

**MINUTES OF A MEETING OF THE SCRUTINY COMMISSION FOR HEALTH ISSUES
HELD IN THE BOURGES & VIERSSEN ROOMS, TOWN HALL, PETERBOROUGH
ON 19 JULY 2010**

Present: Councillors Rush (Chairman), Nash MBE, Stokes, Peach, Khan, Sandford

Also present Annette Beeton LINK Representative
Councillor Jamil Ward Councillor
Councillor Sharp Ward Councillor

Officers in Attendance: Denise Radley Executive Director of Adult Social Services
Caroline Hall Deputy Director of Finance, PCT
Paul Whiteside Director for Strategic Change, PCT
Paulina Ford Performance Scrutiny and Research Officer
Michelle Abbott Lawyer

1. Apologies

Apologies had been received from Councillors Lowndes, Arculus, and Fower and Councillors Peach and Sandford were in attendance as substitutes. Apologies had also been received from Diana Millard, LINK representative.

2. Declarations of Interest and Whipping Declarations

There were no declarations of interest.

3. Minutes of the Meeting held on 14 June 2010

The minutes of the meeting held on 14 June 2010 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. Draft Protocol Between the Scrutiny Commission for Health Issues and the Peterborough Local Involvement Network (LINK)

The Scrutiny Officer reported to the Commission on the proposed protocol and working arrangements between the Scrutiny Commission for Health Issues and the Peterborough Local Involvement Network (LINK). The Protocol set out an agreed process for dealing with referrals between the Peterborough LINK and the Scrutiny Commission, and clearly set out each body's commitment to working together to promote the general health and wellbeing of the residents of Peterborough. The draft protocol had been considered by the LINK and had been approved. The Commission were asked to consider the protocol and formally approve the agreement.

Councillor Khan requested confirmation of the Commissions terms of reference with regard to Call-In requests and decisions made by the PCT. The Scrutiny Officer advised that the Commission had the right to call-In decisions made by the Executive of the Council but not to call-in decisions made by the PCT.

The Commission approved the draft Protocol.

ACTION AGREED

That the Commission approve the draft Protocol.

6. NHS Peterborough Budgetary Monitoring - 2009/10 Outturn

The Executive Director of Adult Social Services presented the report in the absence of the Interim Director of Finance of the Primary Care Trust (PCT). The report provided the Commission with the 2009/2010 audited financial outturn of the PCT. The bottom line figure showed an overspend of £12.832M in 2009/10 and how this occurred. The Executive Director of Adult Social Services advised that the PCT had a turnaround plan in place and this sought to make around £24M savings in this year.

Observations and questions were raised and discussed including:

- Members noted that the Corporate Services and Management structure budget figure was £13M but the actual figure was £14.5M. How did this compare with the administration costs of other Primary Care Trusts in this part of the country and how much of that figure was involved with employing external consultants – not medical consultants. Members were advised that the £14M was not all staff costs and some was for the running costs of premises. Peterborough's costs are high although it is difficult to compare as the PCT covers adult social care as well, which other PCTs do not. A strong focus of the turnaround plan was to look at reducing management costs. No information was available at the meeting on costs of consultants but the officer offered to provide this at a later date.
- Members wanted to know why the PCT had under spent against capital resources. Members were advised that capital funds had to be bid for 4 or 5 months before the start of the financial year. At that time it was anticipated that they would develop a permanent infrastructure for primary care. Plans had changed and the full amount was not now required.
- How would the new government's initiatives affect the PCT? Members were informed that a white paper on the National Health Service had been published within the last week and it outlined significant changes to services. There were still a number of detailed documents to be received giving the detail of these changes. The Commission would receive a report on this at its September meeting.
- Why was the budget overspend not being monitored through 2009/2010 and appropriate action taken? The Commission were advised that there were a number of factors for the overspend, one being the budget setting process. There was reporting to the PCT Board and other bodies but some of the concerns were not spotted early enough and plans to mitigate those issues did not have an impact early enough. Governance was now more robust and a Finance and Performance Committee had been set up. It was being taken extremely seriously and was being monitored very closely. The Board met monthly and the reports were published on the website for public viewing.
- Members confirmed the continued need to receive very regular reports on the turnaround plan and to be kept informed of any changes as early as possible. The Commission would receive a further update in November.

ACTION AGREED

- (i) That NHS Peterborough continues to report regularly to the Commission on the progress of the NHS Peterborough Turnaround Plan. The Commission requests that any significant changes should be reported to the Commission as soon as they happen.
- (ii) That the Deputy Director of Finance provides the Commission with the number of non medical external consultants that are being employed by the PCT.
- (iii) That the Executive Director of Adult Social Services presents a report to the Commission in September on the Government White Paper "Equity and Excellence:

Liberating the NHS [National Health Service],” and the impact of the proposed changes.

