

NORTH YORKSHIRE COUNTY COUNCIL

SCRUTINY OF HEALTH COMMITTEE

18 June 2010

Work Programme

Purpose of Report

1. The purpose of this report is to provide an opportunity for Members to review the Scrutiny of Health Committee's (SoHC's) work programme taking into account current areas of involvement and decisions taken in respect of earlier agenda items.

Remit of the Committee

2. The role of the SoHC is to review any matter relating to the planning, provision and operation of health services in the County, including Ambulance Trusts and the policies of the Strategic Health Authority. The SoHC plays a key role in helping the NHS to be locally accountable.
3. Broadly speaking the bulk of the Committee's work falls into the following categories:
 - a) Being consulted on issues which the Committee has agreed with the NHS locally are "substantial".
 - b) Contributing to the development of local healthcare policy.
 - c) Responding to national consultations by the Department of Health.

Current and Emerging Areas of Work

4. Areas of work include:

In-Depth Scrutiny Project – Stroke Awareness

Members will recall that a task group led by County Councillor Tony Hall and comprising members from this Committee and the Care and Independence Overview and Scrutiny Committee is taking this work forward.

Key issues that the task group will be examining include:

- How is stroke awareness brought to the attention of the public and how is advice made available on what they should do if a stroke is suspected?

- How is stroke awareness promoted by employers?
- What are the prompts in the triage systems used by call handlers in NHS Direct and in the Out of Hours Service to alert them to the possibility that the caller may have had a stroke?
- How do ambulance services crews assess whether or not the patient has had a stroke and how do they decide where to take the patient?
- How do staff in Accident and Emergency recognise and respond to stroke situations?

Over the next month or so Members will be accompanying staff from the Stroke Association when they visit stroke survivors and their carers in their own homes. Members will be exploring with stroke survivors the extent to which there are things that they know now about suffering a stroke and how to respond to an emergency situation that they wish they had known at the time their stroke occurred.

Strategic Reviews in the Hambleton/Richmondshire and Scarborough, Whitby and Ryedale Areas

Both reviews could lead to changes which are “substantial”. NHS NY&Y has already indicated that Minor Injuries Units in the Hambleton/Richmondshire area are being examined and proposals will eventually be coming forward on which the Committee will be consulted. But as yet no timescales have been announced.

Consultation on Choice of GP Practice

The Department of Health has launched a consultation on how to enable people to register with a GP practice of their choice. The ‘easy read’ version of the consultation, including the response form is attached as APPENDIX 1. Your Chairman is anxious to submit a response on behalf of the Committee but Members can of course submit their own individual response.

At the Committee meeting it may not be appropriate to go through the response form on a question by question basis but it would be helpful if Members commented on the principles underpinning proposals. These comments will then be taken into account in a response on behalf of the Committee.

The closing date for responses has been extended to 2 July 2010.

Review into Travel/Transport Arrangements to Hospital Appointments in Richmond

Richmond District Council Overview and Scrutiny Committee #1 have completed the above review. Richmondshire District Councillor Paul Cullen, Chairman of the Committee presented his review report to the SoHC at a workshop on Thursday 10 June 2010. The outcome of that meeting will be reported orally.

Ambulance Cover in the Stokesley and Great Ayton area

In the autumn of last year your Chairman together with County and District Councillors in the Stokesley and Great Ayton area were consulted on new arrangements for ambulance cover in the area. The arrangements changed from being an ambulance based in Coulby Newham to a paramedic and car based in Stokesley. In accordance with the agreement reached last year the Members will shortly be meeting with representatives from the Yorkshire Ambulance Service to review how well the new service is operating.

Schedule of Committee Meetings for 2010

5. The scheduled meetings in the County Council's diary for the remainder of 2010 are:

2010

- ❖ 10.00am, Friday 24 September
- ❖ 10.00am, Friday 19 November

2011

- ❖ 10.00am, 21 January
- ❖ 10.00am, 8 April

6. Venues for the meetings are to be decided.

Recommendations

7. That Members review the Committee's work programme, taking into account the outcome of discussions on previous agenda items and any other healthcare developments taking place across the County.
8. That the Chairman, Councillor Dadd, be delegated authority to respond to the consultation on choice of GP practice on behalf of the Committee.

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08 June 2010

Background Documents: None

Your GP, your choice, your say

A consultation on how to enable people to register with the GP practice of their choice



