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HEALTHIER COMMUNITIES AND OLDER PEOPLE OVERVIEW AND SCRUTINY PANEL

22 OCTOBER 2014

(19.15 - 21.45)

PRESENT Councillors Councillor Peter McCabe (in the Chair),
Councillor Brian Lewis-Lavender, Councillor Pauline Cowper,
Councillor Mary Curtin, Councillor Brenda Fraser,
Councillor Suzanne Grocott and Councillor Abdul Latif

Councillor Caroline Cooper- Marbiah, Cabinet Member for Adult Social Care and Health, Councillor Joan Henry, Councillor Oonagh Moulton, Councillor Gilli Lewis-Lavender.

Dave Curtis, Manager, Healthwatch Merton, David Sturgeon – Director of Primary Care, NHS England, William Cunningham Davis – Deputy Head of Primary Care, NHS England.

1 DECLARATION OF PECUNIARY INTERESTS (Agenda Item 1)

There were no declarations of pecuniary interests

2 APOLOGIES FOR ABSENCE (Agenda Item 2)

There were no apologies for absence

3 MINUTES OF THE MEETING HELD ON THE 3 SEPTEMBER 2014 (Agenda Item 3)

A panel member asked for the following sentence to be made clearer; “ A panel member asked if there will be a privatisation of this service?”

It shall be amended to read:

A panel member said that contracts have been awarded to private sector contractors in the past would that be the case for the Nelson Hospital?

A panel member queried if the Director of Community and Housing had actually said: “Another issue is that there is not clear evidence that prevention actually prevents expenditure on statutory services.”

The scrutiny officer explained that the Director has the opportunity to comment on the minutes for accuracy before they were published. However clarification would be sought and the Panel informed if the Director wished to make a change.

A panel said that the minutes should also include that the Director of Planning said that the successful bidder for the Nelson project would also have to “adhere to procurement guidelines.”

A panel member pointed out that Adam Doyle Director of Planning and Commissioning attended the meeting but it is not listed in those present.

The response from the Merton Clinical Commissioning Group (MCCG) on questions raised at the last meeting were circulated.

The Chair said the question on the details of the election of the MCCG chair had not been answered therefore we need to ask the MCCG again.

4 MATTERS ARISING FROM THE MINUTES ON THE 3 SEPTEMBER 2014 (Agenda Item 4)

There were no matters arising from the minutes

5 STRATEGIES FOR IMPROVING GP SERVICES IN MERTON - HEALTHWATCH MERTON REPORT (Agenda Item 5)

The Healthwatch Merton Manager gave an overview of the report and said that the report made some recommendations about how to implement changes to GP services locally. The report has been sent to the Merton Clinical Commissioning Group and they are awaiting a response.

Panel members asked a number of questions including; why can't people walk directly into surgeries to make an appointment? What are the issues around customer service in GP Surgeries?

The Healthwatch Merton Manager reported that people have different preferences in relation to booking a GP appointment so we need flexibility. Some GP surgeries provide excellent customer services but others do not and we need consistency across all practices.

The Cabinet member for Adult Social Care and Health asked if the report considered collaboration amongst GP practices to provide extended opening hours. The Healthwatch Merton Manager said there have been talks about this being implemented but it needs to be explored further.

A panel member asked if pharmacies opening times can be synchronised with the opening extended hours in doctor's surgeries.

The Healthwatch Merton Manager said this it is a sensible suggestion and we could ask the Merton Clinical Commissioning Group to consider it.

A Panel member referred to Page 23 of the agenda where the Healthwatch report referred to the “difficulty in making appointments days in advance” and Page 46 of the agenda where the NHS England report says “37% of patients were able to receive an appointment on the same day” The Healthwatch Merton Manager was asked his views on the credibility of the NHS England data?

The Merton Healthwatch Manager said the NHS England analysis was based on appointments made on the same day, which may be a snap shot of experiences. Although overall GP appointments are a massive issue for people.

A panel member asked if there is a geographical pattern in the levels of service across the borough.