7. Peterborough Safeguarding Adults - Quarterly Report

The Executive Director of Adult Social Services presented the regular quarterly report on work regarding Safeguarding of Adults. Since the last report there had been improvement and changes to data recording. National reporting requirements had changed and it was now reported from a single client data base which allowed reporting on more areas. There was now more information on outcomes and better quality of information. Allegations were now either categorised as substantiated, not substantiated or partly substantiated and cases were closed on that basis. Further work was required to investigate some cases that were taking longer than expected to close. The average levels of referrals were 22 to 25 a month for Peterborough with the highest proportion of referrals coming under the physical disability or frailty category as it covered all age groups. The Adult Safeguarding Board which oversees the action plan agreed at its meeting in April that the action plan would be refreshed and separated out into an improvement plan and a further work programme.

Questions and observations raised by Members

- Were there any checks in place to make sure vulnerable people were getting all the information they needed. Members were informed that there was a lot of work happening around increasing awareness in these groups and additional work around raising public awareness.
- Were people who needed safeguarding services fully involved in and in control of the safeguarding processes? Members were advised that on an individual basis people were fully involved in the decision making processes around the services they received; however more work needed to be done by the Safeguarding Board as it was a sensitive topic. A face to face interview survey had taken place but this had produced limited responses however the results were being used to improve services. A carer had also been invited to join the Board to bring in their views.
- Did the Board have the resources to deliver the improvement plan? Members were advised that the Council had invested an additional £1/2million into adult safeguarding work to provide the necessary level of investment. One of the key areas that the money had been used for was to put in place a completely redesigned team. Job adverts were about to go out for highly specialised roles which required extensive experience in this area. The Safeguarding Board also had excellent partner engagement and sign up to the Board across a wide range of organisations.
- Did all the staff still receive the appropriate training? Members were advised that all staff received appropriate training and that a programme was agreed every year by the Board and was adjusted to changing legislation and needs. There was basic awareness training for everyone which Members could also receive.

ACTION AGREED

The Committee noted the report.

8. Walk-in Services

The Director for Strategic Change for NHS Peterborough introduced a report informing the Commission of NHS Peterborough's proposed consultation on the future provision of services at the Alma Road surgery with the PCT's recommended option being to close the service. A review of all services had been undertaken and in particular urgent care services and the walk-in centre which had opened in Alma Road in April 2009 was part of these services. The conclusion had been reached to close the Alma Road service based primarily on the fact that there were duplicative and similar services close by. Services for patients and choice for patients would be maintained whilst closing Alma Road. Alma Road offered

services to registered patients for primary care and a walk-in service for registered and unregistered patients. There were currently 11 other GP practices within one mile of Alma Road who offered registered services in the area, 10 of which had open lists and offered extended hours but not from 7.00am to 10.00pm. The City Care walk-in service, which was nurse led, offered a similar service and was just over one mile away from Alma Road. There would be a consultation period of 8 weeks and 2 public consultation meetings during August.

The Director for Strategic Change had been advised by the providers of the services at Alma Road prior to the meeting that there were more up to date statistics available since the report had been written. The current figures showed an increase in registered patients since April 2010 from 400 to 610 on 12 July. The current monthly rate of attendance at the walk in centre was closer to 500 per week than the stated figure. The consultation paper would be amended to reflect this new information.