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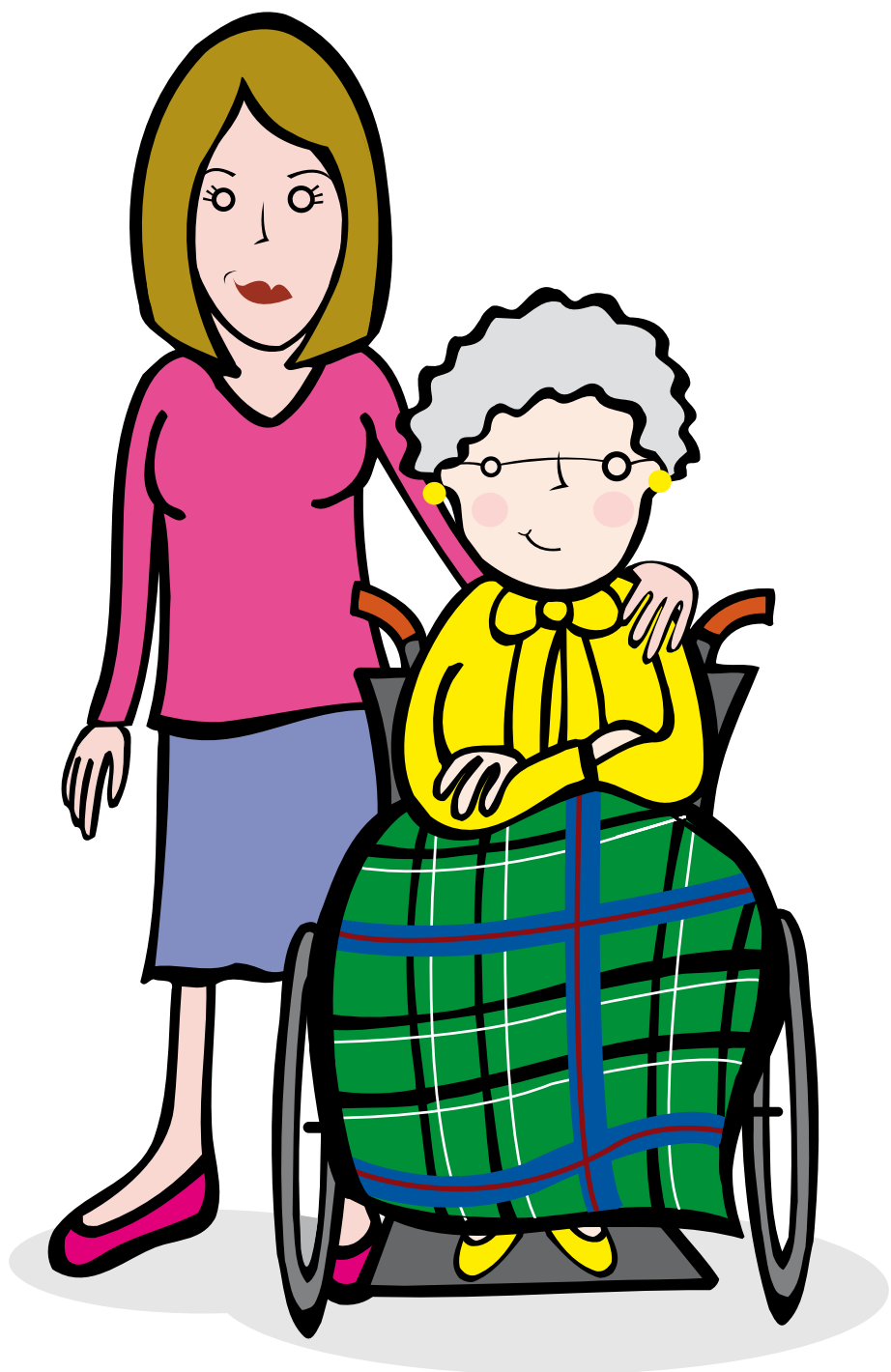
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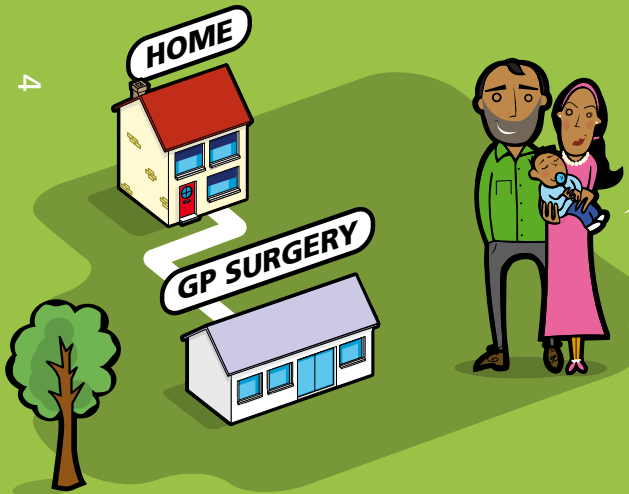
Introduction

Most people want a GP practice that's near where they live. But some find it difficult to see their GP – for example, people who work full-time and can't get to a practice near their home during the day. Other people would like to be able to choose a practice they prefer because it has longer opening hours or different services available.

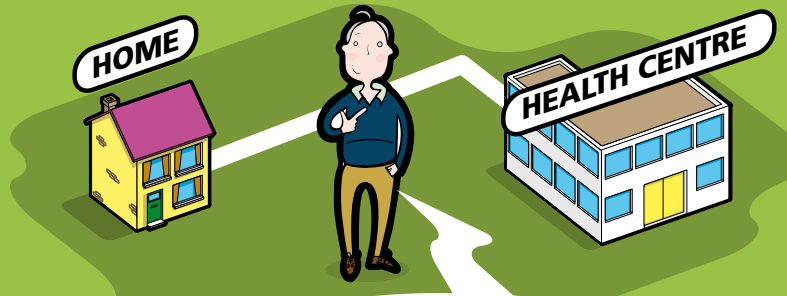
At the moment, people have to choose a GP practice that's close to them and make sure they live within its catchment area. But the Government is looking at options to change this, so people can choose a GP practice that best suits their needs.

We've created four characters who have different needs from their GP practice. You can use their stories to help you understand the current problems some people experience and the different options for improving people's choices in the future.

