Minutes

Overview and Scrutiny Committee

9th December 2015

Present

Councillors	Present	Councillors	Present
C Bailey	Apologies	Mrs S Paul	Apologies
K Bowers	Yes	R Ramage	Yes
J Goodman	Apologies	F Ricci	No
P Horner	Yes	B Rose	Apologies
D Hufton-Rees	Yes	P Schwier	Yes
D Mann (Vice-Chairman)	Yes	C Siddall (Chairman)	Apologies

Councillor Mrs L Bowers-Flint was also in attendance.

21 **MINUTES**

DECISION: Members were informed that the Minutes from the previous meeting had not yet been finalised and would go to the next meeting of the Overview and Scrutiny Committee on 27th January 2016 for signing by the Chairman.

22 **DECLARATIONS OF INTEREST**

INFORMATION: There were no interests declared.

In accordance with the Code of Conduct all Councillors remained in the meeting for all items and took part in the debate and decision thereon.

23 **PUBLIC QUESTION TIME**

INFORMATION: There were no questions asked or statements made.

24 **SCRUTINY REVIEW INTO HEALTH - SECOND EVIDENCE GATHERING SESSION**

INFORMATION: Members were advised that this was the second session of the work programme for their Scrutiny Review into Health in the Braintree District.

The session would provide Members with an understanding of primary health care in Mid Essex concentrating on the provision of GPs and the service provided by the Clincal Commissioning Group. The following invitees had kindly agreed to participate in the scrutiny review and they attended the meeting to present information and to answer Members' questions:-

Dr James Booth – Vice-Chairman of Mid Essex Clinical Commissioning Group Board
Dr Kamilla Porter – Clinical Lead for the EQUIP and EPIC Project
Carolyn Larsen – Head of Commissioning, NHS England - Midlands and East (East)

Dr James Booth – Vice-Chairman of Mid Essex Clinical Commissioning Group Board

- Without a good primary care service, the NHS as we know it would simply cease to be. GP's act as the "gate keepers for the HHS"..
- There were currently huge challenges in primary care; these affected every practice in the UK and GPs felt a real sense of threat and fear the sustainability of their services
- The National Health Service was formed in 1948.
- Capitation remains but GPs now claim 70% of staff costs and 100% of premises costs from the NHS.
- In 2004 the Government had brought in a new contract that defined GPs core hours as 8am to 6:30pm, 5 days a week. Practices can get additional payments for providing extended hours. For an average size practice, of up to 15,000 patients, giving up their extended hours services amounts to a loss of only £6000 a year. This had resulted in the majority of practices giving up their extended hours services.
- As a result of the new contract, the payment model had altered, income was received from the Global Sum which was a capitation figure, the NHS then calculates what the Global Sum should be using the Carr-Hill formula which looked at the number of patients registered with adjustments for demographics, the practice area and local market forces.
- There were immediate issues under the Carr-Hill formula as many practices were receiving a lesser amount of funding than they were on the previous contract. As a result of this the Government introduced the Minimum Practice Impact Guarantee (MPIG) which ensured that no practice was financially disadvantaged by coming under the new contract. This was now being withdrawn. This has had a significant impact on practices and had caused huge pressures on services and as a result had caused a number of job losses.
- The Quality and Outcomes Framework (QOF) was another form of funding that was obtained by a series of payments for reaching clinical targets. These were changed each year.
- Another source of income came from Enhanced Services, these were both national and local schemes.
- The Government can unilaterally impose change on the contract.
- A large number of practices have had Personal Medical Services (PMS) contracts. These had been running for 10 years as permanent option. These were local contracts to meet local needs and were designed to allow for innovative working and investment.
- There was currently a PMS review underway and a lot of practices under this scheme were facing destabilising losses in income.
- The Alternative Provider Medical Services (APMS) were designed for outside providers, such as corporations. This was a less popular contract with a low uptake.
- In the last three months Dr Booths practice had 7,857 face-to face appointments with a similar number of phone contacts. This gave an average of just under 5 consultations per patient, per year, less than the national average.
- 90% of patients contacts, per day, were done in primary care.
- There was an increasing amount of need for non-medical work, such as legal advice, sick notes, insurance claims.

