



Durham Dales, Easington and Sedgefield Clinical Commissioning Group
North Durham Clinical Commissioning Group

Meeting date: 18 December 2018

Item No: E-PCCCiC/18/03

PRIMARY CARE COMMISSIONING COMMITTEES IN COMMON – DDES CCG AND NORTH DURHAM CCG

Title of report:	Skerne Medical Group – Application to Close Two Branch Surgeries Located in Fishburn Village and Trimdon Village
Author of report:	Kelly Wilson, Primary Care Business Manager, NHS England Joseph Chandy, Director of Primary Care, NHS Durham Dales, Easington and Sedgefield CCG
Sponsor Director:	Joseph Chandy, Director of Primary Care, NHS Durham Dales, Easington and Sedgefield CCG and NHS North Durham CCG
Date of report:	December 2018
Name of person presenting the report at the meeting:	Wendy Thompson, Primary Care Contracts Manager, NHS England
Reason for report:	<ul style="list-style-type: none"> • Information only • Development / Discussion • Decision / Action ✓
Purpose of the report and Recommendations: (i.e. action being sought from the meeting)	<p>The purpose of this report is to provide information to enable NHS Durham Dales, Easington and Sedgefield Clinical Commissioning Group's (CCG) Primary Care Commissioning Committee to consider an application from Skerne Medical Group to close their branch sites located in Fishburn Village and Trimdon Village.</p> <p>NHS Durham Dales, Easington and Sedgefield Clinical Commissioning Group's Primary Care Commissioning Committee is asked to consider the contents of the report and</p> <ol style="list-style-type: none"> a) determine whether the Skerne Medical Practice engagement with their patients provided sufficient information for informed consideration and sufficient time for the engagement period; b) from a CCG perspective consider what the likely impact might be for General Medical Services(GMS) to this population as a result of the proposed changes;

- c) determine if the Adults and Health Overview and Scrutiny Committee was adequately engaged/informed in this process;
- d) determine whether the proposal for both Fishburn and Trimdon Branches to close from January 2019 should be approved.

It is clear from the Skerne proposals that the Vision for the Practice is to consolidate onto a one/two site practice in the long term. This will support the continued existence of the Practice in terms of retaining a medical workforce, providing teaching and delivering high quality care.

The current engagement focuses on the immediate pressures on the practice and the real risk that without a reduction in the number of locations they operate from, the partners will be unable to continue to provide any medical services for the entire population they cover.

From the letter delivered to all patients from the practice, the the intention to engage patients on the emergency closure of the Trimdon Village site, was clear and met the requirements above.

The Practice, as a result of a further reduction in the number of Partners and a salaried GP, went on to engage through the media and in their meetings with patients on the closure of an additional site. They identified at the end of the engagement that site as Fishburn Village. As the original letter did not include a reference to a second site closure and in particular did not reference Fishburn Village we do not consider patients were properly engaged on this additional reduction in branch sites.

With regard to the impact on patients it is important to remember that the practice will continue to provide full general medical services to their entire population. The residents of Trimdon Village suffer from a high level of deprivation and car ownership is low. However there are bus services available and the CCG subsidises a voluntary driver service. In addition the practice offers a home visiting service to patients who are unable to travel to the nearest other site.

The Committee will have to balance the risk of a potential loss of further partners to the entire population against the risk that patients in Trimdon Village and Fishburn will have to travel a greater distance to their GP surgery.

Conclusion

All patients in the locality will continue to receive general medical services from the Skerne Practice.

A medium and long term plan will need to be developed with the practice. This must include further engagement on any further emergency closures of branch sites. A long term solution which will look at a one to two site model for the practice must be developed as a matter of urgency and within 6 to 12 months would be our recommendation. As part of this engagement Trimdon Village must be considered as an option in any one or two site solution.

The CCG should recognise the immense pressure the Partners of this practice are under. Medical recruitment is a problem in all practices in the CCG at present and should a practice of this size fail completely it will have a catastrophic effect on a population far wider than that of the Practice itself.