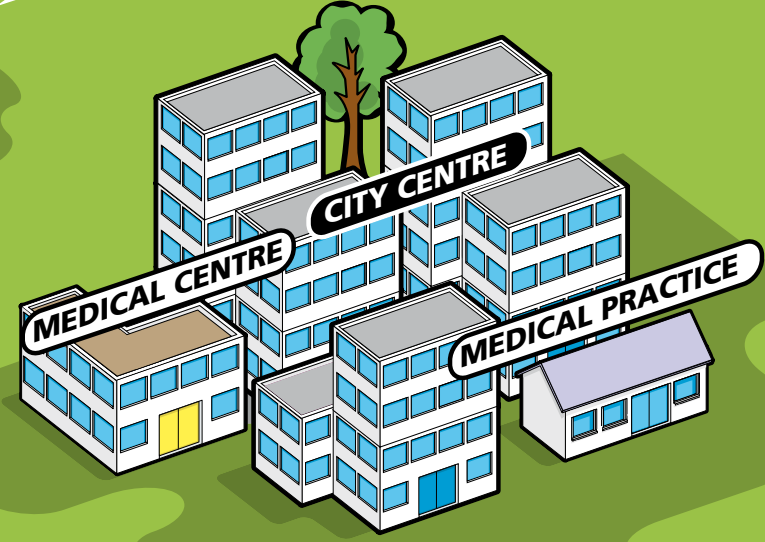




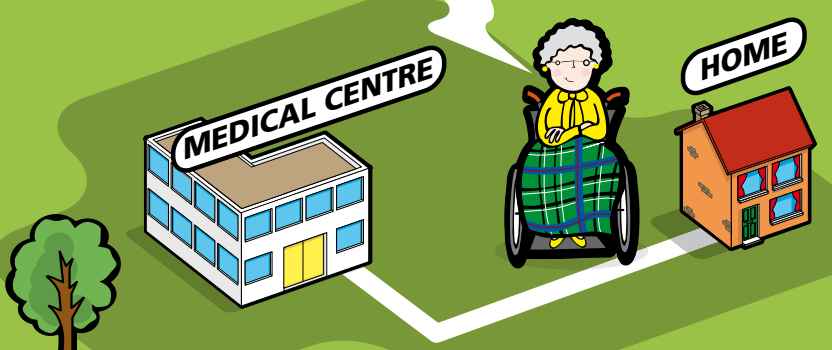
We've moved from the city and have had to register near home. We want to see our old doctor but they said we live too far away.



I work long hours in the city. It would be much easier for me if I could register at the medical practice near work, but I don't live in the catchment area.



I live close to my Medical Centre but I want to see a specialist doctor at a different GP Surgery. I'd like to register there but they have said I don't live within their boundary.



I'm not particularly happy with my current medical centre and want to go to the surgery that my friends are registered at, but the receptionist said I live outside of their catchment area.



Ali

"My family and I have recently moved from near the city centre to the outskirts. We've been with a practice in the city centre for a while and I really like being able to get an appointment after I finish work at seven – plus the fact that I can see a doctor who speaks Bengali! My family and I want to stay with this practice, but I've been told that we live too far away now."



Mabel

"I'm 65 and I suffer from chronic back pain. I've also had asthma for the past 40 years. I sometimes struggle to get to my GP and occasionally they have to visit me at home."

It's quite hard for me to get to see a specialist or a physiotherapist about my

back. I was talking to a friend the other night who mentioned that there are GPs who specialise in back problems like mine.

I did a bit of research on the internet and found out there's a doctor a few miles away from me who specialises in my condition. I'd like to register with this practice but I can't because they say I don't live within its catchment area."

Linda

"I've been at the same GP practice for years, and it's lovely to talk to a doctor who knows all about my health. It's just down the road too, but I'm really disappointed with the service these days. If I want to make an appointment, I have to ring at 8 o'clock in the morning and see if there's a slot free. I can't book an appointment say for next week, I have to ring the day before by which time, they've all been taken."

I don't feel this is treating me very well. Also, I want to be able to see a woman

doctor if I need to, and sometimes there isn't one available.

I've got some friends who are with a practice about a couple of miles away and they're really pleased with it. It's got a flexible appointment system which means you can choose a time that suits you, and you can book on the internet rather than trying to get through on the phone."

I'd really like to register there but I'm outside the catchment area.



Rob

"I travel 25 miles every day to work. When I get up in the morning, my GP practice isn't open yet, and by the time I get home from work, it's closed again. It's difficult for me to take time off work and I certainly don't want to have to drive 50 miles in the middle of the day to see the doctor."

I've had insulin dependent diabetes for the last six years. My last check up showed that my long-term control is fine but on occasions I can have a run of low blood sugars and I want to talk to a practice nurse about this.

I've heard that there's a GP practice down the road from where I work, but I've been told I can't register there because I don't live in the area."



How does GP registration work

At the moment, anyone living in the UK can approach a GP practice and apply to join it as an NHS patient. Practices can decide whether to accept each new patient. If they refuse, they must have a good reason for doing so. The most common reason for practices to refuse is because the person doesn't live within the catchment area.

