

Date: Monday, 23 September 2019

Time: 10.00 am

Venue: Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury, Shropshire,
SY2 6ND

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HEALTH & ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

TO FOLLOW REPORT (S)

3 Minutes (Pages 1 - 6)

To confirm the minutes of the meeting held on 23 August 2019, *to follow*

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SHOPSHIRE COUNCIL

HEALTH & ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

Minutes of the meeting held on 23 August 2019

10.00 - 11.42 am in the Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury, Shropshire, SY2 6ND

Responsible Officer: Amanda Holyoak

Email: amanda.holyoak@shropshire.gov.uk Tel: 01743 257714

Present

Councillors Karen Calder (Chair), Madge Shingleton (Vice Chair), Roy Aldcroft, Gerald Dakin, Kate Halliday, Simon Jones and Paul Milner

18 Apologies for Absence

Apologies were received from Councillors Tracey Huffer and Heather Kidd. Councillors Roger Evans and David Vasmer substituted for them.

19 Disclosure of Pecuniary Interests

There were no disclosable pecuniary interests.

20 Minutes

The Minutes of the meeting held on 15 July 2019 were confirmed as a correct record and signed by the Chair.

21 Public Question Time

Questions submitted by Dennis Cheese and Jane Asterley Berry in relation to Whitehall Medical Practice had been circulated to Members. The Director of Primary Care - Shropshire CCG, provided a response to each of these questions.

A copy of the questions and the responses provided is attached to the signed minutes and available on this Committee's pages on the Council's web site.

22 Member Question Time

Questions from Councillor David Vasmer in relation to Whitehall Medical Practice were responded to by the Director of Primary Care - Shropshire CCG. A copy of the questions and the responses provided are attached to the signed minutes and available on the Committee's pages on the Shropshire Council website.

23 Whitehall Medical Practice and Primary Care Capacity

The Committee had been provided with a response to the questions it had raised at its previous meeting where the issue of the closure of Whitehall Medical Practice had arisen following a question from a member of the public. It had also been provided with a report on actions taken to date with supporting appendices including letters sent to patients and

stakeholders, and maps showing location of Whitehall Medical Practice patients. (copy attached to signed minutes)

The Chair thanked representatives of Shropshire CCG for attending the meeting - Nicky Wilde, Director of Primary Care and Steve Ellis, Head of Primary Care. She invited Members of the Committee to ask further questions in the light of the information received to date.

During discussion the following questions were raised and responded to by the Director and Head of Primary Care.

How many patients at the practice would be considered to be vulnerable and what arrangements were in place to support them?

The CCG was not permitted to access patient identities and the Practice determined who the vulnerable patients were. 66 had initially been identified as being vulnerable. They would be guaranteed a place in the practice of their choice, as long as they lived within the catchment boundary of that practice.

The Committee had heard at its last meeting of problems experienced by some patients trying to register with surgeries who were only taking on 5 patients a day, and who had been asked to queue early in the morning to secure a place. What measures were in place to help patients register with a new practice?

Weekly figures showed that 1120 patients had now found other surgeries. The closest two surgeries had taken around 250 patients each and others were spread around the other practices in Shrewsbury. The issue that had been experienced in the first weeks was at one specific practice due to limitations related to managing the paperwork involved. This was no longer happening, and this particular practice now had additional administrative support and was able to register up to 20 new patients a day. This practice felt that another 800 patients would be manageable and the CCG was working with them on an estates issue. Most practices were registering patients as they came in the door. If it was not physically possible to visit a new practice to register, help could be requested by using the telephone number or e-mail address provided by the CCG.

Reference was made to a letter written by the same surgery in November 2018 which had stated that closure of Whitehall would mean being destabilised to the point of being unable to deliver safe medical care. What had changed so that they were able to take more patients now? Patients also still appeared to be finding it hard to register with this practice.

