“The Provision of Primary Medical Care in Preston”

Report by the Scrutiny Task and Finish Group

August 2018 – December 2018

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Chair's Foreword and Acknowledgements

This Task and Finish Group was set up following concerns over the way in which plans to re-configure GP surgeries were being undertaken. More specifically, the proposal to close five surgeries and move their GP practices to a Super Surgery on Garstang Road in Fulwood and the decision not to establish a surgery in North West Preston, raised serious concerns over how local communities can have a say in how and where they can access GP services.

It became clear as we took evidence that it is the GPs themselves who drive the configuration of GP services in Preston. The NHS through the Greater Preston CCG and the Delegated Clinical Commissioning Group have a role but this is largely to respond to proposals from GPs. They do not see it as their role to determine where GP surgeries are best located in the interests of local residents. We believe the government should address this democratic deficit. If the proposals in respect of the Super Surgery are agreed and no surgery is established in North West Preston, we believe there is a need for accessible local health provision in both Plungington and North West Preston.

I thank the officers and members of the Council who have participated in the work of the group and all those who gave evidence. I am particularly grateful for those who gave oral evidence and answered our questions.

Councillor David Borrow

The members who contributed to this study were:

Councillor Borrow (Chair)

Councillor Crompton (Vice Chair)

Councillor Mrs Brown

Councillor Donnell

Councillor Eaves

Councillor Henshaw

Councillor Iqbal

Councillor Jolliffe

Councillor Sedgewick

Recommendations to Cabinet

	Recommendation	Date To Be Implemented	Officer & Organisation responsible
1.	That Cabinet be requested to write to NHS England to express the concerns regarding the criticism of the current process of inadequate service planning control over the provision of GP services.	As soon as possible if approved by Cabinet	C Sharp, Chief Environmental Health Officer / Deputy Director of Development
2.	The Task and Finish Group expressed strong concern about future GP provision in both the expanding NW Preston and in the Plungington area, and recognising that adequate service provision needs to be made close to where people in those communities live. It recommends that Cabinet, via the Cabinet Member for Planning and Regulation, pursues those concerns with all those who are responsible for the adequate provision of Primary Medical Care Service in Preston, (including the possibility of 'drop in' facilities in the Plungington and NW Preston areas), and to explore what the Council can do as a Planning Authority via the NW Masterplan / Planning Policy to include adequate health provision in Preston.	Ongoing with regular reports to the Overview and Scrutiny Management Committee	The Cabinet Member for Planning and Regulation

1. Background / Aims of this study

This work plan study arises from proposals to close five GP surgeries and build a new Super Surgery on the Former Little Sisters site in Fulwood. A number of councillors felt that the proposals raise serious questions about the provision of Medical Primary Care in the City. For instance, how will these changes affect Preston and fair access to Primary Care across the City? The Council needs to be assured that there will be adequate GP provision in Preston in the medium to long term.

2. Scope of the Study

The Group considered a draft scoping document on 17 August 2018. It was noted that the draft scope in its existing form gave rise to a number of key questions / areas of scrutiny in respect of the Greater Preston Clinical Commissioning Group (CCG), City Deal, NW Masterplan, the decision concerning the Garstang Road Super Surgery and NHS England policies.

It was proposed that, due to the wide ranging and complex nature of Commissioning Services generally, the scope for this study be primarily focussed on the decision regarding the Super Surgery on Garstang Road and the process / role of the CCG and how it engages with the public. The Group also agreed that as the focus would be on GP surgeries, the study be entitled “The Provision of Primary Medical Care in Preston”.

The scope of the study specifically excluded any land use planning considerations in connection with the proposed use of the Garstang Road site, as such matters are properly the consideration of the Council in its role as Planning Authority.

3. Meeting – 17 August 2018

3.1 Presentation by Lead Officer – Overview / Background to the Provision of ‘Primary Care’

Mr C Sharp, Deputy Director of Development/Chief Environmental Health Officer delivered an informative presentation giving a broad overview of the process of primary care and the role of the CCG.

Mr Sharp also explained how GP services are funded. He stressed that GP services are private, contracted by the NHS to deliver its services.

The Chair referred to the proposal to close 5 existing GPs surgeries and create a ‘Super Surgery’ in Fulwood. He summarised the many concerns expressed by local residents as follows:

- Difficulty travelling to the new location, potentially leaving thousands of patients without GP provision
- Impact on acute services – i.e. will people go to A&E at nearby Royal Preston Hospital
- Location of surgery in proximity to pharmacy – e.g. if the new practice is affiliated to a pharmacy on site, and GPs stand to gain financially from issuing prescriptions, this raises questions about impartiality and conflict of interest.

