

**MINUTES OF A MEETING OF THE SCRUTINY COMMISSION FOR HEALTH ISSUES
HELD AT THE BOURGES/VIERSEN ROOM - TOWN HALL ON 27 JUNE 2011
RECONVENED FROM 14 JUNE 2011**

Present: Councillors B Rush (Chairman), P Nash, M Todd, D Harrington, M Jamil 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
Paulina Ford, Senior Governance Officer, Scrutiny

1. Apologies

Apologies for absence were received from Councillors Lamb, Stokes, Sharp, Shabbir and Fower. Councillor Sandford was in attendance as substitute for Councillor Fower, Councillor Todd was in attendance as substitute for Councillor Lamb, Councillor Harrington was in attendance as substitute for Councillor Sharp and Councillor Jamil was in attendance as substitute for Councillor Shabbir.

2. Declarations of Interest and Whipping Declarations

No declarations of interest were made.

3. Primary and Urgent Care Strategy Consultation

The Chair welcomed everyone to the reconvened meeting and asked that those people wishing to speak from the public gallery identify themselves.

Dr Watson, Senior Partner at 63 Lincoln Road surgery was invited to speak. Key points raised were:

- The surgery had a long established history going back over 100 years.
- List size was 11200 patients, 30% of whom lived in Central, Park and East Wards.
- There were eight GPs' seeing patients mainly at Lincoln Road and also at the branch surgery in Werrington.
- There was a high proportion of elderly patients and in addition provided medical services to the Woman's refuge, the homeless and those with substance misuse problems.
- 67% of new registrations were from ethnic minorities such as asylum seekers and socio economic migrants.
- It was a busy inner city practice providing services to the vulnerable hard to reach groups from sub standard premises which were not fit for purpose. They would not meet health and safety standards and infection control standards in the years to

come. Recently one of the ceilings had collapsed and there was a problem with sewage backing up and two elderly patients had fallen down the narrow stair well sustaining leg fractures. There was no lift on the premises

- If Option One were adopted this would eventually result in the closure of 63 Lincoln Road. 11200 patients including the hard to reach and vulnerable groups would have to be relocated to alternative providers and the capacity and facilities to cope did not exist. Therefore Option One should be rejected.
- Option Two would deliver new premises but would be a short term solution and would not future proof care for residents across the City and patients of 63 Lincoln Road.
- Option Three fully resolved the key issue of patient access, including the disabled and offered an opportunity to provide for the health care and welfare of patients and residents across the City.
- Dr Watson requested that the Commission support Option Three.

Observations and questions were raised and discussed including:

- If Option Three were to be adopted what proposals do you have for access on Saturdays and Sundays and would this be only for people registered in your practice. *Dr Watson advised that under Option Three there would be a guarantee of increased access for patients registered at that practice at the weekends but exact timings could not be determined now. The Interim Director for Primary Care reminded Members that the GP out of hour's service operated seven days a week therefore the option of seeing a GP on a Saturday or Sunday was already in place.*
- How would someone access a GP at the weekends? *The out of hour's service was run from the Thorpe Road Walk in Centre. A patient would ring the out of hours service and they would be triaged and it would then be determined if they needed to see a GP or a nurse. This was also the practice during in hours service.*
- Why have you not improved the practice over the past years? *Improvements had been made over the years but it was now at a point where no further improvements could be made.*
- Can you tell us in your opinion how Option Three will help elderly residents in East Ward, the surgeries that will be closed in Parnwell and Welland and the 1700 houses that will be built in Stanground. *There were plans for the East of the City with the development of the Dogsthorpe Surgery. The Interim Director for Primary Care informed the Commission that he had met with Ward Councillors since the last meeting and consideration had now been given to provision for the East Ward and Dogsthorpe communities. Three potential sites were now being looked at. This would not mean an extra practice it was about looking at the right location.*
- The Chief Executive, Peterborough Primary Care Trust confirmed to the Committee that all comments would be listened to as part of the consultation exercise and that in doing this some of the options proposed may change.

Dr Hadfield, Senior Partner at North Street Medical Practice was invited to speak. Key points raised were:

- North Street Medical Practice was established in 1896 and had 15500 patients of which 4700 (30%) come from Central, East and Park Wards.
- The Practice was in a converted 19th century building with no ability to extend the premises.
- No facility at current premises to offer a phlebotomy service.
- Supported Option Three. Much more could be offered to patients in a new purpose built building therefore Option Two would not be suitable.
- Option One would jeopardise the care of the 15500 patients.
- The vision was to provide 21st Century healthcare with a focus on health improvement not just disease. Some services currently provided by the hospital could be offered at the surgery if there was space.

- District Nurses, Counsellors, Dieticians, Physiotherapists and the Mental Health Team would be under one roof providing improved services.
- Patients currently had access to Saturday morning clinics and internet appointment booking but with an extended team more evening and weekend surgeries would be offered.

