BRECKLAND COUNCIL

At a Meeting of the

OVERVIEW AND SCRUTINITY COMMISSION

Held on Thursday, 24 July 2014 at 10.00 am in the

PRESENT
Mr J.P. Cowen (Chairman)  Mr R.G. Kybird
Mr A.J. Byrne                Mrs S.M. Matthews
Mr C G Carter               Mr R. R. Richmond
Mr K.S. Gilbert             Mr B. Rose
Mr A.P. Joel

Also Present
Councillor C Bowes          Councillor M. Chapman-Allen
Mr S.G. Bambridge          Mrs L.S. Turner
Mr R R Richmond

In Attendance
Teresa Smith                - Committee Officer (Scrutiny & Projects)
Julie Britton               - Senior Committee Officer
Vicky Thomson              - Democratic Services & Legal Manager

41/14 APOLOGIES AND SUBSTITUTES (AGENDA ITEM 1)
An apology for absence was received from Councillor T Jermy.

42/14 URGENT BUSINESS (AGENDA ITEM 2)
None.

43/14 DECLARATION OF INTERESTS (AGENDA ITEM 3)
Councillor Gilbert declared an interest in agenda item 5 due to him being registered at the Medical Practice.

Councillor C Carter also declared an interest due to him knowing the Manager of the Medical Practice in a professional capacity.

44/14 NON-MEMBERS WISHING TO ADDRESS THE MEETING (AGENDA ITEM 4)
Councillors M Chapman-Allen, L Turner and T Carter.

45/14 WATTON MEDICAL PRACTICE TASK AND FINISH GROUP
(AGENDA ITEM 5)
On behalf of the Overview & Scrutiny Commission, the Chairman thanked Councillor Kybird for Chairing the Task & Finish Group and for all the hard work and effort that had been put into this matter by both the Group and the Committee Officer.

The Chairman of the Task & Finish Group provided Members with a detailed overview of the report which had been put together following
two Task & Finish Group meetings.

On 5 June 2014 the Eastern Daily Press reported that Watton Medical Practice was de-registering 1,500 patients whose postcodes fell within the catchment area of neighbouring practices. As this was not technically a closure of a service it did not fall within the protocol that required GP practices to consult with the Norfolk Health Overview and Scrutiny Committee (NHOSC) in advance of considering branch or main practice closures.

The Watton practice had been attempting to recruit new staff since August 2013 but had been experiencing significant issues with capacity following the resignation or retirement of several members of staff which it had not been able to replace. Further clinical staff were due to retire or leave in the next 12 months. The ratio of patients to doctors at the Watton practice had increased above that which was seen as clinically safe within the NHS. The practice was still trying to recruit and NHS England East Anglia Area Team (EAAT) were continuing to work with the practice on the recruitment process.

In addition to the de-registration of patients the Watton practice had also closed its list, which meant that it would not take on new patients other than the family members of existing patients.

The practice had also implemented a new appointment system in recent times to enable it to provide a greater number of appointments. The process involved patients who wished to book an appointment being initially assessed by a doctor or nurse over the phone. Those who did not need or wish to attend in person received advice over the phone, whilst other patients who needed to be seen were allocated an appointment of an appropriate length or urgency. This system was very similar to that operated by a number of other local practices. A valid criticism of the process could be a loss of privacy when a patient was in either a family or work environment and therefore sensitivity needed to be observed.

The decision to close the Watton Medical Practice patient list came into effect on 1 June 2014. The NHS England EAAT consulted with the neighbouring practices immediately before the decision was taken and considered their concerns but, on balance, felt that the application to close the patient list should be agreed. On the evidence provided to the Task and Finish Group by those consulted, Members considered the overall consultation left much to be desired.

Following the de-registration of the 1,500 patients from Watton, NHS England EAAT was very conscious of the effects on neighbouring practices and was providing additional resources to:-

- Secure additional capacity to undertake home visits for all affected practices
- Provide communications support to the Watton practice
- Support discussions with the community service providers to ensure continuity of care for patients in the community.

There were no plans to commission a second surgery in Watton as the NHS England EAAT considered the existing practice, with sufficient GP
resources supported by other clinical staff including Nurse Practitioners, would be able to provide services to the local population.

The NHS England EAAT acknowledged that the shortage of GPs was now an important issue across Norfolk and East Anglia. It described recruitment and retention of doctors as a significant risk to many practices, with locum doctors becoming more difficult and expensive to recruit. It was working at a local and regional level to highlight the issue and identify opportunities to raise the profile of East Anglia. The issue of NHS workforce planning with particular regard to GP recruitment and retention as it affected Norfolk was an issue that NHOSC was aiming to examine at its meeting in November 2014.

