

**Special Adults Wellbeing and Health  
Overview and Scrutiny Committee**

**14 January 2019**

**Skerne Medical Group**



---

**Report of Corporate Management Team**

**Lorraine O'Donnell, Director of Transformation and Partnerships**

**Electoral division(s) affected:**

Bishop Middleham and Cornforth; Sedgefield; Trimdon and Thornley

**Purpose of the Report**

- 1 To update the Adults Wellbeing and Health Overview and Scrutiny Committee on the decision of Durham Dales, Easington and Sedgefield Clinical Commissioning Group in respect of an application by the Skerne Medical Group to reduce future branch service provision across the practice locality.

**Executive summary**

- 2 At its meeting held on 15 November 2018 the Adults Wellbeing and Health Overview and Scrutiny Committee received a report from representatives of the Skerne Medical Group detailing problems facing the group in respect of the recruitment, retention and current GP staffing capacity.
- 3 The Committee were advised that the practice had commenced a patient and stakeholder engagement process on 5 November 2018 and written to all patients advising them of the problems facing Skerne Medical Group and plans for a series of public meetings to enable patients to discuss these issues.
- 4 The Committee indicated that no option should be discounted within the proposed service review that the Skerne Group proposed to undertake. To this end, the Committee recommended that the potential for continued GP provision within Trimdon Village should form a key part of the practice's proposed review and any option for future services developed as part of the review.

- 5 The Committee also asked the group to report back to the Committee with the initial findings from the engagement activity prior to any decision being made.
- 6 Representatives of the practice attended a special meeting of the Adults Wellbeing and Health Overview and Scrutiny Committee on 4 December 2018 when a verbal update was provided to members of the Committee regarding the key findings of the patient and stakeholder consultation and engagement exercise undertaken in respect of the proposed closure of practice branch sites.
- 7 Key considerations and comments noted by members at the meeting included:
  - The difficulties experienced by the practice in terms of the dramatic shortage of GPs the practice faces and that by February 2019 the practice will have 40% fewer doctors than 2½ years ago and feels unable to safely staff four separate sites.
  - The response rates and levels of engagement in the process with over 400 people attending the engagement events and the 70 comments received via the practice website.
  - The generic issues raised during the engagement process as well as specific issues regarding each individual site.
  - The GP resource now available at the Skerne Medical Group has reduced since the initial report to Committee on 15 November from 5 GPs to 3 which has compounded the problems.
  - Following consideration of the engagement feedback and responses, members are aware that the practice are proposing to close the Fishburn and Trimdon Village sites and retain the Sedgefield and Trimdon Colliery sites.
  - The Committee are concerned that one of the sites proposed to close had the second largest practice list (Fishburn) and included half of the registered patients from Trimdon Village who had previously been encouraged to use the Fishburn site.
  - The limited evidence to explain the rationale for closing the two sites from a patient perspective.
  - The absence of any detailed medical needs assessment having been carried out across the 4 sites based upon patient contacts and any associated risk assessments regarding the proposed change including accessibility, car parking and availability of public transport as part of the options appraisal process.

- 8 The Committee reaffirmed its previous recommendation to the Skerne Medical Group that the potential for continued GP provision within Trimdon Village should form a key part of the practice's proposed review and any option for future services developed as part of the review.
- 9 The Committee also contested the adequacy of the consultation as the letter sent to all patients on the practice lists contained conflicting information regarding lack of mention of a second potential site closure which was publicised on the Practice website and provided at the engagement meetings.
- 10 The concerns raised by the Committee have been communicated to the Practice by letter (copy attached at Appendix 2). Durham Dales Easington and Sedgefield CCG were copied into this correspondence to ensure that the views of the Adults Wellbeing and Health Overview and Scrutiny Committee were communicated to the CCG's Primary Care Commissioning Committee when it met on 18 December 2018.
- 11 The Primary Care Commissioning Committee met on 18 December 2018 to consider applications from Skerne Medical Group to close the Branch sites at Trimdon Village and Fishburn. Copies of the reports that were considered at the PCC Committee are attached to this report (Appendix 3 and 4).
- 12 Following representations made by the practice, local Councillors, patients and stakeholders including the County Council's Adults Wellbeing and Health Overview and Scrutiny Committee, the Primary Care Commissioning Committee agreed that:
  - (i) The proposal for the closure of Trimdon Village be supported on the grounds that:
    - 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.
  - (ii) That the proposal to close Fishburn Village surgery be rejected on the grounds that this was not included in the original letter and so we do not consider all patients were adequately consulted.

