

ASH
4/17

Review of Tithebarn Registered Patient GP Service

Members were presented with information from CCG, including the following:-

The previous contract for Tithebarn GP services was due to end on 31st March 2017

During two procurement processes in 2016, no applications were received from local practices to provide the branch surgery on a full time basis.

The CCG extended the existing service for a further 3 months, with Elm Tree GP practice providing full-time services from 1st April until 30th June 2017.

The temporary contract extension would allow time to engage with patients to gain their views and ascertain how a part-time branch service would best meet their needs. Closure was seen by the CCG as the worst case scenario.

A patient information session was held, but only one patient attended. Members had discussed how to encourage more people to attend to give their views. Another event was arranged for 26th April and had been put on Facebook.

Members were asked following the meeting, to do all they could to publicise the next event to try to get people engaged in this consultation.

A letter and survey was sent to patients aged 16 years or over who were registered at the Tithebarn practice. 120 completed surveys had been received to date, however this number was lower than expected. Members noted that the local community may feel disempowered and may not engage in the standard ways provided, but this should not be mistaken for lack of strength of feeling if the service closed.

Patients, councillors and the Committee recognised that reduced opening hours would be better than none. Suggested opening times could be Monday, Wednesday and Friday (the beginning, middle and end of the week).

Members asked if patients registered at the branch service would be able to use the services of the main practice, on the days the surgery was closed, and this was confirmed.

The Cabinet Member for Adult Services and Health, and a ward councillor, were also present for the item.

The Cabinet Member noted that as a non-voting member of the CCG's Primary Care Commissioning Committee he had been able to follow the issues closely and had provided local knowledge to the discussions.

Discussion took place around Hardwick and Salters Lane Ward, one of the most deprived areas in the borough, where access to local GP services was vital and essential for people with significant health needs. GP services seemed to be

operated as a business, revolving around numbers and treating people as numbers rather than by need.

Members asked why a bid for the service had not been forthcoming and if anything further could be done to assist in this. It was reported that there had been expressions of interest to run the practice on a full time basis in 2016 but these had not progressed into formal bids. On looking more closely at hours, staffing and finances, the potential bidders had said it would not be a viable proposition. The new contract would not be on as favourable terms as the version that had just ended, which was a time limited APMS contract with higher funding per patient compared to the more standard contracts.

It was noted that many people used the walk-in element of the service, but had not registered to the Practice, even though they had been eligible. These additional patients would make the practice more attractive in financial terms, although it was recognised that patients had choice in their GP and may register elsewhere for other reasons such as work.

There was not an opportunity to balance the list across the Borough, due to the nature of patient choice of GPs, which themselves were independent businesses to a large extent.

There had been a conscious decision to site the Practice in Tithebarn originally to try and prevent non-urgent attendance at the adjacent A and E. If the service closed, the new Integrated Urgent Care Service may experience additional usage.

Members asked about the cost comparison between attending Accident & Emergency vs GP practice. It was noted that patients would be triaged (A & E, Integrated Urgent Care Centre or to their own GP) and hopefully this would help to educate patients.

People sometimes had to wait 2-3 weeks to see a GP in certain areas, and dispersal of the list would create pressures elsewhere in the Borough.

There were plans to build houses in the area and although this could increase patient numbers, it was recognised that some people stayed with their own GP after moving house. However the Committee believed that there was potential for the amount of registered patients to increase over time.

A new branch surgery would receive the same funding per patient whether open part-time or full-time. There are 2,085 patients currently registered and if numbers did increase this would become more economically viable for future providers.

It was noted that a practice list of around 5000 was now the minimum needed to ensure a standalone practice was viable.

If there was no further information forthcoming from engagement with the community in terms of opening hour preference, CCG would ask the provider to

consult on opening hours which would best serve the needs of the community should a new provider be secured.

Members asked if there had been any interest in running the surgery on a part time basis. It was noted that although no official bids had been made yet, there had been some interest shown.

Discussion took place around the implications of a part-time branch surgery and although this was not preferable compared to the previous full time service, it was agreed that the biggest impact would be if there was no service at all. Therefore the Committee agreed any changes to the service would be viewed as a substantial variation to local services.

Whilst empathy was felt for CCG in finding an adequate solution, it was recognised by members that closure of the practice could have a detrimental effect on the community in that area.

AGREED:

1. That any changes to this service would be considered to be a 'substantial variation' to local health services under the Local Authority (Public Health, Health and Wellbeing Boards, and Health Scrutiny) Regulations 2013;
2. That a consultation response be prepared on behalf of the Council;
3. That a draft response be circulated to the Committee with agreement of the final version delegated to the Chair and Vice-Chair, prior to consideration for agreement by Council;
4. That a further update from the CCG be considered in due course