

**NHS DURHAM DALES, EASINGTON AND SEDGEFIELD
(DDES) CCG AND NORTH DURHAM CCG
EXTRAORDINARY PRIMARY CARE COMMISSIONING
COMMITTEES IN COMMON**

Tuesday 18 December 2018

14:00 – 15:00

**Fishburn Youth and Community Centre,
Butterwick Road, Fishburn, TS21 4ED**

CONFIRMED MINUTES

DDES CCG Primary Care Commissioning Committee

Present:	Andrew Atkin	(AA)	Lay Member
	Nicola Bailey	(NBa)	Chief Officer
	Dr Stewart Findlay	(SF)	Chief Officer, DDES CCG
	Gill Findley	(GF)	Director of Nursing
	Feisal Jassat	(FJ)	Lay Member, Patient and Public Involvement (Chair)
	Mark Pickering	(MPi)	Chief Finance Officer
	Dr Jonathan Smith	(JS)	Clinical Chair

North Durham CCG Primary Care Commissioning Committee:

Present:	Andrew Atkin	(AA)	Lay Member
	Nicola Bailey	(NBa)	Chief Officer
	Mike Brierley	(MB)	Director of Corporate Programmes, Delivery and Operations, North Durham CCG
	Joseph Chandy	(JC)	Director of Primary Care
	Gill Findley	(GF)	Director of Nursing
	Richard Henderson	(RH)	Chief Finance Officer
	Michael Houghton	(MH)	Director of Commissioning and Development
	Feisal Jassat	(FJ)	Lay Member, Patient and Public Involvement (Chair)
	Dr David Smart	(DSm)	Clinical Chair
In attendance:	Neil Bunney	(NBu)	Practice Manager, Skerne Medical Group
	Joseph Chandy	(JCh)	Director of Primary Care (in attendance for DDES CCG)

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Amanda Healy	(AH)	Director of Public Health, County Durham, Durham County Council
Dr Christine Hearman	(CH)	GP, Skerne Medical Group
Amanda Million	(AM)	Corporate Administrator
Marianne Patterson	(MPa)	Healthwatch County Durham Representative
Gill Smith	(GS)	Commissioning Manager, North of England Commissioning Support
Wendy Thompson	(WT)	Primary Care Contracts Manager, Commissioning Operations, NHS England
Kelly Wilson	(KW)	Primary Care Assistant Contracts Manager, NHS England Representative

Apologies:

Sarah Burns	(SB)	Director of Commissioning
Dr Ian Davidson	(ID)	Medical Director, North Durham CCG
Dr Rushi Mudalagiri	(RM)	GP Clinical Lead – Easington, DDES CCG
Dr Pat Wright	(PW)	GP Clinical Lead Representative, North Durham CCG

Items

Action

E-PCCCiC/18/01 Welcome and apologies for absence

The Chair welcomed the members of the Committees, representatives from Skerne Medical Group, members of the public and press and local Councillors to the meeting. He explained the purpose of the extraordinary meeting in relation to the two items set out below. He highlighted that the meeting was not a public meeting but was being held in public.

It was noted that Cllr Peter Brookes had asked to speak at the meeting.

E-PCCCiC/18/02 Declarations of conflicts of interest

The Chair reminded members of the Committees of their obligation to declare any interest they might have on any issues arising at the meeting, which might conflict the business of Durham Dales, Easington and Sedgfield (DDES) CCG and/or North Durham CCG.

Declarations made by members of the Committees are listed in the CCGs' Registers of Interests. The Registers are available either via the secretary to the Primary Care Commissioning Committees or the CCG websites at the following links:

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<https://www.durhamdaleseasingtonsedgfieldccg.nhs.uk/documents/declarations-conflict-interest>

<http://www.northdurhamccg.nhs.uk/governancecommittees/declarations-of-conflict-of-interest/>

The following interests were noted or declared with regard to the items on the agenda:

E-PCCCiC/18/03

Skerne Medical Group – Application to Close Two Branches

E-PCCCiC/18/04

Application to Merge – Shotton Medical Practice and Station Road Surgery

It was felt it would be good practice for the general practitioner members of the Committees and JCh to declare an interest in both items as providers of primary care services in County Durham. It had been agreed prior to the meeting that those members could receive the reports and would take part in the meeting as non-voting members of the Committees. They would however, not take part in the decision making.

