

MINUTES OF BROOKE OVERVIEW AND SCRUTINY COMMITTEE

13 OCTOBER 2016

PRESENT:

Members of the Committee:

Councillors Claire Edwards (Chair), Mrs Garcia, Gillias (substituting for Councillor Mrs A'Barrow), Miss Lawrence, Mrs New, Mrs O'Rourke, Sandison and Dr Williams

Officers:

Rob Back (Head of Growth and Investment) and Veronika Beckova (Democratic Services Officer)

In attendance:

Dr Adrian Canale-Parola (Chair of Coventry and Rugby Clinical Commissioning Group), Helen King (Deputy Director of Public Health Warwickshire), Nicola Temperley (Head of Localities, Coventry and Rugby Clinical Commissioning Group) and David Williams (Locality Director for Coventry and Warwickshire, NHS England)

Councillor Roodhouse

12. MINUTES

The minutes of the meetings held on 14 July 2016 were approved and signed by the Chair.

13. APOLOGIES

Apologies for absence from the meeting were received from Councillors Mrs A'Barrow, Cade and Leigh Hunt.

14. DECLARATIONS OF INTEREST

Councillor Mrs O'Rourke declared a general non-pecuniary interest by virtue of being an employee of South Warwickshire NHS Foundation Trust and a Warwickshire County Councillor.

15. PROVISION OF GP SURGERIES IN RUGBY BOROUGH

The committee considered a report (Part 1 – Agenda Item 4) concerning the provision of GP surgeries in Rugby Borough.

The Head of Growth and Investment attended the meeting to give the members a presentation on the draft Local Plan, provision of GP surgeries, shortfall, funding and level of influence the council has. A copy of the presentation is attached at Annex 1 to the minutes.

During the presentation, the following additional points were made:

- Provision of GP surgeries is not a core service of Rugby Borough Council.
- Information on the number of GPs in each of the 13 surgeries was unavailable.
- The average number of people per one GP is 1,750.
- Two medical practices are based in the same building at Market Quarter (Beech Tree and Market Quarter).
- Each medical practice has defined boundaries in their catchment areas. All patients in Rugby currently have an access to a GP.
- The Local Plan is out for consultation which includes Coventry and Rugby Clinical Commissioning Group (CR CCG), Public Health Warwickshire (PHW) and NHS England.
- The council has to produce infrastructure plans in each of the development sites to run along the Local Plan.
- Within the Local Plan and as part of the infrastructure plans, the council is proposing a new surgery in the Southwest Urban Extension and the new Lodge Farm village.
- Geographically, there are gaps in provision in various places of the town. The obvious gap is in the Hillmorton area and there is a potential for the council to look at this more closely.
- The Head of Growth and Investment has been in discussions with a medical practice that would be keen to move out of their current premises to the Hillmorton area if the right land is identified. Research has not yet been carried out on land availability within this area.

Representatives from Coventry and Rugby Clinical Commissioning Group, NHS England and Public Health Warwickshire have attended the meeting to provide the committee with information in relation to:

- GP provision in Rugby
- Brownsover and the Houlton (Mast Site) development
- Future commissioning arrangements for GP Medical Services

A copy of the briefing paper is attached at Annex 2 to the minutes.

Expansion/housing development resulting in a new surgery

- The identification of land for a GP surgery is very helpful but does not mean that surgeries will be built on all sites identified by the council.
- Part of Section 106 resources can be used to help provide or build capital for the building going forward but what NHS England would then pick up is the ongoing revenue cost.
- Managing the budget for the duration of a surgery has to be carefully worked through and balanced with patient quality, services provided and GPs.

Holistic provision of care

- The CR CCG is currently looking at extended hours and new service models which aim to increase patient access and utilisation of existing premises and how they might be better used.

- A pilot scheme funded by the CR CCG is underway at the Hospital of St Cross for the delivery extended hours. At the moment, it is providing GP enhanced hours but there is a commitment to see how this can be developed over time to provide other services. National funding will be in place from 2018/19 onwards. Local surgeries already participating in national Directed Enhanced Service (DES) receive funding to offer an extended hours service to their patients.
- A workforce plan is under development which aims to take into account the current Primary Care workforce profile and to identify opportunities to enhance training and skill mix of additional professional groups (pharmacists, physician assistants, advanced nurse practitioners, etc). This means that extra capacity can be built to enable services to be delivered within a general practice setting that is suitable for the anticipated population growth.
- Site sharing is also being discussed and worked through with Providers as part of a Local Estates Forum.

