

MINUTES OF A MEETING OF THE SOUTH AND WEST ESSEX AREA FORUM ACCESS TO GP SURGERY TASK AND FINISH GROUP HELD ON 6 OCTOBER 2010 AT 2.00 PM AT ESSEX COUNTY COUNCIL, CHELMSFORD

Membership

Essex County Councillors:

- | | |
|---------------------------------------|----------------|
| * Mrs Elizabeth Webster
(Chairman) | * David Kendal |
| * Ray Howard (ex officio) | * Colin Riley |
| * Mrs Sandra Hillier | * Roy Pearson |

Essex County Councillor HOSC Representative

- * Cllr John Baugh

Borough and District Councillors

Cllr Tony Archer	Basildon Borough Council
Vacancy	Brentwood Borough Council
Cllr Mrs L A Butcher	Rochford District Council
Vacancy	Castle Point District Council

Parish Councillors

- | | |
|------------------------|----------------|
| * Cllr. Assad Aly-Khan | BATPC |
| Vacancy | Parish Council |
| Vacancy | Parish Council |
| Vacancy | Parish Council |
- (* present)

The following officers were present in support throughout the meeting:

Vivien Door	Committee Manager, ECC
Colin Ismay	Governance Manager, ECC
Yvette Wetton	West Area Co-ordinator, ECC
Samantha Nicholson	Scrutiny Officer, Basildon Borough Council
Jenny Mazarelo	Associate Director of Primary Care, Performance & Contracting, NHS South East Essex
Caroline Larsen	Associate Director of Primary Care Commissioning, NHS South West Essex

8. Membership of the Group

The membership of the Group was noted.

9. Apologies and Substitution Notices

Apologies were received from Councillor Tony Archer, Basildon Borough Council, Sallyanne Thallon, Area Co-ordinator South Essex and Varsha Wright, Essex and Southend LINK.

10. Declaration of Interest

Councillor Hillier declared a personal interest as a Governor of Basildon and Thurrock Hospital.

11. Minutes

The minutes of the meeting of the South and West Essex Area Forum Access to GP Services Task and Finish Group held on 22 June 2010 were approved as a correct record:

12. Background information required from NHS South East & South West Essex

The Group considered the background information provided in the report, AFWAGP/03/10 from NHS South East & South West Essex presented by Jenny Mazarelo, Associate Director of Primary Care, Performance & Contracting, NHS South East Essex and Caroline Larsen, Associate Director of Primary Care Commissioning, NHS South West Essex. Maps for Basildon, Aveley; South Ockendon, Chafford Hundred; and Brentwood districts illustrating GPs, Community Hospitals, Opticians, Pharmacists and Dentists were tabled at the meeting.

There were a high percentage of single handed GPs and GPs either over 65 years old or close to this age in both South East and South West PCTs. Single handed GPs tend to have higher patient lists; GP practices normally use other staff to see patients, for example, Practice Nurses and Health Visitors. In South West PCT 35 more GPs needed to be recruited to reduce the patients per GP from 2300 to 1800. Some areas have a higher number of single handed GP Practices.

The National GP Contract was not explicit regarding providing minimum contract standards. GPs have to provide a service on Monday to Fridays from 8.00 am to 6.00 pm by providing a specific number of appointments. The National Quality Outcome Framework requires GPs to monitor and review patients with long term conditions for example, asthma and diabetes. GPs also have to provide immunisations, choose and book scheme and cervical smear tests for patients. The Local Performance Framework ensures that GPs improve their standards over a period of time.

PCTs work with Local Authorities to ensure that opportunities to secure Section 106 funding were maximised. Some Local Authorities inform the PCTS regarding GP planning applications. GP Patient Surveys take place on a quarterly basis looking at a selection of patients who have seen a GP in the previous six months and asking their views on the service they received by their GP Practice, Dental Services and Out of Hours Service. The results of these surveys were compared with East of England (EoE) averages. South West Essex results were generally worse than the EoE except for when patients wished to see a specific GP which was 77% where the EoE was 75%. South East Essex generally did better than the East of England average

except for when patients wished to see a specific GP which was the same as the EoE 75%.

