

Stockton BC Response to Proposals for the Future of Registered Patient GP Service at Stockton Health Centre (Tithebarn)

1. The future of the registered patient GP service at Stockton Health Centre (Tithebarn) has been subject to some level of uncertainty for several years.
2. In 2014 NHS England consulted on the possibility of closing the registered patient service at Tithebarn as part of a wider review of similar APMS GP contracts. These were due to end in March 2015. Ultimately the contract was extended until March 2016 in order to undertake further work, with subsequent activity undertaken by the Clinical Commissioning Group (CCG), reflecting the change in commissioning responsibilities.
3. In 2016 the CCG extended the contract until March 2017 and following a review, identified that the registered patient service should be commissioned as a full-time branch surgery. The walk-in patient service that was also provided at the same location would end by 31 March, and effectively be subsumed in the new Integrated Urgent Care service based at North Tees Hospital (this is now in place). In September 2016 the Adult Services and Health Committee wrote to the CCG to confirm that it supported efforts to secure a full time branch surgery.
4. At its meeting of 11 April 2017, the Adult Social Care and Health Select Committee was informed that despite two procurement exercises and some initial expressions of interest, a provider had not been secured. A decision had therefore been made in January to pursue the option of a part-time branch surgery. The contract would be extended again until 30 June in order to undertake further patient engagement on the new option. This is regarded by the CCG as the final attempt to retain services in the area.
5. The Committee recognised the work undertaken to date in order to secure some form of service at Tithebarn, and recognises that closure would be viewed as a worst case scenario by the CCG.
6. However it also agreed that any changes and potential loss of service in relation to the Stockton Health Centre (Tithebarn) Registered Patient GP Service, would be viewed as a substantial variation to local health services. This response has been developed on that basis, and has therefore been considered and endorsed by Council.
7. The Council would **strongly support the retention of a registered patient service at Tithebarn**, and would view a complete closure as detrimental to the local area, for the following reasons:
 - a) Although it appears a full time branch surgery is not now reasonably achievable, a part-time service would represent a significant benefit to the local area. This would ensure that local patients would have the option of local appointments albeit on a reduced basis, as well as access to appointments at other times at the main surgery. It is also noted that a part-time service could become full-time in future should demand allow.
 - b) The health and transport needs of the local community require locally accessible primary care facilities. Tithebarn is located in Hardwick and Salters

Lane ward and the majority of registered patients live in the ward. The ward has high levels of deprivation and health need.

Life expectancy is significantly worse than the Borough and England average, a higher proportion of residents have a long-term health problem or disability, and fewer people report that they are in good or very good health compared to the rest of the Borough (Local Health profile 2015). Deprivation measures in relation to income, child poverty and older people are higher than the Stockton and England averages.

A higher proportion of local residents use public transport or walk to access work, and there is a lower level of car ownership. Should the service close, the nearest Practices would be in Norton or Stockton Town Centre.

c) As Tithebarn is adjacent to North Tees Hospital, there is a potential impact on the Integrated Urgent Care (IUC) service at the North Tees Hospital site.

It is recognised that under the new IUC service, it is not possible to walk in to A and E directly without some form of clinical triage, with non-emergency cases being seen by the GP-led urgent care service. Therefore A and E should not necessarily be impacted by any closure of Tithebarn. However there is a high probability that the co-located urgent care service would see additional attendances that could otherwise have been dealt with by a registered GP service.

d) The potential impact on other Practices in the north Stockton area should the service close. The Adult Social Care and Health Committee has been concerned for some time about the levels of access to primary care in Stockton Borough and general pressures on primary care. Members have been informed of concerns relating to GP trainee numbers in the Stockton area, and the lower than average number of GPs per 100,000 patients (as identified in the scrutiny review of access to GP care in 2013-14).

e) The projected and actual housing developments in Hardwick and adjoining areas. The regeneration of Hardwick has seen substantial new housing developed in the area close to Tithebarn, and permission has been granted for a 350 home development in the north of the ward. As part of the emerging Local Plan, land to the immediate west of the ward has been allocated for development as part of the wider Harrowgate Lane site. These housing developments should be taken into account by the CCG and any future potential provider.

f) Information provided from NHS England in 2014 stated that as at July 2014 the registered list size was 1,859 patients. In the latest set of information from the CCG the Practice has a registered list of 2,085 patients (as of 01 January 2017). This would still have been a small and potentially unviable list for any standalone provider, but supports the view that there is demand for a branch service in the area, and this may potentially grow further.

The experience of the Tithebarn walk-in service suggests that a number of people had used the walk-in service when they were not registered at the service, but were eligible to be so (by living in the original catchment area).

Whilst recognising patient choice, and the variety of reasons people may have for choosing to register at a particular practice, there may therefore be additional patients in the area who may consider registering at Tithebarn.

Indeed, any loss of service would be detrimental to local patient choice in the future.

g) It is unfortunate that primary care must be planned in the context of a market economy rather than the needs of the community. It is recognised that the previous APMS contract was more financially attractive to providers than the terms of contract that would be available as a branch surgery. However recognising these constraints, the Council would hope that a part time service would be seen as more viable than a full time surgery, given that the funding is per patient, and is not affected by opening hours.

h) Feedback from the 2014 consultation exercise highlighted a range of positive feedback in relation to accessibility and value to the local community.

The Committee considered the part-time proposal prior to the end of the current public engagement exercise and so has not been able to consider the full results. Registered patients have been asked for their views in relation to preferred opening times for a future branch surgery, and what support would be needed should the service close.

It was noted that an event on 6 April only attracted one Member of the public and one Councillor; a further event on 26 April was due to be held. However, 120 surveys had been returned by 6 April and these were showing a slight preference for any branch surgery to be open on Mondays and Fridays initially.

Should a part-time service be retained, Members are reassured that the new provider will be required to consult with patients on the suitability of the new opening hours and to keep these under review.

8. The Council requests that the full consultation results and details of the decision be reported to the meeting of the Adult Social Care and Health Committee on 16 May.