The Coventry and Rugby GP alliance have successfully secured funding via CEPN (Community Education Providers Network) and is working with the CR CCG to identify new ways of working for all professional groups including new training models working with local Universities and education Providers e.g. undergraduate training for nurses, conversion courses, physicians' assistants, etc.

Brownsover Surgery – temporary and new developments

- Negotiations with the landlord of the temporary practice continue.
- The contracts are being agreed between the legal teams representing NHS Property Services and the private landlord.
- Once the contracts are signed, an opening date for the temporary facility will be confirmed in the near future.
- Some internal modification works will need to be carried out to make the premises fit for purpose. It is anticipated that this may take approximately 10 weeks to bring the building up to the required clinical quality standards.
- The free bus service will continue to run from Brownsover to Rugby Town Medical Practice in Lower Hillmorton Road for patients to use.
- Ground surveys and site tests are being carried out at the new site.
- One of the ways that the NHS England has been communicating with members of the public is through the Brownsover Patient Action Group (BPAG) during the process. DQI (Design Quality Indicator) meetings have taken place discussing the design of the facility. The next meeting is scheduled for the beginning of November and BPAG has been invited to attend.
- It's anticipated that the new facility will open in early 2018. In the meantime, procurement for the Provider that will deliver services will commence. There are some real opportunities for a new model of working which can be built into the new contract.
- As more detail becomes available, it is anticipated that a public engagement meeting will take place.
- The plan is to have a separate community building to the health care premises.

Further to the presentation and the briefing paper, the following questions were asked:

Do you know how many people are accessing the Out of Hours GP service at the Hospital of St Cross?

Yes, we do. We don't have an issue with people not being able to access GPs in hours so they then need to access it out of hours. People are accessing care in different ways.

Will people in Hillmorton access the new wellbeing hub at Houlton? Where will it be located? When will the service be up and fully functioning?

Potentially, they will. It's all about managing the numbers. The temporary facility will be located at Dolman Farm. The new facility will be located in the centre of the development around C Station.

We are not aware of a problem in terms of access to GPs by people living in Hillmorton. There are issues with some surgeries having more difficulties with access and appointments but that is not specific to just the surgeries that cover Hillmorton.

A temporary facility at Houlton will be looked at when 450 properties are occupied (anticipated in 2019). The permanent facility will be set up when 3,100 properties are occupied. NHS England continues to work closely with the developers.

Can the existing surgeries in Rugby take the capacity as Houlton is being built and expanded?

Yes, we believe there is capacity. We are keeping under review.

Has sharing premises with other organisations been considered?

Yes, it has. In terms of the Houlton development, we are looking at much more holistic provision of care – a health and wellbeing hub which would include not only GPs but the voluntary sector, social care, children services, faith, etc.

How does the Extended Hours Service align with the NHS 111 service? Do they work independently?

Across the West Midlands, the commissioning of the NHS 111 service has been handled centrally. NHS 111 and the Out of Hours service use the same triage tool. We are looking to enhance NHS 111 with an appointment booking service for pharmacists. NHS 111 can then be used as a way to drive different behaviours into different areas of primary care.

Will pharmacists be prescribing medication? How will this service be affected by the funding cuts? What is the situation in Rugby?

Pharmacists can support people with medication and undertake reviews. It was agreed that, Rugby as a town, had got good access to pharmacists. The advantage being that Rugby has a number of 100 hour pharmacists. NHS England is currently

consulting on the changes to funding for pharmacists. Changes are due to be announced in summer 2017.

How much is technology helping with situations?

Technology will make a really big difference. We are looking at online appointments and other way of working using technology differently.

The growing aging population can cause problems for GPs and hospitals. How will this be dealt with?

In terms of how we help and manage the frail and elderly people, we have to get to grips with a new way of working. We have to try to keep people out of hospitals and keep them mobile and independent in their homes as much as possible. What people need is long term care, not emergency care. Prevention is key.