- (iii) 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. Any future service delivery model options appraisal process must include Trimdon Village.

## **Recommendation**

- 13 Members of the Adults Wellbeing and Health Overview and Scrutiny Committee are asked to receive this report and reflect upon the decision of the Primary Care Commissioning Committee to determine its response to the decision.

## **Background**

- 14 At its meeting held on 15 November 2018 the Adults Wellbeing and Health Overview and Scrutiny Committee noted recent press coverage of plans to reduce service provision across the Skerne Medical Group, specifically the potential reduction in the number of branch sites served by the practice.
- 15 The Committee receive a report from representatives of the Skerne Medical Group detailing problems facing the group in respect of the recruitment, retention and current GP staffing capacity.
- 16 The Committee were advised by Dr Hearmon, one of the practice GPs, that despite the practice's best efforts in respect of the recruitment of GPs, it faces a reduction of 35% in GP manpower compared to October 2016 due to resignations, retirements and sickness which will reduce GP available appointment time by 40% in February 2019.
- 17 The practice commenced a patient and stakeholder engagement process on 5 November 2018 and have written to all patients advising them of the problems facing Skerne Medical Group and have held a series of public meetings to enable patients to discuss these issues.
- 18 The Committee heard representations from a number of local Councillors who expressed concerns at the public engagement process, especially the lack of detail in respect of the dates, times and locations of the public meetings in the letter sent to patients.
- 19 The practice explained that it had initiated a review of all four surgeries from which they currently provide services; Sedgefield, Fishburn, Trimdon Village and Trimdon Colliery, commencing with a review of whether Trimdon Village surgery and one additional site, to be

determined after the engagement period, can remain open from 2019 on the current and projected staffing levels.

- 20 In view of this the Committee at its meeting on 15 November 2018 recommended that the potential for continued GP provision within Trimdon Village should form a key part of this proposed review and any option for future services developed as part of the review.
- 21 Representatives of the practice attended a special meeting of the Adults Wellbeing and Health Overview and Scrutiny Committee on 4 December 2018 when a verbal update was provided to members of the Committee regarding the key findings of the patient and stakeholder consultation and engagement exercise undertaken in respect of the proposed closure of practice branch sites.
- 22 Key considerations and comments noted by members at the meeting included:
- The difficulties experienced by the practice in terms of the dramatic shortage of GPs the practice faces and that by February 2019 the practice will have 40% fewer doctors than 2½ years ago and feels unable to safely staff four separate sites.
  - The response rates and levels of engagement in the process with over 400 people attending the engagement events and the 70 comments received via the practice website.
  - The generic issues raised during the engagement process as well as specific issues regarding each individual site.
  - The GP resource now available at the Skerne Medical Group has reduced since the initial report to Committee on 15 November from 5 GPs to 3 which has compounded the problems.
  - Following consideration of the engagement feedback and responses, members are aware that the practice are proposing to close the Fishburn and Trimdon Village sites and retain the Sedgefield and Trimdon Colliery sites.
  - The Committee are concerned that one of the sites proposed to close had the second largest practice list (Fishburn) and included half of the registered patients from Trimdon Village who had previously been encouraged to use the Fishburn site.
  - The limited evidence to explain the rationale for closing the two sites from a patient perspective.