FJ explained who the voting members of the DDES CCG Committee would be and how the voting would take place via a show of hands from the voting members only.

E-PCCCiC/18/03 Skerne Medical Group – Application to Close Two Branches

Director of Primary Care, DDES CCG and North Durham CCG

- Joseph Chandy

In attendance to present the report

Primary Care Assistant Contracts Manager, NHS England – Cumbria and North East

- Wendy Thompson

Business Manager, NHS England – Cumbria and the North East

- Kelly Wilson

It was felt it would be good practice for the general practitioner members of the Committees and JCh to declare an interest in both items as providers of primary care services in County Durham. It had been agreed prior to the meeting that those members could receive the reports and would take part in the meeting as non-voting members of the Committees. They would however, not take part in the decision making.

The application from Skerne Medical Group to close their branch sites located in Fishburn Village and Trimdon Village was presented for consideration. It outlined proposals from Skerne Medical Group and included details of the challenges facing the practice, the rationale for the proposal and the options for the DDES CCG Primary Care Commissioning Committee.

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It was noted that the key areas that needed to be considered in terms of robustness included; the engagement process and the impact for patients in relation to access to general medical services (GMS).

WT provided the following information in relation to the proposal:

- The practice had been delivering services to approximately 15,641 patients from four sites.
- In June 2017, NHS England and DDES CCG had been informed that the practice would have to close the Trimdon Village Branch Surgery on an emergency basis from 21 June 2017 to 17 July 2017. The practice re-opened on a part-time basis following that closure period due to staffing issues, which had continued.
- On 6 December 2018, NHS England and DDES CCG received a request from the practice to close both the Trimdon Village branch and the Fishburn Village branch surgeries.
- The practice had stated that GP recruitment and other staffing problems had instigated the request to close both sites following a reduction from eight GP partners to two.
- The practice had felt that there had not been enough staff to continue to cover four sites and the practice had been unable to fill vacancies. GPs had stated that they had felt isolated when working on their own from a branch surgery and the clinical sessions had had to be reduced from 69 to 41.
- A new housing development in the area would increase the list size of the practice further.
- Closure of the two branch surgeries would make the practice more resilient and enable them to offer greater expertise at the remaining sites.
- If approved, the practice would provide services from Harbinson House in Sedgefield and Trimdon Colliery.
- The rationale for closing Trimdon Village branch surgery related to a small list size in that village of only 10% of the practice list size. The branch had been open on a part-time basis only and it was felt the impact would be less. The building that the branch was located in was felt by the practice to be inadequate with no room to provide training for GPs.
- The rationale for closing the Fishburn Village branch related to inadequate parking facilities and the need to have services more centrally located.
- The practice had confirmed that the remaining two sites had enough capacity to provide services for patients residing in Trimdon Village and Fishburn Village.
- If the application to close the two sites was successful,

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some patients would need to travel between two to three miles. There were regular bus services during the opening times of the practices that travelled through the villages and there was also a voluntary driver service that could be arranged.