At the moment, there is an apparent wall between the primary and secondary care. We have to move away from the concept that secondary care provision is only limited to a hospital as a geographical location and start to think about flow and consider alternatives such as clinicians being based more out into the community from the secondary care but also to get primary care clinicians to work in the hospital. General practitioners working in the Acute Frailty Unit at UHCW are managing to treat the frail and elderly in a much more efficient way. We also need to start looking at proactively managing the frail and elderly within a community setting.

Integrated Neighbourhood Teams are community teams that have a whole range of professionals to help primary care physicians to provide the right care for these patients and avoid hospital admissions and have now started their work in Rugby.

We do have GPs that go into care homes and are being responsible for the patients residing within the care homes, however, it is acknowledged that more work is needed to improve care for residents in care homes and so we need to continue to work with care homes more closely.

Will the two new wellbeing hubs take the capacity of the growing town?

At the moment, the plans in place are to support Brownsover and Houlton. We believe that what is put in place will meet the need in those areas. The Southwest Urban Extension is currently not in our plans.

The Head of Growth and Investment informed the committee that once the Local Plan is approved, the council will have discussions with the health organisations about a wellbeing hub within the Southwest Urban Extension. The council is making provision for the land and making sure that the developer will have the right facilities available.

What role does the council have beyond providing land? What is the role of the councillors in terms of supporting the health and wellbeing agenda?

Designing and working with an environment that promotes healthy living is very important. We need to have an input into the whole of the health development and patient public involvement.

RESOLVED THAT –

- (1) the Head of Growth and Investment be thanked for his attendance and presentation;
- (2) Dr Adrian Canale-Parola, Helen King, Nicola Temperley and David Williams be thanked for their attendance; and
- (3) the GP Five Year Forward View be circulated to the committee.

16. COMMITTEE WORK PROGRAMME

The committee received a report (Part 1 – agenda Item 5) concerning the progress of task group reviews within its remit and the forward work programme.

1. Scrutiny Reviews Progress

1.1 Homelessness

The first meeting of the sub-group took place on Wednesday 12 October where the work programme and dates for future meetings have been agreed. The chair, Councillor Jerry Roodhouse, will attend the next meeting of the committee on 8 December to give an update on the progress of the sub-group's work.

2. Work Programme

A further joint meeting will be scheduled with Leader and Executive Director in January 2017. The date of the meeting is to be agreed and members of both scrutiny committees will be notified via email. Scrutiny members are asked to submit questions to Democratic Services.

2.2 Next meeting of Brooke Overview and Scrutiny Committee – 8 December

The public consultation for Coventry and Warwickshire Stroke Service Reconfiguration has been deferred until the New Year.

Councillor Mrs Garcia, the council's Health and Older People's Champion, informed the committee that she was invited to sit on the Joint Quality Account Task Group at University Hospitals Coventry and Warwickshire.

The Chairs and Vice Chairs will be meeting with Heads of Service and Executive Director in the middle of November to finalise the work programme for the next two meetings of each overview and scrutiny committee.

RESOLVED THAT –

- (1) the forward work programme and progress in review be noted; and
- (2) the public consultation for the Coventry and Warwickshire Stroke Service Reconfiguration be removed from the work programme for the next meeting and reallocated to a scrutiny committee in the New Year.

CHAIR



GP Provision Brooke Overview and Scrutiny

13th October 2016

Contents

1. Introduction and context
2. Existing GP practices
3. Proposed new GP provision
4. Identified gaps in provision

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Introduction and Context

- Rugby Borough Population – est. 102,500
- Rugby Town Population – est. 70,000
- 13 GP Surgeries
- Publication Local Plan
- CCG, PHW, NHS England
- For planning purposes – 700-800 households/GP
- Contributions to UHCW NHS Trust