The Merton Healthwatch Manager said there seem to be more issues in the East of the borough however we also need to look at this in relation to population density per number of GP Practices.

The Chair asked the Director of Primary Care at NHS England if he wished to comment on the discussion about the Healthwatch Merton Report.

The Director said the recommendations in the Healthwatch Merton report should be directed to NHS England as the commissioners of GP and pharmaceutical services. In terms of access and collaboration amongst GP surgeries, a new pilot scheme, enabling people to access GP Surgery between 8am to 8pm is about to be launched.

It is being piloted in twenty areas across the country including Southwark. Although not everyone will be able to see their own GP, the scheme will enable GP’s to have access patient’s data, therefore ensuring a high quality service. There will be opportunities to provide a similar service in Merton with GP practices working in a federation.

RESOLVED

The Panel asked NHS England to respond to the report and recommendations from Healthwatch Merton and share the response with this Panel.

6 CHANGES IN THE PROVISION OF PRIMARY CARE SERVICES IN MERTON (Agenda Item 7)

The Director of Primary Care introduced the report.

The Chair had accepted three requests from non panel members to share their views on the proposals for the closure of the Vineyard Hill Surgery in Wimbledon Park.

Ian Simpson, representative of Wimbledon Park residents Association

The community considered this issue back in 2012 when the Primary Care Trust issued the Carhill Funding Formula which would have had a severe impact on Vineyard Hill Surgery. However the issue seemed to disappear and the community

felt that the Practice would continue. There is concern about the short notice period from the GP's given that it takes 6-9 months to procure new surgery. The Consultation letter highlights that NHS England clearly does not want to go down the procurement route, which is the most expensive option. NHS England has said the GP Surgery is 'not fit for purpose', this needs explanation given that the venue is in use. There has been some interest to purchase the venue and put another surgery there. NHS England should have a discussion about procurement with those doctors who are interested in setting up a practice.

Paresh Modesia Local pharmacist in Wimbledon Park

Mr Modesia said he had visited the local surgeries that Vineyard Hill patients will be dispersed to and a number of issues have emerged; some of the distances cited by NHS England are wrong, three surgeries are a mile away which is a long distance to walk. There are also a number of problems with each of the six surgeries;

Princes Road is planned for re-location and is seeking permission from the council to convert the venue into flats and the patients have not been told about this plan

Elborough Street Surgery is in a terraced residential area, they have said they can take an additional 2000 patients which is doubtful.

Southfields Group practice said they are waiting for funding for additional staff but they are currently at full capacity.

Alexander Road surgery said they have capacity but cannot confirm the numbers.

Wimbledon village surgery is a mile away and difficult to get to.

Francis Grove is closing and patients will be absorbed into other local surgeries.

Mr Modesia put a number of questions to NHS England; what financial support will be given to surgeries who will take on additional patients? What is the impact upon local pharmacies? Has the contract variation been sorted out and what is the shortfall on prices?

Councillor Oonagh Moulton, Ward Councillor Wimbledon Park

This is the only surgery in Wimbledon Park Ward; with a huge number of young families as well as older people. In regards to the letters giving notice of the retirement of the doctors and options of dispersal or procurement of the surgery, there was only 24 hours notice of the first consultation meeting with patients. There also seemed to be a lack of basic preparation by NHS England. The list of nearby surgeries included with the letter to patients contained Princes Road yet that surgery is moving, Elborough Street is a smaller practice in a very small terraced house, Alexandra Road is too far away for those living in the Grid, as is Francis Grove which is in Wimbledon town centre. Wimbledon Village is also too far away and not easily accessible. Southfields Practice is the only one potentially suitable for patients living in the Grid but it already has a four week waiting time for appointments. The Vineyard

Hill Surgery is located in the heart of the ward, all the other options will require further travel, none as easily walkable for most patients and would require travel by tube or bus but many patients do not live close to a bus stop and the surgeries listed (eg Wimbledon Village surgery are not close to a tube station). The options on the list are not practical for five and half thousand patients. Accordingly procurement of a new surgery had to be the best option for the ward.

