

**MINUTES OF A MEETING OF THE SCRUTINY COMMISSION FOR HEALTH ISSUES
HELD AT THE BOURGES/VIERSEN ROOM - TOWN HALL ON 14 JUNE 2011**

Present: Councillors B Rush (Chairman), P Nash, J Stokes, M Todd, K Sharp, N Shabbir and N Sandford

Also present David Wiles, Chair of LINK

NHS Peterborough: Dr Sushil Jathanna, Chief Executive, Peterborough Primary Care Trust
Peter Wightman - Interim Director, Primary Care
Sarah Shuttlewood, Director of Acute Commissioning
Jessica Bawden - Joint Director of Communications and Patient Experience
Dr Michael Caskey - Director of Clinical Change
Dr Harshad Mistry - Clinical Lead for Urgent Care

Officers Present: Kim Sawyer, Head of Legal Commercial
Denise Radley, Executive Director of Adult Services
Paulina Ford, Senior Governance Officer, Scrutiny

1. Apologies

Apologies for absence was received from Councillors Lamb and Fower. Councillor Sandford was in attendance as substitute for Councillor Fower and Councillor Todd was in attendance as substitute for Councillor Lamb.

2. Declarations of Interest and Whipping Declarations

No declarations of interest were made.

3. Minutes of the Meeting held on 14 March 2011

The minutes of the meeting held on 14 March 2011 were approved as an accurate record.

4. Call In of any Cabinet, Cabinet Member or Key Officer Decisions

There were no requests for call-in to consider.

5. Primary and Urgent Care Strategy Consultation

The Interim Director for Primary Care introduced the report. The Commission were informed that the consultation document had taken into consideration comments made by the Commission at its meeting held in January 2011 in that it should be genuine and not just about closing Alma Road and that the document contained all the information and evidence to support the thinking of NHS Peterborough. Members were reminded that the Primary Care and Urgent Care Commissioning Strategies were required because the NHS services needed to adapt to change.

5.1 The key issues for change were:

Primary care

- The population was growing and changing and NHS services needed to adapt to this
- Premises at some practices were affecting services and would not meet new standards in April 2012. This affected 1 in 3 patients particularly in relatively deprived wards where health outcomes were much lower. These were long standing problems. Key areas affected were:
 - North Street, 63 Lincoln Road, Burghley Road, Church Street
 - Dogsthorpe, Parnwell and Welland
 - Hampton
 - Orton
- There was a natural move away from smaller practices. The Primary Care Trust needed to plan ahead for this and not make separate decisions on practices as it had in the past
- It was difficult for patients at some surgeries to get an appointment. This might lead to patients using other services

Urgent Care

- Patients had reported that the system was difficult to navigate and there were too many overlaps
- Too many minor cases were attending the hospital Emergency Department
- Peterborough had two walk-in centres which duplicated each other and services provided by GP practices in hours and the out of hours GP services
- The City Care Centre was not used to its full potential. The Walk In centre and out of hours GP services must be subject to competitive procurement – this was an opportunity

Efficiency Requirements

- NHS Peterborough needed to identify extra funding for
 - Increasing demand and new treatments
 - Increasing costs and maintaining infrastructure
 - Repaying historical debt
- The growth funding NHS Peterborough (NHSP) would receive would only cover inflation costs
- To fund the anticipated priority costs, NHSP needed to save £40m per year by 2015/16 in its £310m budget

5.2 The proposed strategy was:

Vision

- Move over time to fewer, larger GP practices to improve quality and efficiency
- Simplify and clearly communicate Urgent Care System

Overarching changes

- Ensure every practice achieved a minimum standard for access to GP appointments
- Provide extra information to help patients choose the right service and GP practice
- Where contracts end for practices with a list size of 4000 or below, and there was capacity nearby, ask patients to register with another practice.
- Competitive process to select new provider for GP Out of Hours and Walk In Centre Provider.