- It was noted that four other practices provided primary care services to people in the Trimdon Village and Fishburn Village area although those practices were situated over four miles resulting in patients having to travel further to those practices.
- 420 additional houses were expected to be built in Sedgefield, 70 in Fishburn and 120 in Trimdon Village although it was noted that not all of those people would choose to be patients of Skerne Medical Group or might already be registered patients of the practice.
- The practice had sent a letter to each household, which had not mentioned the proposed closure of the Fishburn Village branch but did outline the proposals to close the Trimdon Village branch. Several patient focus group meetings had been hosted by the practice along with six patient engagement events. Posters had been placed in local pharmacies and information had been publicised in all sites and on the practice website. There had been advertising of the expanded plans via the local media and stakeholder meetings had been held but there was no guarantee that all patients of the practice would have accessed any other material stipulating the proposal to close the Fishburn Village site.
- The practice had attended the County Durham Overview and Scrutiny Committee (OSC) and had met with local care home providers and pharmacies.
- NHS England had contacted the County Durham Local Medical Committee (LMC), which represented local practices and also other practices that might be affected by the proposals.
- Meetings had been held with local Councillors and Members of Parliament (MPs) where concerns relating to deprivation and the effect the closure of the branch surgeries would have on local people had been discussed.
- There had been 189 responses to patient feedback with 32 being supportive of the proposals to close the branch surgeries and 15 people being against. The remaining people had not stated a definite view. It had been felt that there had been general support of the proposals due to the difficulties being faced by the practice but there had been concerns about elderly and frail patients being able to access services.
- Patient events had been well attended and concerns had been considered regarding residual appointments, public transport, car parking, housing developments, patients with

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- young children and housebound patients.
- The OSC role had been to consider the information that had been presented to patients, the engagement process and the impact on health services in the area. The OSC had stated that it would consider a referral to the Secretary of State for Health and would make a decision about that following the outcome of the meeting being held today. The OSC had made recommendations, which had been outlined in the report.
- The local care home had not expressed any concerns about the proposals as they understood that provision of primary care services to the home would be maintained.
- The local LMC had not responded to either NHS England or the practice about the proposals, nor had any of the other local general practices.
- The local pharmacy had written to the practice expressing concerns that the proposals would affect their ongoing business but it was felt that the footfall to the pharmacy could increase as a result of the proposals.

The following options were outlined to the Committee:

Option 1 – Approve closure of both branch surgeries at Trimdon Village and Fishburn Village.

Option 2 – Reject the application for the closure of both branch surgeries.

Option 3 – Approve the closure of Trimdon Village branch surgery and reject the closure of Fishburn Village branch surgery.

Option 4 – Approve the closure of Fishburn Village branch surgery and reject the closure of Trimdon Village branch surgery.

It was noted that the practice had been asked to consider medium and long term plans for the number of sites they currently had and to consider whether the long term plan was to have one site or two in the future.

GF asked if the practice had considered using Nurse Practitioners to support the remaining GPs at the practice to enable the branch surgeries to continue to function. WT confirmed that NHS England had received a full breakdown of the staffing model at the practice and said that the option of increasing the number of Nurse Practitioners had been considered.

The Chair invited Dr Christine Hearmon (CH) to address the Committees. She thanked those people who had supported the practice via the engagement process. She said that the practice had been open and honest about the difficulties it faced, particularly in relation to recruitment of GPs. The concerns had been shared about the need for the practice to change to ensure

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a sustainable model for the future for the existing patients and those who would come to the practice in the future. The goal at all times had been to ensure the continued provision of safe primary care to all patients and having multiple sites had compounded the recruitment issues. CH said that she, Dr Anderson and Dr Taylor had used their knowledge of the local community to build a vision of changes needed for the future. The process had been a learning curve for the practice and CH stated that as family doctors, their expertise had been in relation to caring for patients. As a result, the GPs in the practice had found the process of proposing changes challenging at a stressful time, where there had been increased workload pressures but said that they would learn from the experience. CH outlined that the GPs in the practice would like the conclusion of the process to achieve the outcome of consolidating the work of the clinical team in a safe and supportive way. She said the reduction to the number of sites was vital for the future of primary care generally and stated that a large number of patients had understood the reasons for the proposals.

Cllr Brookes was asked to outline his question to the Committee members and stated that himself, other local Councillors and the local MP opposed the closure of Trimdon Village branch surgery. He said that although the issues relating to a shortage of GPs and other medical professionals had been recognised, it was felt that the closure of the branch surgery was not the most appropriate way of resolving those issues. It was felt that inaccurate information had been provided to patients via a letter from the practice, which had stated that the Fishburn Village branch would remain open from 2019. He said that the intention to close two of the branch surgeries had not been made clear to patients and the wider public and the letter to patients had not mentioned the potential closure of Fishburn Village branch surgery.