The original response from this surgery had been made with a worst case scenario in mind of taking on 3,000 new patients over a 3 month period. At the point in time that the response was made, the surgery would not have been aware of how many patients had been living within its practice boundary or how many would want to transfer to it. Any further information on this would have to be sought directly from the Practice Manager and Partners.

Over 1000 patients had now registered with other GPs but around 3,000 still needed to find an alternative, would all those patients be guaranteed a place?

The CCG was working closely with NHS England and allowing a three month period to manage a transfer was normal. Numbers transferring so far were in line with NHS England expectations and the CCG was aware of the availability in each GP practice in Shrewsbury and looked at GP to patient ratio across Shrewsbury and Shropshire. All practice managers had met with the Head of Primary Care the previous week, and contact was maintained continuously to ensure that all practices were managing.

The GP to patient ratio nationally was 58 GPs to 100,000 people but in Shropshire it was 66. In Shrewsbury it was 62, and this figure did not include GPs at the Whitehall practice. There were also additional staff such as advanced practice nurses, nurses and others. The CCG was not being complacent and a significant amount of investment and support was going into practices to help them into the future.

Patients had learnt from the media about the closure of the practice ahead of receiving a letter informing them of the details. Why had this happened?

The CCG was not allowed to access patient identifiable information for this type of process and NHS England had been asked to send the letters out on a certain date. Unfortunately they had not been despatched on the day expected and the CCG had subsequently apologised for this.

Patients had now received a total of four letters with an explanation of what was happening.

Was there capacity at the nearest surgery to take 2,000 more patients.

There was absolutely not capacity at that surgery for this number of additional patients – and most did not live within that practice boundary. Patients at Whitehall came from across the whole Shropshire area, although the majority were in the Shrewsbury area. There was confidence that there would be enough capacity for all patients to get a practice, the six practices closest to Whitehall would have space to accommodate another 2,000 patients and still deliver safe services. It was not known where patients would choose to register which was why the CCG maintained weekly contact with practices.

Was there support available for patients who may have language or literacy issues?

Vulnerable patients had been identified by the practice and there was a system in place to ensure they did register with another practice. NHSE would be aware of those who had not registered and would keep attempting to encourage and facilitate this until all were accounted for as far as was possible. If a particular cohort did not appear to be moving they would be contacted again.

Were staff at Whitehall having issues finding employment elsewhere?

As employer, the practice had to go through its own consultation process and the CCG would not be able to offer help until this was completed, but it could act as a conduit for finding new jobs. It was understood that some clinical and administrative staff had already secured new employment.

Was the speed of the process acceptable?

NHS England had felt the timescale was acceptable.

Was there a satisfactory relationship with primary care organisations and practice managers?

Was enough effort put into making the tender attractive? Had the inclusion of the zero tolerance service in the contract made it unattractive and who was currently providing that service?

The CCG was required to deliver a zero-tolerance service and historically support had been provided to all practices for this service due to the geography of Shropshire. NHS England had now requested that this be commissioned as a single service.

Those who had expressed initial interest in the contract had been asked for feedback on why they had not bid for it and none of them had said that inclusion of this service was a reason for not proceeding. Each Practice was an individual business.

The CCG believed that it had done everything that it could and that engagement had been carried out correctly. This was not a withdrawal of service, there would have been a different provider and services would have had to have been provided from a new location even if a bidder had come forward for the contract. The Director of Primary Care said she understood this was distressing for a number of patients, but it was not possible to make individual businesses bid for a contract.

The Head of Primary Care said he would speak to the nearest Practice which on anecdotal evidence appeared to be restricting numbers once again.

Is there an opportunity for people unable to visit a practice to register, eg due to work commitments, to register their interest with the CCG. Some people had complained that they could not get through to the CCG..

The telephone number provided by the CCG was an answer phone and callers could leave a message and expect a response within a couple of days. There was also an e-mail address available and most practices had an online presence where forms and e-mail addresses could be found.