The CCG has a number of initiatives in place to recruit and retain GPs including a large financial investment in primary care over and above their core contract value, a successful GP Career Start scheme, a support service for vulnerable practices and a support package for practice mergers. There is also a scheme in place to encourage retiring GPs to stay on in work and we are part of a national recruitment drive for foreign doctors. The Primary Care Home scheme encourages practices to work together and allows them to work more closely with community services. Despite all of this, recruitment remains an issue and as a result we will now engage in a cross party review of general medical services with County Durham Local Authority to improve recruitment and in future make Durham an attractive place for doctors to live and work.

Recommendations

1. That the proposal for the closure of Trimdon Village be supported.

The premises are in a poor state of repair.
Clinicians working there are more isolated than they are in other premises.

The impact on the population has to be weighed against the risk of the entire practice failing.

The practice will continue to offer general medical services to the population including home visiting where appropriate.

	<p>2. That the proposal to close Fishburn Village surgery be rejected.</p> <p>This was not included in the original letter and so we do not consider all patients were adequately consulted.</p> <p>3. That the Practice (Skerne Medical Group) conduct an urgent review regarding the medium to long term future of the surgery sites. Their patients must be engaged in this process and the process should be completed within 6 to 12 months of this meeting. Any future emergency branch closure will involve an engagement exercise with their patients.</p> <p>In summary the DDES CCG PCC Committee is asked to consider :</p> <p>Recommendation 1</p> <ul style="list-style-type: none"> To approve the closure of Trimdon Village Site only. <p>Recommendation 2</p> <ul style="list-style-type: none"> To reject the application to close Fishburn Village surgery. <p>Recommendation 3</p> <ul style="list-style-type: none"> Request that the Practice conduct a time limited review with patient and stakeholder engagement about the future of the Practice premises extending to options covering potentially one or two sites.
Report status:	<ul style="list-style-type: none"> Official ✓ Official Sensitive: Commercial Official Sensitive: Personal
Is this report confidential?	No
Procurement Conflict of Interest completed and attached:	N/A
CONFLICTS OF INTEREST	
<i>Are any members of the meeting likely to have a conflict of interest for this agenda item:</i>	Yes
<i>Who is conflicted and why – please give the name(s) of all</i>	David Steel of NHS England has a personal interest as he is a patient of the Practice.

Official

<i>conflicted members?</i>	Joseph Chandy, Director of Primary Care has a non-financial professional interest as he is also a provider of General Medical Services. He is non-voting member of the DDES CCG PCC Committee and is in attendance only. Joseph Chandy has a commercial interest with Phoenix Medical Group.
<i>Are the conflicted members detailed above allowed to receive this paper and attend the meeting?</i>	Yes
<i>If Yes - what is the action to be taken at the meeting as a consequence of the conflict?</i>	<i>The conflicted member(s):</i> <ul style="list-style-type: none"> <i>Can attend and take part in the discussion but should not be involved with any decision making</i>

Consultation and other approval routes (including outcomes):	<u>Meeting/route</u>	<u>Date</u>	<u>Outcome</u>
	DDES CCG Primary Care Commissioning Committee	18/12/18	

Supporting documents/ Appendices:	<p>Report: Skerne Medical Group – Application to close branch surgeries located in Fishburn Village and Trimdon Village.</p> <p>Please note that the report contains several embedded documents and appendices.</p>
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Impact Assessment and Risk Management Issues

(✓) tick as appropriate	Impact area
✓	Does this report identify a risk for the CCG?
	Yes, detailed within report.
	Does this report impact on the environment/sustainability of the CCG?
	No
	Does this report have legal implications?
	No
	Are there any resource implications – finance and/or staffing as a result of this report?
	No
	Has this report taken into account equality and diversity?
	Yes
	Does this report impact on Quality, Innovation, Productivity and Prevention (QIPP)?
	No
✓	Has there been any consultation/engagement (patient, public, stakeholder, clinical) with regard to the content of the report?
	Patient and stakeholder engagement has been undertaken by the practice and is detailed within report
✓	Are there any clinical quality/patient safety issues identified in this report?
	Yes, detailed within report
	Does this report impact on any information governance issues?
	No
	Other implications
	None identified