- The absence of any detailed medical needs assessment having been carried out across the 4 sites based upon patient contacts and any associated risk assessments regarding the proposed change including accessibility, car parking and availability of public transport as part of the options appraisal process.
- 23 The Committee reaffirmed its previous recommendation to the Skerne Medical Group that the potential for continued GP provision within Trimdon Village should form a key part of the practice's proposed review and any option for future services developed as part of the review.
- 24 The Committee also contested the adequacy of the consultation as the letter sent to all patients on the practice lists contained conflicting information regarding lack of mention of a second potential site closure which was publicised on the Practice website and provided at the engagement meetings.
- 25 The concerns raised by the Committee have been communicated to the Practice by letter (copy attached at Appendix 2). Durham Dales Easington and Sedgefield CCG were copied into this correspondence to ensure that the views of the Adults Wellbeing and Health Overview and Scrutiny Committee were communicated to the Primary Care Commissioning Committee when it met on 18 December 2018.
- 26 The Primary Care Commissioning Committee met on 18 December 2018 to consider applications from Skerne Medical Group to close the Branch sites at Trimdon Village and Fishburn. Following representations made by the practice, local Councillors, patients and stakeholders including the County Council's Adults Wellbeing and Health Overview and Scrutiny Committee, the Primary Care Commissioning Committee agreed that:-
- (i) That the proposal for the closure of Trimdon Village be supported on the grounds that:
- The premises are in a poor state of repair.
  - Clinicians working there are more isolated than they are in other premises.
  - The impact of 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.

- (ii) That the proposal to close Fishburn Village surgery be rejected in the grounds that this was not included in the original letter and so we do not consider all patients were adequately consulted.
- (iii) 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. Any future service delivery model options appraisal process must include Trimdon Village.

## **Considerations**

- 27 During consideration of the Practice proposals at the special Adults Wellbeing and Health Overview and Scrutiny meeting on 4 December 2018, there was debate amongst members as to whether the Committee could consider referral of the proposals to the Secretary of State for Health and Social Care.
- 28 At the time, members resolved that:
- (i) That representations be made to the Primary Care Committee for their meeting on 18 December 2018;
  - (ii) That feedback from the Primary Care Committee meeting be received; and
  - (iii) That the Committee reserve the right to make a decision on referral to the Secretary of State for Health and Social Care until a final decision had been made.
- 29 The decision of the DDES CCG Primary Care Commissioning Committee addresses in the short term the concerns of the Adults Wellbeing and Health Overview and Scrutiny Committee regarding the potential closure of the Fishburn branch site which will remain open.
- 30 The DDES CCG Primary Care Commissioning Committee agenda pack included information that was highlighted by the Adults Wellbeing and Health Overview and Scrutiny Committee as being necessary regarding potential travel implications and availability for patients accessing services under new arrangements as well as an Equality Impact Assessment. This information is included as Appendix 4.
- 31 In terms of the Committee's decision to reserve the right to make a decision on referral to the Secretary of State for Health and Social Care until a final decision had been made, members need to consider

whether the decision of the DDES CCG Primary Care Commissioning Committee addresses the Committee's concerns.

- 32 Any potential referral to the Secretary of State could only be made where consultation has not taken place or is not adequate, or the change is not in the interests of the health service in the local area. Any referral must be well evidenced.
- 33 The legislative requirements and considerations that need to be made are set out in the following sections of this report.

### **Legislative Background**

- 34 The Local Authority (Public Health, Health and wellbeing boards and Health Scrutiny) Regulations 2013 (Regulation 23) requires relevant NHS bodies and health service providers to consult a local authority about any proposals which they have under consideration for a substantial development of or significant variation in the provision of health services in the local authority's area.
- 35 What constitutes a substantial development or significant variation is not defined in legislation.

### **Consultation Timescales**

- 36 Regulation 23 also requires timescales to be provided to health scrutiny bodies and to be published by the proposer of the service change to allow for local patients and communities to be aware of timescales for changes.

### **Responses to consultation**

- 37 A health scrutiny body may comment on proposals and, where making a recommendation to which the consulting organisation disagrees, the organisation must notify the health scrutiny body of that disagreement. Both parties must take steps to try to reach agreement. Where no agreement can be reached, the health scrutiny body may refer proposals to the Secretary of State. The health scrutiny body must inform the NHS Body or provider of its intention to refer and the date by which it intends to exercise that referral.