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Existing Practices



Existing Practices



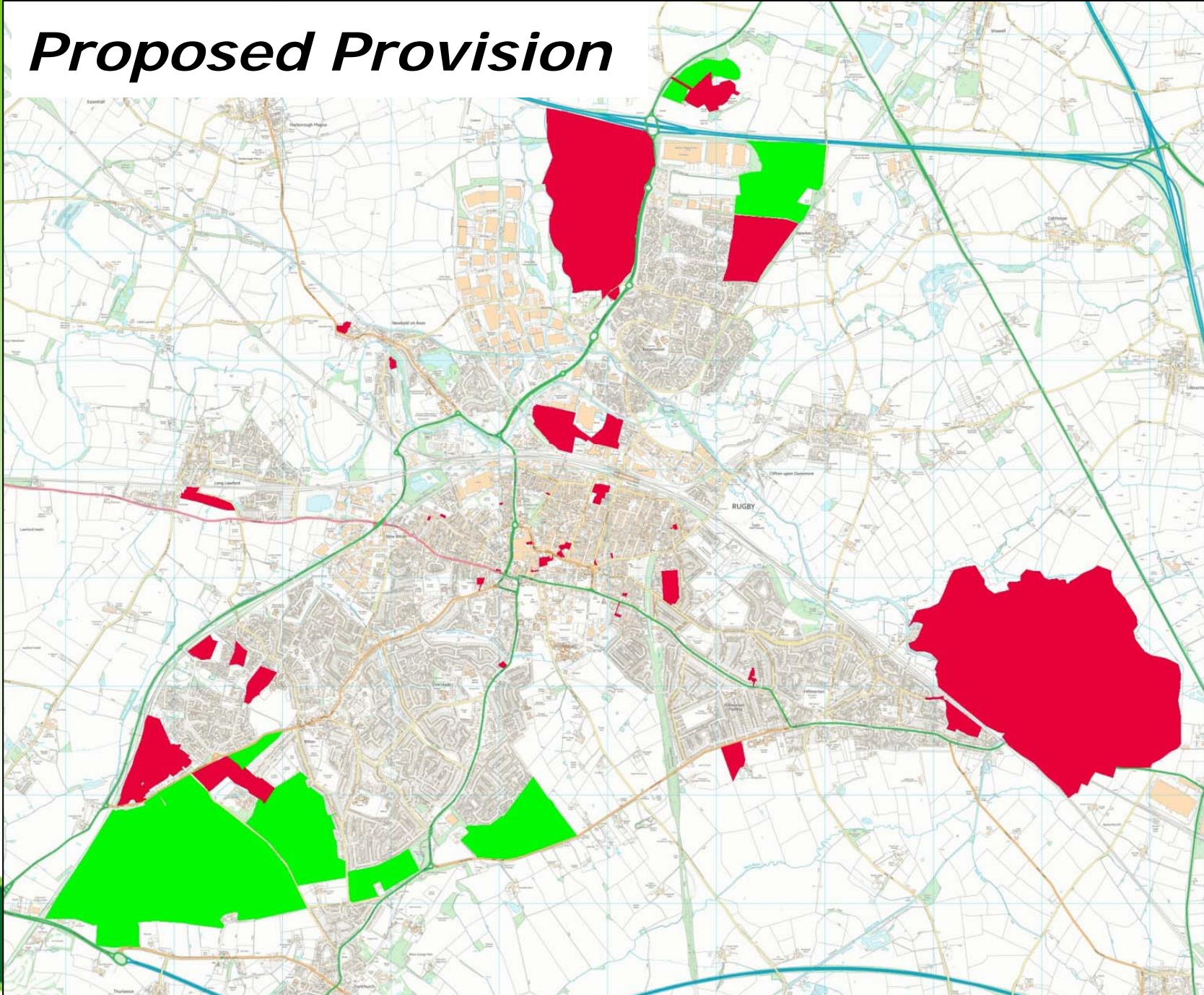
Proposed Provision

- Brownsover Surgery
 - Land provided by RBC
 - Planning permission granted 2011, 2013
 - First stage business case approved in July
 - At least 3 more NHS approval stages
 - Estimated opening date - 2018