Councillors from Breckland District Council and the local Member of the Norfolk County Council had met with NHS England EAAT about the situation in Watton and neighbouring areas.

The issue had been raised at Breckland’s Overview and Scrutiny Commission meeting on 30 June 2014 where it had been agreed that a Task & Finish Group be set up to consider the following issues:

- Data Gathering
- Future Growth of the District and means by which NHS responded to that.
- Recruitment and retention of GPs at the surgery and across Norfolk.
- Locally specific Issues

The Task & Finish Group met on two occasions, the first time on 1st July where specific questions had been agreed to be asked of the Watton Medical Practice, and neighbouring practices. The second meeting held on 15 July saw consultations with the Watton Practice Manager, a representative of patients de-registered Maxine Creed, and Julian Horn, Editor of the Wayland News.

The Task and Finish Group issued letters to the neighbouring practices to ask them specific questions of which the feedback had been set out in Appendix 2. The Chairman of the Task & Finish Group said that he had been grateful for their input.

A letter had also been sent to the Watton Medical Practice to invite the Practice Manager and Senior Practitioner to a meeting to discuss a list of issues the Task and Finish Group had raised. A copy of the letter had been attached at Appendix 3 of the report.

Capita, the Council’s Planning Department, had been asked to provide information on the housing figures for Watton and the surrounding villages to inform if population growth had had a major impact on patient numbers. This information had been highlighted on Appendix 4 of the report.

NHS England had reported that there were no issues of concern with regard to the quality of medical treatment given by the Practice. This view had been supported by other consultees.

After high-level research had been undertaken, the Task and Finish
Group highlighted the following issues as being the main concerns as a result of the Watton Medical Practice de-registering 1,500 patients and the impact this has had on neighbouring practices. It had been noted; however, that the health profiles in Watton were slightly better than those of the rest of the county.

**Issue 1 - Growth in Population in and around Watton (see report for further details):**

It was noted that following the feedback from neighbouring practices, GP Practices nor NHS England had ever been involved as a statutory consultee in the planning process and it was felt that this should be changed as this was a significant issue and local practices needed to be consulted in future.

**Issue 2 – Recruitment and Retention of Clinical Staff (see report for further details):**

It had been found that the cost of employing a Locum GP in this area cost twice as much as it did in Cambridge. It had transpired that the key reason behind the difficulties in attracting GPs to the Watton Medical Practice was that it was not a dispensing practice which the Task & Finish Group felt warranted further investigation to look at the disparity between dispensing and non-dispensing practices. The recruitment regime continued at the Practice and a long term Locum had since been employed and it was hoped that he/she would stay and join the practice on a permanent basis.

**Issue 3 – Public Transport (see report for further details):**

There were no direct cross country public transport routes available in Breckland which was of a major concern to the individuals affected particularly for those who had been transferred to a surgery up to 13 miles away. The Task & Finish Group had been informed that a sub-group of the Health & Wellbeing Board had been set up at Norfolk County Council to look at these issues in relation to transport provision and how this could be coordinated across Norfolk.

The Chairman of the Task & Finish Group felt that the overall consultation process had been both rushed and inconsistent in relation to who should have been approached.

The recommendations were highlighted.

The Chairman drew Members’ attention to the fact that the Committee was not able to discuss matters of a personal nature or any matters that would identify individuals.

Councillor Joel asked if there was anything this authority could do to encourage more community car schemes in Breckland. Members were informed that Breckland Council already operated such a scheme. There were around 12 schemes in operation that the Council provided funding for, all were community led and all had to abide by certain rules to be able to qualify for funding. Drivers of these schemes were paid purely for mileage. Councillor Turner said that there were in fact 16 schemes in operation but it did not include any in Watton.
explained that these were individual schemes that Breckland Council supported but did not run, and there were insurance restrictions. Members were informed that she had already attended a meeting at Norfolk County Council where a great deal of information was being gathered of all the different schemes that were currently running across the County. It was also the intention of Norfolk County Council to run a seminar in the autumn to look at the catchment area map.

The Chairman pointed out that Ian Monson, the County Councillor in his Ward, was also looking at whether the 'Pink' Wayland bus could be re-routed.

Councillor Bowes wanted to know the meaning of the additional resources required for communications support under section 1.8 of the report. The Chairman of the Task & Finish Group said that he did not know the detail but would enquire. The Chairman pointed out that it was most likely referring to the Practice’s website that had an information page which he felt removed direct communication between Doctor and patient which was, in his opinion, very disappointing.

The map at Appendix 1 was highlighted. The Chairman stated that there were a couple of villages that did not fall into any catchment area namely, Merton and Thompson. These people could not seek medical support from any other practices and had been advised by Elizabeth Truss MP to remain on the current practice list. He pointed out that the NHS had a series of strands to it and operated in a very silo approach which was of a grave concern to the Overview & Scrutiny Commission. It was very challenging for those practices to respond to these issues when they were not being kept informed.