### **Referrals to the Secretary of State**

- 38 Local authorities may refer proposals for substantial developments or variations to the Secretary of State in certain circumstances. These are:
- It is not satisfied with the adequacy of content of the consultation.

- It is not satisfied that sufficient time has been allowed for consultation.
- It considers that the proposal would not be in the interests of the health service in its area.
- It has *not* been consulted, and it is not satisfied that the reasons given for not carrying out consultation are adequate.

39 In accordance with the Council's Constitution and Overview and Scrutiny Procedure rules, the power of referral to the Secretary of State rests with the Adults Wellbeing and Health OSC.

### **Requirements when making a referral to the Secretary of State**

40 When making a referral to the Secretary of State, certain information and evidence must be included. Health scrutiny will be expected to provide very clear evidence-based reasons for any referral to the Secretary of State.

41 Referrals must now include:

- An explanation of the proposal to which the report relates.
- An explanation of the reasons for making the referral.
- Evidence in support of these reasons.
- Where the proposal is referred because of inadequate consultation, the reasons why the health scrutiny body is not satisfied of its adequacy.
- Where the proposal is referred because there was no consultation for reasons relating to safety or welfare of patients or staff, reasons why the health scrutiny body is not satisfied that the reasons given for lack of consultation are adequate.
- Where the health scrutiny body believes that proposals are not in the interests of the health service in its area, a summary of the evidence considered, including any evidence of the effect or potential effect of the proposal on the sustainability or otherwise of the health service in the area.
- An explanation of any steps that the health scrutiny body has taken to try to reach agreement with the relevant NHS body or health service provider.
- Evidence that the health scrutiny body has complied with the requirements which apply where a recommendation has been made.
- Evidence that the health scrutiny body has complied with the requirements which apply where a recommendation has not been made, or where no comments have been provided on the proposal.

## **Skerne Medical Group Branch Closure proposals – Considerations by Adults Wellbeing and Health Overview and Scrutiny Committee**

- 42 Do the proposals by Skerne Medical Group constitute a substantial development of or significant variation in the provision of health services in the local authority's area?
- 43 The proposals will reduce the number of Practice Branch sites where existing patients may receive GP services but services will remain available across the practice locality albeit from a reduced number of sites. 1500 patients registered in Trimdon Village will lose their local GP branch site and will be required to travel to the alternative branch sites in Fishburn, Sedgefield Village and Trimdon Colliery, pending the further review.
- 44 Has the Adults Wellbeing and Health Overview and Scrutiny Committee been consulted on the proposals?
- 45 Yes, representatives of the Skerne Group attended the Adults Wellbeing and Health Overview and Scrutiny Committee meeting on 15 November 2018 to report on the plans for patient and stakeholder consultation and associated timescales and explain the rationale for the proposed changes.
- 46 The rationale for the change was given as the severe reduction in GP capacity within the practice from 8 to 3 FTE GPs resulting in the practice stating they would be unable to maintain safe viable services across their 4 branch sites. GPs had retired, resigned and also experienced sick leave due to the pressure of maintaining services across the 4 sites. The practice had attempted to recruit GPs to the Group but reported that GPs were not willing to join a practice that operated across so many branch sites.
- 47 DDES CCG has expressed concerns that potentially the practice may collapse were the proposed changes not implemented which would potentially mean that all 15000 patients registered with the Skerne Group may find themselves without access to GP services.
- 48 Has the Adults Wellbeing and Health Overview and Scrutiny Committee commented on the proposals and/or made any recommendations to the Skerne Group in respect of the proposals?
- 49 Yes – Following the Committee's meeting on 15 November 2018 the Chairman of the Committee wrote to the practice manager on 21 November 2018 informing that the Committee had "recommended that the potential for continued GP provision within Trimdon Village should form a key part of your proposed review and any option for future

services developed as part of the review”. The Committee also requested that the practice representatives attend a special meeting scheduled for Tuesday 4 December 2018 at County Hall, Durham commencing at 9.30 a.m. to update members on the feedback received to date as part of the current consultation.

