

Select Committee Review

Wednesday 29 November 2017

PRESENT:

Councillor Mrs Aspinall, in the Chair.

Councillor James, Vice Chair.

Councillors Mrs Bridgeman, Carson, Dann, Dr Mahony, Sparling and Tuffin.

Also in attendance: Mark Procter - Joint Director of Primary Care, South Devon and Torbay and NEW Devon Clinical Commissioning Groups and Head of Primary Care, NHS England South (South-West – Devon, Cornwall and Isles of Scilly), Nicola Jones - Head of Commissioning, Craig McArdle - Director of Integrated Commissioning and Dr Dafydd Jones, NEW Devon CCG, Ruth Harrell - Director of Public Health, Karen Marcellino and Anthony Gravett, Healthwatch Plymouth, David Bearman - Devon Local Pharmaceutical Committee, Ross Jago – Lead Officer and Amelia Boulter – Democratic Advisor.

The meeting started at 1.00 pm and finished at 4.12 pm.

Note: At a future meeting, the Panel will consider the accuracy of these draft minutes, so they may be subject to change. Please check the minutes of that meeting to confirm whether these minutes have been amended.

1. Declarations of Interest

In accordance with the Code of Conduct the following declarations of interests were made –

Member	Minute	Reason	Interest
Councillor James	Minute 3	Chair of the Patient Participation Group, Glenside Medical Centre	Personal
Councillor Mrs Aspinall	Minute 3	Chair of the Patient Participation Group, Freedom Health Centre	Personal
Councillor Carson	Minute 3	Patient at Freed Health Centre	Personal

2. Chair's Urgent Business

There were no items of Chair's Urgent Business.

3. **Witnesses**

The Committee heard from Mark Procter, Joint Director of Primary Care, South Devon and Torbay and NEW Devon Clinical Commissioning Groups and Head of Primary Care, NHS England South (South-West – Devon, Cornwall and Isles of Scilly).

The Committee were provided with a presentation and heard that;

- a) nationally and locally primary care faces many issues such as limited investment, increasing pressure from an ageing population and attracting workforce into the South West;
- b) Primary care was one of the main priorities for the Devon Sustainable Transformation Partnership;
- c) Hyde Park, St Barnabas and Saltash Road closed in March 2017 and an interim provider, Access Health Care took over the contract for Ernesettle, Mount Gould and Trewlawny GP surgeries;
- d) more recently Access Health Care took on the contract for Freedom Health Centre and Ocean Health;
- e) following two failed procurement exercises they were unable to secure a GP surgery in Barne Barton, an option for this area could be a pharmacy-led service with GP input;
- f) Glenside Medical Centre and Beacon Medical Group merged in 2017;
- g) NEW Devon CCG had worked with nearby partners to support patients moving to another surgery by 31 March 2018 following a retirement at Leypark Surgery. Leypark Surgery would then close;
- h) the NEW Devon CCG, Western Locality in partnership with NHS England would be undertaking the following immediate actions:
 - encouraging GPs to return to practice;
 - telephone triage service;
 - recruitment of GPs from overseas;
 - Plymouth workforce/recruitment campaign.

The Committee heard from Nicola Jones, Head of Commissioning, Craig McArdle, Director of Integrated Commissioning and Dr Dafydd Jones, NEW Devon CCG.

The Committee were provided with a presentation and heard that;

- i) the CCG are the commissioners for primary care and acknowledge that they have a bigger role to play with regards to joint commissioning and delegated commissioning;

- j) this was part of a wider system which includes reviewing the workload, workforce, infrastructure and sustainability and to reflect that they were part of the 5 year forward view and the STP;
- k) the Primary Care Improvement Plan had been produced in partnership with various stakeholders such as NHS England, PHNT, Livewell, GP Practices and Devon Local Pharmaceutical Committee;
- l) one of the urgent highlights within the primary improvement plan was recruitment and they were working with Plymouth City Council to better enable GP practices to be able to recruit;
- m) in the near future most practices would be undertaking social subscribing using the non-health voluntary organisations;
- n) the winter plan initiatives included the relocation of Robin Unit, increasing domiciliary care capacity, maximise bed use for patient flow and added in additional capacity;
- o) Stay Well Campaign, a guide to health and care services in Plymouth has been distributed across the city;

The Committee heard from Ruth Harrell, Director of Public Health.

The Committee were provided with a presentation and heard that;

- p) they were working closely with NHS England and NEW Devon CCG and recognise the challenges;
- q) in conjunction with the Medical School trying to attract more people into Plymouth and to increase exposure for trainees to visit GP Practices in deprived areas to understand primary care within these areas;
- r) practices that were struggling were in the more deprived areas and this was not typical to Plymouth;
- s) people were living longer with chronic illnesses and within the deprived areas these illnesses were developed earlier. They were looking at whether the funding within deprived areas was sufficient enough to attract GPs into those areas;
- t) the Carr-Hill formula needs to be updated with a higher weighting to take account of deprivation;
- u) the system as a whole was aware of the risk of harm to patients and they were looking at how this would be managed.

The Committee heard from Karen Marcellino and Anthony Gravett, Healthwatch Plymouth;

The Committee were provided with a presentation and heard that;

- v) they had carried out engagement with patients of the recently closed GP surgeries and since then engagement with patients had improved dramatically;
- w) they looked at call back and triage system but this piece of work was still progressing, feedback included that patients were not aware that this had been implemented and how it would affect them;
- x) they were working alongside the Western Locality Overview Group and NHS England looking at the challenges around GP recruitment, contract handback and how patients can be involved.

The Committee heard from David Bearman, Devon Local Pharmaceutical Committee.

The Committee were provided with a presentation and heard that;

- y) there was a clear need to change and for pharmacies towards to move forward and integrate into general practice work moving side by the side for the future population;
- z) there was a shortage of pharmacists within the South West but they were working collaboratively to stop the poaching and to recruit outside the south west;
- aa) looking at how we assist GPs with the aim to make pharmacy a key contributor to the sustainability of primary care both through direct support in the practice and by the redesign if community pharmacy to be the key partner within a community service provision;
- bb) recognise the way we work with pharmacists in hospitals, in practice and communities to help glue the system together;
- cc) they were leading the way nationally on this agenda.

4. **Recommendations**

The Committee agreed that;

- I. the Committee, via the Chair, receives further reports on every future change to GP Surgeries in Plymouth which include information on engagement and consultation activities with patients at the earliest stage;

2. the Select Committee requires a progress report on the projects as outlined within the Western Locality Primary Care Improvement Plan at its next meeting;
3. that partners in the Health and Social Care System lobby for review of the Carr-Hill Formula funding and identify how more funding would benefit GP Surgeries within the most deprived areas of Plymouth, reporting progress to the next meeting of the Select Committee;
4. the Select Committee requires an update on the work being undertaken by partner organisations to attract GP's to Plymouth but more specifically on how we attract and retain GP's within the most deprived areas of the city at next meeting of the Select Committee;
5. the Select Committee to receive a report on from Health and Social Care commissioners on how Pharmacy will be a key feature of new models of working and how pharmacists can alleviate the pressures currently being faced within primary care at next meeting of the Select Committee.