



Doncaster Council

Date: 14th March 2018

To the Chair and Members of the Health and Adult Social Care Scrutiny Panel

SUBSTANTIAL VARIATION – Barnburgh Surgery Contractual Changes

Relevant Cabinet Member(s)	Wards Affected	Key Decision
Councillor Rachael Blake - Portfolio Holder for Adult Social Care	Sprotbrough Conisbrough Mexborough	None

EXECUTIVE SUMMARY

1. The purpose of the report is for Doncaster's Clinical Commissioning Group (CCG) to provide an opportunity to Scrutiny Members to be consulted on the contractual changes and potential for list dispersal of Barnburgh Surgery, Fox Lane, Barnburgh, DN5 7ET

EXEMPT REPORT

2. There is no exempt information contained in the report.

RECOMMENDATIONS

3. That the Scrutiny Panel considers the information presented.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

4. The Overview and Scrutiny function has the potential to impact upon all of the Council's key objectives by holding decision makers to account, reviewing performance and developing policy.

BACKGROUND

5. The CCG received notice to terminate the PMS Agreement for Barnburgh Surgery from Dr Karen Wagstaff on the 9th November 2017. Under PMS Agreement Regulations the notice period to terminate a PMS Agreement is 6 months; the agreed termination date for Dr Wagstaff's Agreement for Barnburgh Surgery is midnight on the 8th May 2018.
6. The CCG and Dr Wagstaff met initially at the end of November and have since

had regular updates to discuss the handover of services and any support requirements.

7. NHS England and the CCG drafted an options appraisal for the CCG's Primary Care Commissioning Confidential Committee (the Committee) to consider at their December meeting on the 14th December 2017. The options paper recommended discussion of 3 options:
 - a. List dispersal of the registered patient list
 - b. Procurement of the practice as a main site of GP services
 - c. Procurement of the practice as a branch site of GP services
8. The Committee considered all 3 options and discussed the benefits and risks of each including the surrounding area and its rurality, potential patient concerns, impact on other GP services in the neighbouring areas and impact on other stakeholders who would be impacted by any decision being made.
9. The Committee agreed to recommend the dispersal of the patient list of Barnburgh Surgery to NHS England who are ultimately accountable for primary care medical services and would approve this decision.
10. It was agreed that a Task and Finish Group would be formed urgently and would meet weekly and provide weekly updates to the rest of the Committee.
11. The CCG began the consultation process writing to local MPs and Councillors for Sprotbrough Ward, the Local Medical Committee, Local Pharmaceutical Committee, Local Optical Committee, HealthWatch Doncaster, Doncaster and Bassetlaw Dental Committee, Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust, Primary Care Doncaster, Rotherham, Doncaster and South Humber NHS Foundation Trust, Doncaster Metropolitan Borough Council, Barnburgh and Harlington Parish Council.
12. The CCG also made a press statement in the Free Press to raise public and patient awareness of the proposed changes in service. Both the CCG and HealthWatch Doncaster have engaged with the practice to support any patient queries or concerns that are raised. No public or patient feedback has been forthcoming to date.
13. As a result of initial consultation and conversation with local MPs and stakeholders it was subsequently felt that the CCG need to demonstrate that all potential options for the surgery had been further explored. It was therefore agreed that the market should be tested for any possible expressions of interest in taking over the practice and if necessary a procurement process should be initiated.
14. At the January meeting of the confidential Committee the Committee members were apprised of the change in process and agreed to initiate a procurement process and due to the timeframes run the potential practice list dispersal concurrently. The Committee also agreed for weekly updates and if a decision required by exception, then an Extra Ordinary Primary Care Commissioning Committee be convened as soon as possible.