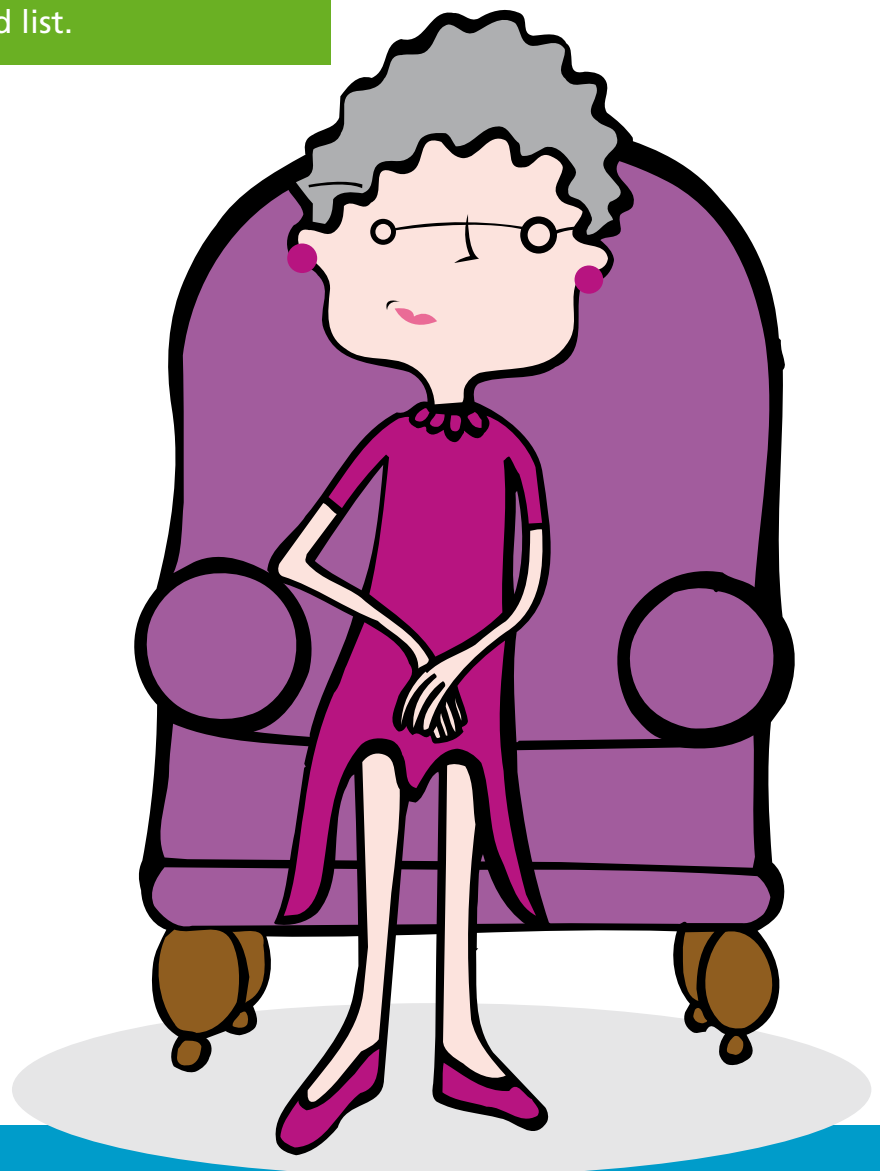
Catchment areas were put in place when the NHS was created in 1948. One of the reasons for having them was to help GP practices manage their workload, especially home visits.

When a new contract for GPs was introduced in 2004, it created new ways for GPs to manage their workload. For example, they don't have to look after their patients during the evening and at weekends. This means GPs are not so dependent on catchment areas to keep their workload within limits.

Today, the main role of catchment areas is to limit the area within which GP practices must be prepared to visit patients at home during surgery hours if it's medically necessary. Home visits are essential for some people, including those who are housebound and those who have young children.

Open and closed lists

GP practices have a list of patients. If you apply to register as a new patient, you are added to this list. If practices are so busy that they can't take on any new patients, they need to ask their Primary Care Trust if they can formally close their list and refuse any new patients. This is called a closed list.



Why change your GP practice?

Most people are happy or very happy with their GP practice, but some may want to change for a variety of reasons. For example, if:

- you have moved house and you want to stay with your previous GP practice
- you don't work near your home and want to be able to see a doctor at your GP practice during the day
- you want to see a female doctor
- you want to see a doctor who speaks your language
- you want to benefit from more flexible opening hours
- you want to see a doctor who specialises in your condition

What might stop you changing GP practice?

Usually, it's the catchment areas themselves which prevent people from changing to a new practice. However, there can be other reasons. For example:

- the practice you want to use is full and won't take on any new patients (ie has closed its list)
- you don't have enough information about other practices you could choose
- you might worry that if you change from the doctor you've had for years, you'll have to explain your problems all over again
- you might have difficulty travelling to the practice
- you might not know how to change practice

How GP practices are already changing

To reflect the changing needs of patients, the NHS is already introducing some improvements. These include:

- ensuring more practices are open longer
- establishing new GP surgeries to fill gaps
- establishing new walk-in centres and GP health centres where people can go without being registered and which are often open in the evenings and at weekends
- helping GP practices to respond better to patients' needs, for example by making it easier to book appointments
- providing more information about local health services and letting people comment on their GP practice through the NHS website

Helping people choose the practice that suits their needs

The Government is looking at ways to remove catchment areas so that people can choose the GP practice they want to use. This doesn't mean that the NHS will change the way GP practices work, so that people have to see a different doctor every time they are ill. It's still crucial that doctors and patients are able to build up long-term relationships.