He indicated that that the Group should be seeking to hold the NHS bodies to account on behalf of the people of Preston in their duty to provide access to primary care.

Full details of the discussion can be read here: Minutes 17 August 2018

4. Meeting – 28 September 2018

Ms Donna Roberts, Head of Primary and Elective Care, Chorley and South Ribble / Greater Preston Clinical Commissioning Groups (CCGs) attended the meeting for interview.

Key discussion points

- GP contracts are held by either individuals or partnerships. All five surgeries are under the same contract holder. Not in jurisdiction of CCGs – only the contract remains rather than the partners. We do not have a say in staffing, management etc.
- It is not uncommon to have GPs and pharmacies linked – there are no regulations to prevent it. However, we do monitor dispensations and are aware of profits made.
- Assessment of floor space – VFM perspective – we only pay notional rent. We work with the district valuer and we only contribute to the GP occupied part of the building – the GP must pay rent for the rest of the building and pharmacy.
- There was no pressure from the CCG to merge; GPs themselves are instigating change to address modern challenges – e.g. higher population, people living longer leading to an increase in long term conditions. The NHS needs more ‘entrepreneurial’ GPs who will invest their own capital. Capital funding is a major issue for the NHS.
- The CCG are currently mapping patient numbers with a view to drawing up a plan for the Preston area. She also said that there are no plans to close existing health centres and they would be undertaking assessments to establish if needs are being met.
- GPs are obliged to engage with patients, however transport is always an issue. The CCG will work with the Highway Authority (LCC) if necessary – the

bus companies are private but if we put a case that patient footfall would be expected, it would make business sense to provide a service.

- With regard to funding held by NHS England, GPs can apply but it is difficult to obtain.
- One member enquired as to the possibility of satellite healthports. A question was asked if the CCG can make representations with regard to this. Ms Roberts indicated that it may be possible to look at this and discuss with the Lancashire Care Foundation Trust who deliver community services, if the need is identified in certain areas.
- The CCG Governing Body includes representatives of GPs (including the Chair who is a GP), 6 Directors, 1 Nurse, 1 Secondary Care representative, lay members and Executive Directors from the CCG.
- The Delegated Commissioning Committee was responsible for taking the decision with regard to the Super Surgery. GPs are non-voting members and the decision cannot be overturned by the Governing Body.

Full details of the discussion can be read here: 28 September 2018

5. Representations and Consultation Responses Received

Written representations were received from Woodplumpton Parish Council, outlining a number of issues and concerns in relation to the proposed Super Surgery at Garstang Road (See Appendix D).

Further representations were received from Sarah James, Central Lancashire Integrated Care Partnership Programme Director (see Appendix E).

6. Greater Preston CCG – Delegated Commissioning Committee – 5 December 2018 and Pre Meeting Interview with lay members

Councillors Borrow and Iqbal met with lay members from the CCG's Delegated Commissioning Committee to discuss the issues raised by the Group. They clarified the role of the Committee in that the decision they had taken was simply to approve in principle the payment of the nominal rent on the new premises. Their remit was limited, i.e. to consider whether the rent was reasonable and could deliver the services, rather than the appropriateness of the location. It was interesting to note that the vote had not been unanimous.

7. Executive Summary – Findings and Conclusions

The issues identified by the Group over the course of the study can be summarised as follows:-

1) Concern was expressed about lack of limits on consolidation of GP practices, particularly into single powerful companies:

- How does that fit well into a public service model?
- Risks to best clinical decisions for patients with single providers where those companies also provide wider health and social care services?
- Risks to the NHS service resilience where local services are consolidated in too few providers?
- Ability the NHS within the current rules has to control such consolidations?

2) Concern was expressed about lack of local community control/influence over how GP services are configured in a locality.

8. Corporate Management Team Commentary

CMT welcome the Work Plan Study report. In respect of the recommendations we feel there is a need to clarify the need for recommendation 2 in that, as the local planning authority, whilst we can make provision in respect of land allocation for the provision of primary medical care services, we have no ability to require that these land allocations are utilised by primary care service providers.

8.1 Legal, Financial and Equalities Implications

Financial Implications

At this point there are no financial implications. However there may be implications from the outcome of the recommendations, which would require further investigations.

