

23 July 2015		ITEM: 10
Health and Wellbeing Overview and Scrutiny Committee		
Primary Care		
Wards and communities affected: All	Key Decision: To note the contents of this report.	
Report of: NHS England Midlands and East (East) - Alison Cowie, Head of Commissioning/Alastair McIntyre, Locality Director Presented by Andrew Pike, Director of Commissioning Operations, NHS Midlands and East (East)		
Accountable Head of Service: n/a		
Accountable Director: n/a		
This report is Public		

Executive Summary

This report provides a summary of key issues for NHS England with regards to primary care strategy, particularly in respect of primary medical services and reflects on local primary care developments within Thurrock.

1. Recommendation(s)

1.1 To note this update report on Primary Care in Thurrock.

2. Introduction and Background

2.1 NHS England is responsible for planning, securing and monitoring an agreed set of primary care services for the population that it serves:

1. Primary Medical Services (GP services) of which there are 33 GP practices in Thurrock;
2. Primary Dental Services (Dentists) of which there are 23 NHS Dental Contract holders in Thurrock;
3. Community Pharmaceutical services (Chemists) of which there are 36 Community Pharmacies in Thurrock;

4. Primary Ophthalmic services (Opticians) of which there are 17 contract holders in Thurrock.

2.2 In carrying out this role, NHS England needs to ensure that it:

1. **Plans** the optimum services which meet national standards and local ambitions, ensuring that patients, carers and the public are involved in the process alongside other key stakeholders and the range of health professionals who contribute to patient care;
2. **Secures** services, using the contracting route that will deliver the best quality and outcomes and promote shared decision-making, patient choice and integration; and
3. **Monitors**, assesses and, where necessary, challenges the quality of services; and using this intelligence to design and plan continuously improving services for the future.

2.3 In October 2014, NHS England launched its Five Year Forward View, which sets out a clear direction for the NHS. Within this a commitment was given to invest more in primary care. Steps we will take include:

- Stabilise core funding for general practice nationally over the next two years while an independent review is undertaken of how resources are fairly made available to primary care in different areas.
- Give GP-led Clinical Commissioning Groups (CCGs) more influence over the wider NHS budget, enabling a shift in investment from acute to primary and community services.
- Provide new funding through schemes such as the Challenge Fund to support new ways of working and improved access to services.
- Expand as fast as possible the number of GPs in training while training more community nurses and other primary care staff. Increase investment in new roles, and in returner and retention schemes and ensure that current rules are not inflexibly putting off potential returners.
- Expand funding to upgrade primary care infrastructure and scope of services.
- Work with CCGs and others to design new incentives to encourage new GPs and practices to provide care in under-doctored areas to tackle health inequalities.
- Build the public's understanding that pharmacies and on-line resources can help them deal with coughs, colds and other minor ailments without the need for a GP appointment or A&E visit.

2.4 In January 2015 NHS England and Health Education England (HEE) launched the New deal for General Practice. It is a 10 point action plan and NHS England has responsibility for the implementation of 4 of the 10 work streams:

- Targeted Support – the incentive scheme for targeted support to GP trainees who take up posts for 3 years

- Investment in retainer schemes – NHS England will review existing schemes and invest in new ones
- Incentives to remain in practice - a detailed review to explore how partners can be encouraged to stay in practice, i.e. a funded mentorship scheme, or portfolio careers
- Targeted investment in returners – NHS England will make additional resources available to attract GPs back into practice, undertaking a review of performers lists

3. Local Strategy and Issues in Primary Care Medical Services

3.1 **Care Quality Commission (CQC)** – From 1 October 2014, CQC changed the way that it inspected General Practices. Practices are now rated as being outstanding, good, requires improvement or inadequate. At the time of writing this report, the following publically available ratings are available. Should more be made available by the HOSC meeting, a verbal update will be given. NHS England has a role to both support practices deemed inadequate but to also consider patient safety risk and contractual action following inspection by CQC.