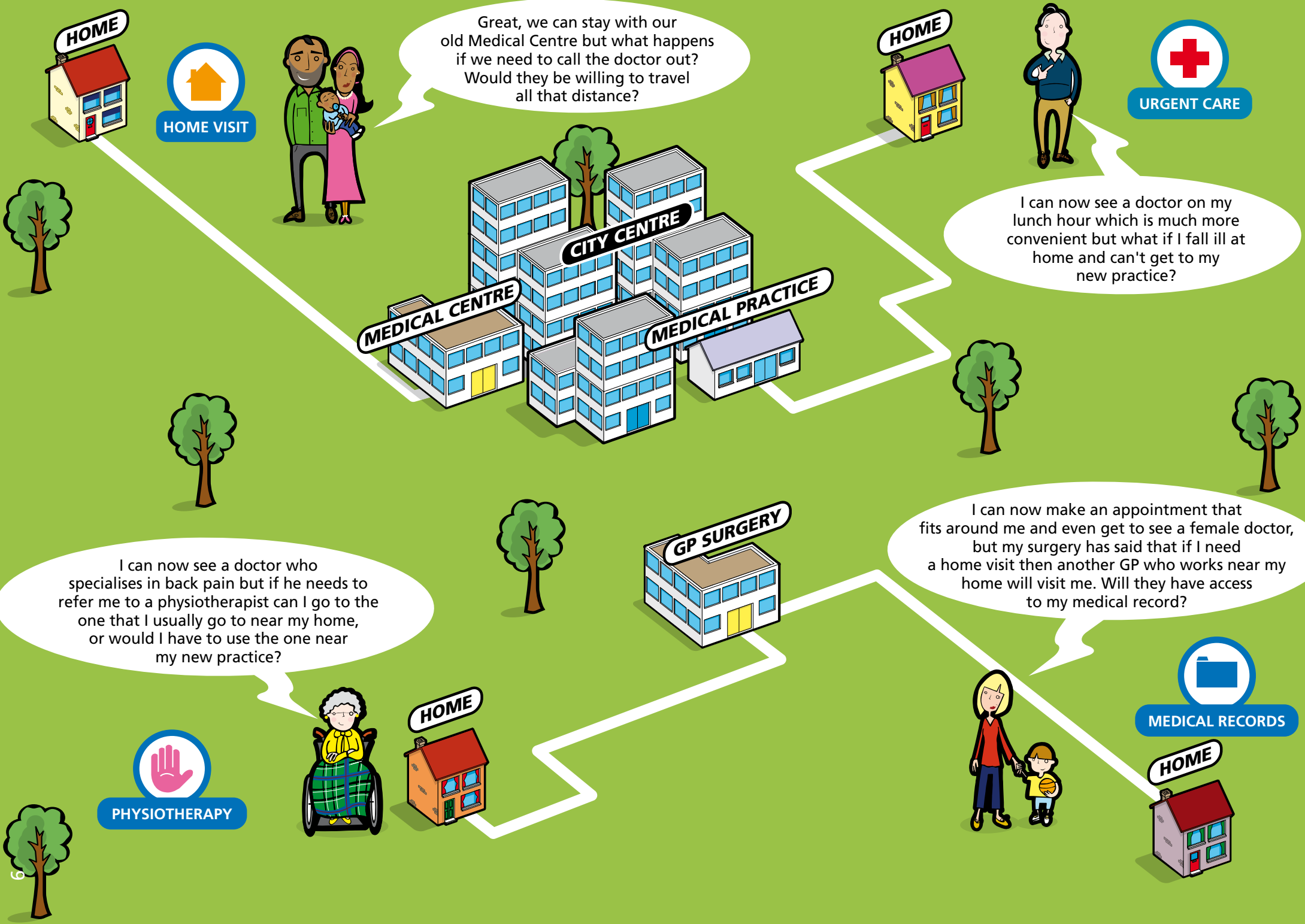
The changes being planned will mean Mabel, Rob, Ali and Linda would be able to register with a GP practice that they want.

In making changes we will need to:

- make sure people who want to stay with the GP they currently have can do so
- give more choice for people who want a different practice near where they live, so they can still receive home visits from their own GP
- make it easier for people to keep the same doctor when they move house
- give people the freedom to register with a practice that isn't near where they live if they want to

Allowing people to register with any GP practice, ie by removing the current system of catchment areas, raises a number of questions, in particular about arrangements for home visits and for access to other services. For example:

- If Mabel registers with a new practice, would she be able to keep on seeing the physiotherapist near to her home, or would she have to go to one near the new practice?
- If Rob registers a long way from his home, where would he go if he was at home and needed to see a GP quickly but couldn't get to his practice?
- If Ali and his family stay registered at the practice near where they used to live, would their doctor be expected to travel a long way to visit them or would someone else nearer their home visit them?
- If Linda changes to the practice that her friends are registered with, she would be losing the relationship she's built up with her current GP. How would she balance this against the more convenient services at her new practice?



Great, we can stay with our old Medical Centre but what happens if we need to call the doctor out? Would they be willing to travel all that distance?

I can now see a doctor on my lunch hour which is much more convenient but what if I fall ill at home and can't get to my new practice?

I can now see a doctor who specialises in back pain but if he needs to refer me to a physiotherapist can I go to the one that I usually go to near my home, or would I have to use the one near my new practice?

I can now make an appointment that fits around me and even get to see a female doctor, but my surgery has said that if I need a home visit then another GP who works near my home will visit me. Will they have access to my medical record?





HOME VISIT

Home visits

At the moment, GPs must be prepared to do home visits during surgery hours if it's medically necessary. Although far fewer home visits are made than they used to be, many patients still rely on them, especially older people and people in nursing or residential care homes.

If home visits are an important part of someone's care and they regularly rely on them, we think these people are likely to choose a practice close to where they live. But so that we can ensure that home visits continue to be offered to everyone, even people who register a long distance from home, there are four possible options.

Option A: someone else carries out the home visit when the patient lives too far away from their practice. This is our preferred option.

This option means that patients who live near their practice would continue to get a home visit from their usual GP, but patients who live too far away would get a visit from a different service and a different doctor, arranged by their local primary care trust (PCT).

Option B: GP practices would continue to be in charge of all home visits, wherever their patients live.

GP practices would in theory have to provide home visits wherever patients live, but are likely to ask (and pay) another GP practice to see one of their patients if they live too far away.

Option C: people would be able to choose to register at two GP practices

Patients could register in two separate practices – one close to where they live, so they could still get home visits if they needed them, and one somewhere else that might be more convenient, eg near work or university. However, this option is likely to be more expensive and cause confusion about who has overall responsibility for patient care.