Equalities Implications

The recommendations take into account the primary medical care needs of all in the community, recognising that some have needs specific to their age, gender, disability, ethnicity or other characteristic. The recommendations propose influencing actions on others by the Council, rather than the direct creation of policy, procedure or operational practice by the Council. Should such influencing lead to changes to any formal plans, policies or procedures, then those responsible for such

procedures, including the Council if appropriate, will need to consider any equality impacts at that time.

Legal Implications

Policy MD2 (North West Preston) of the adopted Preston Local Plan (2012 – 2026) states “Community uses should be located in association with the local centres with one to include a health centre”. The North West Preston Masterplan Supplementary Planning Document (March 2017) supplements Policy MD2, and states “The Masterplan and Policy MD2 identify the provision of a new health centre for NW Preston. This is included on the CIL 123 List together with the expansion of the existing facilities at Ingol Health Centre. In terms of the provision of a new health centre the City Council have discussed the level of provision required with the Greater Preston/Chorley and South Ribble Clinical Commissioning Group (CCG). Following these discussions the preferred option is to upgrade and expand the existing facilities at Ingol Health Centre to serve the NW Preston area rather than create an additional facility at NW Preston. This should allow a more effective and coordinated approach to the delivery of patient services in the area. This approach will be kept under review to ensure patient capacity at Ingol Health Centre can meet the additional demand from the level of development proposed for North West Preston.

The Local Plan is being reviewed but is in the very early stage of the statutory process.

Appendix A

SCRUTINY WORK PLAN STUDY TOPICS SCOPING 2018/19

TITLE: Provision of Medical Primary Care in Preston

Key background information

Recent proposals to close five GP surgeries and build a new Super Surgery on the Little Sisters site in Fulwood raises serious questions about the provision of Medical Primary Care in the City. How will these changes affect Preston and fair access to Primary Care across the City. The Council needs to be assured that there will be adequate GP provision in Preston in the medium to long term.

This study will be seeking to hold the relevant NHS bodies (such as Greater Preston Clinical Commission Group) to account on behalf of the people of Preston in their duty to provide access to Medical Primary Care.

Evidence / Key people to hear from*

Greater Preston Clinical Commissioning Group

Digital public consultation by the Communications Team – invite key players to participate e.g. NHS Trust,

LCC - Public Health

Faculty of Health at UCLAN

A charitable organization like the Kings Fund

*A revised approach was later agreed – i.e. that rather than a public consultation specific key players be invited to make representations i.e. Preston Acute Hospitals Trust and Lancashire Care Foundation Trust

External Visit

A Super Surgery

Lead Officer

Craig Sharp – Chief Environmental Health Officer Deputy Director

Panel size

9 (5, 3, 1)

Time estimate

5 months

Resources

Member Services Lead Officer – Mr C Sharp, Deputy Director Environment

Communications Team

Target Audience

Clinical Commissioning Group

Appendix B

Web Link -

Presentation – Provision of Primary Care

Appendix C

List of Interview Questions for Greater Preston CCG

Governance

Who sits on the Greater Preston CCG? e.g. GPs/ lay members

Also – question applies to several Groups and Panels which are also involved in Commissioning Services but who are chaired by lay members not GPs. How are they appointed?

With regard to Central Lancs CCGs –Same Executive but are lay members the same on each?

Role / Decision making

Is Greater Preston CCG proactive in providing capital / funding for Primary Care services or do market forces dictate this?

Process Transparency / Accountability

If a GP practice such as a Super Surgery and on site pharmacy are linked by financial gain, how does this impact on the impartiality of GPs writing prescriptions for example? How can transparency and accountability be ensured in these circumstances?

Questions Arising from the Scoping Document

How do the CCG determine how many GPs there are for Preston?

How are the CCG accountable to the public?

What is the role of Healthwatch and patient interest groups?

Super Surgery Garstang Road

How has the plan for a “super surgery” come about?

Who determined that this could happen?

Who scrutinised that decision?

How were patients involved?

Appendix D

Representations received from Woodplumpton Parish Council

I note from the City Council website that a Task and Finish group has been set up to look at the Commissioning of Primary Care Services. I also note that 'due to the wide ranging and complex nature of Commissioning Services', the scope of the study will be primarily focused on the decision to create a 'Super Surgery' on Garstang Road.