5.3 The options for change were:

Option 1 – Do nothing

Option 2 – Partially achieve the vision:

- Fund new premises at 63 Lincoln Road
- Fund new premises in Dogsthorpe: - the Welland, Parnwell and Dogsthorpe practices come together as one practice in the new premises, with special arrangements in Parnwell
- Orton Bushfield expands to take on services currently provided by Orton Medical Practice with whom they share a building – move to new premises funded by the landlord
- Reducing the walk-in hours for the Alma Road Equitable Access Centre (evenings and weekends)
- Upgrade Walk in Centre service at City Care Centre to Minor Injury and Illness service and move from 7am – 10pm to 8am to 8pm
- Close Burghley Road surgery
- Invest £0.5 million per annum in new premises
- Net £5 million savings over 5 years – from reduced Alma Road costs and contract efficiencies

Option 3 – Fully achieve the vision:

As above but

- Fund new premises for North Street (as part of a combined health centre with 63 Lincoln Road)
- Fund new premises for Hampton
- Close the Alma Road service
- Invest £1.0 million per annum in new premises
- Net £6 million savings over 5 years – further savings by closing Alma Road

The consultation process had begun on 18 May 2011 and would close on 18 August 2011. The Commission were asked to:

- Support the process for consultation
- Discuss and comment on the content of the consultation document

Observations and questions were raised and discussed including:

The Chair asked Members to consider the process for consultation first.

- Members noted that Dr Mistry and Dr Caskey were both involved in the consultation process and both had surgeries that might be affected by the outcome of the consultation. Would this therefore be a conflict of interest? *Dr Caskey advised that whilst he had an interest it was in fact a negative interest in terms of his business and that his interest was in providing a better outcome for the patients. The Interim Director for Primary Care advised that the team of people who finalised the document received clinical advice but it involved patient members, non executive Director Members and everyone was mindful that there were a lot of interests. The final decision sat with the NHS Peterborough Board which comprised of non executive directors and a majority of non clinical directors.*
- How much is consultation and how much is already a foregone conclusion as to the outcome? *Everything possible had been done to ensure that the consultation was genuine, fair and an open process. All comments would be listened to.*
- Are you consulting with any patient forums? *Consultation documents had been sent to all patient groups. The Consultation document had also been presented to a meeting of the Borderline Patient Network Group Chairs meeting and comments had been received.*
- The press have indicated that most people would be opposed to Option Three. Can you advise how the consultation is going? *It was too early in the consultation to assess the response.*
- The consultation document still stated that Peterborough had two walk-in centres which duplicated in hours and the out of hours GP services. Members felt that this was a

misleading statement as the service offered at the City Care Centre was nurse led and therefore did not duplicate the Alma Road walk-in centre which was GP led. *The statement around duplication was saying that currently there were two walk-in centres although the configuration and the model that was being operated at each might be different. In hours there was GP and primary care available, out of hours there was also duplication as there was a GP out of hours service from 6.30pm to 8.00am. It was saying that across the whole system there was duplication it was not trying to compare Alma Road with the City Care Centre alone. If someone attended the City Care Centre and were assessed and needed to see a GP there would be a GP available.*

