

DURHAM COUNTY COUNCIL

At a Meeting of **Adults, Wellbeing and Health Overview and Scrutiny Committee** held in Committee Room 2 - County Hall, Durham on **Monday 14 January 2019 at 12.00 pm**

Present:

Councillor J Robinson (Chairman)

Members of the Committee:

Councillors J Chaplow, P Crathorne, R Crute, G Darkes, J Grant, T Henderson, E Huntington, C Kay, K Liddell, A Patterson, S Quinn, M Simmons, H Smith and O Temple

Co-opted Members:

Mrs R Hassoon and Mr D J Taylor Gooby

Also Present:

Councillor P Brookes and C Cunnington Shore (Healthwatch County Durham)

1 Apologies

Apologies for absence were received from Councillors R Bell, A Hopgood, P Jopling, A Savory and C Wilson

2 Substitute Members

There were no substitute members.

3 Declarations of Interest

Councillors P Brookes, J Robinson and Mrs Hassoon declared an interest in Item 6 as patients of Skerene Medical Group.

4 Any Items from Co-opted Members or Interested Parties

There were no items.

5 Minutes

The minutes of the meeting held on 15 November 2018 and of the special meeting held on 4 December 2018 were agreed as a correct record and signed by the Chairman.

6 Skerne Medical Group

The Committee received a report of the Director of Transformation and Partnerships (for copy see file of Minutes) and verbal update by representatives of Durham Dales, Easington and Sedgfield CCG Primary Care Commissioning Committee.

The Principal Overview and Scrutiny Officer referenced the accompany documents to the report from DDES CCG Primary Care Committee and highlighted the comments made by the Committee at the previous meetings.

The Chairman of the DDES CCG Primary Care Committee reported that extensive discussions had taken place before any decisions had been made and information had been received via MPs, local councillors, this committee and local residents. He confirmed that the PCC had given a rationale to support each decision and recommended the following:-

- That the proposal for the closure of Trimdon Village be supported.
- That the proposal to close Fishburn Village surgery be rejected.
- That the practice (Skerne Medical Group) conduct an urgent review regarding the medium to long term future of the surgery sites, engaging all patients and completed within 6-12 months.

The Primary Care Contract Manager, NHS England supported the decision taken by the CCG's Primary Care Committee.

The Chairman said that there had been a lot of concerns and uncertainty expressed throughout this whole process and asked how this could be a four year review when the situation was classed as urgent.

The Chief Clinical Officer, DDES CCG said that there had been a lot of misunderstanding about the long term review. He confirmed that the practice would need to finalise the re-configuration of the practice over the next two months.

Councillor Grant continued to be disappointed about the closure of the Trimdon Village practice but did acknowledge that people would still receive medical care at the Fishburn practice. She thanked the CCG for recognising that the engagement process was flawed as what patients were being informed was different to the information posted on the website. She pointed it that if it was recognised that the process had been flawed then surely the reasons to close Trimdon Village would also be flawed. She confirmed that there had been a lot of engagement with the practice from Trimdon Village Parish Council. However, when talking to a developer with regards to using S106 money for a new build the practice had remained silent. She added that the local pharmacists wanted Trimdon Village to remain open. Referring to the Chairman's earlier point about this being an urgent situation, she disagreed and said that the problems had been apparent for years. She would feed her concerns into the cross party working group.

The Chief Clinical Officer DDES CCG said that these points had been answered at previous meetings and stood by the decision. He could not say that the practice was not in crisis and that the CCG had to support the practice by making these decisions.

Referring to the number of GPs at the practice Mrs Hassoon asked how many salaried and how many locums were currently in the practice. The Director of Primary Care,

Partnerships and Engagement said that there had been a substantial reduction from 8 to 2.5 partners and therefore the number of sessions offered by GPs had reduced significantly. The Chief Clinical Officer added that the practice were still managing to offer above the number of consultations but that this depended on locums availability. He pointed out that locums could not offer the same service as a GP. The Chairman of DDES CCG Primary Care Committee said that this could be addressed by having discussions at the cross-party working group and that the CCG welcomed the opportunity to be involved.

