

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

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