

North Yorkshire County Council

Scrutiny of Health Committee

Minutes of the meeting held at County Hall, Northallerton on 8 November 2013, commencing at 10.00 am.

Present:-

County Councillor Jim Clark (Chairman)

County Councillors:- David Billing, Liz Casling, John Clark, Polly English, Michael Heseltine (substitute for John Ennis), Shelagh Marshall, John McCartney (Substitute for Phil Barrett), Heather Moorhouse, Chris Pearson, David Simister and Peter Sowray (substitute for Val Arnold).

District Council Members:- David Blades (Hambleton), Kay McSherry (Selby), John Raper (Ryedale), Jane Mortimer (Scarborough), John Roberts (Craven) and Ian Galloway (Harrogate)

Officers:- Bryon Hunter (Scrutiny Team Leader), Jane Wilkinson Legal & Democratic Services), Dr Lincoln Sargeant (Public Health)

In attendance:-

Executive Members County Councillors Clare Wood and Don MacKenzie
 Darlington Borough Council:- Abi Metcalfe (Scrutiny Officer) and Cllr
 South Tees Hospitals NHS Foundation Trust – Jill Moulton and Fran Toller
 Hambleton, Richmondshire & Whitby Clinical Commissioning Group – Dr Vicky Pleydell and Henry Cronin
 NHS England (NY & H Local Area Team) – Geoff Day
 Harrogate & District NHS Foundation Trust – Richard Ord and Angela Monaghan
 Richmondshire District Council:- Councillor John Blackie

Apologies for absence were received from County Councillors Val Arnold, Phil Barrett and John Ennis.

In attendance eight members of the public.

Copies of all documents considered are in the Minute Book

18. Minutes

Resolved

That the Minutes of the meeting held on 6 September 2013 be taken as read and be confirmed and signed by the Chairman as a correct record.

19. Chairman's Announcements - Any correspondence, communication or other business brought forward by the direction of the Chairman of the Committee.

- Autism Assessments – Waiting times for autism assessments in North Yorkshire currently exceed the targets recommended by NICE Guidance. The Chairman said he intended to write to the Partnership Commissioning Unit which commissions autism assessments on behalf of North Yorkshire CCGs and invite them to attend the January meeting to brief the Committee on the situation.
- CCG Meetings – Had attended a number of meetings across the County and was impressed by the positive work taking place. He welcomed the shift in attitude and cultural change brought about by CCGs .

20. Public Questions or Statements

There were no public questions or statements from members of the public concerning issues not on the agenda.

Resolved

That the requirement to give three day notice is waived and those Members of the public present at the meeting who wish to speak on items listed on the agenda will be invited to do so during consideration of that item.

21. Minimum Practice Income Guarantee

Considered –

The report of the Scrutiny Team Leader updating the Committee on the latest position locally regarding withdrawal of Minimum Practice Income Guarantee (MPIG).

The Committee was advised that MPIG was introduced following the introduction of the new General Medical Services contract in 2003/04 to top up GP practices' core funding. The withdrawal of MPIG formed part of wider proposals that were aimed at changing the way general practice services are commissioned and provided. Starting in April 2014 the Department of Health had announced that MPIG was to be phased out over the next seven years.

The withdrawal of MPIG had attracted a good deal of concern both nationally and across North Yorkshire as some rural practices had indicated that they may have to close surgeries because of the loss of income.

It was against this background and discussions at previous meetings that the Chairman said Mr Geoff Day, Head of Primary Care at NHS NY & H would address the Committee.

Before inviting Mr Day to speak, the Chairman said he had been contacted by Dr Julian Fester of Egton Surgery and Mrs Linda Lloyd, Chair of the Patient Participation Group at Danby Surgery both of whom had given notice of their intention to speak at the meeting that day. The Chairman then invited Dr Fester and Mrs Lloyd to address the Committee.

Dr Fester - Egton Surgery - described the impact the removal of MPIG would have on services provided by rural general practice surgeries. He said that the loss of income would lead to a reduction in surgery opening hours and an increase in patient travelling times. Many General Practitioners (GPs) were working innovatively to support people to live independently in their own homes and reduce hospital admissions. If GPs were to continue to deliver integrated care then they must be

properly funded, particularly in rural areas where the cost of providing local access was much higher. In his own surgery at Egton its income was set to fall by £1000 per month starting in February 2014 and this figure would increase to £2000 per month the following year.