50 The Committee met on 4 December 2018 when the practice representatives reported verbally (the papers for the Committee were published prior to the end of the Consultation period) on consultation and engagement process explaining:

- Where the Public Engagement meetings had been held.
- The total number of people who attended the events.
- The methods which the practice employed to obtain feedback – written comments from the public meetings; comments via the practice website, verbal feedback during patient consultations and social media.
- The common areas of feedback provided to the practice and also thematic feedback from the individual stakeholder engagement meetings at individual localities.
- That in their opinion there is a pressing need to reduce sites to ensure the long term sustainability of the practice and its ability to provide GP services across the practice locality.
- That as a result of the consultation process, the Fishburn and Trimdon Village sites would close leaving clinical services to be provided for patients in the short term from Sedgefield and Trimdon Colliery sites.
- That the Fishburn site would be retained to accommodate those AHP’s who provided services from our building for the whole area eg. Midwife, Health Visitor, counsellors, mental health workers and podiatrist, as the two clinical sites would be unable to accommodate these services. Also some practice admin functions would be Fishburn based.
- That the practice will continue to explore the options available to establish alternative sites for the practice, or development of existing premises.
- Medical services have not benefited to any significant degree from Section 106 monies resulting from the widespread development in our area to date which would be vital for future developments.
- The practice will continue to work closely with DDES CCG to achieve a sustainable future once viable options have been fully investigated, there will be an implementation plan developed to

remodel the practice sites, taking into account the opportunities from both Trimdon and Sedgefield Community Hospital as well as our two current sites.

- Strenuous ongoing efforts to recruit GP's for the future will take place

51 Following considerable discussion, the Committee recommended that the following concerns and comments be reported back to the Skerne Medical Group and to the DDES CCG Primary Care Committee meeting scheduled for 18 December 2018:

1. That one of the sites to close has the second largest practice list (Fishburn) and which included half of the registered patients from Trimdon Village who had previously been encouraged to use the Fishburn site.
2. There is limited evidence to explain the rationale for closing the two sites from a patient perspective.
3. The absence of any detailed medical needs assessment having been carried out across the 4 sites based upon patient contacts and any associated risk assessments which include accessibility, car parking and availability of public transport as part of the options appraisal process.
4. Committee reaffirms its previous recommendation to the Skerne Medical Group that the potential for continued GP provision within Trimdon Village should form a key part of your proposed review and any option for future services developed as part of the review.
5. The Committee also contests the adequacy of the consultation as the letter sent to all patients on the practice lists contained conflicting information regarding lack of mention of a second potential site closure which was publicised on the Practice website and provided at the engagement meetings.

52 The Primary Care Commissioning Committee has refused the application to close the Fishburn branch site on the grounds that this was not included in the original letter and so it did not consider all patients were adequately consulted.

53 The Committee and also recommended 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. Any future service delivery model options appraisal process must include Trimdon Village.

## **What rationale exists for referral of the proposals to the Secretary of State for Health?**

### *Adequacy of the content of the consultation*

- 54 The consultation involved patients and stakeholders over a six week period commencing 22 October 2018 which included 6 public engagement events, letters to patients and website information. Consultation events included a presentation setting out the rationale for the review, which was also provided on the practice website.
- 55 There have been concerns expressed by the Committee that the material and information provided in patient correspondence differs from that available on the practice website in that the issue was the potential closure of Trimdon Village site not Fishburn. These concerns have been upheld in the refusal of the application to close Fishburn branch.
- 56 Concerns have been expressed by the Committee around the limited evidence from a patient needs perspective to explain the rationale for initial application to close two sites; considerations for accessibility and travel to the remaining sites; and whether an Equality Impact Assessment been undertaken in respect of the proposals.
- 57 The DDES CCG Primary Care Commissioning Committee agenda pack included information that was highlighted by the Adults Wellbeing and Health Overview and Scrutiny Committee as being necessary regarding potential travel implications and availability for patients accessing services under new arrangements as well as an Equality Impact Assessment.