Practice	Rating
Drs Masson & Masson, Grays	Good
Dr Cheung, Corringham	Good
Dr S Yasin, South Ockendon	Good
Dr Ramachandran, Tilbury	Requires Improvement
Dr Shehadeh, Tilbury	Inadequate

3.2 CQC are carrying out checks at the following practices and reports will be published in the near future:

- Dr R Suntharalingam, Tilbury
- Aveley Medical Centre
- The Orsett Surgery
- Thurrock Health Centre
- Dr B B Roy, Stansford Le Hope

3.3 **Dr Suntharalingam, Tilbury** - Following an inspection by the Care Quality Commission (CQC) and NHS England, the General Medical Council (GMC) has temporarily suspended Dr Suntharalingam from clinical practice. Dr Suntharalingam has decided to retire and remains the contract holder until 31 August 2015. Tilbury Medical Centre remains open but care is provided by locum doctors as Dr Suntharalingam cannot see or treat patients whilst he is suspended. NHS England has also been supporting this practice with additional practice management and clinical leadership. NHS England is now seeking an alternative provider who will take over the running and management of the practice from 1 September 2015.

- 3.4 **East Tilbury Medical Centre** – This practice is not yet registered with the CQC. NHS England, along with the practice, CQC and Thurrock CCG are developing a plan and an update will be given at the HOSC meeting on the 23rd July 2015.
- 3.5 **Dr Shehadeh, Tilbury** – NHS England is working with this practice following the inadequate rating by the CQC which placed this practice into special measures. An action plan to improve services is required and discussions are ongoing with Dr Shehadeh regarding this and the future of the practice.
- 3.6 **Sai Medical Practice, Tilbury** – this practice recently took on the patient list following Dr P K Mukhopadhyay's retirement. NHS England has funded additional locum cover in order that patient reviews and records are updated on these patients. We are also working with the practice, Health Education England and Thurrock CCG to support the development of this practice with an increased patient list size.
- 3.7 **Estates review** – this is being led by Thurrock CCG who will have a draft outline by the end of 2015. NHS England and Thurrock Council are supporting this piece of work.
- 3.8 **Transformation Funding** - A seven year contract was signed between NHS England and the Neera Medical Centre to provide weekend surgeries across 4 hubs in Thurrock. The hubs are situated in Corringham, Tilbury, Grays and South Ockendon. The first hub went live at the Neera Medical Centre on the 25th April 2015 with a doctor and nurse being available to see patients between 9am – 12.30pm. By the end of June 720 extra appointments were available for Corringham GP practice patients to see a doctor or nurse. The Tilbury hub opened on the 20th June 2015 at the Health Centre, London Road. The hubs in Grays and South Ockendon are close to being finalised and hope to be open in July/ August 2015. At present all appointments are only bookable through GP practices.
- 3.9 There has been significant clinical engagement with this project with Dr Deshpande, contract holder, chairing a monthly group with clinical leads representing each of the hubs. This group reviews the operational policy and ensures that the hubs are delivering excellent patient care to the patients in Thurrock. All GP practices have been kept informed of developments and training provided for practices prior to the hub being launched.
- 3.10 Patients are being made aware of the opening of hubs with posters in practices advertising the hubs once the hubs are open. Practices in Grays and South Ockendon will receive posters once the details are confirmed. In addition there has been engagement with local community groups at a recent

meeting of Healthwatch. There has been communication to local pharmacists to ensure they are aware of the hub's opening at the weekend.

- 3.11 The hubs operations are being continuously reviewed and plans are being made to use 111 to book a number of urgent appointments for patients. In addition the hubs may be open for longer or extra staff working at the same demand dependent on demand. The range of services being offered is being reviewed in the light of patient's needs.
- 3.12 On a separate issue the redevelopment of Purfleet continues with the Council planning to conclude negotiations with the developer in the next few months prior to a formal planning application being submitted around September 2016. There has been extensive engagement between key partners in health and local authority to identify the future needs of the new health facility. At a minimum it will include a GP surgery to meet the planned future growth in the area. This will be further discussions at to what other facilities can be included in the health facility.

4. Reasons for recommendation

- 4.1 Responsibilities for the commissioning of primary care services rests with NHS England and this is a developing area of work, therefore, the HOSC is asked to **note this update.**

5. Consultation (including Overview and Scrutiny, if applicable)

- 5.1 Not applicable.

6. Impact on corporate policies, priorities, performance and community impact

- 6.1 The provision of good quality primary care in Thurrock aligns with the Council's priority of improving the health and well-being of the population.

7. Implications

7.1 Financial

Implications verified by: N/A
No impact on the Thurrock Council

7.2 Legal

Implications verified by: N/A
No impact on Thurrock Council

7.3 Diversity and Equality

Implications verified by: N/A

7.4 Other implications (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)
None for Thurrock Council

8. Background papers used in preparing the report (including their location on the Council's website or identification whether any are exempt or protected by copyright):

None

9. Appendices to the report

None

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