Observations and questions were raised and discussed including:

- Can you inform the Commission what extended out of hours access you would offer if Option Three were taken forward? *The Practice would aspire to offer extended access if patients wanted this but it would be up to the PCT if they wished to commission this service. The Chief Executive, Peterborough Primary Care Trust advised Members that the PCT would consider all suggestions throughout the consultation on how access could be improved.*
- Members were concerned about the PCT's commitment to provide an out of hours service.
- Had a site been identified for the new combined surgery? *Two sites were currently being looked at which were adjacent to each other.*
- Members commented that people were concerned that they were not being listened to. If surgeries were to close would there be enough service provision for the future of the whole City. *The PCT were committed to listening to people through the consultation process and wanted to ensure that a sustainable health care service providing the right balance between prevention, treatment and care would be put in place. The duty of the PCT was to maximise the health care services within finite resources.*
- Option Three would take a large amount of resources. Members were concerned that the outlying surgeries would suffer and there would be a gap between what would be offered in the City Centre and at outlying surgeries. *Rural Access was a valid point and would be taken into consideration on a case by case basis.*
- Councillor Burton, Ward Councillor for Werrington South sought clarification around the closure of surgeries to provide expansion of others. *There was a budget for every registered patient. If a practice were to close then the budget for those patients would transfer to another practice. Every time a new patient registered a new budget was created.*
- Councillor Burton also felt that there was a limited range of options for consideration in the consultation and that a wider range should have been offered. *There had been a process of looking at several options but had only included options that were conceivable for delivery in Peterborough. If other viable options become available through the consultation then they would be considered.*
- Councillor Fitzgerald, Cabinet Member for Adult Social Care addressed the Commission advising that he sat on the Board of the PCT and therefore was already engaged in the consultation process. He advised that he had discussed other options with the PCT. He commented that the consultation was not about Alma Road and the surgery but about the removal of a walk in facility located at Alma Road. Option Three removed the facility to go and see a GP at any time. An issue was that people went to the Alma Road facility because they were not able to get an appointment at their own GP practices. Where would these people go if the service was removed? He felt that this service should not be removed unless the other GP Surgeries changed their working practices to accommodate their patients.
- The PCT responded that there was capacity in other surgeries around Alma Road to take the 2000 registered patients that would come from Alma Road. Data showed that the Alma Road walk in centre was mainly used by local residents and was not in general being used as a City wide service. The satisfaction rates of GP surgeries varied across Peterborough. Practices that were not performing so well had been looked at and improved practices put in place. The PCT were looking at improved access to Primary Care in general.

- Members of the Commission wanted to know what the primary reason was for putting the Alma Road Surgery in place originally. *It was a national initiative and every Primary Care Trust had been required to have one of these centres in place.*
- Members commented that the reason the Government had put these centres in place was to give patients choice.
- Have you looked at any other parts of the country where one of these centres had been closed and what impact it had on Accident and Emergency? *There were other places across the UK that had closed their centres and the impact of this could be looked at. Other data sources were being used to make a judgement about closing the Alma Road surgery.*
- What will happen if GP's are given more power and they decide not to have longer opening hours? *The GP budget of £23m would not be handed over to General Practice this would be held by a local arm of the National Commissioning Board who would provide the function that the PCT currently provided and hold practices to account for their services.*
- What happened to the Section106 monies from planning that the PCT received and why was it not being ploughed back into run down surgeries? *The monies contributed were not sufficient to fund a whole new practice scheme and only addressed new population areas.*
- Dr Rupert Bankart Lead GP from Alma Road surgery advised that the PCT had promised two years ago that they would provide a new building at the Alma Road site but this had not happened. There was therefore concern that the promise of new surgeries within the proposals might not happen.
- There were approximately 22,000 walk in appointments per year at Alma Road and they came from all over Peterborough although the majority came from the local area. There were circa 45,000 per year walk in appointments that went to the City Care Centre. Members were concerned that the City Care Centre would not be able to cope with the additional walk in appointments if Alma Road closed. *The PCT did not expect that all 22,000 patients would go to the City Care Centre. In hours it would be expected that patients would go to one of the neighbouring surgeries. It was difficult to say exactly how many would go to the City Care Centre.*
- Members felt that a lot of the time people used the walk in service because they could not get an appointment with their own GP. Under Option Three there would be a reduction in the service at the walk in centre by only opening 8.00am to 8.00pm which would mean people would go to A & E which cost more per person. Where would people go with sports injuries? *There would be a minor injuries unit.*
- Can you explain what is meant under Option Three by 'Greater focus on emergency and life threatening cases 8.00am – 8.00pm under the Hospital Emergency Department. *During the time that the minor injuries unit would be open they would focus on cases that came in with a serious illness therefore taking the pressure of the A & E department.*
- Members were concerned that by investing in new super surgeries the rest of the health care system across the city would suffer particularly in the Rural areas. *Patients from lots of surgeries were suffering because of lack of access these proposals were about improving primary care access across the City.*

Councillor Peach, Ward Councillor for Park Ward addressed the Commission.