Cllr Brookes said that he felt that the submission had not contained a detailed medical needs assessment with regard to the needs of the local population and highlighted that Trimdon Village had one of the highest levels of deprivation/poverty in the Skerne Medical Group practice area. He asked the practice to consider investing in a branch surgery in Trimdon Village rather than making the people from Trimdon Village travel to access primary care services. Cllr Brookes challenged the practice with regard to the decisions being made suggesting that they were for business reasons rather than being based on the health needs of the population.

It was noted by Cllr Brookes that the equality impact assessment contained in the report had been inadequate and lacked detail with some inaccurate information in relation to bus numbers/times. He said that local Arriva buses only had space

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for one pushchair or wheelchair per journey, which he felt would result in difficulties for patients.

Cllr Brookes asked the practice whether the new GP recruitments planned for the New Year would not resolve the issues regarding cover for all four branch surgeries. He stated that at a recent Parish Council meeting a housing developer had offered to build a bespoke health centre, which he felt would be a great opportunity for the CCG if not the practice. Discussions had also taken place at the same meeting about the general primary care crisis in the local area including services being provided to Wheatley Hill and Thornley by Phoenix Medical Group. Cllr Brookes also highlighted the recent consultation relating to improving 7 day access, which he felt would result in services being removed not improved.

Cllr Brookes presented a petition to the Committee, which he said had been signed by 410 people in relation to their wish to keep the branch surgery at Trimdon Village open.

The Chair of the Committee thanked Cllr Brookes for his comments and asked SF to provide a response, which was as outlined below:

- The practice had not made a secret of the fact that following the initial decision to request the closure of the branch surgery at Trimdon Village, there had been further deterioration resulting in the practice also considering the closure of Fishburn Village branch surgery. The decision with regard to that proposal had been made after the letter had been issued to patients as the practice had lost a further GP. Patients had been advised of the decision via local media and via a consultation.
- Patients from Trimdon Village would continue to be offered GMS services but would have to travel to neighbouring villages to receive those services.
- The practice had been unable to retain doctors due to the number of branch surgeries, as working at different bases had hindered supervision capabilities. It was noted that the same issue had been experienced by a number of general practices in the region and had resulted in other practices requesting branch surgery closures.
- The suggestion that the practice had made the decisions for business purposes was felt to be incorrect as the practice would not gain anything financially by closing the surgery as rent and rates costs were reimbursed by the CCG.
- A local developer had offered to build a bespoke building very late in the consultation process and the CCG would be unable to progress any proposal with regard to that

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- without a consultation with the entire practice population.
- The consultation relating to seven day access had been aimed at investing in core general practice services in order to improve appointment availability for people at their own practice. SF said that at present, a large number of out of hours appointments had not been utilised which had not been a good use of public funds.
 - The practice clearly had a problem managing the number of branch surgery sites they currently had and intended to rationalise their sites over the next two years. In order to deliver GMS in the future, it was felt it was the right thing to do.
 - A review would take place as soon as possible, whereby all current sites would be considered for the future provision of services, including the site in Trimdon Village.
 - The current consultation and proposals had been in relation to alleviating the immediate pressures within the practice, as it was in danger of complete collapse.
 - The impact on patients had been taken seriously by both the practice and DDES CCG and it had been recognised that Trimdon Village had a high level of deprivation with low car ownership. It was noted that the CCG currently subsidised a voluntary driver service and the practice would continue to offer a home visiting service, which would result in a reasonable level of access for those patients.
 - As a Committee, the balance of the loss of the service against the potential loss of the practice would need to be considered.
 - Patients would still continue to receive GMS services from the practice and the practice had been asked to engage with the local community as quickly as possible in relation to the future direction of travel.
 - The immense pressure that the practice had been under had been recognised and it was noted that despite the huge loss of doctors, the practice had continued to offer an above average number of appointments each day.
 - In relation to recruitment of GPs, the CCG had in place a number of initiatives and had invested more in primary care than any other CCG in the region which was matched only by North Durham CCG. A GP Career Start scheme had been fully recruited to and Skerne Medical Group had received two GPs from that scheme, one of which had left recently due a problem in relation to the number of branch surgeries. A further scheme had been put in place with regard to GPs reaching retirement age and a recruitment drive of doctors from overseas. A primary care home (PCH) scheme had been put in place, which allowed practices to work together and provide services, wrapped around the needs of the local patients.