15. An action plan was developed by the Task and Finish Group to reflect how best to communicate any decision made (Appendix A).
16. The CCG has continued to liaise with Dr Wagstaff and has instructed HealthWatch Doncaster to support Dr Wagstaff, the practice Patient and Participation Group (PPG), liaise with its counterparts in Rotherham and Barnsley and provide weekly updates of any public and patient feedback/comments received. The CCG public and stakeholder engagement programme is set out in the appended Communications Undertaken document (Appendix B).
17. The procurement process has now concluded and the CCG at the time of writing is in the standstill period, a further verbal update will be provided to the Panel at the meeting on the 14th March 2018. At the same time all practices within a 5 mile radius have been asked to confirm their capacity should list dispersal take place and the following responses have been received.

Practice	Indicated Capacity
Mexborough Health Centre	1200 patients
Conisbrough Group Practice	Patients within existing boundary with potential to extend further into Mexborough on a temporary basis
The Nayar Practice	None
The Scott Practice	Patients within existing boundary with potential to extent boundary on temporary basis
The Edlington Practice	No significant capacity
Petersgate Medical Centre	Unable to make a decision without knowing numbers
The Nelson Practice	None

REASONS FOR RECOMMENDED OPTION

18. There are no alternative options within this report as the Scrutiny Panel is required to be consulted on any substantial variation to a current service.

IMPACT ON THE COUNCIL'S KEY PRIORITIES

19.

	Outcomes	Implications
	<p>All people in Doncaster benefit from a thriving and resilient economy.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Creating Jobs and Housing</i> • <i>Mayoral Priority: Be a strong voice for our veterans</i> • <i>Mayoral Priority: Protecting Doncaster's vital services</i> 	<p>The work of Overview a Scrutiny has the potential to have an impact on all the Council's key objective</p>
	<p>People live safe, healthy, active and independent lives.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Safeguarding our Communities</i> • <i>Mayoral Priority: Bringing down the cost of living</i> 	
	<p>People in Doncaster benefit from a high quality built and natural environment.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Creating Jobs and Housing</i> • <i>Mayoral Priority: Safeguarding our Communities</i> • <i>Mayoral Priority: Bringing down the cost of living</i> 	
	<p>All families thrive.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Protecting Doncaster's vital services</i> 	
	<p>Council services are modern and value for money.</p>	
	<p>Working with our partners we will provide strong leadership and governance.</p>	

RISKS AND ASSUMPTIONS

20. The specific risks and assumptions relating to this issue are set out in this report.

LEGAL IMPLICATIONS (KDW 2.3.18)

21. Section 2B of the National Health Service Act 2006 (as amended by Section 12 of the Health and Social Care Act 2012) introduced a new duty on Councils in England to take appropriate steps to improve the health of the people who live in their area.
22. The overview and scrutiny committee may review and scrutinise the health service within its area; it may make reports and recommendations to local NHS bodies, the secretary of state and the regulator; and it may consider and consult on local NHS matters as well as requiring the local NHS body to attend committee to answer questions.
23. The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 places an obligation on the local NHS body to consult with the Overview and Scrutiny panel where they are considering any proposal for substantial developments or substantial variations to health services other than where a decision must be made as a result of the risk to safety or welfare of patients or staff.
24. Under the Regulations, the Overview and Scrutiny panel may make comments and recommendations on the proposal consulted upon. If those comments and/or recommendations are not agreed with by the local NHS body, then both the Overview and Scrutiny panel and the local NHS body have to try to reach a practicable agreement. If agreement cannot be reached then the Overview and Scrutiny panel can issue a report to the Secretary of State where:
 - a. the Overview and Scrutiny panel is not satisfied that consultation on any proposal has been adequate in relation to content or time allowed;
 - b. the Overview and Scrutiny panel is not satisfied that the reasons given by the NHS body not to consult are adequate; or
 - c. the Overview and Scrutiny panel considers that the proposal would not be in the interests of the health service in its area.

FINANCIAL IMPLICATIONS (DCCG 28.02.18)

25. The financial implications are set out in this report. There are no direct financial implications for the Council from this report.
26. (DMBC 01/03/2018) There are no direct financial implications for the Council arising as a result of this report.