Mrs Linda Lloyd Chair of the Patient Participation Group Danby Surgery – said she spoke on behalf of 6000 very worried patients. The withdrawal of MPIG would lead to services being withdrawn and communities decimated. She referred to recent discussions about a replacement for MPIG but was very disappointed that official announcements were still awaited. She stressed the urgency of the situation and said that unless a replacement for MPIG was announced soon she feared it would be too late

The Chairman then invited County Councillor Blackie to summarise the outcome of his meeting on 23 October 2013 with Rt Hon Jeremy Hunt MP and the Rt Hon William Hague MP. County Councillor Blackie referred Members to his written note copies of which had been circulated prior to the meeting that day. The withdrawal of MPIG was he said a certainty and he stressed the urgency of the need for a replacement that dealt with the specific problems of GPs and communities in rural areas. He said that the Rt Hon Jeremy Hunt had received their representations favourably but had said that a replacement had to be able to stand the test of time and not create new anomalies.

The Chairman commented that the lack of certainty appeared to be the biggest cause for concern.

Mr Geoff Day addressed the Committee. He said that the withdrawal of MPIG was set down in legislation and the decision could not be reversed. He acknowledged discussions about a replacement but said that as yet there was no official confirmation of this. NHS England was committed to equitable funding and he pointed out that 54% of GP practices did not receive MPIG. He acknowledged that in North Yorkshire there was a particular problem as the levels of MPIG were higher than average. Mr Day confirmed that he had held a series of preliminary discussions with affected practices. Those discussions had revealed that GPs were carrying out work over and above their contract with NHS England which should be funded by their local Clinical Commissioning Group (CCG). Firstly this work had to be quantified and then joint discussions held with CCGs about whether they wanted to continue to commission it in the future.

In response to a question Mr Day explained that the timetable and instalment level for withdrawal of MPIG was not within the control of NHS England locally. Mr Day did agree to relay the Chairman's comments about whether it was possible to defer or reduce the amount of MPIG payments until after February 2014 so as to maintain GP services until a solution was found for rural practices.

The Chairman pointed out that effectively CCGs would be required to fund additional services at a time when under the NHS England "Fair Shares" formula they faced a reduction in funding in excess of £20m per annum. This was on top of the fact that from 1 April 2013 CCGs serving North Yorkshire had inherited a deficit of £19m from the former North Yorkshire & York Primary Care Trust. This was further compounded by the increasing numbers of elderly people in North Yorkshire and the demands this placed on health and social care.

The Committee was given assurances that NHS North Yorkshire & Humber had fed into national negotiations very strong representations about the needs of North Yorkshire residents.

Members were concerned by the slow pace of the negotiations and were advised that announcements about a new contract for GPs were expected over the course of the next two weeks.

Mr Day said that GPs needed to recognise that they had to change in order to transform the delivery of primary care. He suggested that there was scope for GP practices to federate together in order to increase efficiency and financial viability.

The Chairman thanked Mr Day for his attendance and the information he had provided.

The Chairman said that in North Yorkshire there were approximately 100 GP Practices and that he intended to write to NHS NY & H stressing the urgency of the situation and requesting sight of transition arrangements for the withdrawal of MPIG on a practice by practice basis. Members supported this approach and the Chairman agreed to circulate a copy of his draft letter for comment prior to dispatch.

Resolved –

That the Chairman on behalf of the Committee writes to NHS NY & H requesting details on the withdrawal of MPIG in North Yorkshire.

22. Inspection of Harrogate District Hospital

Considered –

The report of the Scrutiny Team Leader alerting the Committee to an inspection of Harrogate District Hospital by the Care Quality Commission on 14 & 15 November 2013. The planned inspection was part of a new system for inspecting hospitals in England announced by Professor Sir Mike Richards, the recently appointed Chief Inspector of Hospitals.

The meeting was attended by Richard Ord, Chief Executive HDFT and Angela Monaghan, Chief Nurse who described how the Trust was preparing for the inspection and had identified areas of strength and challenge. Members noted that the inspection from a practical standpoint was proving extremely taxing as it was to be conducted by 34 inspectors. The inspection included an event for members of the public. Following the inspection the outcome would be reported to the Trust and a rating awarded in 2015.

NOTED

23. 2013 Annual Report of the Director of Public Health for North Yorkshire

Considered –

The Committee received the 2013 Annual Report of Dr Lincoln Sargeant, Director of Public Health for North Yorkshire. A copy of the full report had been circulated to members prior to the meeting.

Dr Sargeant said that following the transfer of responsibility for public health from the NHS to local authorities this was the first report of the new era of the County Council's public health responsibilities. His report examined the health of the county's population. The results highlighted an ageing population with good overall health but with significant differences in death rates across the county. Faced with these challenges Dr Sargeant summarised the six recommendations in his report and described the strategies needed to improve the health of county residents.

A Member pointed out that in the area of Selby South local industry was affecting air quality and that this was not being effectively monitored. In response, Dr Sargeant said if what was claimed was supported by evidence he would take the matter forward.

The Chairman thanked Dr Sargeant for this attendance and said that the Committee would assist in any way it could to take forward the public health agenda.