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- Despite being able to recruit GPs, there continued to be a 10% risk of closure of practices in the DDES CCG area. In other areas of the country the risk had been as high as 30%.
- SF acknowledged the support that the CCG will receive from the local authority, which had offered to set up a cross party working group. This would consider how to make County Durham a better place for GPs to live and work and increase the recruitment of GPs to the area.

The Chair asked for the Committee members to consider the options by a show of hands. The voting resulted in the following outcomes:

The DDES CCG Primary Care Commissioning Committee:

- approved the closure of Trimdon Village Site only,
- rejected the application to close Fishburn Village surgery,
- agreed that the practice be asked to conduct a time limited review with patient and stakeholder engagement about the future of the practice premises, extending to options covering potentially one or two sites. The review must include Trimdon Village as an option for future service provision.

NB and CH left the meeting, along with a number of members of the public and Cllr Brookes.

E-PCCCiC/18/04 Application to Merge – Shotton Medical Practice and Station Road Surgery

*Director of Primary Care, DDES CCG and North Durham CCG
- Joseph Chandy*

In attendance to present the report

*Primary Care Assistant Contracts Manager, NHS England –
Cumbria and North East*

- Wendy Thompson

It was felt it would be good practice for the general practitioner members of the Committees and JCh to declare an interest in both items as providers of primary care services in County Durham. It had been agreed prior to the meeting that those members could receive the reports and would take part in the meeting as non-voting members of the Committees. They would however, not take part in the decision making.

The application to merge Shotton Medical Practice and Station Road Surgery was received for consideration.

JCh outlined the rationale for the proposals, which had been set out in the report and highlighted the interest of Dr Rushi Mudalagiri, a member of the DDES CCG Primary Care

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Commissioning Committee who was not in attendance and who had been a GP at both practices.

WT outlined the following in relation to the proposals:

- Both practices had a GMS contract and the merger would result in the contract at Shotton Medical Practice remaining in place.
- The current combined list size was 7726.
- Dr Gupta, the current GP partner of Shotton Medical Practice would retire in 2019.
- Both practices were currently based in Shotton Colliery, with staff working across both practices.
- Both practices had the same allied health professional (AHP) team, clinical team and support team.
- Appointments would continue to be offered at both sites.
- Current practice boundaries would be maintained and there would be no change to the opening hours with the potential for those to be increased.
- There would be no changes to the services currently being provided.
- The existing sites would remain along with the branch sites at Peterlee Health Centre, which would be merged to form one branch site.
- A 12 week engagement process had commenced on 9 July 2018. Fliers had been issued to patients along with letters to local pharmacies but letters had not been sent to each patient. Drop in sessions had been offered between 30 July 2018 and 30 August 2018 and patients had been given the opportunity to comment on the number of sites and clinical sessions that should be provided.
- No formal objections to the proposals had been put forward.
- The practices had agreed to work on the serious issue of increased 'did not attend' appointments.
- The Patient Reference Group (PRG) had been supportive of the merger and no comments had been received from local stakeholders.
- Should the proposal be approved, the practice would be known as Bevan Medical Group.

The options were considered.

The DDES CCG Primary Care Commissioning Committee:

- agreed the merger and the change of name to Bevan Medical Group.

E-PCCCiC/18/05 Date and time of next meeting

The next meeting of the Primary Care Commissioning Committees in Common would be held on Tuesday 15 January

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2019, 12.30 pm at Chester-le-Street Cricket Club, Ropery Lane,
Chester-le-Street.

Contact for the meeting:

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Signed:

Chair: Feisal Jassat

Date:

Confirmed