Some buildings on Arthur Road could be suitable as a number of business properties could be adapted, welcome comments from NHS England on procurement of services.

The Chair then invited comments from the Panel;

A panel member said they were astounded especially given this is the only surgery in Wimbledon Park, something needs to be done urgently.

A panel member asked if any research had been done regarding other local practices to see if they are going into retirement and if we are planning for it.

A panel member said they were surprised that so little notice was required. There should be a channel of communication between NHS England and its GP practices is the organisation too wide scale that it lacks local knowledge? Is this retirement just the tip of the iceberg?

The Director of Primary Care informed the Panel that NHS England South London Area Team (SLAT) manage two thousand primary care contracts but look to act with sensitivity to local issues working with the CCG. In response to the issues raised the following explanations and comments were offered by the Director of Primary Care:

In regards to notice periods; a minimum of three months are required for single handed practitioners and six months for partnerships. The SLAT wish to engage with practices as early as possible to understand future plans.

The funding arrangements at Vineyard Hill practice have not changed in the last two years. The current GPs have indicated they wish to retire, served six month's notice and stated that the exiting property will not be available for primary medical services once they retire. NHS England are a commissioner of services and cannot own property assets.

The current property at Vineyard Hill now has planning permission to be used as a residential property. The report to the planning committee considered there to be sufficient primary care provision in the surrounding area. NHS England is only able to pay a commercial market rent for a GP surgery which is considerably less than for a residential property.

There are three options 1) Do nothing which is not viable for patients 2) procure a new service 3) disperse the list to surrounding practices if there is capacity. Option 2 has considerable risk for a provider as the procurement process will take 6-9 months and perhaps longer if premises need to be sourced and adapted. In the short term

patients will need to need to register on a temporary basis beyond the 31/3/15 until the new service is operational. There is a risk to a potential provider that the patients will not transfer to the new service.

The Director and Deputy Director of Primary Care have met with practices to discuss additional capacity and all surrounding practices have indicated that they could take more patients. Existing waits of up twenty days is not acceptable and breaches a practice's requirement to meet the reasonable needs of their patients. NHS England will investigate such issues.

A further issue with the Vineyard Hill premises is that the current site does not meet Disability Discrimination Act requirements which while acceptable for an existing provider, a new provider would need to ensure that it is fully compliant.

In regards to the new Personal Medical Services (PMS) contracts Vineyard Hill is one of two surgeries that didn't sign up to the new specification and funding regime. In the future NHS England will be considering its position in regard to those practices that are not offering patients the revised services for patients within the financial framework.

The Director of Primary Care confirmed that one of the practices in the vicinity of Vineyard Hill patients has not signed up to the revised PMS contract.

RESOLVED

The Panel are concerned about the closure of Vineyard Hill Surgery and the impact on the local community if suitable provision is not in place. NHS England are asked to ask the GP's at the Vineyard Hill Surgery if they are willing to extend their contact which will give NHS England more time to get a new surgery up and running. NHS England are asked to look at continuing the surgery at the current location or finding a suitable alternative within the Wimbledon Park Ward.

7 GP ACCESS AND WAITING TIMES - NHS ENGLAND (Agenda Item 6)

The Director of Primary Care gave an overview of the report, NHS England provide financial incentives to encourage GP practice to set up patient participation groups as a way to help improve local services.

Also NHS England has invested in new technology to improve access, 80% of GP Practices can now provide on-line access to GP's to enable them to book appointments this will increase to all surgeries from next year.

A panel member asked if it is easy to change GP, The Director of Primary Care reported that people can change should they wish to and NHS Choices provides a wealth of information on location of GP surgeries.

A panel member asked if local surveys are the only way NHS England know about GP waiting times? The Director for Primary Care said they are able to draw upon a wealth of information

8 WORK PROGRAMME 2014-15 (Agenda Item 8)

Noted by the Panel