- How many copies of the consultation document in different languages have been sent out? *The translated document had been emailed to all surgeries and hard copies had also been delivered. The exact figures were not available but could be provided the following day.*
- There was no return slip provided with the translated documents. How were people responding? *People responded via different methods for example letter, email and via phone using translators these were all recorded as part of the consultation.*
- Alma Road was one of the highest in the City for Clinical Quality (score of 623 out of 624 in a CQ evaluation in 2011). Why therefore was there a proposal to close it. *This was only one element of the service and other data needed to be taken into consideration.*

- Alma Road provides excellent value for money. It has been effective at converting 1700 walk-in patients to registered patients. How do you plan to ensure that patients change their behaviour and go to where they are supposed to go? *There would be a communications campaign that would also be reflected at the entry points to the NHS. This would be reinforced when communicating with patients.*
- The PCT will not exist much longer. How can the PCT guarantee that this strategy will be delivered when it has gone? *There was a national expectation to change and improve NHS services. There would be a careful legacy process from the PCT to the National Commissioning Board. The current clusters would be the local officers of the National Commissioning Board and therefore would ensure continuity. This should not be confused with GP Commissioning.*
- Councillor Peach felt that the PCT were relying on expected savings of the proposed closure of Alma Road to fund the practice developments in other areas of the city. The removal of Alma Road surgery would provide a major short fall in capacity and that the service at Alma Road should be grown instead of being closed.
- Members were advised that there had been at least twenty meetings for people to express their views, 16000 patients had been written to, 10,000 full documents had been sent out and 5,000 to 6,000 translated documents. All views and comments received would be taken into consideration.
- Councillor Fitzgerald felt that combining the Primary Care and Urgent Care review under the same consultation had clouded the issue and that it would have been better to separate them. *Dr Caskey advised that it was integral to have a combined consultation. Urgent care was delivered by every practice across Peterborough. The strategy was about maximising the opportunities for better patient care for the maximum number of people within the limited number of resources we have.*
- Members felt that the new surgeries proposed were required but the ability for people to have access to a GP as provided currently by the Alma Road surgery should still be provided and suggested that another option could be for the new combined surgeries to offer this service.
- Members commented that the way the consultation document was constructed might lead people to choose Option Three. There were very detailed questions around Option Three but not around Option Two. *The questions had been independently provided and. The consultation document gave the opportunity for people to make their views heard and provide a good record of what they had said. It provided plenty of opportunity for people to comment on all the options and also suggest other options.*
- Members wanted assurance that under Option Three the phasing for the new combined practice for Lincoln Road and North Street practices, the new GP practice at Dogsthorpe combining three practices, the expansion of the Orton Bushfield practice to support the closure of the Orton Medical practice, the new GP practice at Hampton would all be in place before there were any closures. *There were already open lists to take on the extra capacity of patients therefore it was not necessary to build the new premises before the closures. The PCT were however committed to building the new premises.*

Members of the public addressed the Commission. Key points raised were:

- There was concern that there was an increase in drug problems in the City and wanted assurance that if Option Three were to be chosen there would be expertise available to deal with this.
- Services South of the river also needed to be looked at.
- Hospitals, GP's and Consultants needed to work closer together.
- There was a need to concentrate on the health care needs of the chronically sick and where the health care services were needed. Limited resources needed to be used cost effectively.
- There was concern that most of the discussions were about Alma Road.

- The building at 63 Lincoln Road was in great disrepair and whilst the quality of care was very good the building was not. This needed to be addressed. Patients were very important and their needs should be foremost.
- Patient medical care was of great importance and Option Three would address this.
- Translated documents had been received at 63 Lincoln Road surgery.
- Alma Road surgery was not situated in a safe place and there was no parking available.
- A member of the public was disappointed in the PCT consultation and felt that they had not provided the evidence to back up their proposals.

The Chair thanked all contributors to the discussion for their comments, suggestions and issues raised. The Chair requested that the PCT take the comments, suggestions and issues raised at the meetings held on 14 and 27 June 2011 into account as part of the consultation process.

ACTION AGREED

- i. That the Commission support the consultation and
- ii. That the PCT return to a meeting of the Commission on 13 September 2011 to provide a report on the outcome of the consultation including any recommendations to the NHS Peterborough Board. The Commission will then consider all responses to the consultation prior to submission to the NHS Peterborough Board on 21 September and a final decision being made. The Commission would then provide a formal response to the consultation.

Due to the time of day and length of the meeting Items 6 (Review of Work Undertaken in 2010-2011 and Work Programme for 2011-2012) and 7 (Forward plan of Key Decisions) on the Agenda were noted as read.

CHAIRMAN
7.00 - 10.15 pm