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HEALTH SCRUTINY COMMITTEE

7 November 2011

Present:- Councillor D Becket – in the Chair

Councillors Miss Cooper, Mrs Johnson and Loades

447. * **MINUTES OF PREVIOUS MEETING**

The minutes of the meeting held on Thursday 29th September 2011 were agreed as a correct record.

448. * **DECLARATIONS OF INTEREST**

There were no declarations of interest.

449. * **CLOSURE OF THE HIGH STREET PRACTICE**

The Committee considered a report regarding the closure of the High Street Practice in Newcastle under Lyme; the Practice had a list of 5000 patients. The practice had been open since 2004 and currently had a PCTmS contract managed on behalf of the PCT by North Staffordshire Community Healthcare.

Sue Price advised the committee that changes to health policy beyond the control of the PCT meant that it was no longer possible for the PCT or Community Trust to hold or manage the contract, which had resulted in the practice being put out to tender in November 2011.

Sadly, negotiations with the preferred bidder had broken down as a consequence other options for the practice had had to be considered and were outlined by Sue Price and her colleagues at the meeting as follows:-

- Negotiate with the second placed bidder
- Re-tender the practice (a lengthy process)
- Disperse all patients to other practices (there were 4 within one mile of the High Street practice)

The PCT had concluded that list dispersal was the only viable option and that every effort should be made to enable patients to be transferred to a GP practice of their choosing. Patients had been consulted on the closure and were being helped through the process by PCT staff with about 850 already organising their own alternative arrangements to transfer. Tracey Shewan indicated that the PCT was also preparing a communications plan to aid the dispersal exercise and that a Patient Helpline had been set up.

In response to a question from a member Jan Butterworth confirmed that the transfer of patients would not overload the lists of other practices where spare capacity existed. In fact, the future of some practices may be helped by the receipt of additional patients.

The PCT was committed to a dispersal programme that was acceptable and appropriate for all patients with patient choice being the main focus throughout the process. Those patients who had still to be dispersed in three months time would be written to again urging them to contact the practice to arrange a transfer of their choice. The PCT representatives confirmed that all communication with patients would emphasise that they had a choice and should use it.

Those patients who failed to contact the practice would be transferred alphabetically to alternative practices but would not necessarily get a transfer that was acceptable to them. In those cases the patient could de-register and then apply to be added to a list of a practice nearer to where they lived. A member asked that special consideration and help be offered to elderly and vulnerable patients who often found it difficult to deal with changes of this nature.

In terms of PCT staff working at the practice they were currently being consulted on redeployment with the final decision being with the individual staff members. It was quite possible that some staff could move to those practices accepting patients from High Street.

It was also possible that some interest may be expressed in running specific clinics from the High Street practice although this was not currently being considered as an option for the future.

The question of patient access to GP's was raised by the Chairman in response to which an assurance was given that the problem did not exist in Newcastle. Concern was also expressed that closure of the High Street practice may result in more patients presenting themselves at UHNS Accident and Emergency Department. It was indicated that this was unlikely to happen as transferred patients would all have access to their new GP's although it was difficult to legislate for those who chose to go to A/E when it was not necessary.

In conclusion the Chairman thanked Sue, Jan and Tracey for their attendance and advice given to the committee.

- Resolved:-**
- (a) That the report be received.
 - (b) That the PCT be asked to provide regular updates on the progress made on the dispersal of patients from the High Street Practice.
 - (c) That the PCT be asked to keep the Committee advised of any proposals to run clinical services from the High Street premises.

450. * **SERVICES PROVIDED BY GPS AND PUBLICITY**

Following concerns expressed at a previous meeting of the committee consideration was given to a report outlining arrangements that were in place to enable patients to access phlebotomy services other than at the University Hospital of North Staffordshire.

Members were provided with a list of those practices currently offering blood testing services and advised that where a practice did not offer the service it was usually provided in an outreach clinic to avoid hospital visits.

It was agreed that more publicity was necessary to inform patients of the above emphasising that the service was now available at locations within the community and that a hospital visit was not always required.

It was agreed that in general new and improved publicity was desirable outlining the whole range of services available in the community with existing leaflets etc being updated.

In conclusion, it was agreed that greater efforts were also required to advise patients of how to use public transport to access the services offered in the community in addition to details about the frequency of services to the hospital.

Resolved:- (a) That the information be received.

(b) That the PCT be asked to look at updating current information on the availability of services in the community and providing improved information on how to contact NHS Direct.

451. * **NEURORADIOLOGY SERVICE REVIEW FINAL REPORT**

The committee received an update on the Service Review of the Neuroradiology Department at the University Hospital of North Staffordshire.

The Chairman indicated his intention to raise questions on this matter at the Accountability Session that was to be held with representatives of University Hospital of North Staffordshire later in the week. He also took the opportunity to advise members of the format to be followed at the session.

Resolved:- That the information be received.

452. * **SUMMARY OF THE MAIN ISSUES OF BUSINESS FROM THE STAFFORDSHIRE HEALTH SCRUTINY COMMITTEE HELD ON 3 OCTOBER 2011**

The committee received a summary that outlined items of business discussed at the meeting of the County Council's Health Scrutiny Committee on 11 October 2011.

During consideration of this matter the Chairman referred to his attendance at the recent Cabinet Members Accountability Session at Stafford and to his alarm at the high infant mortality rate in the Borough. He asked that a report on this matter be submitted to a future meeting of this committee for consideration and that the situation be closely monitored in consultation with the PCT.

The PCT representatives indicated that a number of factors contributed to the problem and that work was ongoing to improve outcomes for pregnant mothers.

Resolved:- (a) That the information be received.

(b) That the PCT be asked to monitor the situation and to bring a report to a future meeting of this committee for consideration

453. * CARDIAC REHABILITATION PHASE IV

The committee considered information submitted by the Executive Director-Operational Services outlining the four stages of the rehabilitation process for cardiac patients.

Phase IV Cardiac Rehabilitation was the long term maintenance of health behaviour and change, including the provision of support from patient and carer groups and long term follow up in primary care. It was indicated that both phase III and phase IV cardiac rehabilitation could be provided by the Council at Jubilee 2, which could provide ongoing, long term support to those who had either had cardiac surgery or a cardiac event. The programmes were run by advanced fitness instructors who had undergone specialist training with the British Association for Cardiac Rehabilitation.

It was indicated that patients could only progress to Phase IV after satisfactorily completing the first three phases provided by the health service.

It was agreed that action was required to get more people onto Phase IV and that further discussions would be held on this issue with the health experts.

Resolved:- That the information be received.

454. * HEALTH AND WELLBEING STRATEGY UPDATE

The Council's Executive Director-Operational Services referred to the Project Initiation Document previously considered by the committee and indicated that a first draft of the Health and Wellbeing Strategy would be available in the New Year.

He explained that the Strategy would sit alongside those for Economic Development and Crime and Disorder and be outcome focused.

During consideration of this matter the Chairman expressed the view that the Borough Council should have two representatives on the County Council's Health and Wellbeing Board and that through the development of our own Strategy document demonstrate that we were making positive steps regarding this issue.

Resolved: That the information be received.

D BECKETT
Chair