

5. Date of Next Meeting

Friday 3 July 2026 at 10:00, in the Grand Meeting Room at County Hall, Northallerton

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.

Members of the public are entitled to attend this meeting as observers for all those items taken in open session. You may be interested in [subscribing to updates](#) about this or any other North Yorkshire Council committee.

Recording is allowed at Council, committee and sub-committee meetings which are open to the public. Please give due regard to the Council's protocol on audio/visual recording and photography at public meetings. We ask that any recording is clearly visible to anyone at the meeting and that it is non-disruptive.

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

Wednesday, 29 April 2026

North Yorkshire Council

Scrutiny of Health Committee

8 May 2026

Resilience and Continuity in Rural Primary Care

1.0 PURPOSE OF REPORT

- 1.1 To set out questions formally raised for scrutiny by the Scrutiny of Health Committee, relating to issues of resilience and continuity in primary care in North Yorkshire. In particular, the recently announced closure of Reeth Medical Centre which has highlighted the significant impact that changes to primary care services can have in rural communities.

2.0 BACKGROUND

- 2.1 NHS Humber and North Yorkshire Integrated Care Board (ICB) has confirmed that Reeth Medical Centre will close at the end of May 2026 following the planned retirement of its GP partner. The practice serves approximately 1,600 registered patients across a predominantly rural area of around 200 square miles in Swaledale and Arkengarthdale. The ICB has acknowledged the long-standing contribution of the partners to local healthcare. Following notification of the intent to retire in November 2025, extensive efforts were made to secure a sustainable alternative provider, including engagement with all ICB practices, practices in Darlington and Yarm, Federations, trusts and all other providers of GP contracts within the ICB.
- 2.2. Despite these efforts, no viable solution was identified due to a combination of factors, including the lack of available GP workforce, reliance on partner-owned premises, high fixed operating costs associated with a small patient list, and the remote rural location. As a result, the GP contract will be returned and services at Reeth Medical Centre will cease at the end of May 2026. The closure is not the decision of the ICB, and is not part of any restructure or reorganisation of service, having arisen solely due to the GP's decision to retire, and therefore does not arise from a discretionary commissioning decision.
- 2.3 To ensure continuity of care, registered patients will be automatically allocated to neighbouring practices in Hawes, Aysgarth, or Richmond, with the option to choose an alternative practice within their boundary. The ICB will implement the formal closure and list dispersal process in line with national policy and has committed to supporting patients, staff and partner organisations throughout the transition.
- 2.4 On 10 April 2026, the Chair of the Scrutiny of Health Committee met with the Vice Chair and spokespersons from the political groups. At that meeting, the closure and its impact on the community were discussed and it was unanimously agreed that an extraordinary meeting of the Committee be called to discuss the matter on 8 May 2026, ahead of the next ordinary meeting on 3 July 2026.

3.0 AREAS FOR SCRUTINY IDENTIFIED

3.1 The following areas of inquiry were identified for consideration at the extraordinary meeting:

- a) How does the closure align with the NHS's stated national direction of travel regarding:
 - i. Integrated care
 - ii. Community-based provision
 - iii. Access to services in rural and sparsely populated areas?
 - iv. What consideration has been given to rurality within the ICB's commissioning decisions?
- b) What assessment has been made of the impact on:
 - i. Patient access to primary care
 - ii. Travel times and transport barriers
 - iii. Health inequalities in the Upper Dales?
 - iv. How have residents and patient groups been consulted or engaged?
- c) What engagement has taken place with Parish councils and community organisations? How have concerns raised by stakeholders been considered and responded to?
- d) What steps have been taken by the ICB and partners to:
 - i. Retain services at the existing site
 - ii. Recruit or retain clinical staff
 - iii. Explore alternative service delivery models?
 - iv. Why were these options unsuccessful, if applicable?
- e) What arrangements are being put in place to ensure continuity of care following closure?
- f) How will patient safety and access be maintained in the interim?
- g) What plans, if any, exist to:
 - i. Re-establish primary care provision in the Upper Dales in the future
 - ii. Deliver enhanced or alternative community health services?
 - iii. What timescales and decision points are anticipated?

3.2 In bringing these matters forward for scrutiny, the Committee is seeking not only to understand the circumstances leading to the closure of Reeth Medical Centre, but also to test the robustness of the assumptions made, the options considered, and the mitigations proposed, with particular regard to the distinct challenges faced by rural and remote communities.

4.0 CARE AND INDEPENDENCE OVERVIEW AND SCRUTINY COMMITTEE MEETING

4.1 The Care and Independence Overview and Scrutiny Committee (OSC) met on 21 April 2026. At that meeting, the Chair considered the planned closure of Reeth Medical Centre as urgent business and heard public statements on the matter. The questions, and responses given by the ICB, are set out at Appendix 1.