Questions and observations raised by Members

- Local ward councillors advised that they had not been informed on the proposal.
- Alma Road was opened in April 2009 and was gaining patients daily. If the target of 2000 patients was to be reached would the consultation be stopped and no further action taken. The area in which the practice sits was an area of growing population.
- If this was a genuine consultation why had the doctors been given notice to close before the consultation had started?
- At a recent event at the Town Hall where several GP practices were represented including the Alma Road practice, they were offering services to people who were currently registered with the Sergeant Street surgery which was due to close. Why was Alma Road Surgery represented at this event when it was being considered for closure?
- Even though the Alma Road practice was only set up 18 months ago the report indicated that there was over provision in the area. Why therefore did ward Councillors receive complaints from people saying that they found it hard to get appointments and had to wait so long at their own doctor's surgery?
- Members felt that in general the financial management and strategic direction of the PCT would continue to be poor. With regard to the closure of Alma Road it would be better to look at the other surgeries that were in older buildings with inappropriate facilities to close rather than a brand new building such as Alma Road.
- How many more services were going to be closed?
- Alma Road was opened in response to the report by Lord Darzi regarding availability of GP services. The centre gave access to GP services 7 days a week from 7.00am to 10.00pm.
- The report stated that Alma Road offered a duplication of services. The City Care Centre was not a comparable service as it only offered a Nurse Practitioner service when Alma Road offered a GP service. The other GP practices listed did not offer extended hours from 7.00am to 10pm. The service at Alma Road was open to all people across Peterborough.
- The Alma Road service was originally commissioned on the basis that it would provide services for 2000 registered patients and 350 on a walk in basis. The primary reason for Alma Road was to offer an extended walk in service for anyone who wanted to use it outside of normal GP hours. If the current walk in figures were over 350 then they were reaching their target.
- The report mentioned options 1 and 2 and talked about the benefits of Option 1 but did not talk about the negative aspects. The consultation document stated that the service was underperforming and yet the PCT say that the closure was not about performance. The current figures showed that the service was over performing. Both sides of the argument should be listed in the consultation paper along with accurate statistics. Statistics should also be given on the other GP practices listed.
- The distance of 1.12miles to the City Care Centre did not seem accurate. How had it been measured?

- Had the PCT considered the future of all the surgeries listed in the consultation paper?
- What other services had been looked at? Was this proposal based on saving costs rather than provision of services?
- The impact assessment showed that all groups would be impacted by this closure and it did not take into account the impact of closing this service, whether it was positive or negative.
- How serious or sincere were the PCT about this consultation as the service providers had already been given notice to quit and the consultation only promoted the closure of the practice. No case had been made for the benefits of retaining the Alma Road service.
- The Consultation, Communication and Engagement Strategy stated that Dr Michael Caskey (GP at the Park Medical Centre) was NHS Peterborough's Clinical Change lead clinician. Was this a possible conflict of interest as he would have the potential to gain from the closure of Alma Road?
- When the consultation had been completed and if it showed that the people did not want it to close what would happen next?
- If Alma Road did close would the City Care Centre be able to cope with the extra number of people that would have used Alma Road?
- This consultation document did not provide a fair and unbiased consultation as it appeared to be skewed towards one option. The document was an argument towards a particular outcome and not a consultation.
- There was concern that as this was a major closure of services the interim Chief Executive chose not to attend the meeting.

Questions and observations raised by members of the Audience

- Cllr Sharp who had previously sat on committee that had initially looked at the Alma Road project when it had first opened addressed the Commission. He advised that the needs of the area at the time the facility had opened had included a requirement for services for vulnerable groups, ethnic minorities and extended out of hour's services. It had been established to take the pressure off A & E and doctors in the area.
- Cllr Jamil commented that no one had talked about the patients. There had been a need for the centre 18 months ago and this need had not changed. As the population was continuing to grow there would continue to be a demand for the centre. At the Centre patients were able to get to see a doctor when needed and this was what people wanted. The consultation document did not bring this out.
- Rob Longhurst, part of the Management Team at the Alma Road Care centre, addressed the Commission to advise that they worked in partnership with the PCT to deliver services. There were currently 650 patients registered against a first year target of 1000. Over 100 patients were registering each month and with the Sergeant Street surgery closing the number was rising. The current run rate was 3660 consultations a year which equated to £32.62 per patient visit. Patients had advised that they used Alma Road because they could not get appointments at their normal practice, came to the Centre on foot, or because many were transient residents who were not registered anywhere. Some residents from other countries did not understand the concept of registering with a practice and were used to walk in type services in their own countries. Many came out of hours at weekends and in the evening. The availability of the walk in facility at the City Care Centre needed to be clarified as there was a rumour that it would also be closing in the future. If the Alma Road services were not available and if one third of the Alma Road patients went to A & E then there would not be a cost saving as A & E cost £89 per patient visit.
- A local resident made a statement saying that the consultation document was badly written and the two public consultation dates had been scheduled for the middle of the summer holidays when people would be away. He was concerned as to how people would get to the City Care Centre when the buses had stopped running in the evening. Where had the Government funding gone that had been put aside to run Alma Road?

- The Chair of the Peterborough Pensioners Association commented that the Peterborough District Hospital site would soon be demolished and houses built on it which meant that even more people would be using the City Care Centre.
- A local resident made a statement and asked why the PCT wanted to close a thriving centre as people of all nationalities attended Alma Road. She asked if the PCT were going to pull the Centre down and sell the land for development.

