

North Yorkshire County Council

Scrutiny of Health Committee

Minutes of the meeting held at Sneaton Castle, Whitby on 17 January 2014, commencing at 10.00 am.

Present:-

County Councillor Jim Clark (Chairman)

County Councillors:- Val Arnold, David Billing, John Clark, John Ennis, Shelagh Marshall, Heather Moorhouse, Patrick Mulligan, Chris Pearson and David Simister.

District Council Members:- Jane Mortimer (Scarborough), John Roberts (Craven), and Ian Galloway (Harrogate)

Officers:- Bryon Hunter (Scrutiny Team Leader), Jane Wilkinson and Emma Talman (Legal and Democratic Services), Dr Lincoln Sargeant (Public Health) and Tony Vardy (Health & Adult Services).

In attendance:-

Executive Members County Councillor Clare Wood
 Hambleton, Richmondshire & Whitby Clinical Commissioning Group – Dr Vicky Pleydell
 NHS England (NY & H Local Area Team) – Chris Clarke
 Commissioning Support Unit (NY & Humber) – Alex Trehitt, Karen Mazingham and Michaela Golodnitski
 North Yorkshire County Council – County Councillor David Jeffels
 Egton Practice Patient Group – Roger Everett (Chair)
 Danby GP Practice – Dr Marcus Van Damm

Apologies for absence were received from County Councillors Philip Barrett and Polly English and District Councillors David Blades (Hambleton), Kay McSherry (Selby), John Raper and Elizabeth Shields (Ryedale) and Tony Pelton (Richmondshire).

In attendance 8 members of the public.

Copies of all documents considered are in the Minute Book

26. Minutes

Minute Number 21 – Minimum Practice Income Guarantee – penultimate paragraph quotes a figure of £19M as being the amount of deficit inherited from the former North Yorkshire & York Primary Care Trust by Clinical Commissioning Groups serving North Yorkshire. The Chairman said this figure was thought to be correct at the date of the meeting but had subsequently been revised and that the correct figure was in fact £9m.

Resolved

That the Minutes of the meeting held on 8 November 2013 be taken as read and be confirmed and signed by the Chairman as a correct record subject to the following amendment:-

- That Councillor Wendy Newall's name (Chair of the Darlington Scrutiny of Health Committee) be added to the list of persons recorded as being present at the meeting

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

- Autism Assessments – Following discussion at the Committee's mid-cycle briefing meeting, a report on work taking place to reduce waiting times was to be deferred until later in the year
- Children's & Maternity Services, Friarage Hospital – The consultation had now ended and the CCG was in the process of considering alternative options that had been put forward. A special meeting of the CCG's Governing Body on 27 February 2014 would make the final decision on proposals to determine the future of children's and maternity services at the Hospital. A special meeting of the Committee would be held on the afternoon of Friday 14 March 2014 to consider what if any further action the Committee would take.
- National Review of Congenital Heart Disease – A consultation on service specification/standards was due to be launched in the spring that would inform commissioning in 2015. Announcements regarding future service configuration were still awaited. As a member of the joint Committee the Chairman said he would continue to provide regular updates
- Meeting in Richmond Town Hall (10 January 2014) with William Hague MP – The meeting had discussed healthcare services in rural areas and had been well attended. Issues discussed included the Friarage Hospital and the withdrawal of Minimum Practice Income Guarantee (MPIG).
- Springwood Mental Health Unit at Malton Hospital - Following the opening of the new Unit the Chairman said he had visited and been very impressed with the facility.
- Rowan Ward Harrogate Hospital – refurbishment now complete and the Chairman had been impressed by staff and facilities on a recent visit.
- CQC Hospital Inspections - Harrogate & Airedale – Following changes introduced by the Care Quality Commission the Chief Inspector of Hospitals had published reports on the quality of care provided at Harrogate and Airedale hospitals. Both hospitals were amongst the first wave of hospitals to be assessed. Overall the results were similar and very positive but low staffing levels on wards caring for older people had been identified as an area of concern. The Chairman said he intended to write to both Trusts to congratulate them on their performance to ask them to comment on the care they provide to older people.

28. 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.

29. “Fit 4 the Future” Initiatives in Hambleton, Richmondshire and Whitby

Considered –

The report of the Scrutiny Team Leader highlighting progress achieved by Hambleton Richmondshire & Whitby Clinical Commissioning Group towards finalising a vision for the future design of community health and social care services across Hambleton, Richmondshire and Whitby including a new Whitby Hospital. Appended to the report was a summary of feedback received to date following public events and engagement with local communities.

