

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

16 JANUARY 2020

GILLINGHAM AND CHATHAM GP SURGERY PROPOSALS UPDATE AND RESPONSE TO PATIENT CONCERNS

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Summary

The report provides an update on proposals, previously considered by the Committee, to reconfigure GP services provided at some Gillingham and Chatham GP surgeries. NHS Medway CCG has advised that this proposal is no longer under consideration.

This report also advises the Committee of action taken by the CCG, in collaboration with DMC Healthcare, in response to patient concerns raised in relation to GP access, telephone access and prescriptions.

1. Budget and Policy Framework

- 1.1 Under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 the Council may review and scrutinise any matter relating to the planning, provision and operation of the health service in Medway. In carrying out health scrutiny a local authority must invite interested parties to comment and take account of any relevant information available to it, and in particular, relevant information provided to it by a local Healthwatch. The Council has delegated responsibility for discharging this function to this Committee and to the Children and Young People's Overview and Scrutiny Committee as set out in the Council's Constitution.

2. Background

- 2.1 At its August 2018 meeting, the Committee determined that proposals to merge GP contracts and amalgamate five GP surgeries (Sunlight Centre, St Mary's Island, Boots Pentagon, Twydall and Balmoral Gardens) onto three sites did amount to a substantial change or variation to the health service in Medway.

- 2.2 At the October 2018 meeting, the Committee welcomed the decision made by NHS Medway Clinical Commissioning Group (CCG) to reprocure services at all five GP surgeries. DMC Healthcare became the provider of these services from 1 April 2019.
- 2.3 The Committee was also informed at the October 2018 meeting that any changes to GP provision at the five sites would not take place until at least April 2020. It was agreed at this meeting that the Committee would be provided with further updates, including details of further public engagement / consultation to be undertaken, ahead of any decision being taken to reduce the number of GP surgeries.
- 2.4 At the Council meeting on 18 July 2019, Ms Fincham, a Gillingham resident and representative of the Sunlight Centre Patient Participation Group, asked the Chairman of this Committee, Councillor Wildey, a public question. Ms Fincham posed a number of concerns about the patient services being provided at the Sunlight Centre GP surgery as well as data protection concerns and asked whether the Committee would investigate the matter.
- 2.5 Councillor Wildey advised that there was a duty on NHS Medway Clinical Commissioning Group (CCG) to consult fully with the Committee and take its comments into account before any amalgamation of the five GP surgeries took place. This was due to the October 2018 decision by the Committee that proposals to amalgamate the surgeries onto three sites, which would have included closure of the GP practice at the Sunlight Centre, would be a substantial change to the health service in Medway.
- 2.6 In relation to the more personal and specific concerns that had been raised by Ms Fincham, Councillor Wildey said that he would, subject to Ms Fincham's agreement, raise the concerns with the CCG and would ask them to respond directly to her, with a copy to be provided to him. This was on the basis that the Committee could not deal with complaints on matters that were specific to individual patients. On 27 August, a full response to the issues raised was provided to Ms Fincham, with Councillor Wildey copied in.
- 2.7 The full response included that:
- The CCG and GP practices took data protection very seriously and data is only processed by trained staff within the principles of the data protection Act. All GP practices are required to complete an annual Data Security and Protection Toolkit assessment which requires them to provide assurance that they are practicing good data security and that information is handled correctly.
 - The Sunlight Centre was trialling a new appointment system and from 3 June 2019 patients had been able to book a GP appointment by phone rather than arriving at the surgery in the morning and waiting for the next available slot.
 - DMC Healthcare had centralised their telephone system in order to strengthen business continuity. In the event of bad weather or an emergency or flu epidemic, the telephone would still be answered and patients would still be able to access services.
 - Complaints had been raised with regards to prescriptions and GP access and these were being investigated by the CCG.

2.8 Ms Fincham was advised to contact the North Kent CCG Complaints team if there were further issues and that if she was dissatisfied with this response, she would have the right to refer the complaint to the Health Service Ombudsman.