The Director for Strategic Change responded:

- Whilst reviewing all the services and before consulting with anyone a recommendation had been reached. Now that a recommendation had been made the consultation could start and the Scrutiny Commission was the start of that consultation process.
- It was unlikely that the target number of 2000 registered patients would be reached going on the numbers who had registered over the past 18 months.
- Contractual notice had been given to the current provider as legal advice had been taken which stated that the PCT would be able to give notice to the current provider without prejudicing the consultation. The consultation was on whether or not the public agreed with the recommendation to close the service and the provider of that service was a separate matter. It was an open consultation to see what ideas people came up with. If people felt that the decision was correct to close the service then the PCT would not have wasted time by having to give notice to the providers at that point.
- There had been a review of all the urgent care services and there was a need to make rapid changes to the whole health economy. The PCT were moving as quickly as was reasonably possible whilst following due process and procedure. There was no pre judgement on what would be done with Alma Road.
- If there were specific complaints about not being able to get appointments and length of waiting times then the primary care team would be happy to look into those.
- The Director's job was to make the best use of the money available in the current financial position. He had to look at all of the services and this proposal seemed rational when taking into consideration all of the services available within the area.
- The main reason why the recommendation was being made was due to the duplication of similar services in the area and was not a question of performance. However not enough people had registered at Alma Road and when the paper was being written the most up to date figures had been used. It was only today that the service provider had advised that more up to date figures were available and these would be included in the consultation paper. Further information was also available on the other GP practices which could be included.
- The distance provided for Alma Road to the City Care Centre was as the crow flies.
- The current situation at all of the other surgeries in the area had been taken into account and the PCT had no further knowledge or information that would impact on the argument that had been put forward.
- The PCT were under a duty to do the best with the money that was available regardless of the financial situation. The previous Government's policy was to provide a flexible GP service but the government and financial context had changed and it was now necessary to make decisions within the current context. Duplication of services and tax payers' money was relevant to the recommendation made.
- Part of the rationale for closing Alma Road was that there were similar local services that all groups could access and there was a high concentration of GP practices in the area.
- The PCT were serious about the consultation and had not prejudged the outcome.
- With regard to the involvement of Dr Caskey, he was a respected clinical leader and adviser to the PCT on a wide range of clinical issues. The potential conflict of interest was very small and any conflicts of interest would have been declared. Dr Caskey was one member of a large number of GP's in the locality who may or may not benefit in a small way from this proposal.
- If the outcome of the consultation was not to close Alma Road then the PCT would need to keep reviewing the position and develop other options.

- The City Care Centre should be able to cope with the extra numbers of patients if Alma Road was closed as it was not being fully used at the moment. There were experienced nurses at the City Care Centre dealing with lots of people with urgent care needs and they would refer them on if necessary. The PCT did not believe it would put extra pressure on other services if Alma Road was to close. The consultation was based on similar services being offered for patients.

RECOMMENDATIONS

That having considered the Walk-in Services report and consultation document, the Scrutiny Commission believe that the 'The Right Care at the Right Time' consultation document is not fit for purpose for the following reasons:

- Statistical information with regard to the number of walk in patients and the number of registered patients for GP services at the Alma Road Primary Care Centre requires updating.
- The consultation document appears to be steering consultees to one particular option and does not provide a fair and balanced view.
- The document does not give detailed information on alternative options.
- The consultation document did not include details of the actual distances from the Alma Road Primary Care Centre to the other GP surgeries mentioned in the document and the City Care Walk In Centre;

Due to these concerns the Scrutiny Commission is unable to make a view on the proposals at this time.

The Commission therefore recommend to the Chief Executive and Chairman of NHS Peterborough that:

- (i) The consultation document is revised to incorporate the additional information highlighted by the Scrutiny Commission and to reflect their comments.
- (ii) That the revised consultation document be submitted to members of the Commission before being sent out for further consultation within two weeks of the date of the meeting.

9. Forward Plan of Key Decisions

The Committee received the latest version of the Council's Forward Plan, containing key decisions that the Leader of the Council anticipated the Cabinet or individual Cabinet Members would make during the course of the following four months. Members were invited to comment on the Plan and, where appropriate, identify any relevant areas for inclusion in the Committee's work programme.

ACTION AGREED

The Committee noted the Forward Plan and agreed that there were no items to bring to the Committee.

10. Work Programme

Members considered the Commissions Work Programme for 2010/2011 and discussed possible items for inclusion.

ACTION AGREED

To confirm the work programme for 2010/11.

11. Date of Next Meeting

Monday 13 September 2010 at 7pm

CHAIRMAN
7.00 - 10.10 pm