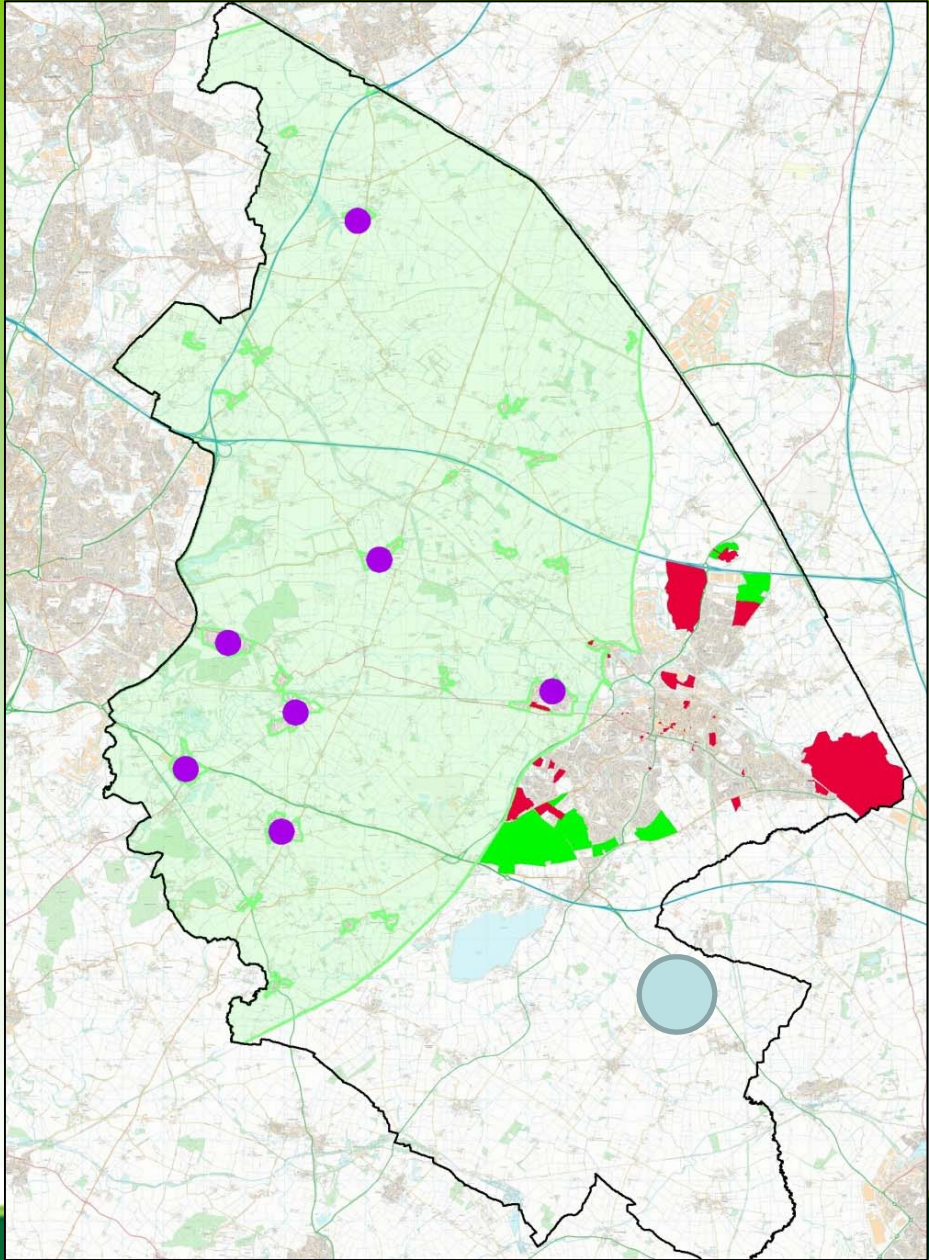
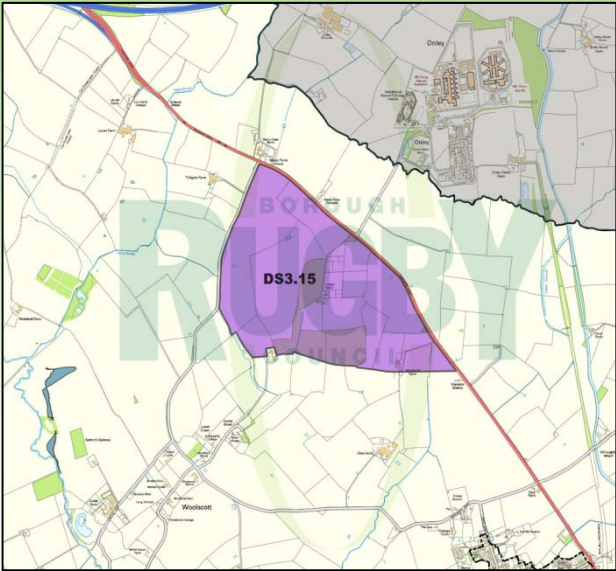
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Proposed Provision