- *Members commented that there would be a fundamental change in service provision in attending the City Care Centre as it would no longer be the choice of the patient if they saw a GP where as at Alma Road the patient could request to see a GP. The consultation document gave a full explanation of what duplication of services meant. All the services that were nurse led and offered at Alma Road were also offered at the City Care Centre. The vast majority of patients attending Alma Road were already registered with a doctor. This was therefore a duplication of service.*
- *People often go to the walk-in centre because they can not get an appointment with their GP. There was a need to make sure that access to a GP was available to all patients.*
- *What do you mean by a minimum standard of GP Service? Every quarter MORI run a poll to survey patients registered in every Doctors surgery across the country to measure patient experience. This also identified surgeries where patients had difficulty getting appointments. These surgeries were then held to account. The minimum standard was identified from this survey.*
- *If you close the Alma Road surgery are you going to ensure that all GP surgeries will offer out of hours surgeries and that people would be able to book appointments in advance? Yes. Members were advised that the PCT was assessed with its regional comparatives and the ratings for Peterborough PCT were green. The Primary Care for the City was not all bad and the aim was to do even better. There was a 24 hour GP service in Peterborough however there was a need to provide the right clinician for the right condition which might not always be a GP.*
- *Most surveys tend to be completed by people who are happy with a service therefore is the MORI survey accurate. The survey was an independently run national survey which had been run for many years. It was weighted and was well recognised and was sent nationally from patient lists.*
- *You state in your document that you will attend the Neighbourhood Committee meetings across the City to discuss the consultation and yet you have not attended all of them. PCT Officers apologised to members for not attending all Neighbourhood Committee meetings and would look at addressing this. Neighbourhoods that were directly affected had been targeted in agreement with the Neighbourhood Managers. Neighbourhood meetings were not the only meetings that were being held.*
- *In your proposed strategy you mentioned a competitive process to select a new provider for GP Out of Hours and Walk In Centre provider. What is the process and how are you going to select these people. A strict EU Procurement Process was used.*
- *Councillor Peach Ward Councillor for Park Ward asked the PCT to confirm that they had no preconceived view of the consultation and that it was a fair consultation? The PCT confirmed that they had no preconceived view and that it was a fair consultation.*
- *There is evidence that you are in consultation about the disposal of land at Alma Road which would suggest that you are pre determining the consultation. There had been no decision made about that site. The land premise for Alma Road would not be in the original place but it would be in the Healthy Living Centre. If Option Two were to proceed the Alma Road surgery would move to the Healthy Living Centre. Discussions had been held with Alma Road regarding this.*
- *Where in the consultation is this mentioned. Potential sites for Alma Road were being looked at but no decision had been taken.*

- Why is it being moved? *It was about efficiency of use of the assets for the NHS. It was currently a portacabin and was a very expensive facility. This was not relevant to the consultation.*
- Alma Road site has provision for a purpose built building but there is no mention of this in the consultation. *The original plan for Alma Road was to bring three practices together Sergeant Street, Westgate (now in Boots) and Millfield but this had not happened.*
- Members felt that the consultation document should have mentioned the proposal to move Alma Road. *The consultation was about a strategy for Peterborough's Primary Care and once this had been determined the location of premises flowed from that.*
- Are you saying you have no idea where you would build these surgeries once the consultation has been concluded? *There were site options for each of the surgeries but they would have to go through a commercial process.*
- How viable would Option Two be if it does not take any action to address the Hampton issue? *Option Two was equally viable and people in Hampton would go to Orton or Yaxley*
- Councillor Peach felt the consultation was flawed because not enough meetings had been held for public consultation and those due to be held at the Town Hall would coincide with other Council Meetings. He suggested that the committee recommend that the PCT extend the consultation to accommodate extra meetings. *Officers from the PCT felt that there was ample opportunity for public consultation but would be happy to discuss arranging additional meetings at appropriate venues and dates.*
- Is the consultation document available in several different languages? *The Chief Executive of the Peterborough Primary Care Trust (PPCT) confirmed that the consultation document was available in Czech, Kurdish, Portuguese, Lithuanian and Urdu. Copies of the translated documents were not available at the meeting but copies could be provided.*
- Councillor Burton Ward Councillor for Werrington South informed the Commission that he had asked the Patient Liaison Officer at Alma Road for a copy of the consultation document in various languages but it had not been available. If the building at North Street was in such a terrible condition why was there not a proposal to close that surgery? He also advised that he had not seen representation at his Neighbourhood Committee in the North of Peterborough. *Dr Caskey responded with regard to North Street advising that it was a practice that struggled for space for any health visitors or other allied services and that it was an unsustainable situation as there was no room for growth.*
- How and where are you advertising your meetings that will be held at the Town Hall? *Flyers, posters, and documents had been sent out to every surgery, pharmacy and library. There had also been various radio interviews and press releases.*
- The questionnaire in the consultation document would appear to have more emphasis on Option Three. *External independent advice was sought on how to design the consultation document to ensure that it was fair and unbiased.*
- Your consultation document talks about special arrangements for residents in East Ward and Parnell. It would mean people having to get two buses to visit their doctors. *There would be satellite clinics provided in these areas for such things as flu clinic, baby clinics, antenatal clinics and nurse practitioner clinics which would share accommodation with other Council Services. Seriously ill patients would receive a home visit. Some people would be entitled to transport arrangements. It was recognised that there might be some access issues but the consultation would take into consideration all comments.*
- East Ward is growing rapidly with an expectation of 2000 new residents. How will you accommodate this growth? *We have based our options on the expected growth of the city and advice from the City Council.*
- Why are all of the surgeries mainly based in Lincoln Road and the City Centre. *Peterborough was unique in that it had overlapping GP surgeries with overlapping populations and the strategy would try to address this. This strategy was looking at the health care for the whole of Peterborough.*