3. Further Patient Feedback provided by Ms Fincham to the Chairman of the Health and Adult Social Care Overview and Scrutiny Committee

3.1 Since Council in July 2019, Ms Fincham has provided details of a number of further patient concerns to the Chairman of the Committee. Paragraph 4 summarises the concerns collated by Ms Fincham in relation to GP services provided by DMC Healthcare at the Sunlight Centre, Balmoral Gardens, the Pentagon, St Mary's Island, Twydall and Kings Family Practice. Information received in relation to Balmoral Gardens relates to DMC and not to other services operating at this location.

3.2 The concerns were submitted by Ms Fincham over a period of several weeks and she has gathered this feedback from a number of sources. Although it is not known how many individuals have raised concerns the information provided appears to represent the experience of a number of individuals across each of the GP surgeries named in paragraph 3.1.

3.3 The Council has not had direct contact with any of the patients who made submissions at the invitation of Ms Fincham and due to data protection legislation, the Council was unable to send the full complaints to the CCG. Ms Fincham was advised to submit the concerns directly to the CCG, subject to having first obtained permission from the people who had shared their experiences. This advice also applied to a small number of concerns raised in relation to some other GP surgeries not operated by DMC Healthcare.

4. Summary of Patient Feedback Received by the Overview and Scrutiny Committee Chairman

4.1 The following examples of patient experience have been received although it is understood that many of these may not have not been submitted to the CCG directly:

4.1.1 **Prescription Fulfillment** including significant delays in issuing prescriptions and repeat prescriptions, provision of incorrect medication, medication / dosages being changed on repeat prescriptions without advance notification to the patient.

4.1.2 **Telephone Communication** including long waiting times for patients to get through to surgery by telephone – examples of being unable to get through over a two day period, having to wait in a lengthy telephone queue and one patient making 67 calls to get through in order to make an appointment. Patients not receiving call backs from surgery and having to visit the surgery in person to make an appointment having not being able to get through on the phone. Calls being routed to central location and patient requests to be put through to their local surgery being declined.

4.1.3 **Appointment and Service Availability / Booking** including long waits of up to 2-3 weeks for an appointment, cancelled appointments and patients not being notified until they arrived at the surgery. No walk in appointments available on some days and long queues at surgeries. Patients being advised that their only option is a telephone consultation as no face-to-face GP appointments were available. Patients waiting for extended periods at the surgery and still going home without having seen a GP. There were some days when no GP was present at the surgery and staff did not always know when a GP would next be available. Surgery no longer making home visits making it impossible for housebound person to see GP. Check-up appointments for patients with long-term conditions not being scheduled.

4.1.4 **Other Issues** including examples of patients not being given information about why they were being prescribed medication or referred for further investigation, delays in making referrals, providing test results and responding to patient complaints. Lost paperwork and forms not being correctly completed.

5. Response from NHS Medway Clinical Commissioning Group

5.1 A request was made to the CCG for details to be provided of action taken by the CCG in response to the patient concerns raised and for an update on the proposal, previously considered by the Committee, to merge GP contracts and amalgamate five GP surgeries (Sunlight Centre, St Mary's Island, Boots Pentagon, Twydall and Balmoral Gardens) onto three sites. The CCG has advised that this proposal is no longer under consideration.

5.2 The CCG response is attached as Appendix 1.

6. Risk management

6.1 There are no specific risk implications for Medway Council arising directly from the contents of this report. However, the Committee has previously noted that the Council could potentially be exposed to risk in the event that declining GP numbers or GP provision make it increasingly difficult for residents to get an appointment or care from their GP.

7. Financial implications

7.1 There are no financial implications for Medway Council directly arising from this report.

8. Legal implications

8.1 The primary aim of health scrutiny is to strengthen the voice of local people, ensuring that their needs and experiences are considered as an integral part of the commissioning and delivery of health services and that those services are effective and safe. The Health and Adult Social Care Overview and Scrutiny Committee has the power to make reports to the NHS and relevant health service providers.

