



Rutland County Council

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Minutes of the **MEETING of the ADULTS AND HEALTH SCRUTINY PANEL** held in the Council Chamber, Catmose on Thursday, 26th April, 2018 at 7.00 pm

PRESENT: Mrs L Stephenson Miss R Burkitt
Mr G Conde Mr W Cross
Mrs J Fox Miss G Waller

OFFICERS PRESENT: Mr M Andrews Deputy Director for People
Mrs N Taylor Governance Manager
Mrs J Morley Governance Officer

IN ATTENDANCE: Jamie Barrett East Leicestershire & Rutland CCG
Dr Dan Pickering Senior Partner Uppingham Surgery
Dr Viren Mistry GP Partner Uppingham Surgery
Dr Andrew Wass GP Partner Uppingham Surgery
Clare Jackson Practice Manager (Business)
Vicki Abbott Practice Manager (Operations)
Mr G Brown Ward Member for Ketton
Mr A Walters Portfolio Holder for Adult Social and Health

736 APOLOGIES FOR ABSENCE

No apologies were received.

737 DECLARATIONS OF INTEREST

Councillor Stephenson, Councillor Burkitt and Councillor Brown declared interests in items five and six of the agenda as they were registered patients of the Uppingham Surgery.

738 PETITIONS, DEPUTATIONS AND QUESTIONS

No petitions, deputations or questions from members of the public had been received.

739 QUESTIONS WITH NOTICE FROM MEMBERS

No questions were received from Members.

740 UPDATE ON KETTON BRANCH SURGERY PUBLIC CONSULTATION

A public report from the East Leicestershire and Rutland Clinical Commissioning Group (ELR CCG) was received.

The purpose of the report was to provide the Adults and Health Scrutiny Panel with an update on the public consultation being undertaken by Uppingham Surgery on its proposal to close Ketton Branch Surgery.

During his introduction, Mr Barrett confirmed the following:

- The ELR CCG was required to follow a formal process in decision making pertaining to any contract variation; this could include any boundary changes, a relocation or an application to close a branch surgery. This formal process adhered to NHS England national policies and would be considered through the Primary Care Commissioning Committee (PCCC).
- As the closure of a branch surgery was a major contract change it was deemed appropriate that a full public consultation over 90 days should be undertaken and this began on 1 February 2018. The consultation took the form of holding drop in sessions, writing to patients and asking them to complete a survey.
- ELR CCG received a substantial amount of feedback, via correspondence and through the drop-in sessions that were held, that raised concerns about the survey questions and the level of information available about the rationale for the proposed change.
- As a result of this feedback, the CCG advised the practice to amend the survey questions and extend the consultation period from 1 May to 1 June. Additionally the practice wrote to patients giving them more detailed information about the proposed closure and offering an extra drop in session.
- Once the consultation period had finished a report would be presented to the PCCC which would take into account information gathered from the consultation, an equalities impact assessment undertaken by both the practice and the CCG and responses from stakeholders which would include any response from Rutland County Council.
- It was anticipated that a decision would be made by July or August.

During discussion the following points were noted:

- There was concern that the relationship between the CCG and Uppingham Surgery had been overly close and that rather than imparting advice, the CCG had been led by the practice into influencing public opinion. As an example of this, reference was made to the CCG's open letter to Ketton ward members that had been sent to the Stamford Mercury and the Rutland Times without any prior consultation with them.
- The CCG felt that they had been clear that it was the Practice's plans and their consultation, and that their role had been to advise on the consultation. It was deemed acceptable that a letter could be sent to the press so that information about the business case could be disseminated more widely.
- Feedback from the first questionnaire had highlighted that issues around transport and accessibility were not able to be fed in. The more detailed, additional questions around transport that were added to the questionnaire would enable the CCG to tease out if there were any mitigating circumstances that needed to be considered. It was felt that the questionnaire needed to be robust and comprehensive so that it would be seen as a reliable source of information on which to base decisions.

- Patients as well as practices were ‘members’ of the CCG and their voice was channelled into the CCG through patient representative groups and through Healthwatch.
- Members felt that as Rutland was one of the most rural and sparsely populated counties then transport considerations should have been uppermost when the questionnaire was devised.
- Bus routes in the County were subsidised by the Council but even so bus routes had been cut. The CCG was removed from the problems with transport but encouraged any feedback regarding the availability of transport to be fed into the consultation process.
- There was concern that the alternative GP practices in Stamford, which was the nearest town and therefore most accessible in transport terms, were already oversubscribed and would not have space for the 250 people affected by the Ketton branch closure.
- The CCG verified that the Uppingham practice and its Barrowden branch, as well as Empingham surgery, all had an open list and the capacity to take on new patients. The CCG would contact the South Lincolnshire CCG to ascertain whether the surgeries in Stamford could take on additional patients from Ketton.
- If the consultation produced a very large and clear one-sided response, the CCG would take it into consideration but would also look at any mitigations, for example whether the response was representative of the whole patient group.
- The results of the questionnaire would be analysed by the impartial Commissioning Support Unit so that any conclusions were unbiased.
- The GPs and clinicians that sat on the PCCC were there to give a clinical perspective and did not vote.
- Dispensary services came under NHS England and did not sit with the CCG.

AGREED:

1. The Adults and Health Scrutiny panel **NOTED** the report on Uppingham Surgery’s proposal to close the branch surgery in Ketton and the adaptation to the consultation based on feedback received.