Woodplumpton Parish Council contacted the CCG in July shortly after the 'super surgery' was publicised as Members had grave concerns that the publicity stated that 'the surgery would serve residents from the new housing developments in Preston'.

In line with the concerns expressed by residents - listed in the scoping document - Woodplumpton Parish Council is extremely concerned that traffic will be 'encouraged' to use the A6 to access the new surgery - which is contrary to the provisions of the NW Preston masterplan. Consequently we wrote to the CCG in July to question the above comment and the decision not to proceed with a new health centre in NW Preston.

The following extract from their reply may be of assistance to Members of the Task & Finish Group.

Ingol Health Centre will be redeveloped in three phases to accommodate the growing number of homes / potential patients arising from the housing developments in the area (see below).

- Working with Preston City Council the CCGs have secured funding from the Section 106 monies to redevelop Ingol Health Centre

- The Fulwood development is a private development led and funded by the GPs themselves, the CCGs have supported the development as it is in line with the strategy for the area. It replaces five separate practices that are either single handed (GP) premises operating from residential estate, are non-compliant, or are in need of significant investment due to maintenance. As stated within the Delegated Commissioning Committee Report, the CCGs will only provide notional rent reimbursement to the development. All GP practices are entitled to this reimbursement in line with NHS England Premises Cost Directions 2013

- For clarity this means that there will be developments in both Ingol and Fulwood to support the new housing developments

Woodplumpton Parish Council still has reservations regarding the bullet point highlighted above, and as such, Members welcome the forthcoming scrutiny into the CCG's decision - however, we also share the concerns listed in the scoping

document that the 'super surgery' may have an impact on acute services i.e. will people go to A & E at the nearby Royal Preston Hospital.

In line with many other hospitals, Royal Preston is at breaking point in terms of admissions and delays at A & E and we questioned whether the CCG has undertaken a Commissioning Report into the impact on acute services - caused by the number of housing applications and the resultant population growth in Preston.

Unfortunately they have 'omitted' to answer that aspect of our enquiry, and I wonder if the question could be presented as an expansion of the concerns listed in the scoping document?

If not, please could you advise it is an angle that the Task & Finish Group could explore as a well functioning A & E is vital to ALL of Preston's residents.

Appendix E

Consultation Response from Central Lancashire Integrated Care Partnership

1. The nature of GP Super Surgeries means that they are physically more remote from some communities than the smaller GP Practices that are amalgamated into them. This increasing travel distance is likely to have a detrimental impact upon some people's ability to access their GP, leaving them without suitable local GP provision.

Due to a number of changing demands on general practice the model of a large number of small practices is becoming unsustainable. In order to increase their resilience and sustainability they are looking at new models of care which allows them to respond to these demands. Practices are coming together to work at scale in order to make efficiencies in back office functions for reinvestment in clinical workforce, to maximise their use of the wide variety of clinical roles available to them, to improve the range of services available to patients and to improve patient outcomes. For some patients this may mean that the new surgery is slightly further for them to travel, but all patients have the opportunity to raise their concerns with the practices as part of the engagement done prior to any move.

2. If people cannot readily access their GP because of increased travel distance, will this lead to increased demand upon acute NHS services such as A&E?

One of the benefits of practices working at scale is the larger and more diverse clinical workforce available to patients in order to address their individual needs and improve waiting times for services. For most patients it is still more convenient to access their GP surgery than attend A&E.

3. Whilst having a pharmacy and a GP practice in the same building may provide a convenient service for patients, there is concerns that if the prescriber and dispenser of medication are one and the same organisation and that there is a profit motive involved that this could lead to pressures on the impartiality of clinical decision making and pose a conflict of interest.

No specific response

4. There is a lack of clarity on governance and public accountability of decision making on the provision of GP services; in particular it is unclear how

the lay members of the CCG's Delegated Clinical Commissioning Group are appointed.