- Average consultation rates were increasing. In 1995 the average person saw their doctor 3.9 times a year, in 2008 this number had increased to 5.5 times a year and this was estimated to have increased by a further 20% since this time.
- The average Briton sees their GP six times a year.
- The reason for the increase was due to the increasing amount of care being moved out of hospital and in to primary care services.
- 78% of consultations were for patients with two or more long-term conditions. This group of patients was predicted to grow by 50% by 2018 (compared to 2008).
- There were 32,075 GPs in the UK, this had increased by 7% in the last 4 years. Consultant numbers had increased by 27% in the same period
- In the just the past year, applications for GP training had fallen by 15%.
- 1 in 3 training posts were now empty across the UK (64% in NE England).
- 9% of GPs currently planned to quit in the next 5 years.
- Partnerships were becoming increasingly harder to fill.
- 10 years ago, 20% of the NHS budget went to primary care, this had now been reduced to 7%. This was in the context of an 18% increase in the NHS budget.
- A GP consultation costs the NHS £36 with a visit to A+E costing a minimum of double this.
- GPs handle 90% of the annual contacts within the NHS, for less than 10% of the total budget.
- It has been estimated that for each additional GP per 10k population leads to a 3% decline in mortality.
- GPs manage risk, and diagnose quickly, and cost a lot less than the rest of the NHS.
- A good primary care service was fundamental to the operation of the NHS.
- In the past patients were bombarded with messages encouraging them to get symptoms checked by a doctor, this leads to trivial use of GPs time.
- There needed to be recognition that there is a large funding gap in primary care, which needed to be rectified.
- Recognition also needed to be made to that fact that to invest in the service needed to be long term as it takes a substantial amount of time to train as a GP.
- In Essex GP training places were 102% full.
- Mid Essex had been severely hit by a loss of MPIG funding.
- GPs were much better now at managing chronic illness than they were 20 years ago.
- There was a big impact from social care cut for providing care for people at home.

<u>Presentation by Dr Kamilla Porter – Clinical Lead for the EQUIP and EPIC Project</u>

- Essex had been identified as being one of the most under doctored County's in England.
- Funding had been allocated specifically for Essex, this initiative was called EPIC Workforce Development.
- EPIC was a two year pilot project with £400,000 for the full two years provided by the Education and Training section of the NHS.
- EQUIP was an independent, not for profit organisation that had been working within the NHS for over 20 years in Essex. It was hosted by Mid Essex ECG and supported education and training for primary care, including nurses, health care assistants and receptionists.
- EQUIP had been given the contract to host the EPIC project.
- The project had been running for a short time with the contract formally starting in April 2015.
- An important part of the initiative was having a modern website. Members of the project were very keen to invest as much money as possible back in to Essex and

subsequently used a web design company based at the Medical Business Incubation Centre at the Anglian Ruskin University.