The meeting was attended by Dr Vicky Pleydell, Hambleton Richmondshire & Whitby CCG who said that faced with an ageing population and increasing demand for services integration was the way forward. Members of the public had confirmed their support for more care in the community outside of hospital and closer to their own homes so they could be independent for as long as possible. As the work had progressed it had become clear that whilst Hambleton and Richmondshire areas had very similar issues the situation in Whitby was different which was why it had been decided to separate the initiatives into two separate projects :-

- “Fit4the Future” – Enhancing community health and social services in Whitby and surrounding area
- “Fit4Future” –Preparing for an aging population

The next stage was to use the feedback to redesign services. She emphasised the importance of services as opposed to buildings which she said were secondary to the overall vision. She said that each of the initiatives would have a different timetable for implementation. Because of its long history, work on the Whitby initiative would take precedence.

When pressed by Members, Dr Pleydell said that if a decision was taken to build a new Whitby hospital it would be unrealistic to think that construction could be completed before 2018. She stressed that no decisions about a new hospital had been made and that currently work on an options appraisal of the existing hospital was underway. Together with partners the CCG was exploring how the existing site could be redeveloped. One option being considered was the inclusion of an extra care housing development.

Members asked whether some cancer treatments could in time be made available either at Whitby Hospital or in patients own homes. Dr Pleydell replied that following investment by the CCG in the Friarage Hospital, some patients were now able to receive their treatment for cancer at the district hospital without having to travel to the James Cook University Hospital in Middlesbrough. The next step would be to make this care available in a community hospital setting. She agreed that there were lots of other examples where care could be delivered locally.

In response to questions from Members Dr Pleydell gave the following responses:-

- Confirmed that the CCG was in discussion with NHS England about the funding of a new hospital. Finance regulations were complex and following recent NHS reforms untested. Stressed that no new monies were available

and that in order for the development to be cost-neutral services would have to be redesigned and delivered in a different way. Called for support from the community, politicians and the voluntary sector to help deliver the project.

- Whitby Minor Injuries Unit – Agreed that it was not used to its maximum potential and that a new model of delivery was needed. Whitby's geography meant that a MIU's service should be retained in the town and that ideally was linked to urgent care services. Funding for a 24 hour nursing service would hopefully be made available within the next 2/3 months.
- GP Out of Hours – Different model of service needed in Hambleton/Richmondshire as opposed to Scarborough/Whitby. Models currently under development.
- Transport – Acknowledged that access to services was a big problem for many users. The CCG very keen to work with the voluntary sector and explore opportunities to improve existing scheme. Acknowledged that in the past the voluntary sector had suffered from being underfunded.

The Chairman commented that the withdrawal of Minimum Practice Income Guarantee (MPIG) and the new funding formula for CCG allocations which did not keep pace with NHS inflation meant that CCG budgets would receive no extra monies and that this was bound to impact upon the work they were trying to do.

Dr Pleydell responded by saying that the CCG was on track to achieve financial balance in its first year of operation. The CCG was encouraging GPs to provide more services and was looking to invest more in schemes that aimed to keep people out of hospital that were available to all patients in all practices. This would enable the CCG to release funds currently awarded to Acute Trusts. She acknowledged that this transition would not be easy but was encouraged by the efforts of rural GPs who frequently provided services that their urban counterparts did not.

In conclusion Members commended the work done to date by the CCG and looked forward to receiving further updates in due course.

The Chairman congratulated the CCG on the work it had done with communities locally to move the situation forward with regard to Whitby Hospital. He said he had seen a dramatic improvement over the last three and half years and whilst mindful of the financial challenges that lay ahead looked forward to working with the CCG in the future.

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30. 'Right Care First Time' - Improving Urgent Care Services in Scarborough and Ryedale

Considered –

The report of the Scrutiny Team Leader informing the Committee of the launch of a formal consultation led by the Scarborough and Ryedale Clinical Commissioning Group (SRCCG) on proposals to improve urgent care services in Scarborough and Ryedale.

The meeting was attended by Alex Trehwitt and Karen Mazingham NY & H Commissioning Support Unit who described the need improve urgent care (sudden illness or injury that is not life threatening that needs to be treated fast). Initial work had indicated that local people were confused about the services currently available.