Regarding the appointment of CCG Lay Members from the CCG Constitution;

2.2.5

The two Lay Members, as listed in paragraph 6.6.2 d) of the Group's Constitution, are subject to the following appointment process:

a) Nominations – Nomination shall comprise a formal application for each of the respective vacant positions;

b) Eligibility – Lay Members shall meet the requirements set out in the role function and specification which shall include:

i) the requirements of Regulation 12(3) of the CCG Regulations in respect of the Lay Member who leads on finance, audit and conflicts of interest;

ii) the requirements of Regulation 12(4) of the CCG Regulations in respect of the Lay Member who leads on patient and public involvement;

iii) shall not be an employee, shareholder or on the Board of Directors of any healthcare provider which provides healthcare by way of a contract to NHS Chorley and South Ribble CCG; and

iv) shall not fall into the categories detailed at Schedule 4 or Schedule 5 of the CCG regulations.

c) Appointment process – Appointment will be determined by interview on a competency based selection process for each respective specific Lay Member position. The interview panel shall include at least the Chair of the Governing Body, the Chief Officer, a Lay Member of the Governing Body of a neighbouring Clinical Commissioning Group and a member of NHS England or an applicant with the appropriate expertise.

d) Term of office - the office holders will be appointed to the office for a period of 4 years, with a maximum of two (2) terms of office to be served;

7.6.4 Each GP Director is required to comply with the Managing Conflicts of Interest Policy.

77. The Lay Member for finance, audit and conflicts of interest

7.7.1 The Lay Member with responsibility for finance, audit and conflicts of interest will bring specific expertise and experience to the work of the governing body.

7.7.2 The role will be strategic and impartial, providing an external view of the work of the CCG that is removed from the day-to-day running of the organisation and will be instrumental in ensuring that the Governing Body and the wider CCG behaves with the utmost probity at all times.

7.7.3 The role will also be responsible for ensuring the CCG has appropriate and effective whistle blowing and anti-fraud systems in place.

7.7.4 The Lay Member with responsibility for finance, audit and conflicts of interest will chair the Audit Committee.

7.7.5 Each Lay Member is required to comply with the Managing Conflicts of Interest Policy

78. The Lay Member for patient and public involvement

7.8.1 The Lay Member with responsibility for Patient and Public Involvement will bring specific expertise and experience, as well as their knowledge as a member of the local community, to the work of the Governing Body.

7.8.2 The Lay Member will help to ensure that, in all aspects of the CCG's business, the public voice of the local population is heard and that opportunities are created and protected for patient and public empowerment in the work of the CCG.

7.8.3 Key responsibilities of the role include ensuring that:

a) public and patients' views are heard and their expectations understood and met as appropriate;

b) the CCG builds and maintains an effective relationship with Local Healthwatch and draws on existing patient and public engagement and involvement expertise; and

c) the CCG has appropriate arrangements in place to secure public and patient involvement and responds in an effective and timely way to feedback and recommendations from patients, carers and the public.

functions, connected with the Governing Body's main function, to its Clinical Effectiveness Committee:

i) Setting Clinical and Effective Use of Resources policies for the Group including prescribing policies;
ii) Managing exceptionality;
iii) Advising the Governing Body on latest clinical evidence in decision making;
iv) Prioritising clinical policy implementation;
v) Promoting research and the use of research evidence.

b) **Quality and Performance Committee**[49] — Accountable to the Group's Governing Body, the committee is responsible for monitoring the quality and performance of service providers in line with the Group's Quality Strategy and initiating performance and recovery interventions. The Chair of the Committee shall be determined by the committee members, but shall be approved by the Governing Body. The Governing Body will approve and keep under review the terms of reference for the Joint Quality and Performance Committee, which includes information on the membership of the Committee.

c) **Patient Voice Committee**[50] – Accountable to the Group's Governing Body, the committee is responsible for providing to the Governing Body an assurance and scrutiny function in relation to its duties to involve patients and the public in shaping NHS services (as outlined in section 242 (1b) of the National Health Service Act 2006, the Equality Act 2010 and other relevant legislation). The Chair of the Committee shall be the Lay Member with responsibility for Patient and Public involvement. The Governing Body will approve and keep under review the terms of reference for the Joint Patient Voice Committee, which includes information on the membership of the Committee.

d) **Delegated Commissioning Committee**[51] — accountable to the Group's Governing Body, the Committee is responsible for carrying out the functions relating to the commissioning of primary medical services under section 83 of the NHS act except those relating to individual GP Performance management, which have been reserved to NHS England and such functions under section 3 and 3A of the NHS Act as have been delegated to the Committee. The Chair of the Committee shall be the Lay Member with responsibility for Governance. NHS England and the Governing Body will approve and keep under review the terms of reference for the Delegated Commissioning Committee, which includes the membership of the Committee

49 See Appendix L for the Terms of Reference of the Quality and Performance Committee

50 See Appendix M for the Terms of Reference of the Patient Voice Committee

51 - See Appendix N for the Terms of Reference of the Delegated Commissioning Committee