prevented people from registering - views were expressed that patient figures would increase if the contract was in perpetuity. Patients were happy with the online booking system; patients did like to book services online, although it was conveyed that there had been some problems experienced with this. It had been expressed that patients valued early morning and lunchtime sessions, which was felt would provide potential opportunity for flexible GP service provision. It was explained that this feedback had been amalgamated and would form a brief synopsis to be circulated to potential service providers.

The Commissioning providers had approached all 44 GP practices in the South Tees area as of 10 March 2016, with information pertaining to the engagement activity.

A Member sought clarification on the patient participation figures. It was explained that 102 patients out of 1,938 had taken part in the consultation. It was felt that this was a fair amount. A short discussion ensued with regards to surveys and participation numbers. A Member commented on the publicising of what was happening with the practice, with reference being made to advertisements via social media.

Information pertaining to the tendering process was detailed to the Panel. It was explained that, due to the nature of the service being offered, this was not an open tender to the full market. It was indicated that the information was provided to potential providers, with opportunity to ask clarification questions being made. In terms of a timescale, the deadline for receipts of these was 17 March 2016, with the tender submission deadline being 25 March 2016. All submissions would be reviewed and scored by a Panel of professionals on 28 March 2016.

It was explained to Members that some patients during the consultation activity had raised concerns that contracts would be awarded to those who would deliver services below cost. It was highlighted that this was irrelevant, as there was a cost per patient that the service provider would receive.

In response to an enquiry, Members were advised that the current GP cost per patient was circa. £76.00, but this would increase in April 2016. The contractor's practices - APMS contracts - were slightly more because they were time limited contracts. It was explained that the payable amounts did vary across the South Tees area, ranging from the GMS contract

value up into the hundreds. Figures were dependent upon other variables such as patient figures and base. Brief consideration was given to potential costs in respect of this Hemlington contract. It was felt that once people understood that the Hemlington practice was secure, patient figures would increase.

Consideration was given to patient figures and available services within the area, which were felt to be limited in number. Reference was made to building development work and the potential impact that housing developments would have on patient numbers. Reference was made to the number of GP services currently being provided and the merging of some medical practices and facilities.

A Member commented on the quality and cost of the Hemlington practice; it was explained that this had been financed by the PCT.

With regards to evaluating those tenders received, in response to a Member enquiry it was explained that such matters as how the practice would operate - e.g. staff model, etc.; what experience the practice had in delivering services; and the current performance of the practice, would be reviewed. There would be a group of professionals evaluating the tenders, including clinicians. A scoring process would then follow. Contact would then be made with the CCG and NHS England, and bidders would be notified of the outcome on 11 April 2016. A standstill period would then be entered for ten days, whereby there could be no discussion held. The contract would be awarded on 25 April 2016.

A Member queried whether the new contract would be offered on a GMS or APMS basis. In response, it was explained that this would depend on what the current contract offered - this service would be added to their existing contract. It would be either a GMS or an APMS contract. It was clarified that this would be an add-on service and would need to be awarded to someone with a current contract, as an open tender exercise was not being pursued.

In response to an enquiry, it was explained that the cost for this contract would be as per the GMS rate - both the GMS and APMS were of the same contract value. It was felt that the complicating factor in respect of costs revolved around patient weighting. It was explained that this was dependent upon the demographics of the patients themselves - for example: if there were three nursing homes in one practice catchment area, then that may increase the costs. A high demographic of elderly patients would result in increased funding, and therefore the weighting would increase in a positive way. On some occasions, however, there was a negative weighting, but that tended to be in areas where there was a younger demographic, for example: areas with a University or high student population. Balance may have occurred if there was a high student population amongst an older demographic area.

In terms of the timeline, it was acknowledged that this had slipped from when the contract was due to end - i.e. 31 March 2016. It was explained to the Panel that agreement had been made with the current provider to extend that contract for a further few weeks.

In response to an enquiry regarding an indication of potential provider interest, it was explained that there had been some expressed, but the exact levels were unknown at present.

The Ward Councillor for Hemlington Ward requested that information be provided to Ward Councillors as received. The representative indicated that feedback would be provided accordingly.

The Chair thanked the representative for her attendance and contribution to the meeting. It was felt that progress had been very positive.

The representative left the meeting at this point.

Members discussed the progress of the Scrutiny review and the work carried out in respect of retaining the practice in Hemlington.

NOTED

15/45 **OVERVIEW AND SCRUTINY BOARD UPDATE**

Councillor McGee provided the Committee with an update in respect of the Panel's breastfeeding report that had been presented to the Overview and Scrutiny Board, prior to being considered by the Executive earlier today (15 March 2016).

It was felt that the report had stimulated a lot of positive debate at the Executive meeting, with full support being offered for all of the recommendations in the report. There had been a lot of support for the notion of peer support breastfeeding; Councillor McGee explained that she had pointed out that some of that did already exist but where it appeared to be most effective was in paid scenarios. Reference had been made to other authorities where paid peer support had been implemented and which had been making the difference.

The idea of breastfeeding champions had been discussed, which was felt to have added increased strength to the concept.

It was indicated that the Executive had considered the notion of increasing the number of venues in the town that would be suitable for breastfeeding. The Panel heard that the suggestion for an open space to be established, such as in a park, had also been made.

Members heard that the Executive had also discussed the requirement for breastfeeding areas to be identified when new buildings, or refurbishment of existing buildings, were planned. Middlesbrough Sports Village, for example, did not have a designated space, which was felt to be lacking. Members felt that it would have been a useful recommendation, by the Health Scrutiny Panel, that every planning application take this into account. It was indicated that this was in the main body of the Panel's report, but it would have been useful to have this identified as a recommendation.

Another suggestion had been made concerning the strengthening of the local campaign - similar to the dementia friendly town initiative, there was potential for a breastfeeding friendly town campaign to be pursued.

The Chair suggested that contact be made with the Planning department to determine what was currently in place in terms of policy in relation to breastfeeding, and if there were any reasons as to why a policy could not be established if there was one lacking. Members agreed to this, and suggested that it would be useful to undertake publicity work if the planning policy were to change.

Reference was made to an impending visit to the Middlesbrough Sports Village, which some Members of the Panel would be involved with. It was suggested that reference to the potential establishment of a breastfeeding area within the village be made during that visit.

Members discussed the current venues that offered breastfeeding areas. It was felt that all public areas within Middlesbrough should offer space for breastfeeding.

Reference was made to the Love Middlesbrough magazine, with suggestion for potential inclusion of a breastfeeding article within the publication being made.

It was highlighted that the Executive had fully supported the recommendations provided in the report. The recommendation which suggested that the Council have a named point of contact in place had already been established. From 1 April 2016, a new role on breastfeeding to work within the health and child programme would be fulfilled.

Members discussed attitudes towards breastfeeding and felt that normalisation of this was key.

Members thanked Councillor McGee for her update.

AGREED that:

1. **The Scrutiny Support Officer would contact the Planning department to determine the current position of breastfeeding-related policy in respect of development work; and.**
2. **The information, as presented, be noted.**

15/46 **DATE AND TIME OF NEXT MEETING - 5 APRIL 2016 AT 4.00PM**

The details of the next scheduled meeting of the Health Scrutiny Panel were noted.

NOTED