- The EPIC project was officially launched in September 2015.
- The EPIC project had a steering group overseeing the work that was being carried, and held regular meetings with commissioners to monitor what was being done.
- A considerable amount of time was spent meeting with stakeholders; these included all seven CCGs in Essex, Essex Universities and the Essex Faculty of the Royal Collage for GPs.
- Essex had been identified as an under doctored area. It was thought that Essex overall had a shortfall of around 143 GPs. The project also aims to recruit more clinical staff across the board in Essex.
- It was known that in Essex, in the next few years, a significant percentage of doctors and nurses would retire, and patient demand and complexity was rising.
- Essex was also at a geographical disadvantage, being located between Cambridge and London.
- Dr Porter, along with other GPs had set up the Southend Sessional GP Group, sessional GPs being any GP who was not a partner. The group had expanded so much that it had now been renamed as the South Essex GP Group.
- In discussions with colleagues it was decided that EPIC Workforce Development would bring together all the resources that were available including post graduate centres, Essex Universities, the Local Medical Committee, different CCGs and would also identify gaps where more support was needed.
- The performers list was a list that any GP who intended to practice in an area had to join. This involved being registered with the GMC, being up to date with annual appraisals, and having had a CRB check.
- The overall number of GPs in Essex on the performers list had been consistent over the past 3 years, with just over 1200 GPs.
- The number of GP partners over the past three years had steadily been declining and in 2015 there were less than 700 partners.
- The number of sessional GPs had increased over the past 10 years with sessional GPs making up 43% of the GP workforce.
- In the last five years there had been a rise in patient population across the County of 52298 people.
- The number of patients per consultation was also on the rise.
- Project officers were working with Essex County Council to help promote the scheme in secondary schools and Sixth forms.
- The workforce centre was multi-professional with the specification targeting GPs, Nurses, Practice Managers, Pharmacists, Health Care Assistants, Audit Clerks and Admin Staff.
- The Department of Health were also promoting a new role called the Physicians Associate. Anglian Ruskin had just accepted their first cohort of Science graduates who would undertake a post graduate course to help doctors both in Primary and Secondary care.
- Although primary care encompasses optometry and dentistry the project was not yet ready to include these services but hopes to do so in the future.
- The project was intended to improve GP & Nurse recruitment, retention and return.
- A key aspect of the project was to become a repository of any information that may be needed as a professional in primary care to find out about developing their career in Essex, and promoting Essex as the heart of the project.
- Part of the development would be to promote Essex nationally as an outstanding place to work and live.

- It was hoped to hold a primary care careers fair and discussions were being held with the two Essex Universities to hold the fair on one of their open days. It was intended to invite all of the CCGs and GP provider organisations.
- The project would enhance primary care educational provision.
- The project would support the 10 point plan which was a national plan to encourage more junior Doctors in to General Practice.
- The returner scheme was to help fast track GPs back in to Practice in the UK.
- The retainer scheme allowed a practice to be modestly reimbursed by taking on a returning GP.
- It was intended to get more integration between pharmacists and General Practice and was looking to develop a mentoring and coaching network.

Presentation by Carolyn Larsen – Head of Commissioning, NHS England - Midlands and East (East)

- Issues around recruitment and retention were a national problem, and called for the need for a national workforce.
- There were a whole range of different pressures facing General Practice.
- There was a lot of work going on both nationally and locally with the workforce including a 5 year forward view which was being developed with a view of looking at different ways to deliver care.
- The traditional small GP practice model had worked well in previous years, however there was now the potential for an opportunity for looking at a 7 day working week in larger organisations.
- Support mechanisms for General Practice were also being looked at, with a view to enable hospital trusts and community trusts to provide some of the support functions for the General Practice, including recruitment and admin.
- The infrastructure around the NHS was constantly changing.
- The review of the PMS contracts would have a significant impact on some individual practices, however it was intended to reimburse the money in that particular area, making the money available to the CCG to reinvest in to local practices.

At the conclusion of the discussion, the Chairman thanked Dr Booth, Dr Kamilla and Mrs Larsen for attending the meeting and for their contributions.

25 **VERBAL UPDATE ON THE WORK OF THE TASK AND FINISH GROUPS**

INFORMATION: Members were advised that the work of the Task and Finish Group Review in to Buses and Community Transport was well on track, having held its second meeting on 2nd December 2015. The Group had agreed their terms of reference and had previously met with Rachael Price, Area Review Manager (Uttlesford and Braintree),Essex County Council. The Committee was advised that the Group are intending to hold their next meeting for the week commencing 25th January 2016 and are hoping to invite representatives from the Hospital Transport Group and Schools and Colleges**.**

The Task and Finish Group for Apprentices in the Braintree District had held its first meeting on the 8th December 2015, where it was agreed that Councillor Canning was elected Chairman of the Group. The Group are intending to hold their second meeting in late January 2016 and are hoping to invite representatives from Essex County Council - Employment and Skills department, Colchester Institute and Braintree District Council.

26 **DECISION PLANNER**

DECISION: That the Decision Planner for the period 1st January 2016 to 30th April 2016 be noted.

The meeting commenced at 7.15pm and closed at 9.23pm.

Councillor C Siddall
(Chairman)