4.2 The committee resolved to:

a) Express their extreme concern that any closure of primary health care services in Reeth will have a direct impact, on not just access to healthcare in the community, but also the cost of delivering social care to those who can no longer remain in their own home and access healthcare. The Care & Independence OSC therefore recommends that the Scrutiny of Health Committee considers whether:

- i. The NHS Humber & North Yorkshire Integrated Care Board should be asked to confirm that, if necessary, interim arrangements will be put in place to allow time for a viable and sustainable local solution to be developed.
- ii. Urgent input should be sought from the community to ensure the needs of older and more vulnerable residents are reflected in developing that solution.

4.2 Scrutiny of Health members' attention is drawn to the resolution of the Care and Independence Overview and Scrutiny Committee.

5.0 POWERS OF LOCAL AUTHORITY HEALTH SCRUTINY

5.1 Local authority health scrutiny is established under the National Health Service Act 2006 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 (as amended). Its statutory purpose is to enable elected members to review and scrutinise matters relating to the planning, provision and operation of health services in their area, strengthening local democratic accountability and ensuring that the views and experiences of local people are reflected in NHS decision-making. Health scrutiny is intended to provide challenge and assurance on service quality, safety, access and integration, rather than to manage or run services.

5.2 Under the regulations, local authorities have powers to require relevant NHS bodies and health service providers to provide information reasonably required for scrutiny, and to require senior representatives to attend meetings to answer questions. Scrutiny committees may make reports and recommendations, to which NHS bodies are expected to respond within a reasonable period. However, health scrutiny has no executive or decision-making powers. Since January 2024, local authorities no longer have a statutory power to formally refer service reconfigurations to the Secretary of State. The guidance emphasises early engagement, evidence-based challenge and resolution of concerns at a local level wherever possible.

5.3 In considering this matter, the Scrutiny of Health Committee may use its powers to seek further evidence, clarification and explanation where it considers this necessary to provide public assurance.

6.0 IMPLICATIONS

6.1 It is recognised that the planned closure of the Reeth Medical Centre will have a significant impact upon the local community, and may affect linked social care services provided by North Yorkshire Council. The legal, financial, equalities and climate change implications of the planned closure will be outlined by the ICB as the commissioner of the service.

7.0 RECOMMENDATIONS

- 7.1 Within the scope of the statutory guidance and the Committee's role, it is recommended that the Committee consider the following options:
- a) Formally conveys its concerns to key local stakeholders, emphasising the importance of maintaining an open and ongoing dialogue between the ICB and the local community in response to the planned closure of Reeth Medical Centre.
 - b) Records and acknowledges the circumstances leading to the closure of Reeth Medical Centre, having tested the evidence provided by the ICB and the adequacy of mitigations proposed.
 - c) Any other action the Committee wishes to take within the scope of the guidance and the remit of the Scrutiny of Health Committee.
- 7.2 Requests written clarification from the ICB on its approach to primary care resilience planning, including how the delivery of the Hospital Community shift within the NHS 10 Year Plan is intended to avoid unintended disadvantage to rural communities.

APPENDICES:

Appendix 1: Response from ICB to public questions at Care and Independence Overview and Scrutiny Committee meeting, 20 April 2026.

BACKGROUND DOCUMENTS:

HNY ICB – [Reeth Medical Centre Closure - information page](#)

HNY ICB – [Question and Answer page](#)

DHSC – [Advice to Local Authorities on scrutinising health services](#), 9 January 2024

Barry Khan
Assistant Chief Executive, Legal and Democratic Services
County Hall
Northallerton
29 April 2026

Report Author: Edward Maxwell, Senior Democratic Services Officer.

Care and Independence Scrutiny Committee - urgent request for information: re imminent closure of Reeth Medical Centre

The role of the Care and Independence Scrutiny Committee includes safeguarding the interests of residents who are older, vulnerable, or who require additional support to live independently, particularly where changes to local services may affect practical access to care.

Given the proposed closure of Reeth Medical Centre is scheduled for 31 May, the Committee requests written responses as a matter of urgency to the following questions so they can be considered at its meeting on 20 April.

The Committee is seeking clarification of the potential impact on elderly and vulnerable residents and the process by which decisions relating to future service provision to these patients have been reached.

Question 1 - current status and priorities

Could you clarify the current status of the proposal, and given that the closure is scheduled in a matter of weeks, whether the priority is now to disperse patients to other practices or to secure an alternative provider to maintain services in Reeth?