Why if there was a close relationship between the CCG and Practice Managers was it not known why bids were not made for the contract.

Potential bidders had been asked for feedback but this had not been very forthcoming. None had mentioned the zero tolerance service being a factor. Shropshire GP practices were small compared with a lot of other areas, they were businesses with nationally mandated funding. It was recognised that where contracts were short term that more needed to be paid for these. It was not possible to force practices to bid for contracts.

A Member of the Committee observed that GPs were independent businesses, many were self employed and decided for themselves what they wanted to do, where and how. She also commented that in Shrewsbury there were 11 practices to choose from whereas in some rural areas Surgeries could be up to 10 miles away.

Was it made clear in the bid process that the location at Whitehall would no longer be available?

The CCG had been working with Shropshire Council on potential alternative locations and would have arranged the rental of premises at its own cost if there had been a bidder. This had been made clear in the bid process.

Did the CCG primary care provision as a growing problem?

As individual businesses, GP Practices could at any point in time give the CCG notice on a contract. Recruitment of GPs was a national problem, not just a local one and the CCG had a significant retention and resilience programme in place, focusing on workforce and premises to increase resilience and sustainability.

Why could the extension granted by NHS England only last until September and no longer?

The Director of Primary Care said that the CCG would have preferred the extension to have continued to the end of the year, the current extension to September had involved a lengthy process and NHS England had made it clear that it could not be extended any further.

Why could the minutes of the Primary Care Commissioning Committee where the matter was discussed in private not now be made available?

The CCG could not release any minutes of confidential meetings. There had been a subsequent meeting held in public where questions from members of the public were responded to and the minutes of this meeting were available on the website. In response to a request from some members of the Committee who felt that the minutes should be available now the procurement process was no longer live, the Director of Primary Care said she would again check the position with the CCG's Director of Governance.

There have been reports of people being deregistered from surgeries due to changes in practice boundaries – was this correct, where can the boundary maps be found?

Practice boundaries had been in place since 2004 although it was confusing to show them all on one map as there was so much overlap. A practice could not change its boundary without a formal application to the Primary Care Commissioning Committee, and no applications to change had been received. Each surgery should have the boundary information available on its website and this information was also available from NHS Choices.

What sort of support is available to other practices taking on Whitehall patients?

Support had been offered to practices taking on additional patients but until a Practice applied, it was not known what the nature of this would be. It was anticipated that there would be different requirements, for example, a small premises extension or additional staff.

The Chair thanked the CCG officers for attending the meeting and answering the Committee's questions.

A Member went on to suggest that the CCG be asked to seek a further extension to the contract and review its arrangements on communication with patients in this sort of scenario but others felt that the late despatch of correspondence from NHS England had been the primary cause of communication issues.

The Chair also pointed out that NHS England had already categorically said that the contract could not be extended.

The Chair felt that Councillors had a responsibility to encourage patients to register with another practice and she was concerned that some might be waiting to do this in the hope that the current arrangements would somehow continue, when the Practice would close on the 27 September 2019. She hoped that any press coverage of the Committee's meeting would include the CCG helpline number and e-mail address so that anyone experiencing difficulties would make contact.

The Committee agreed that disappointment should be expressed to NHS England for failing to dispatch the letter to patients at the time agreed and also that the CCG be requested to provide the Committee with a map of GP Practice boundaries in the county

It was agreed that this item had identified wider issues which should be explored further at a future meeting on provision of GP Services and primary care in Shropshire, and that this work should be added to the Committee's Work Programme for the meeting going 18 November 2019.

24 Work Programme

Members considered proposals for the Committee's work programme.

It was confirmed that the Joint HOSC workprogramme contained mental health, and the join up of the Shropshire and Telford and Wrekin CCG areas on its work programme.

It was agreed that the Future of Primary Care Provision and an update on Primary Care Networks be scheduled for the 18 November 2019 meeting.

Signed (Chairman)

Date: