



Agenda

Meeting **Scrutiny of Health Committee**

To: **Councillors Andrew Lee (Chairman), Liz Colling (Vice-Chair), Alyson Baker, Nick Brown, Caroline Dickinson, Mike Jordan, Peter Lacey, John Mann, Heather Moorhouse, Rich Maw, David Noland, Andy Paraskos, Clive Pearson, Andy Solloway and Andrew Murday.**

Date: **Friday, 8 May 2026**

Time: **11.00 am**

Venue: **St. Andrew's Church, Swale Hall Lane, Grinton, DL11 6HL**

Members of the public are entitled to attend this meeting as observers for all those items taken in open session. Please contact the named democratic services officer supporting this committee, details at the foot of the first page of the agenda, if you have any queries.

Supplementary Agenda

4a. Reeth GP Contract Changes

(Pages 3 - 16)

Members are reminded that in order to expedite business at the meeting and enable Officers to adapt their presentations to address areas causing difficulty, they are encouraged to contact Officers prior to the meeting with questions on technical issues in reports

Contact Details

For enquiries relating to this agenda and meeting please contact:

E-mail: Edward.maxwell@northyorks.gov.uk

E-mail: democraticservices.central@northyorks.gov.uk

Tel: 0300 131 2 131

Website: www.northyorks.gov.uk

Barry Khan
Assistant Chief Executive
Legal and Democratic Services
County Hall
Northallerton

Reeth GP contract changes

Background and Decision

- At the end of November 2025, partners at Reeth Medical Centre formally decided to hand back their GMS contract.
- As a partnership, a minimum of six months' notice was required; the contract will end on 31 May 2026.
- The partners chose not to seek new partners or a company, which could have avoided closure or procurement.
- This decision is within the partners' rights; it does not constitute an ICB-initiated service change, so no formal public consultation was legally required.
- The ICB provided stakeholders with the appropriate information at the earliest permissible opportunity.
- Health and Scrutiny Committee were informed confidentially and have been provided with updates.

ICB Contractual Options Considered

- Within this notice period, the ICB had two options:
 1. Procure a new GP contract
 2. Disperse the patient list
- Procurement is not mandatory and involves risk and delay.
- A new contract could only be awarded via tender or Most Suitable Provider, under national rules.

Expressions of Interest (EOI)

An EOI was issued widely across practices, federations, trusts, and alternative providers.

Four providers expressed interest initially; after meetings, three withdrew.

The remaining interested party could not demonstrate safe or sustainable mobilisation.

GMS contract

- Some practices are operated by an individual GP, some by provider organisations (e.g. IntraHealth) but most are run by a GP partnership. This involves two or more GPs working together as business partners, employing staff, and together owning a stake in the practice business.
- Every individual or partnership of GPs must hold an NHS GP contract, but they are independent contractors and are not owned by the NHS.
- GP partners are jointly responsible for meeting the requirements set out in the contract for their practice and share the income it provides.

GMS contract

- GP partners have unlimited liability, and the GMS contract is issued in perpetuity.
- Practices must provide essential services at such times, within core hours, **as are appropriate to meet the reasonable needs of its patients.**
- Core hours are 8.00am until 6.30pm, Monday to Friday, except Good Friday, Christmas Day or bank holidays.

Key Barriers to Securing a Provider

- **Workforce shortages** (longstanding difficulty recruiting partners and salaried GPs).
- **Small patient list**, leading to insufficient nationally determined core funding.
- **Estate issues:**
 - Building owned by current partners and intended for sale
 - Rent suggested by valuer the practice engaged exceeded District Valuer reimbursement
 - No viable alternative premises for a Surgery identified in Reeth
 - New build or ICB estate ownership/guarantees were not feasible

Decision: Disperse the Patient List

- With no viable provider, the ICB proceeded to patient list dispersal.
- Patients would be allocated based on practice boundaries, requiring no action from them.
- The ICB does not have the ability to force a boundary change.
- Most patients would go to Central Dales Practice (Aysgarth/Hawes).
- Some patients would be allocated to Richmond;
- No patients will be allocated to Leyburn because practices are not obliged to provide services to patients who do not reside in their boundary.
- Decision ratified by ICB Executive on 31 March.
- Patients will continue to have an 8-6.30 Monday to Friday service with a mixture of face to face, phone and online consultations.
- As Central Dales practice is part of the Richmondshire PCN, patients will have access to more primary care services than previously including first contact physiotherapists, mental health workers and community pharmacists.

Communication and Engagement

- A communication plan was prepared, but a Social Media release by the partners led to unplanned early public awareness.
- ICB engaged with local practices, Primary Care Network (PCN), Heartbeat Federation, and the LMC.
- There are now FAQs and a patient information page on the ICB website and local practices have been asked to share the information
- Formal patient letters (via PCSE) have been issued to each household.
- A further patient letter will be sent confirming which practice patients are allocated to.

Emerging: Branch Surgery Option

- On the 17 April Central Dales submitted a business case to open a branch surgery in Reeth operating two days per week offering face to face GP and Nurse appointments.
- This is a contract variation, not a new contract. A surgery can submit a request to open a branch surgery at any time.
- Patients would be registered with the main Central Dales site, but the branch would provide:
 - Regular face-to-face appointments
 - Prescription collection
- Central Dales would provide all services commissioned through the core GMS contract to all patients Monday to Friday 8am -6.30pm.
- Short-term lease from current partners proposed, with exploration for a longer-term option at Hudson House. The estate solution is for Central Dales and any estate holders to negotiate.
- Other practices and the federation would provide short-term staffing support.

Future Resilience

Concerns

- Rural general practice faces a distinct combination of structural, workforce and population pressures that make it more fragile than its urban counterparts.
- Demand has risen sharply in both volume and complexity, driven by ageing populations, multimorbidity and the shift of work from hospitals into the community.
- Recruitment and retention difficulties.
- Wider geographic catchments.
- Populations with higher deprivation and poorer health outcomes despite lower population density.
- Less flexible work, long on-call periods, limited cover for leave, and a “specialist–generalist” role requiring broader clinical scope and greater personal responsibility.
- Access challenges: transport, distance, and digital infrastructure compound this, while social factors such as isolation and poverty further increase demand for holistic, pastoral care.

Future Resilience

Practices

- Act as resilient partnerships rather than isolated businesses.
- Shared workforce models investing in multidisciplinary teams and using digital tools pragmatically to reduce travel and improve access without undermining continuity.
- Collaboration on back-office functions, estates, and procurement, allowing clinicians to focus on care.

Patients

- Using dispensing services.
- Booking flu vaccines through practices.

National/ICB

- Support flexibility where possible e.g. mobile hubs not static central hubs.
- Facilitate and support wider scale conversations between Federations and PCNs.
- Support system working including secondary care and community services.

Supporting the Community

Proposed wider mitigations include:

- **Transport:** engagement with Mayoral Authority, community transport grants, volunteer driver schemes.
- **Community and clinical services:** Hospital at Home, Virtual Wards, phlebotomy access, mobile clinical services.
- **Access and digital:** phone/online/video appointments, internet provision discussions, EPS branch nominations.
- **Access improvements to current premises** – Central Dales are reviewing options regarding clinical space and the ICB will support where possible.
- **Medication Collection** – Options for medication collection lock boxes to be explored to increase options for patients outside of branch opening hours.

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