- At the consultation that you had in Parnwell the residents highlighted to you about the new builds that was taking place in the East of Peterborough and you promised you would contact the city council to get the latest information. Did you do that? When looking at the consultation document the GP practices still seem to be placed centrally in the City. *The question was put through to our information specialist.*
- Why is there still no health provision or GP practice in the East Ward which is such a large ward? *The concerns were valid and had been noted and would be looked into further as part of the consultation process.*
- The map in the consultation document only shows the main surgeries? The location of the surgeries even if they are branch surgeries was important. *A map showing the branch surgeries could be provided for councillors and the LINks team.*
- Under Option 2 it states:
 - *Orton Bushfield expands to take on services currently provided by Orton Medical Practice with whom they share a building – move to new premises funded by the landlord.*

Do you have a back up plan if the developer changed their minds about this? *The PCT were confident with the developer's regeneration proposal.*

- The contract for the Orton Medical Practice was extended temporarily. Are you going to extend the temporary contract again if the new build is not going to be ready until 2013? *No. The existing surgery which was only designed for one practice would be reconfigured to accommodate the new team.*
- If you are not taking on new doctors will they be able to cope with the increase of patients. *The budget for the Orton Medical Practice would be given to the Orton Bushfield Practice. This would enable the Orton Bushfield team to recruit extra doctors, nurses and administration staff to accommodate the extra patients. There would be twice as many doctors and nurses to run the service required.*
- What happens if a patient is not happy with their current GP and wants to change. *Patients now had a choice around changing GP surgeries. However some practices had area boundaries but if a practice served the area in which someone lived and had an open list then a patient would have the right to join that practice. It would be unusual for GP practices to have closed lists. The greatest constraint was more about accommodation and having enough room. The Government direction was to allow dual registration and abolish practice boundaries.*
- There is no financial breakdown for the committee to make a sound judgement on which option to choose. *There was more financial information in the business case document which was available on the website.*
- Members were not aware of the business case and financial breakdown and wanted to know if members of the public had been made aware of where they could find it. *The consultation document stated where the business case could be found and it was also made clear to members of the public at consultation meetings.*
- The waiting room at the Walk In centre at the City Care Centre was small. Was this going to be made larger? *The intention was not to increase the through put at the centre.*
- If you are closing down Alma Road then you will get an increased through put at the City Care Centre. *The intention was that there would be a shift of those patients out to primary care and not to the Walk In Centre. Minor conditions would be dealt with through primary care where there was the capacity to deal with them.*
- How would patients know where to go for minor conditions? *If Option Three were to be approved there would be a major education exercise across the city so that people were made aware of what services were available and where. There would be a phased approach and people would be supported to go to the right place for their treatment.*
- People from Eastern Europe tend to go to a walk in centre for their treatments as this is what happens in their homeland. You would therefore need to do an extensive engagement and education exercise. *The vast majority of the population from Eastern Europe were registered with GP Practices and already used the services appropriately.*

- Where are the GP practices with massive amounts of capacity to absorb the extra amount of patients? *The vast majority of practices across the city had open lists and would take on the extra patients.*
- If there are GP practices with capacity why not close them instead of Alma Road. *In terms of use of budget it costs £800,000 more to operate from Alma Road than if patients were to receive a service from their registered doctor or elsewhere.*
- Before closing Alma Road we need to see hard evidence that patients are going to be able to get the same service from other practices.
- A member of the audience addressed the Committee and wanted to highlight issues for mental health patients and requested that the Committee review care services for the mental health patients. The Chair noted the request.