ACTIONS AGREED:

1. The Panel **REQUESTED** that the East Leicestershire and Rutland Clinical Commissioning Group inform the panel, after contacting the South Lincolnshire Clinical Commissioning Group, whether surgeries in Stamford had open lists and could take on additional patients from Ketton.

741 PROPOSED CLOSURE OF KETTON SURGERY

The Partners and Office managers from Uppingham Surgery outlined the reasons and the rationale behind their proposal to close Ketton branch surgery.

During their presentation, the Surgery confirmed the following points:

- Uppingham Surgery had 11,000 patients and the Partners wanted to provide the best clinical care to all of these patients whilst operating under some major national and local challenges that included GP recruitment and treating patients across a 100 square mile area.

- In 2005 it was proposed that the Ketton branch surgery at Geeston should be closed as a result of underutilisation and the building not being fit for purpose. The Parish Council came up with a solution to move the surgery to the Library and the practice were hopeful that this would increase the number of patients and decrease the number of underutilised appointments. Unfortunately there had been a net reduction in the number of patients, down by 17%, and 41% of appointments remained unfilled.
- Uppingham Surgery was facing the challenge of increasing demand for services whilst ensuring that the resources that they had were utilised effectively.
- Currently Uppingham Surgery had a 91% satisfaction rate compared with 85% nationally. Their patients liked the Rapid Access Clinic model they offered which meant that they were able to offer appointments on the day and respond to needs immediately. In order to maintain this model, and as they had not been immune to the nationwide GP shortage, Uppingham Surgery had adopted different ways of working using advanced nurse practitioners and clinical pharmacists in a multi-disciplinary approach. This approach had not worked at the Ketton branch which continued with a number of unfilled appointments. A significantly lower percentage of Ketton residents registered with the surgery as compared with other branches.
- Six different options for the Ketton branch surgery were outlined. Option 1 was to maintain the status quo which would mean a high number of appointments would remain unfilled causing a detrimental effect to other patients. Option 2 was to replace GP sessions with other practice staff but that would limit the breadth of issues that could be dealt with and would lead to even more unfilled appointments. Option 3 was to reduce the GP sessions by half but that had already been attempted and the appointments were still underutilised. Option 4 was to reduce the number of sessions at all branches but there was a significant difference in the number of patients registered, for example, at Gretton. Gretton patient numbers had increased by 38% whilst Ketton patient numbers had decreased by 17%. Option 5, the preferred option, was to close the Ketton branch surgery. Option 6 was to close all branch surgeries but the demand in Barrowden and Gretton would make it difficult to provide all services. Additionally Uppingham Surgery was the sole occupier of the premises at Gretton and Barrowden. In weighing up all these options Uppingham Surgery had to consider the care of *all* its patients as it cared passionately about the level of care that it offered and felt that given all the complexities of the situation, that it could not justify the continued underutilisation of appointments.

During discussion the following points were noted:

- Members questioned whether it was right that ELR CCG should effectively be protecting Gretton surgery as it was a surgery outside of their remit. It was felt that Gretton was a false comparator to Ketton as access from Gretton to Corby was greatly superior and the Gretton patient base increase could have been as a result of the massive expansion in Corby.
- The Partners argued that whether Gretton was there or not, it was the underutilization of appointments at Ketton that was the issue.
- The new patients registered at Gretton came from Gretton itself as two years ago the Surgery had changed the practice boundary to protect its patients and to avoid the neighbouring Prior's Hall development.
- Ketton would be expanding in the near future with an additional 300 properties planned which would generate an extra 1000 patients. Members asked whether

the Practice would accept a moratorium on their proposal in order to allow the Parish Council to encourage more attendance and monitor those moving in and signing up.

- The Uppingham Surgery did not have a waiting list and its GPs were working exceptionally hard to provide something that most surgeries did not offer. The problem of underutilization was a pressing issue and needed to be addressed as soon as possible to avoid GPs suffering burn out.
- Partners felt that most residents of Ketton village knew that there was a branch surgery located at the Library. The Library was widely used and was next to the Primary school. Additionally the practice website gave information about the branch surgeries and in Gretton there had been an increase in patients registering without any additional advertising of the service. Only 20% of the population of Ketton was registered with Uppingham surgery with the rest choosing to go elsewhere.
- It was felt that the reduction in service at Ketton did not make it attractive enough for patients to register. However until July 2017 there had not been a change to the service compared to other branch surgeries and the reduction in numbers had not occurred elsewhere.
- Changing the boundary area of the practice would not reduce the number of patients on their books, and subsequently the pressure on services, as patients already registered could not be deregistered if they then fell outside of the boundary area.
- Residents in Ketton would be able to get their prescriptions by utilising the Good Neighbourhood scheme or through community pharmacies and some pharmacies such as Boots in Stamford offered home deliveries.
- Nationally there was a problem with recruiting GPs because many worked part-time or were retiring early. Uppingham surgery employed 4 part time GPs who shared two lists so that they could work within the named doctor scheme. In theory, if the practice was able to recruit two additional GPs it would be more feasible to continue at Ketton.
- The proposal to close Ketton branch surgery was not a financial decision but was based on usage of the service. The Practice Partners commented that it was heart wrenching to sit in an empty surgery whilst other colleagues were overstretched and struggling elsewhere.

AGREED:

1. The Panel **AGREED** that the Chair would submit a formal response to the CCG regarding the Ketton surgery closure proposal on behalf of the Adults and Health Scrutiny Panel.

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The Chairman declared the meeting closed at 8.56 pm.

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