In November 2025, partners at Reeth Medical Centre formally decided to hand back their GMS contract. As a partnership, six months' notice was required; the contract will end on 31 May 2026.

The ICB has two options, mandated in statute, to either procure a new contract or disperse the list. A procurement process takes a minimum of three months; best practice is to begin by testing the market by following an Expression of Interest process.

The EOI was issued widely across practices, federations, trusts and alternative providers within the ICB. This process did not yield a suitable provider therefore the ICB is now following the list dispersal process.

Question 2 - patient dispersal and higher-need patients

Information published by the NHS Humber and North Yorkshire Integrated Care Board indicates that all options for maintaining services locally have been explored and that patients are expected to be dispersed to practices in Hawes, Leyburn and Richmond. On that basis, can you confirm how many patients are expected to transfer to each receiving practice, and how many of those patients are older people or are identified as requiring regular ongoing care?

The allocation is based solely on the patient's postcode and which practice boundary they reside within. Based on this approx. 115 patients will be allocated to The Friary, Richmond, 10 to Quakers Lane with the remainder being allocated to Central Dales (Hawes & Aysgarth). No patients reside within the boundary of Leyburn practice.

Question 3 - receiving practice capacity

What assessment has been made of the capacity of the receiving practices in Hawes, Leyburn and Richmond to absorb additional patients, including impacts on appointment availability, continuity of care and home visiting provision?

The practices will be examining the impact of the allocated patients. The ICB process in allocating the patients is mandated in statutory guidance.

Question 4 - independence impacts

What assessment has been made of how the loss of locally delivered GP services may affect residents' ability to remain living independently, particularly for those who rely on nearby access to routine appointments, medication monitoring and home visiting support?

The ICB is required by statute to follow the process dictated by the contract handback. We are working with key stakeholders, including North Yorkshire Council, to highlight any risks arising from the mandated process.

Question 5 - transport access

What assessment has been made of how many registered patients do not have ready access to a car, and how this may affect their ability to travel to alternative practices, given the limited availability of public transport?

The ICB does not have commissioning responsibility for transport however we are engaged closely with North Yorkshire Council, the mayoral combined authority and local VCSE partners to assess all options

Question 6 - locally delivered services and emergency support

What assessment has been made of the impact of the proposed closure on the range of services currently delivered locally from Reeth Medical Centre, including same-day appointments, home visiting support, first-response emergency care prior to ambulance arrival, and care delivered at home for patients approaching end of life?

The practices patients are allocated to will have to meet the requirements of the national GMS contract including same day appointments and prescribing of palliative medication in certain situations. The ambulance transport contract is not affected by the contract handback at Reeth Medical Centre, nor is the district nursing contract which supports end of life care for patients in their own home.

Question 7 - emergency response resilience

What assessment has been made of the impact of the proposed closure on local emergency response resilience across Swaledale and Arkengarthdale, particularly given ambulance response distances to parts of the area?

There is no change to the ambulance contract. Yorkshire Ambulance Service would still be required to meet their contractual requirements for patients living in the current Reeth Medical Centre boundary.

Question 8 - interim arrangements before closure

What interim arrangements are being considered to maintain local access to primary care services if a replacement provider cannot be secured before the proposed closure date?

The required procurement expression of interest process has been undertaken with no suitable providers identified. Patients will be allocated automatically to their new practice which will preserve continuity of care.

Question 9 - timeline and substantial variation assessment

Can you set out the timeline for this process, including:

- a) when notice was first given by the GP partners of their intention to retire and hand back the contract;

The partners at Reeth gave the required six months notice on 27.11.2026

- b) when was it determined that patients would be dispersed to surrounding practices rather than services being maintained locally;

The decision to proceed with a list dispersal was approved by ICB executives on 31.03.2026 following the market testing using an Expression of Interest process.

- c) what decision framework or matrix was used to determine whether this change in how services would be provided constituted a substantial variation in service provision, particularly for patients who are older, vulnerable, or require additional support to live independently, and when was that assessment completed.

No commissioning decision has been made by the ICB. The contract handback is the choice of the partners and the options of the ICB are either procurement or list dispersal.

Question 10 - communication and patient engagement

What steps were taken to inform patients of the proposed closure and the timeline for those communications; what opportunities were provided for patients to give feedback; and what specific measures were taken to ensure that patients who may not have access to online information were kept informed and able to participate?

As no commissioning decision has been made by the ICB, no patient engagement is required. Communication is strictly controlled during any procurement process and patient communication could not begin until the final decision was made. A full communication package for patients, local practices and stakeholders had been prepared for distribution once a final decision was made.

Unfortunately, the partners at Reeth Medical Centre felt they had to release information early by posting to their Facebook page without the prior knowledge of the ICB.

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