HOME VISIT

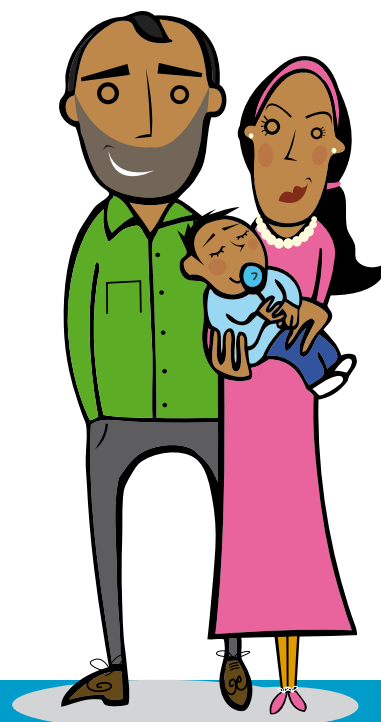
Option D: PCTs would be in charge of arranging home visits for everyone who needed them

This option has disadvantages for people who need home visits. Patients with serious health conditions, and those in nursing or residential care homes, would not be visited by their own GP, even if they live near the practice. This option has been included in order to have a wide-ranging and open debate, but it is not the recommended one.

What are primary care trusts?

A primary care trust, or PCT, is responsible for making sure that your local community's health and healthcare needs are being met. For example, your PCT must make sure that enough services are available and accessible. This includes making sure that there are enough GP (family doctor) services and working with those services to improve care.

See
questions
11 & 12





URGENT CARE

Urgent care

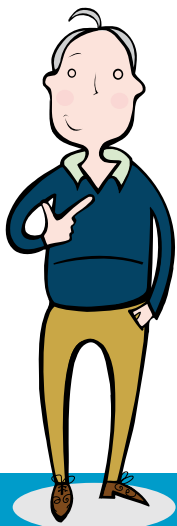
Sometimes people develop unexpected illnesses at home which aren't severe enough to need a home visit, but which make it difficult for them to get to their GP, if their GP practice is a long way away.

If some people choose to register with a GP practice further away from where they live, they may be more likely in this situation to turn to local urgent care services such as A&E departments, minor injury units and walk-in centres. This could cost the NHS more – so the Government needs to consider whether a GP practice should receive slightly less annual funding for patients who live a long way away, compared with patients who live near the practice.

Rob, for example, might catch flu and need to see a doctor but can't get to his practice 25 miles away. He might go to the local GP Health Centre as a walk-in patient. Should his practice still get the same annual funding as it would for a local patient?

It's important to make sure that patients who have chosen a GP practice away from home have good advice about how to access urgent care services close to home. This should include who to contact if they think they need a home visit, where to go if they're ill and how to access a GP out of hours.

See
question
13





PHYSIOTHERAPY

Co-ordination with community-based services

GP practices often refer people to locally-based services such as district nurses, health visitors, mental health teams and physiotherapists. The people who use these services most often are likely to choose a local GP practice that has good links with these other services. However, some people who want to choose a practice away from their home may also want to use these services.

In Mabel's case, if she registers with a practice a few miles away from her home and then needs to see a physiotherapist, her GP will need to discuss two different approaches with her:

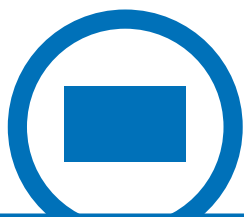
- using the physiotherapist attached to the practice, which will not be near her home, or
- trying to arrange a session with physiotherapy services closer to her home

The second approach may mean more work for the practice, as it will have to find out what physiotherapy services are available near Mabel's home, rather than simply contacting the services it normally uses.

Whatever happens, the GP practice should be responsible for discussing the options with the patient and helping them decide what to do. In addition, PCTs could organise a single point of contact for community services, to help GPs and patients find community services where they need them quickly and easily.

See
question
14





MEDICAL RECORDS

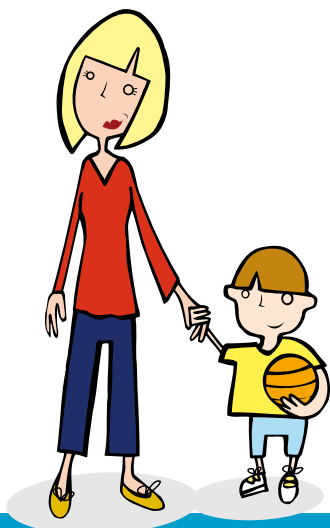
IT and access to medical records

At the moment, people who can't get to their doctor during the day normally use other services such as A&E and walk-in centres for urgent care. These services don't have their medical records.

If some people choose to register at a GP practice further away from where they live, but then make greater use of services near where they live for urgent care or, on occasions, for home visits, there will clearly be advantages if those other services have access to their clinical records.

Summary Care Records

The Summary Care Record will be an electronic record which can be accessed whenever patients need health care. It will contain information on medication, medical allergies, significant medical history and treatment. Patients will be able to open a HealthSpace account so that they can access their own summary record and show it to clinicians when they want or need to. This system could be available in many parts of country by April 2011.



Supporting choice for patients

Patients have the right to choose their GP practice. However, their right to choose can be limited not only by GP catchment areas but by whether practices have room for any more patients, by closed and 'open but full' lists and by the fact that GP practices have the right to refuse patients. Also, patients don't always have enough information about the choices open to them. Whichever way people choose their GP, it's important that these problems are resolved.

Simplifying open and closed lists

Under some of the proposals for opening up choice, some practices (particularly those in city centres) may find lots of people want to register with them. Some may even have to temporarily close their lists to new patients.