NOTED

24. Children's and Maternity Services at The Friarage Hospital, Northallerton

Considered –

The report of Bryon Hunter, Scrutiny Team Leader inviting the Committee to submit a formal response to the consultation by Hambleton, Richmondshire and Whitby CCG on proposals for the future of children's and maternity services at the Friarage Hospital, Northallerton.

The consultation paper sought comments on two options neither of which included the retention of a consultant led service as was currently the case. The closing date for responses to the consultation was 25 November 2013. A short video produced by the Clinical Commissioning Group was played at the meeting.

At the invitation of the Chairman the Committee was addressed by Councillor John Blackie, Leader of Richmondshire District Council. Councillor Blackie said that Richmondshire District Council was in the process of assembling an alternative option to the two put forward in the consultation document. This additional option proposed the retention of consultant led maternity and children's services. The additional option was based on findings from visits to seven different hospitals in England and Scotland. Each of the seven hospitals visited had excellent safety records and were committed to providing services locally. Each had faced similar challenges to those facing the Friarage and had devised a bespoke solution that retained consultant led services at a cost of between £200/400K per annum as opposed to the £2.7M as suggested in the consultation document.

Present at the meeting were Jill Moulton and Fran Toller South Tees Hospitals NHS Foundation Trust and Dr Vicky Pleydell, Hambleton Richmondshire & Whitby Clinical Commissioning Group.

The Chairman sought clarification of the reasons why a consultant led service would cost the CCG an additional £2.7M when the Trust already received payment for the service based on the standard national tariff. The Chairman pointed out that if consultant led services were no longer provided at the Friarage, the Trust stood to lose an additional £1.3M per annum in income as this was the estimated cost of patients who would choose to access services at different hospitals who previously would have gone to the Friarage. By not investing £2.7M, the Trust stood to lose £1.3M. After further deducting the cost of the additional ambulance service required and shuttle bus the net cost of the service was approx. £900K pa.

In response Dr Pleydell, of Hambleton Richmondshire & Whitby CCG said that as the commissioner, the CCG paid the Trust a fee for every patient who used the service. Due to the relatively low number of patients using the service, the Trust was not able to provide a safe service in tariff and the difference in cost was £2.7M. It was open to the Trust to choose not to provide the service at the standard tariff just as the Clinical Commissioning Group could choose to go out to tender for the service.

The Chairman commented that the stance adopted by the Trust left the Clinical Commissioning Group in a very difficult position and he invited the Trust and the Clinical Commissioning Group to provide the Committee with greater detail on the financial aspects of the service.

In response to questions from Members the following information was provided:-

- Assurances were given that Darlington Hospital had the capacity to deal with additional births arising from those patients who chose to give birth at Darlington instead of the Friarage Hospital.
- That ambulance response times to Category 1 calls in Hambleton/Richmondshire had improved significantly over the last three months and currently stood at 78%
- the long term sustainability of a mid- wife led unit at Friarage Hospital was dependent upon patient choice
- Opening hours of a paediatric short stay assessment unit – initially likely to be five days per week but would seek to extend to 7 days per week in future
- Confirmed that work was underway to ensure that every family that used the paediatric service at the Friarage Hospital would have an individual health plan that was accessible by other hospitals
- Confirmed that there were no plans to change other services at the Friarage Hospital but that this was subject to national policy, demand for services, medical practice and the aspirations of the CCG
- Confirmed that the CCG was committed to the Friarage Hospital and to providing healthcare services that were accessible locally.

Dr Pleydell outlined the timetable for the consultation. She said that following the closing date on 25 November 2013 the CCG would collate and analyse all the responses that had been submitted together with alternative options such as the one proposed by Councillor Blackie. She confirmed that two other alternative options from third parties had already been submitted. The submission of additional options required careful consideration and she confirmed that they would be assessed against the same criteria used to assess the two options put forward in the consultation. The decision on the final proposal had on account of the submission of additional options been put back and would now be taken by the CCG at a special meeting of its governing body on 27 February 2014.

NOTED

Resolved –

That Members offer comment to the CCG on the two options set out in the consultation document. (Members may wish to emphasise to the CCG that comments given at this stage are made without prejudice and are not a tacit acceptance of either of these two options.

That Members reserve the right to consider this matter again in light of any additional evidence or new options that may be brought forward as a result of the consultation and in the event of any future decision by the CCG on this matter.

25. Remit of the Committee and Main Areas of Work

Considered –

The report of Bryon Hunter, Scrutiny Team Leader summarising the role of the Committee and inviting Members to comment upon and approve the content of the Committee's future work programme.

Further to requests made at previous meetings Craven Members called for the Committee to look at healthcare services in Craven. The Scrutiny Team Leader acknowledged their concerns and said that the venue for April meeting of the Committee was Airedale Hospital and that the meeting would focus on local health and social care services.

Resolved –

That the work programme be received and agreed as printed.

The meeting concluded at 1.25pm

JW/ALJ