

HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE

Notes of the Primary Care Applications Working Party Meeting held in the Dunstanburgh Room, First Floor, County Hall, Morpeth at 2.30 pm on Thursday, 14 December 2017

PRESENT

Councillor LJ Rickerby (In the Chair)

COUNCILLOR

Nisbet, K

Watson, JG

OFFICERS

Allen, DP

Young, S (CCG)

1 Apologies

Apologies for absence were received from Councillors V Jones (invitation) and R Moore.

2 Notes from Previous Meeting

The Notes of the Meeting held on 15 November 2017, having been circulated, were agreed as a correct record.

3 Current Engagement

3.1 White Medical Group - Application to Close Stamfordham Branch Surgery

- 3.1.1 Mr Young provided Members with information on the application of the White Medical Group to close their branch surgery at Grange Road, Stamfordham. He requested that the Working Party express a view on the application, which would then be taken into account by the Northumberland Clinical Commissioning Group's Primary Care Commissioning Committee as the response of the Health and Wellbeing Overview and Scrutiny Committee.

The following points were noted during the presentation:

Background

The White Medical Group's current list size was 7533. Their Main site was at Ponteland Primary Care Centre, with branch sites at Wylam and Stamfordham. The Scots Gap Surgery also operated a branch service at Stamfordham. Ponteland was 6.2 miles from the Stamfordham site, and

Wylam 4.8 miles. The Stamfordham branch provided 27 hours of dispensing and reception services and 10 hours of GP appointments each week. The Riversdale Surgery had made an initial application to close their main site at Wylam, but only a small percentage of patients using the Stamfordham branch came from Wylam.

The application was to close the branch surgery at Stamfordham from 31 March 2018.

Reasons

In 2016 an audit had been undertaken, showing that:

- 1,019 patients attended
- 327 (32%) from Stamfordham
- 437 (43%) from Ponteland
- 147 (14.4%) from Wylam
- 108 (10.6%) from other areas,

therefore the majority were closer to other WMG services.

The CQC inspection had highlighted issues with lone working. The patient list size had grown but not discernibly in Stamfordham.

The site was owned by the practice. New partners would have to buy into this, which was not an attractive recruiting incentive.

Access at the Stamfordham site was difficult, with no disabled toilet facilities, and there was only one telephone line into the site.

Engagement

A comprehensive engagement process had been undertaken by the practice:

- 902 patients written to (in 374 households)
- 19 responses received
- all were answered by the practice and Q&A (updated on an ongoing basis) on the website and in the surgery.

Key themes of the engagement process were:

- transport - 2 hourly bus service from Stamfordham to Ponteland
- appointment times - Patient appointment times could work flexibly around bus times
- prescribing - Dispensing would continue from Ponteland and Wylam and other community pharmacists might be used - including free delivery from many for housebound patients

- parking and home visits (with minor issues at Ponteland and clarification of qualification).

The practice also engaged with the following:

- all practices close to Stamfordham
- local pharmacy
- MPs
- Healthwatch
- patient participation group
- local councillors
- local medical committee
- local community groups
- NHS England
- no formal comments received.

Benefits

- Travelling time reduction could result in additional appointments being available at other sites.
- Lone operations would cease.
- CCG savings (£11.6K)
- Better disabled access at other sites
- Centralising services would improve clinical effectiveness and ultimately patient care.

Drawbacks

- Access would cease, including dispensing.
- Patients might re-register with Scots Gap, which could adversely affect this practice, but data showed that they had the capacity.
- There could be increased costs to the CCG in Year 1 because re-registering patients would attract a new patient registration weighting.
- Patients would have to travel further.

Way Ahead

The Primary Care Commissioning Committee would consider the application on 20 December 2017. If it was approved, the practice would need to develop a communications and delivery plan designed to mitigate patient concerns (of which, however, there were very few) as much as possible.

3.1.2 Members made the following comments arising from the presentation:

- an annual attendance of 1000 patients amounted to 20 appointments per week. The doctor was in attendance for 10 hours per week, therefore consulting only 2 patients per hour, supported by 27 hours of dispensing and reception services per week. This did not seem to be a viable situation

- home drops for prescriptions were becoming a feature of modern services, and this could compensate in some measure for the loss of the dispensing service in the Stamfordham surgery
- comment from the local Member would be an important input to the process, and the local Member would be requested to make any response to the CCG by 19 December 2017.

Members noted that the PCCC would take the Meeting's comments into account when considering the application on 20 December 2017 and it was **RESOLVED** to:

- (1) support approval of the application as the appropriate way forward
- (2) note that comment from the local Member would be an important input to the process.

4 Update

- 4.1 The Policy Officer tabled a brief update on NHS England's progress with the provision of replacement service/s for patients of the Coquetdale Dental Practice. NHSE had published the Request For Information (RFI) on 28 and 29 November 2017 and had informed local providers. The RFI asked a number of questions intended to help with the design of the potential contract and invited expressions of interest or notice of intention to make an offer when the formal call for tenders was published. The closing date for responses to the RFI was 12 December 2017.

Members **NOTED** that:

- NHSE had been in contact with the CCG as part of their ongoing inquiries
- the outcome of the RFI and activity in the process of assisting Coquetdale patients would be reported by NHS England at the Health and Wellbeing Overview and Scrutiny Committee Meeting of 16 January 2018.

5 Next Meetings

Meetings would continue to be arranged as and when business arose.

Members noted that, in terms of the Working Party's Terms of Reference, meetings would be convened under the Committee's Chairman and Vice-Chairman, with two other Members of the Committee. When the two nominated Members were unavailable for a meeting, two other Committee Members would be invited to attend in their place. Members also noted, however, that an attendance of two constituted a quorum.