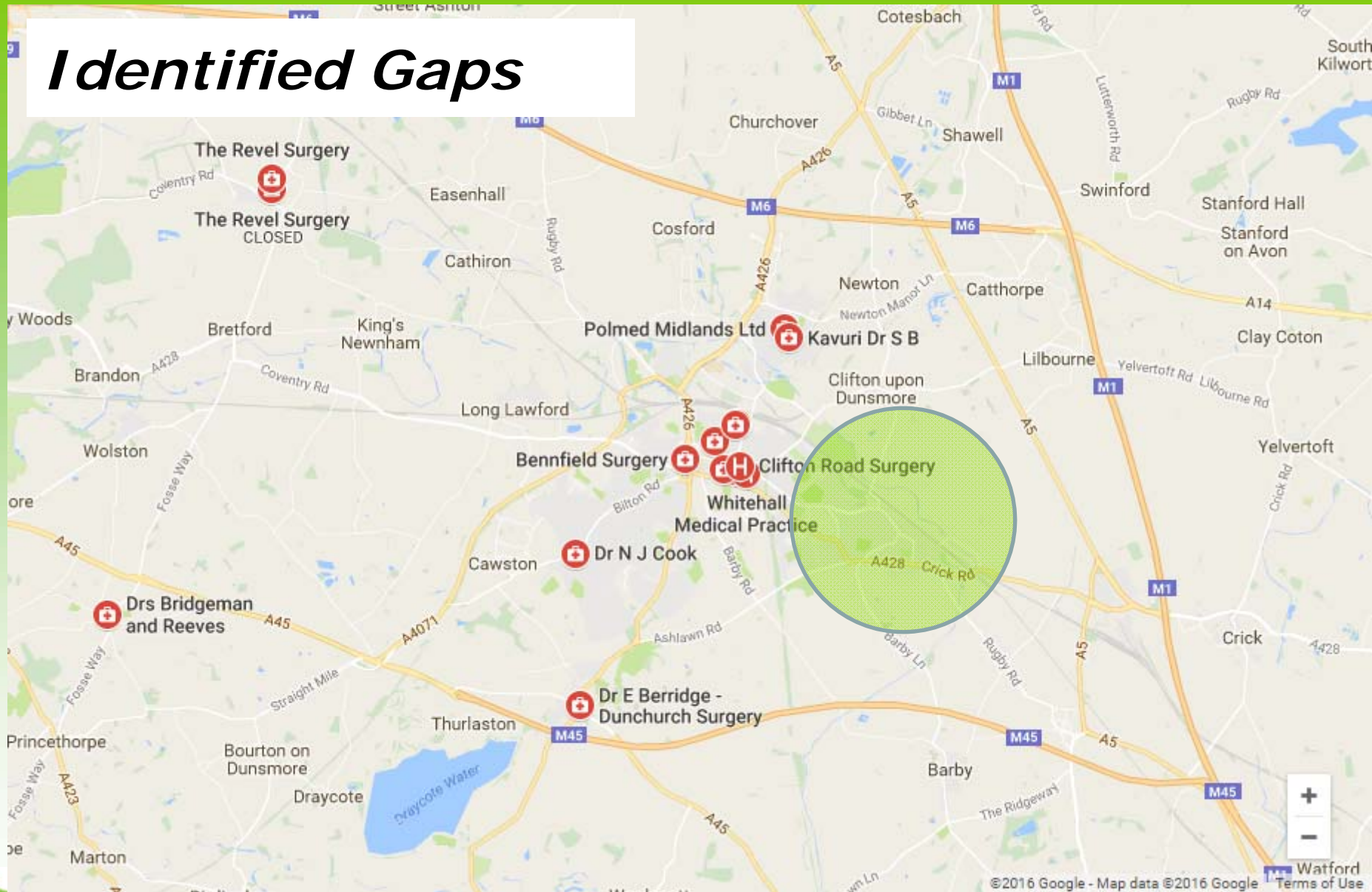
Proposed Provision



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Identified Gaps



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Questions?