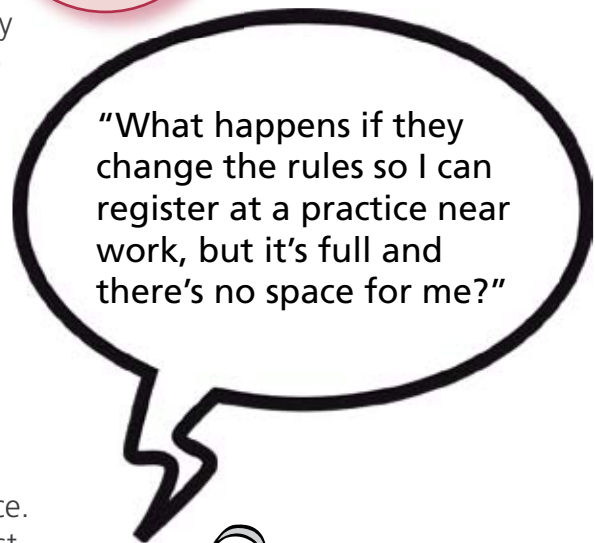
Currently, some practices say they are full even though they haven't agreed this formally with the PCT, which creates confusion. The arrangements for closing lists could be simplified to make sure GP practices follow them properly.

Another concern is that popular practices might fill up with people who live a long way away and leave no room for local people. One possibility would be to tell practices which are nearly full to close their lists first to non-local people.

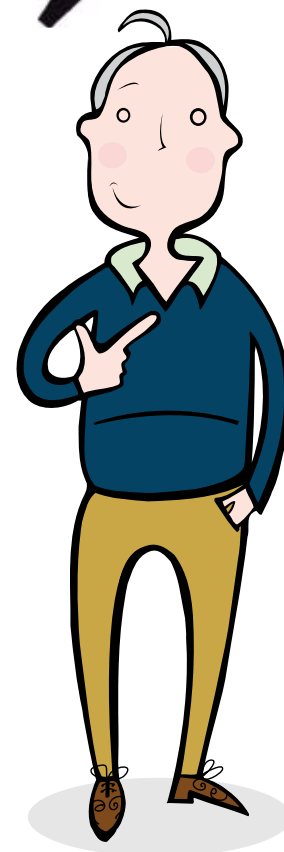
Helping popular practices grow

In cases where popular practices become full, PCTs may be able to help them expand and take on more patients by offering an expanding practice allowance. This allows practices to invest in extra staff, buildings and/or equipment in order to attract extra patients and the funding they bring with them.

See question 16



See question 15



Making the right to choose clearer

At present, practices can refuse to accept a patient onto their list provided the reasons for doing so are fair and non-discriminatory. There's a risk that, even when catchment areas can no longer be used as a reason for not taking a patient, practices may not be consistent in deciding whether to accept new patients. One of the things the Government is looking at in this consultation is whether there should be more explicit patient right to choose. In other words, there would be more tightly defined circumstances where a practice could refuse to take on a new patient such as when the practice list is full or if the patient has a history of being violent towards staff in the practice.

See question 17

"Using NHS Choices made it really easy for me to find a local GP who specialises in my problem. You wouldn't have been able to do that a few years ago."

Giving information more clearly

In the past, there has been very limited information about GP practices. Now, people can rate and compare GP practices on the NHS Choices website. However, there are still ways in which providing information can be improved. For example, people like to receive information in different ways – not everyone wants to use the internet.

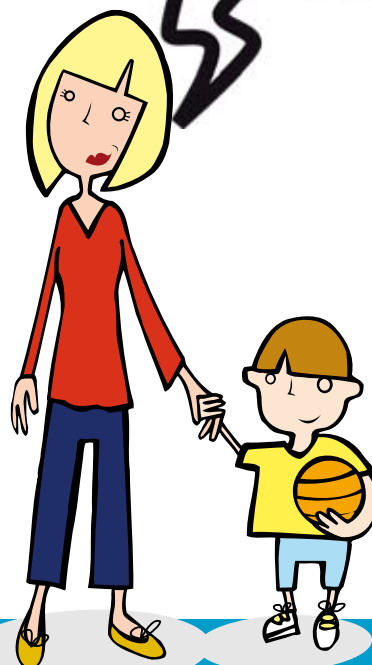
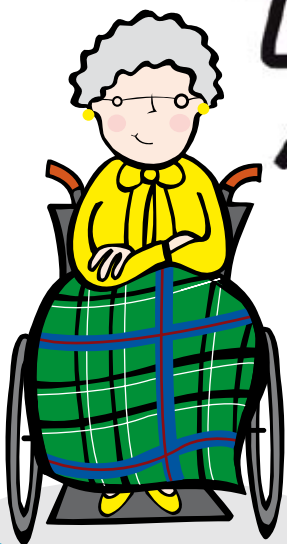
See question 18

Making registration simpler

Some people find the process of registering with a GP practice confusing. A simpler registration system could help people choose more easily. This consultation invites reviews on what kind of registration system could make it easier.

See question 19

"To be honest, I find the whole process confusing. How do I go about changing my GP practice? Do I have to fill a form in, and if so, where do I get it from?"