HUMAN RESOURCES IMPLICATIONS (DCCG 28.02.18)

27. Specific implications are referred to in this report.
28. There are no apparent HR implications arising from this Report (DMBC - BT 28.2.18)

TECHNOLOGY IMPLICATIONS (DCCG 28.02.18) (PW 28/02/18)

- 29. There are no technology implications arising from this report.
- 30. There are no DMBC technology implications arising from this report.

HEALTH IMPLICATIONS (VJ 2.3.18)

- 31. Health and Social Care service has the potential to contribute to 20% of population health. For affected patients on the practice list at Barnburgh Surgery, the proposed change has potential health implications due to effects on how they will access health services. As the matter is still under consideration, it is uncertain what option will eventually be taken. The Commissioner will need to monitor the long-term health impact of this change on the affected practice population. Advice on this can be obtained from public health.

EQUALITY IMPLICATIONS (DCCG 28.02.18)

- 32. There are no significant equality implications associated with this report. Within its programme of work Overview and Scrutiny gives due consideration to the extent to which the Council has complied with its Public Equality Duty and given due regard to the need to eliminate discrimination, promote equality of opportunity and foster good relations between different communities.

CONSULTATION

- 33. Consultation is outlined in this report. This is Overview and Scrutiny's opportunity to contribute to the proposed GP Practice closure.

BACKGROUND PAPERS

- 34. None

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Appendix A – CCG Programme Action Plan

[illegible]

Appendix B – CCG Communications Undertaken

Barnburgh Communications Undertaken/Planned

Date	Communication
04.01.18	Contractor communicated to Barnburgh Surgery staff that she has given notice to terminate her contract
05.01.18	CCG telephoned Ed Miliband MP to explain the issue. Ed Miliband asked if any attempt had been made to secure a replacement GP
11.01.18	CCG informed Director of Public Health for information at Health and Wellbeing Board.
11.01.18	CCG informed Chair of the LMC via phone.
12.01.18	CCG spoke to Ed Miliband MP again by phone.
12.01.18	CCG spoke to HealthWatch Doncaster by telephone to apprise of the situation and to seek support.
15.01.18	CCG met with Doncaster Free Press
15.01.18	Letter to stakeholders sent.
15.01.18	Email to Primary Care Leads at Barnsley and Rotherham CCGs to inform of situation.
17.01.18	CCG informed the Chief and Chair of Rotherham CCG.
17.01.18	Email response from Parish Council following stakeholder letter.
19.01.18	John Healey MP Office called CCG checking that Barnsley CCG had been informed about the issue in addition to Rotherham CCG. CCG confirmed this was the case.
19.01.18	CCG spoke to John Healey's Office.
22.01.18	Letter to neighbouring practices sent.
22.01.18	CCG shared practice letter with Primary Care Leads in Barnsley and Rotherham CCG.
25.01.18	CCG met the Contractor.
26.01.18	CCG met Barnburgh Parish Council.
29.01.18	CCG spoke to Ed Miliband's Office Manager.
29.01.18	CCG spoke to Primary Care Leads for Barnsley CCG and Rotherham CCG and asked them to inform their local authorities and local councillors of the situation.
29.01.18	CCG shared action plan with DMBC communication team.
29.01.18	Barnsley and Rotherham CCG have confirmed they have written to GP practices in their areas that may be impacted by the potential list dispersal.
01.02.18	CCG spoke to Richard Wells, Superintendent for Weldricks.
05.02.18	CCG updated Contractor and will include Contractor in all future weekly updates.
06.02.18	CCG informed the Chair of the Health and Wellbeing Board.
07.02.18	CCG was approached by the Contactor at TARGET session.
09.02.18	CCG spoken to Cynthia Ransome.
19.02.18	HealthWatch updated on support provided to the Contractor and the practice PPG.
14.03.18	CCG attending Barnburgh Parish Council Meeting.
14.03.18	CCG attending DMBC Overview and Scrutiny Committee.