Dr Rupert Bankart Lead GP from Alma Road surgery was invited to speak. Key points raised were

- The Alma Road Practice had been working with the PCT to try and find solutions to resolve problems in the area. The main problems to be addressed were access, quality and value for money.
- The PCT had made it clear that there had been a shortage of GP provision in Peterborough particularly in and around the deprived areas which included Alma Road and yet there had been an increase in demand. Nearby practices were not coping with demand and Alma Road were taking on the extra.
- He provided information on costings of Alma Road services and advised that they provided better value for money than nearby practices. Alma Road was the only service that offered both GP registered services and a walk in service and therefore could offer a conversion service where the PCT gained £168 per patient when they changed from a walk in patient to a registered patient.
- He was concerned that there was a flaw in the business proposal and multiple unaddressed risks in particular a reduction of 80,000 appointments per year.
- *The PCT responded that they did not agree with most of the figures provided by Dr Bankart.*
- Members asked for confirmation that the cost per patient at Alma road was lower than at other surgeries in Peterborough? *The PCT responded that the reason it was lower was because £800,000 was being paid towards the walk in service, if this was taken away then that practice would not be viable at that cost level at that list size.*
- A member of the public addressed the Commission who had concerns that the Clinical Director of the City Care Centre for the out of hours service was Dr Mistry who was also a member of the PCT consultation team. He felt that Dr Mistry might benefit if Alma Road was closed and the City Care Centre was retained as the only out of hours provision. *Dr Mistry responded that the out of hours service was a GP led service which was procured by the NHS Peterborough and was a service from Peterborough Community Services which was an arms length organisation. Dr Mistry represented the GP's and made sure the clinical service was being delivered. Whoever the out of hours service provider was would be dependant on the local GP's delivering that service? Whether the City Care Centre was involved or not was nothing to do with the out of hour's service.*
- If Alma Road surgery closed the Thomas Walker surgery would appear to be the main beneficiary of patients being dispersed locally. Dr Mistry was a practicing GP at the Thomas Walker surgery. Was this a conflict of interest? *Dr Mistry confirmed that he was a GP at the Thomas Walker surgery.*
- Members sought advice from the Legal Officer present on this question. The Legal Officer advised that she could not answer for the PCT's governance but drawing from the advice that the PCT had given earlier informed the Commission that the persons putting the strategy and the consultation document together were not the people making the decisions and that ultimately the decision would be made by the NHS Peterborough Board who were an independent body of the consultation strategy group. In order to get

meaningful consultation it was sometimes necessary to involve those who were operating the system at ground level.

Councillor Peach, Ward Councillor for Park Ward addressed the Commission

- Does the PCT accept that its ability to be able to provide safe care depended on being able to absolutely guarantee adequate access to GP consultations when needed? *Yes.*
- Does the PCT accept that if Option Three were implemented involving the closure of Alma Road and Burghley Road it would have to ensure that it provided adequate consultations with other local GP's to turn its projected savings into reality. *Our assessment of the options was based on the ability of other GP's to absorb the capacity.*
- What measures were the PCT taking so that if Option Three was implemented that other GP's would provide enough consultations? *There were NHS contracts in place with each of the practices which held them to account for quality of care for the patients and to ensure that patients had adequate access.*

It was proposed that due to the time of day and length of the meeting that the meeting be adjourned. On being put to the vote this was agreed, therefore the meeting was adjourned to a date to be arranged.

ACTION AGREED

- i) That the PCT provide copies of the consultation document in the various translated languages to Members of the Commission and Councillor Peach.
- ii) That the PCT provide maps at further consultation meetings showing all branch surgeries in addition to the main surgeries.
- iii) That the PCT attend as many additional Neighbourhood Committee meetings as was practical before the end of the consultation.
- iv) That the Commission reconvene the meeting at the earliest opportunity to conclude the discussion on the Primary and Urgent Care Strategy Consultation item and conclude any other business on the agenda.

Meeting adjourned at 10.15.

CHAIRMAN
7.00 - 10.15 pm