### *Time allowed for the consultation*

- 58 The practice allowed for a six week consultation period.

### *The interests of the health service in the area*

- 59 County Councillors representing the local area have made representations that the proposal is not in the interests of the Fishburn and Trimdon Village areas because of the proposed loss of these two Branch sites and that some 5500 patients will have to travel to one of the two remaining sites to receive GP services.
- 60 The decision of the DDES CCG Primary Care Commissioning Committee to refuse the application to close the Fishburn branch now means that the patients impacted upon by the closure of Trimdon Village is around 1500.

- 61 The Committee need to balance these concerns against the risk expressed by the Practice and CCG colleagues that failure to agree and implement the proposals in the short term may lead to a collapse of the Practice and the potential risk of losing GP services across the whole of the Practice list of 15500 patients. Failure to take action has also been highlighted as a patient safety risk for more GP losses due to stress/sickness.

*Consultation with the Committee*

- 61 This criteria does not apply as the Committee has been consulted on the proposals.

## **Main implications**

*Consultation*

- 62 Skerne Medical Group has undertaken formal patient and stakeholder engagement and the practice will report the findings from that process.

*Legal*

- 63 This report has been produced in accordance with the Local Authority (Public Health, Health and wellbeing boards and Health Scrutiny) Regulations 2013 as they relate to the National Health Service Act 2006 governing the local authority health scrutiny function.

## **Conclusion**

- 64 The initial media articles and subsequent patient and stakeholder consultation and engagement have raised concerns amongst local residents and Durham County Councillors regarding the future of GP services across the Skerne Group locality.
- 65 The Committee has previously considered the Skerne Medical Group proposals alongside the initial findings of the patient and stakeholder consultation and engagement. The concerns of the Committee have been reported to the DDES CCG Primary Care Commissioning Committee whose decision on the issue is set out in paragraph 25 of this report.
- 66 The Adults Wellbeing and Health Overview and Scrutiny Committee has previously recommended that it reserves the right to make a decision on referral to the Secretary of State for Health and Social Care until a final decision had been made by the CCG Primary Care Commissioning Committee.
- 67 In light of the decision of the DDES CCG Primary Care Commissioning Committee held on 18 December 2018, the Adults Wellbeing and

Health Overview and Scrutiny Committee are asked to receive this report and reflect upon the decision of the Primary Care Commissioning Committee to determine its response to the decision.

### **Background papers**

- Agenda, Minutes and Reports to the Adults Wellbeing and Health Overview and Scrutiny Committee meetings held on 15 November and 4 December 2018

### **Other useful documents**

- Department of Health Local Authority Health Scrutiny Guidance June 2014

---

**Contact:** Stephen Gwilym

Tel: 03000 268140

---

---

## **Appendix 1: Implications**

---

### **Legal Implications**

This report has been produced in accordance with the Local Authority (Public Health, Health and wellbeing boards and Health Scrutiny) Regulations 2013 as they relate to the National Health Service Act 2006 governing the local authority health scrutiny function.

### **Finance**

Not applicable

### **Consultation**

Skerne Medical Group has undertaken patient and stakeholder engagement and the practice has reported the results of that process.

### **Equality and Diversity / Public Sector Equality Duty**

An Equality Impact Assessment has been carried out by the practice and was reported to the Primary Care Commissioning Committee.

### **Human Rights**

Not applicable

### **Crime and Disorder**

Not applicable

### **Staffing**

Not applicable

### **Accommodation**

Not applicable

### **Risk**

Not applicable

### **Procurement**

Not applicable

---

**Appendix 2: Letter from Councillor John Robinson, Chair of the Adults Wellbeing and Health Overview and Scrutiny Committee to Neil Bunney, Practice Manager, Skerne Medical Group**

---

Attached as a separate document