Councillor Charles Carter asked if the Commission had any powers to turn this practice around so that NHS England acted on this report. He also asked if there were any implications to the recommendations. The Chairman of the Task & Finish Group explained that the scrutiny issue came under Norfolk County Council but under the Localism Act, Breckland as a District needed to be aware of its residents needs. He reminded Members that both MPs had also taken an interest in this matter.

Councillor Turner reassured the Committee that Watton Medical Centre had been one of the main topics discussed at the Healthy Wellbeing Board of which she was a member and a great deal of healthy debate had taken place from all concerned. The outcome from that meeting had been that the NHS England Director had stated that they had a lot to learn from this arrangement and it must not happen again. Other Groups/Bodies were mentioned that that had also been in attendance and it was noted that the two representatives from the Clinical Commission Groups (CCG) had said that they would be working in a far closer way with NHS England from now on although it was most likely that it would not help the matter in hand.

The Chairman of the Task & Finish Group pointed out that Breckland was half in the west CCG and half in the south CCG and some surgeries affected were in different clinical groups; however, a consultation document was being put together to work more closely with CCGs in future.
Councillor Matthews had been a Member of the Overview & Scrutiny Commission for many years and it had always been said that planning had nothing to do with health and she knew that something like this would eventually come about.

On behalf of Watton, Councillor Gilbert thanked the Task & Finish Group for an excellent piece of work as it had raised the issue on a wider scale and he felt that it had been a big wake up call for all concerned. He pointed out that Watton Medical Centre could cope with many patients as there was room for 8 GPs and a facility for a local operating theatre, what was not coping was the people in the building. Hopefully, this was a big wake up call for the surgery and he hoped that the Practice would have a better understanding of the public’s needs and what the problems were. Members were informed that the operating provision required an enhanced medical contract of which Watton did not have.

Councillor Bambridge felt that there were two areas to influence; those that were being disadvantaged and putting pressure of NHS England for better working practices. He said that the Committee should demand NHS England to attend a future meeting to inform Members how they were going to alleviate these problems so this did not happen again.

Councillor Byrne mentioned East Harling and Kenninghall being part of the catchment area for Watton – 13 miles away. The Chairman reported that he now had access to the maps and the catchment areas were in his opinion very bizarre. The journey of about 13 miles would cost in the region of £45 for those who did not have a car. He said that if Members wanted to see the maps they could do so. As for recruitment and the retention of GPs were concerned; the Group had identified that if the practice was a dispensing practice it was easier to recruit. This was an issue of remuneration which did have an advantageous nature to the practice and did have an affect on the ability to recruit. He pointed out that he had heard from patients and from the NHS that high quality medical care was being provided in Watton. These issues of retention was for personal reasons and the Practice had been trying to recruit using many avenues; this was not a problem associated with just Watton; in fact, there were 49 vacancies for GPs in Norfolk and therefore he felt that this was not only a problem in Watton but it was clearly a problem nationally.

The issue around health was not population or growth or migration to the area, it was all about the correct ratio of patients to doctors. As far as the point made by Councillor Carter was concerned, the process had to start somewhere and Breckland Council did have a responsibility to take as much interest in health and wellbeing of its residents across the District. This matter had allowed the ‘can to be opened’ and the Task & Finish Group had identified a number of key issues and these could be addressed through Norfolk County Council or through the MPs. It was clearly a problem that also needed to be addressed at NHS level. Surgeries were getting inundated with people who had seen certain advertisements on television advising people to visit their GPs if their cough continued for more than 3 weeks - yet the Doctors themselves had not been informed of these adverts in the first place. GPs were independent and it was clear that the NHS needed to communicate in a
much better way and Breckland, as a District, needed to respond in relation to planning and be aware of medical practices in future and keep them informed of projected growth figures.

The Chairman said that he was very proud of Councillor Kybird’s Task & Finish Group as it had identified issues of a far and wide reaching area and many lessons needed to be learnt. All comments would be taken on board and the suggestion to invite the two MPs to a future meeting would be followed up.

The Chairman of the Task & Finish Group moved the recommendation, and it was

**RESOLVED** that:

1. NHS England reviewed the rules and guidelines for becoming a dispensing practice and to consider whether they had an impact on the recruitment and retention of GPs; and

2. NHS England, Clinical Commissioning Groups and Local Practices be consulted with regards to planning applications to assist with future staffing requirements.

It was noted that letters would be sent on behalf of the Commission.

**46/14 NEXT MEETING (AGENDA ITEM 6)**

The arrangements for the next meeting on Thursday, 28 August 2014 were noted.

The meeting closed at 10.55 am

CHAIRMAN