GPs were asked to provide extended hours either before 8.00 am or after 6.00 pm Monday to Friday or Saturday morning surgeries. Patients have a right to choose their GP within the catchment areas. In 2004 GPs were allowed to opt out of Out of Hours Services, the responsibility for this service was given to the PCTs. Both South East and South West PCT areas have some GPs who have elected to provide Out of Hours services for their own patients. Where GP practices have opted out of this service it was provided by a range of businesses including East of England Ambulance Service. There was currently a National Consultation taking place to change the GP boundaries to enable patients to register at a GP closer to their place of work rather than their home.

The PCTs had been unable to provide information to Members on the following:

- Cross border activity;
- Transport and infrastructure including parking;
- The impact of avoidable A&E referrals/self presentations.

During the discussion the following points were raised:

- That there was more funding provided for GP Practices in deprived areas or where they had larger numbers of older people registered;
- That the figures presented were for the District and Borough areas;
- PCT websites have information regarding GPs with spaces in the patient's catchment area;
- PCTs have no powers to ask GPs to extend their patient hours but could suggest that patients would prefer extended opening hours especially if the GP Practice received poor patient survey scores;
- GPs should provide 72 appointments per 1000 patients per week, some GP practices were as low as 30 appointments per 1000 patients per week;
- All Brentwood GPs have operate extended hours but not all have Saturday morning surgeries;
- The national standard appointment time was 10 minutes, if a patient had a lot of issues they should book an extended appointment with their GP;
- Any patients who want to complain should contact their GP or the PCT who would work with the Patient Advice Liaison Service (PALS);
- That the Out of Hours Services employ local GPs, there were no overseas GPs employed by the Out of Hours Service;
- South Essex Emergency Doctors Service (SEEDS) in South West Essex PCT employ staff to manage the service and have a rota system for all local GPs involved;
- Some GPs found it hard to buy into a practice and or preferred the flexibility of moving around practices so would look for an employee GP post;

- The new Darzi Practices were open 12 hours a day seven days per week;
- That the reduction of beds in the Brentwood Community Hospital was due to the PCT having a £20 million deficit in the current budget. PCTs received a budget annually and had to break even with neither a surplus nor a deficit. The PCT provided extra services in primary care but the level of secondary care stayed the same therefore the total of procedures exceeded the budget allocation;
- The new GP Commission Consortium may have more influence over GP spending;
- The NHS Commissioning Board could hold a GP Practice to account if it was not providing the standard quality of service;
- There was no longer a retirement age for GPs;
- In both PCTs there were good GP Practices where there was training and development for new GPs, which helps with recruitment;
- There were more GPs looking for jobs than there were jobs;
- The PCTs could terminate GP contracts where GPs have refused to work with the PCT to improve their patient survey results or if there were not enough partners to run a viable business. PCTs have legal powers to manage GP contracts.

13. Scoping Document

The Group considered the updated Scoping Document, AFWAGP/04/10 and the way forward.

During discussions the following points were made:

- That the evidence received did not support the original remit of this Task and Finish Group as set out in the scoping document;
- That since the original Health Overview and Scrutiny Committee (HOSC) meeting in February 2010 which requested this Task and Finish Group to be set up, Central Government had changed bringing changes to NHS and in particular the PCTs;
- That the main problem seemed to be in Basildon, with the loss of two prospective Health Centres being built. Basildon Borough Council would like to scrutinise this problem.

The Group **Agreed** that:

- i) The Scrutiny should not continue;
- ii) A recommendation be presented to the HOSC meeting informing Members that there was no need for the wider group to continue the Task and Finish Group as the main problem was in Basildon;
- iii) That HOSC was recommended to delegate powers to Basildon Borough Council to enable it to scrutinise Access to GP Services in Basildon Borough area.

14. Dates of Future Meetings

As there was no evidence to support the original remit of the Task and Finish Group there would be no further meetings.

There being no urgent business, the meeting closed at 15.30 pm.

Chairman