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NHS COVENTRY AND RUGBY CCG

Report To:	Brooke Overview and Scrutiny Committee – 13 October 2016
Written by:	Coventry and Rugby CCG and NHS England (West Midlands)

Purpose

1. The purpose of this report is to provide members of the Rugby Borough Council Brooke Overview and Scrutiny Committee with information in relation to:
 - GP Provision in Rugby
 - Brownsover and the Mast site development
 - The future commissioning arrangements for GP Medical Services

GP Provision in Rugby

2. Coventry and Rugby (CR) CCG currently operates across three locality groups, two in Coventry and one for Rugby. Each of these groups has a nominated clinical lead and Locality Manager to support practices and the CCG.
3. There are over 60 GP partners in Rugby serving a population of over 110,000. This should be treated as indicative only as there are additional salaried and locum GPs whose details are not known. Data shared with the CCG indicates that across the Coventry and Warwickshire footprint, Rugby locality has a lower than average number of patients per WTE GP. The average equates to circa 1,800 patients per GP across Rugby compared to 2,100 across Coventry.
4. To improvements in services for patients we encourage practices to participate in new initiatives including extended hours, 9 of 12 practices in Rugby participate in this scheme.
5. In 2016/17 we expect we will invest over £220,000 in GP practices improving the use of IT and the interoperability between NHS organisations. This is part of a national government fund to support GP practices.

Brownsover and Houlton (Mast Site)

6. The two developments are being managed separately as they will develop at different speeds.

Brownsover New and Temporary Developments

7. Work continues to progress the Outline Business Cases (OBC) for the new development at Brownsover. Ground surveys and site tests have now been commissioned and contractors have been on site. Rugby Borough Council staff have been helping in supporting the NHS to progress this new development.
8. Negotiations continue with the landlord of the temporary practice at the former surgery premises in Brownsover. This is currently with the legal teams representing NHS Property Services and the private landlord. The free bus service for patients continues to run from Brownsover to Rugby Town Medical Practice in Lower Hillmorton Road, Rugby.

Houlton (Mast Site)

9. This is a development of 6,200 houses to the east of Rugby which will eventually lead to a population increase in the order of 14,500 residents. It has been named Houlton after the town in Maine in America which received the first transatlantic broadcast in 1927.
10. The Council's Planning Committee resolved that the developers would be required to make a site available when 3,100 houses are occupied (which would be a population in the order of 7,000 which could not be serviced by the existing practices in Rugby).
11. At a meeting on 3 June 2015 it was agreed with Coventry and Rugby CCG and Warwickshire LMC that temporary facilities would be needed when there was sufficient population to generate the need for approximately 0.5 wte GP. Based on the current projection of house building and estimates of occupancy provided by Urban and Civic, this is expected to be approximately September 2018. However, a Housing Delivery Study produced by G L Hearn for Rugby Borough Council projects this timescale to be April 2019.
12. Subsequent discussions with Urban and Civic have reached the point where it is agreed in principle that a temporary facility which can be expanded as the list size grows will be provided by the developer for the provision of primary medical services.

Commissioning of GP Primary Care Services

13. At present NHS England retain all functions associated with the commissioning of all Primary Care services on behalf of CR CCG, GP, Dental, Ophthalmic and Pharmacy contract management.
14. This committee may already be aware that as of December 2014, CCGs were invited nationally to apply to take on some or all elements of the commissioning of GP Primary Care services with NHS England retaining legal ownership of all variations of GP contracts. At this time, CR CCG held consultation events with members and undertook a vote where members were asked to indicate their preference for either of the following:
 1. Level 1 – Greater Involvement
 2. Level 2 – Joint responsibilities for the commissioning of GP services with NHS England
 3. Level 3 – Full delegation thereby leading the commissioning of local GP services
15. As a result of this membership vote, CR CCG confirmed its intention to operate under Level 1, Greater Involvement working with NHS England colleagues in matters relating to the commissioning of GP Primary Care services where appropriate.
16. The CCG is now consulting its membership to consider if they wish to progress to a greater level of delegation. Consultation processes with Member Practices are due to commence formally early October with the plan being to issue a vote out to the Member Practices (in line with the amended Constitution) 17 to 31 October.

Recommendations

17. Committee members are asked to note the content of this report.