Members were advised that page 64 of the pack showed the staffing levels.

Mr Taylor-Gooby said that the decline of GPs was noticed in other GPs surgeries and they were also having to use more locums and salaried GPs. He asked if there were any plans to merge GP practices into bigger organisations and pool the GPs that were available. The Chief Clinical Officer confirmed that nationally 30% of general practices under threat of closure, with 10% in the north east. He added that there had already been some closures of practices in the region.

On answering a further question from Mr Taylor-Gooby about whether practices were obliged to merge, the Chief Clinical Officer said that this would depend if the neighbouring practice had the capacity to take on extra patients. It was also noted that the closure of one practice could have a domino effect on other practices by creating extra pressures.

Councillor Kay asked for confirmation about the number of partners at the practice as the report stated that number had dropped dramatically. It was explained that since the engagement exercise and from writing the report, there had been one further retirement and one redundancy. It was confirmed that there were 2.1 partners remaining in the practice. The Chief Clinical Officer explained that this number had varied from month to month during a very difficult time for the practice.

Councillor Grant went on to say that she accepted that there were only 2.1 partners now but that the report should have explained this by saying that the numbers varied from month to month rather than showing that it had been a dramatic change since December last year.

It was acknowledged that the confusion had arisen over the number of GPs as there had been no previous written reports from the practice and the CCG report stated that the current staffing level was 4.67 whole time equivalent GP partners. The CCG representatives confirmed that this was the number at the time of writing the report to the Primary Care Committee.

Councillor Brookes said that he was disappointed that no-one from the practice was at this meeting as it would have been helpful to receive the figures from them. He went on to say that the Trimdon Village surgery had closed 10 days previously and asked how the CCG would monitor the impact of this closure. He further asked if any extra use at A&E as a result of this closure would be monitored. He asked how the use of the additional paramedic employed by practice would be monitored and what the footfall would be on the other surgeries in the area. He was concerned that people would still need medical care but would have to travel further to receive it. He asked for the timeline of the review and what that would mean in terms of the closure of Fishburn surgery.

Councillor Brookes went on to ask for transparency in what the future use of Sedgefield Community Hospital would be and if Skerne Medical Group would occupy this as a single site practice, and if there was a timeline for this. He asked what was being done to extend the minor ailment scheme at the pharmacists in Trimdon, as he was concerned that as people may not be able to afford to travel to their GP they would rely on the pharmacy. He asked what Skerne Medical Group were doing in terms of recruiting new GPs and asked what was being done to create a new health centre in Trimdon Village.

The Chief Clinical Officer said that he could not add to what had already been said at previous meetings. He advised that the practice did not need to be at the meeting as it was for the CCG to inform the committee of the decisions made by the Primary Care Committee. In terms of minor injuries, he advised that this area of work was constantly being reviewed but that there was no intention to extend at present. The offer of advice and support was part of the national contract. He added that it was up to the surgery to consult on the future plans but that this would need to be done within the next 6-12 months. With regards to Sedgefield Community Hospital he advised that costs were being developed around the future use of the site. The offer from a developer for Trimdon Village would be explored further but he confirmed that there would only be two sites in the future, not four and that Trimdon Village would be part of the review. He advised that A&E was constantly monitored and daily data was collected. A report could come back to committee in six months time to show this information.

Councillor Crute commented that any plans for a public consultation should be presented to this committee first and he reminded officers that there was statutory duty to inform this committee.

With regards to the plans for Sedgefield Community Hospital, Councillor Crathorne asked that if Skerne Medical Group were to occupy would this be at a detriment to the wards and patients already there. The Chief Clinical Officer confirmed that the hospital was not used for clinical services and that wards were used for officers from the CCG.

The Chairman said that the offer from the developer to utilise the S106 funding needed to be expedited. He asked that staffing numbers from Skerne Medical Group were clarified and that they come back to committee with plans for the review, detailing the timelines and who would be involved. He asked that this be done before the commencement of the engagement process and that local councillors were involved.

Resolved:

That the update report and the decision of the CCG Primary care Committee be noted.