Urgent care services currently provided in Scarborough & Ryedale area included a walk-in service at Castle Health Centre in Scarborough, a Minor Injuries Unit at

Malton Hospital and a GP Out of Hours Service available between 6.30 pm and 8.00am. The review aimed to improve patient experience and ease pressure on busy accident and emergency departments. Under the proposals current urgent care services in Scarborough and Ryedale would be replaced by two new urgent care centres, one in each locality. These centres would provide urgent care to patients around the clock, 365 days a year. The new service was due to be launched in Spring 2015.

A short video providing more information about the review was shown at the meeting.

The Committee was provided with details of a series public events planned for prior to the close of the consultation on 3 March 2014. It was anticipated that procurement of the new service would commence in June 2014.

The CCG was keen to get the views of the public on what was proposed and Members were invited to attend the public events and/or complete the on line consultation survey.

In response to the presentation Members commented as follows:-

- That the location of the Castle Health walk-in centre had been the subject of very detailed consideration and that this should be borne in mind when determining the location of the new urgent care centre
- That the contract for the walk-in service at Castle Health Centre in Scarborough was due to expire in October 2014 and the new service was not due to be launched until Spring 2015 – this left a gap in service which was a concern
- Out of hours dentistry – the consultation did not make it clear whether this service was included. It was suggested that the situation was clarified particularly prior to attendance at public events
- That in Ryedale area there were two CCGs each with different urgent care arrangements. Care pathways would be determined by postal addresses leading to confusion and anomalies.
- That arrangements should be included in the new service to reduce the number of hospital admissions from care homes
- How will patient outcomes be evaluated and success or otherwise of the new model be measured?
- How would the proposals contribute to the Better Care Fund agenda given BCF plans were already well advanced
- That the location of the urgent care centre in Ryedale was crucial and the CCG should be well prepared to answer questions on this subject at public events.

Alex Trehitt and Karen Mazingham made a note of the comments made by Members which they agreed to take forward as part of the consultation. They said that the CCG was aware of the potential gap in service and was in the process of exploring opportunities to bridge it. The Chairman asked to be kept informed of progress. As far as location of the new urgent care centres was concerned this was subject to procurement. Once determined an information/communication strategy would be launched. Negotiations about an out of hours dentistry service were in progress as was finance modelling.

The Chairman thanked Alex Trehitt and Karen Mazingham for their attendance and the information they had provided at the meeting and commended the professionalism of the video shown at the meeting.

Resolved -

That the proposals to improve urgent care services in Scarborough and Ryedale area be noted.

That the dates of public consultation meetings be noted.

That the outcome of the consultation be referred to a future meeting of the Committee to allow Members an opportunity to influence the final specification before it is presented to the Board of the CCG in May 2014.

That the Chairman be kept informed of the situation surrounding the expiry of the contract for the walk in service at Castle Health Centre in Scarborough.

31. Update on Stroke Services at Scarborough Hospital

Considered –

The report of Simon Cox, Chief Officer, Scarborough and Ryedale Clinical Commissioning Group informing the Committee of changes introduced following a review of stroke services undertaken in 2012.

The report was presented by Michaela Golodnitski NY & H Commissioning Support Unit as Simon Cox was unable to attend the meeting that day. She described the background to the review, progress made and future challenges.

Members noted discussions about future configuration of national and regional stroke services and were advised that if changes were introduced as a result they were unlikely to go ahead within the next two years.

The Chairman asked to be kept informed of developments.

Resolved -

That the report be noted.

32. Merger of Claremont Practice with the Peasholm Surgery, Scarborough

Considered –

The report from NHS England (North Yorkshire and the Humber) informing Members of the merger of Claremont Surgery and Peasholm Practice effective as from 2 January 2014.

Members were advised that it was usual for the Committee to be consulted in advance of any proposed merger but that in this instance this had not proved possible. Due to the illness of one of the GPs and the pressure this placed on the remaining GP a rapid timeframe had been instigated in order to reduce the risk to patients.

The report was introduced by Chris Clark, NHS England (Local Area Team) who summarised the consultation process and support for the merger.

County Councillor David Billing said based on his local knowledge of the area he predicted that many of the patients who had transferred to Peasholm Surgery would ultimately move to another practice that was more centrally located. The isolated location of the Peasholm surgery meant that people would not be able to visit their doctor when in town and would instead have to make a special trip.

Asked if patients had been consulted about transferring to another practice the Committee was advised that a letter had been sent to heads of households and local media used to inform them of the forthcoming merger but that ultimately transfers had been affected by default. Patients could however choose to move to another practice as all practices in Scarborough had open patient lists.