The consultation process – what happens when

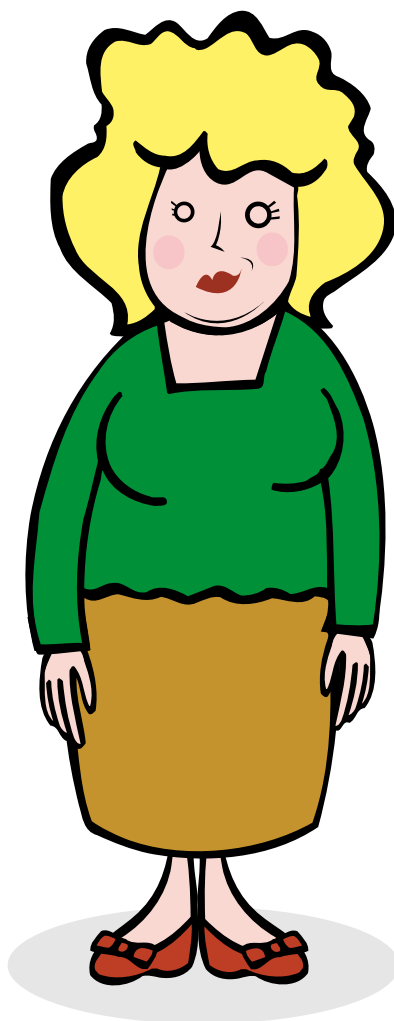
The 12-week consultation process on giving people more choice has begun. This will give patients, NHS professionals and the public the chance to contribute to the debate.

To find out more, and to fill in the questionnaire online, go to:
www.gpchoice.dh.gov.uk

A summary of the responses and an explanation of which options have been chosen will be published online before or at the same time as the next stage in the process.

The new arrangements for choosing a GP practice are likely to be published around September 2010, allowing the NHS to prepare to implement them from April 2011.

This consultation follows the Government Code of Practice on Consultations, the full text of which can be seen at www.berr.gov.uk/whatwedo/bre/consultation-guidance/page44420.html



Questions – how to have your say



It's
your
choice

Questions – how to have your say

This form can be posted to the below address but we would prefer respondents to access the online consultation form at www.GPchoice.dh.gov.uk

Your Choice of GP Practice
Primary Medical Care
Department of Health 2E42
Quarry House, Quarry Hill, Leeds, LS2 7UE

Freedom of Information

1 Is it all right if your responses to the consultation are published in a summary of responses?

Yes No

Questions about you

Please give us some information about yourself. This will help us to tell how widely we have captured views from the public and other stakeholders. All the information we receive will be kept confidential. No identifiable information will be passed on to other bodies, members of the public or the media.

2 What's your name?.....

3 Your contact address?

.....

4 Your postcode?

5 Your contact phone number?

6 Your email address?.....

7 In what capacity are you responding?

As a member of the public As a healthcare professional

On behalf of an organisation (please write in name).....

.....

8 Have you ever thought about changing your GP practice?

Yes No

9 If you have thought about changing your GP practice, what's been the reason?

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Your general views

10 Should people be allowed to register with any GP practice they choose unless it has reached full capacity and cannot take on any more patients?

Yes No

Comments

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Your specific views

Home visits

11 If you need to be visited at home by a GP or nurse, how important is it that they should come from your own GP surgery?

Very important. I would always want to be seen by a practitioner I know

Fairly important. However, it's not necessary if I need an urgent home visit

Not very important. I wouldn't mind who I see

12 If you choose a GP practice a long way from where you live and you need a home visit, who should be responsible for arranging it?

Your local Primary Care Trust

The GP practice (regardless of how far away you live)

A second GP practice of your choice, closer to where you live

Comments

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Funding principles

13 If someone chooses a GP practice some distance from where they live, they may not use it for urgent care if they become unwell at home. Under most of the options being considered, the GP practice would also not be responsible for arranging home visits for this patient. But they may have more work to do if they have to liaise with other health and social care services near where the patient lives. How much annual funding should the GP practice get for this patient compared to a patient who lives nearby?

More funding Less funding Same funding

Comments

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Community-based services

14 If you choose a GP practice that's not in your local area, would you still want to use local community-based services (eg health visitors, mental health teams, physiotherapy services)? Or would you prefer to use services which have links with your chosen GP practice, even though it would mean travelling further to use them?

Use community services near where you live

Use community services that have closer links with your GP practice

Comments

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Patient lists

15 A GP practice should not deter people from registering with them by saying they are 'full' when they are not. To discourage GP practices from doing this and to make the system more transparent, should it be easier for GP practices to close their patient lists once they are actually full?

Yes No

Comments

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16 Local residents should always have the right to choose a local GP practice. If a GP practice is nearing full capacity, should it close its patient list to people who live further away before closing it to local residents?

Yes No

Comments

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Right to choose

17 A GP practice can currently refuse to register a new patient so long as they show the decision is fair and non-discriminatory. We propose that a practice should be able to refuse to register a new patient if their list is full or if the patient has previously been violent or abusive to staff. Are there any other grounds on which GP practices should be able to refuse people?

Yes No Please suggest what these other reasons might be

Comments

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17 *comments continued*.....
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Information

18 What information do you think would people find useful when choosing their GP practice?

Comments
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Registration

19 How would you prefer to register with a new practice?

- In person
- By phone
- Online
- Other (please describe below)

Comments
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4 What is your ethnic group? (Tick one box only)

A White British Irish

Any other White Background, please write below

.....

B Mixed White and Black Caribbean

White and Black African White and Asian

Any other Mixed Background, please write below

.....

C Asian or Asian British Indian Pakistani Bangladeshi

Any other Asian Background, please write below

.....

D Black or Black British Caribbean African

Any other Black Background, please write below

.....

E Chinese or other ethnic group Chinese

Any other, please write below

.....

5 What is your religion or belief? (Tick one box only)

Christian Buddhist Hindu Jewish

Muslim Sikh None

Any other, please write below

.....

6 Which of the following best describes your sexual orientation? (Tick one box only)

Only answer this question if you are aged 16 years or over.

Heterosexual/Straight Lesbian/Gay Bisexual

Other Prefer not to answer





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