8.2 NHS service commissioners and providers have a duty to respond in writing to a report or recommendation where a health scrutiny committee requests this. The response must be made within 28 days of the request.

- 8.3 The Committee cannot deal with individual patient complaints but is able to ask the CCG for a response if patient experience suggests acceptable standards of patient care are not being met.
- 8.4 Provision for health scrutiny is made in the Local Authority (Public Health, Health and wellbeing Boards and Health Scrutiny) Regulations 2013 and includes a requirement on relevant NHS bodies and health service providers (including Public Health to consult with local authorities about any proposal which they have under consideration for a substantial development of or variation in the provision of health services in the local authority's area. This obligation requires notification and publication of the date on which it is proposed to make a decision as to whether to proceed with the proposal and the date by which Overview and Scrutiny may comment. Where more than one local authority has to be consulted under these provisions those local authorities must convene a Joint Overview and Scrutiny Committee for the purposes of the consultation and only that Committee may comment.
- 8.5 The legislation makes provision for local authorities to report a contested substantial health service development or variation to the Secretary of State in certain circumstances, after reasonable steps have been taken locally to resolve any disagreement between the local authority and the relevant responsible person on any recommendations made by the local authority in relation to the proposal. The circumstances in which a report to the Secretary of State is permitted are where the local authority is not satisfied that consultation with the local authority on the proposed substantial health service development or variation has been adequate, in relation to content or time allowed, or where the authority considers that the proposal would not be in the interests of the health service in its area.
- 8.6 Revised guidance for health service Commissioners on the NHS England assurance process for service changes was published in March 2018:
<https://www.england.nhs.uk/wp-content/uploads/2018/03/planning-assuring-delivering-service-change-v6-1.pdf>
- 8.7 The guidance states that broadly speaking, service change is any change to the provision of NHS services which involves a shift in the way front line health services are delivered, usually involving a change to the range of services available and/or the geographical location from which services are delivered. It also says that any proposed changes should be aligned to Sustainability and Transformation Partnership (STP) Plans.
- 8.8 The NHS England guidance acknowledges that the terms "substantial development" and "substantial variation" are not defined in the legislation. Instead commissioners and providers are encouraged to work with local authorities to determine whether the change proposed is substantial thereby triggering a statutory requirement to consult with Overview and Scrutiny. The Council has developed a template to assist the Committee in determining whether a proposed change is substantial. This was completed and presented to the Committee at the August meeting. At this time, the CCG assessed that the proposals did not amount to a substantial variation. The Committee disagreed with this assessment and resolved that the proposal, as it stood at

the time, to reduce the number of GP operating sites from five to three constituted a substantial variation.

- 8.9 The NHS England guidance also states that public consultation, by commissioners and providers is usually required when the requirement to consult a local authority is triggered under the regulations because the proposal under consideration would involve a substantial change to NHS services. However, public consultation may not be required in every case, sometimes public engagement and involvement will be sufficient. The guidance says a decision around this should be made alongside the local authority.

9. Recommendation

- 9.1 It is requested that the Committee considers the updates provided and requests assurance from NHS Medway Clinical Commissioning Group and DMC Healthcare that the patient concerns raised are being addressed and that the Committee will be kept updated on progress.

Appendices

Appendix 1 – Response from NHS Medway Clinical Commissioning Group

Background Papers

Minutes of 21 August 2018 Health and Adult Social Care O&S Committee.

<https://democracy.medway.gov.uk/ieListDocuments.aspx?CId=131&MId=4210&Ver=4>

Minutes of 16 October 2018 Health and Adult Social Care O&S Committee.

<https://democracy.medway.gov.uk/ieListDocuments.aspx?CId=131&MId=4089&Ver=4>

Minutes of 18 July 2019 Council meeting

<https://democracy.medway.gov.uk/ieListDocuments.aspx?CId=122&MId=4447&Ver=4>

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