Members raised no objection to the merger and noted that a number of other mergers were in the pipeline.

The Chairman thanked Chris Clark for his attendance and the information he had provided.

Resolved –

That the report be noted.

33. Update on Clinical Commissioning Groups Funding Allocations and on the Withdrawal of the Minimum Practice Income Guarantee (MPIG)

Considered -

The report of the Scrutiny Team Leader presenting budget allocations for North Yorkshire CCGs for the next two years and updating the Committee on the latest position local regarding withdrawal of MPIG.

Members noted that for North Yorkshire CCGs the new funding formula meant that whilst awarded a funding uplift, it was below NHS inflation. Additionally CCG budgets were being top-sliced to support the Better Care Fund which further constrained their budgets. At the previous meeting the Committee was advised that the withdrawal of MPIG could not be reversed and that any work GPs were carrying out over and above their GMS contract would have to be funded by their local Clinical Commissioning Group. A recent announcement by NHS England recognised that certain practices were heavily reliant on MPIG and considered to be 'outlier' practices. For these practices provision would be made so that the withdrawal of MPIG did not undermine their viability. It had recently been confirmed that in North Yorkshire only Egton Surgery and Danby Surgery qualified as outliers. As at the date of the meeting there was no indication how support would be given to these practices.

The Chairman said Roger Everett Chair of the Patient Group for Egton Practice and Dr Marcus Van Damm from the Danby Practice had given notice of their intention to speak at the meeting that day.

Mr Everett-Chair of Patient Group Egton Surgery – described how the withdrawal of MPIG was of huge concern locally. He appreciated the budget position but stressed the urgency of the situation and said that transition arrangements were needed immediately.

As Chair of Scarborough Borough Council's Health & Well-being Scrutiny Committee, County Councillor David Jeffels summarised the outcome of a meeting he had attended the previous day at the House of Commons with representatives from the British Medical Association, NHS England and Senior Civil Servants from the Department of Health. The meeting had been chaired by the All Party Parliamentary Group for Health. At that meeting NHS England had commented that adjustments could be made before MPIG was phased out and encouraged GPs to work with CCGs and their Local Area Team.

The Chairman said the problem was, MPIG would start to be withdrawn on 1 April 2014 which was only eight weeks away and details of transition arrangements were still awaited. He considered it strange that there were no outlier practices in Richmondshire and could not see how CCGs could finance additional work done by some GPs given their budget situation.

On behalf of NHS England Chris Clark confirmed that the Local Area Team was working with GP practices and CCGs to find a solution. He suggested that one possible solution could be an adjustment in the capitation fee paid to GPs for each of their patients.

A Member pointed out that unless GPs were prepared to disclose details of their income which at present they refused to do on the grounds that it was commercially sensitive the Committee was unable give support as it was not in receipt of all the relevant facts.

Dr Van Damm – Danby Practice – appreciated the difficulty of the financial situation and understood why it was important that a replacement for MPIG should not create new anomalies. However he stressed the urgency of the situation and said that a solution was needed immediately. He described how the withdrawal of MPIG was being managed in Wales and said that if similar arrangements were adopted in England it would solve the problem. As things stood his practice would start to experience significant cash flow problems as early as April 2014. He assured Members that he was committed to working with the CCG and NHS England.

The Chairman said that clearly this was an important area of work for the Committee. He referred to the letter dated 10 December 2013 from Geoff Day (NHS NY & H) copy appended to the report. The final paragraph of that letter said NHS England was committed to the development of a long term commissioning strategy for primary care services. The Chairman sought the support of the Committee for him to write a further letter to NHS England setting out the Committee's concerns about the withdrawal of MPIG, seeking information about the development of a long term commissioning strategy for primary care services and asking him to comment on the payment of "practice support payments" to Welsh surgeries.

Resolved –

That the Chairman on behalf of the Committee writes to Geoff Day (NHS NY & H) expressing concern about the withdrawal of MPIG and seeking further information on the development of a long-term commissioning strategy for primary care services.

34. Remit of the Committee and Main Areas of Work

Considered -

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.

Members attention was drawn to the special meeting of the Committee on Friday 14 March 2014 at 1.30 pm at County Hall, Northallerton and that the venue for the April meeting would be Airedale Hospital.

Resolved -

That the work programme be received and agreed as printed.

The meeting concluded at 12.25pm.

JW/JR