

***GP Services
Scrutiny Review***

***Report of Findings and
Recommendations***



***Scrutiny Committee
June 2005***

1. Background to the Review

- 1.1 The Scrutiny Committee of Tonbridge and Malling Borough Council has undertaken a review of GP services in the Borough. The review was scoped at a meeting of Committee in June 2004. A Member working group was established to undertake the review. Final conclusions and recommendations from the review were endorsed by Scrutiny Committee in June 2005.
- 1.2 Scoping of the review highlighted the following issues that needed to be addressed:
 - a review of the overall context within which GP services are provided, the role of the PCT, changing Government policy and the implications for GPs themselves
 - an understanding of where there are pressures on current GP services provision in the Borough
 - an understanding of where new pressures might arise in the future in the context of major new residential development
 - assessment of the processes by which new or improved GP services are procured and the interface of this with the Borough Council's planning function
 - the opportunities which may exist for closer working between the Borough Council and the PCTs over GP service issues.
- 1.3 The review group gathered evidence from South West Kent and Maidstone Weald PCTs, local GPs and representatives from the Council's Planning and Engineering service. From initial meetings of the review group, three specific issues were identified for more detailed consideration. These were:
 - Funding of new/enhanced GP premises
 - Development contributions to GP development
 - Out of hours services.
- 1.4 In addition to these three key issues identified by the Review Group, a fourth issue regarding disability access to health care premises was raised by Scrutiny Committee when an interim report on the review in was made in November 2004. The Review Group therefore gave

consideration to each of the four issues. The review involved the preparation of an issues paper discussing all four issues on which the PCTs were invited to comment. This is attached as Appendix A to this report. The responses from the PCTs have informed the conclusions and recommendations on each of the issues and are set out below.

2. Review Conclusions

1.1 Key Issue 1 – Funding of New/Enhanced GP Premises

- 1.1.1 This key issue concerned the potential need for closer liaison between the Borough Council and the PCTs where changes are proposed to existing GP services, by expansion/extension, rationalisation or enforced closure, perhaps due to the retirement of a resident GP.
- 1.1.2 Taking the responses of the PCTs to this issue as a whole, it appeared that there was scope for closer liaison between the Trusts and the Council over such matters. Whilst it appeared that the PCTs have a clear idea of future major developments in the Borough (see Key Issue 2 below), the PCTs would welcome closer liaison with the Council over potential changes to existing GP services. The PCT response explained that such proposed changes to existing practices are dealt with by their Service Development Groups. It seemed appropriate therefore that the Council should invite each PCT Service Development Group to consult the Council on any significant changes to local practices which might arise. The review group felt that the PCTs should be invited to alert the Council's Chief Executive to any such proposals in the first instance who would then consult local Members as appropriate before a response was sent.
- 1.1.3 With regard to the funding of new or enhanced GP practices, the PCTs' response confirmed that each PCT receives an allocation on a capitation basis from the Kent and Medway Premises Board. This has replaced the former system whereby the PCT had to bid for funding according to local need. There seemed little opportunity for the PCT (or the Council) to influence the amount of funding which is allocated locally. It appeared, however, that a key factor in where this allocation was spent within the PCT area was the PCTs' own development strategy. Prior consultation with the Borough Council over this strategy would assist the PCTs by ensuring that a local perspective and knowledge of development (other than the more major sites) occurring within the area is taken into account in the setting local priorities

Recommendations – Key Issue 1

- 1.1.4 ***The Primary Care Trusts be invited to consult the Council, via the Chief Executive, on proposed changes to existing GP services in***

the Borough who, following consultation with local Members, will undertake to provide a corporate response within the stated time scale.

1.1.5 *The Primary Care Trusts be invited to consult with the Borough Council over their development strategies.*

1.2 Key Issue 2 – Development Contributions to GP Development

1.2.1 A number of issues were identified related to the need to seek contributions from developers of new housing to support the provision of new or enhanced GP services.

1.2.2 As noted above, it appeared that the PCTs were broadly aware of the more major developments planned for the Borough. Since the review commenced, the Borough Council has published the Issues Paper for the Local Development Framework and has consulted upon it. The Director of Planning and Transportation reported that neither PCT responded. The Borough Council needed therefore to ensure that it engaged fully with the PCTs and their individual Service Development Groups throughout the LDF process and specifically, during preparation of Local Development Documents where more specific development issues may arise. Each PCT should be asked to nominate a single point of contact to deal with all future LDF issues to ensure effective liaison was achieved.

1.2.3 It was clear from the PCTs' response that they would be likely to seek development contributions to cater for both new GP provision at large scale development (negotiated via the LDF process as above) and to address capacity issues within existing GP practices where new smaller scale, perhaps 'windfall' residential development within its catchment area might exacerbate existing capacity problems in local surgeries. This raises a number of concerns:

- the PCTs needed to be consulted on potential new developments in areas of existing need so that they may then submit a request for development contributions. In order that the Borough Council can proactively seek the involvement of the relevant PCT for applications in areas of need, the Council needed to be made aware of where such areas of need existed;
- The PCTs would need to submit a robust and convincing statement of need to support its request for a development contribution so the Council was able to negotiate this on their behalf.

- 1.2.4 The PCTs' response referred to the preparation of a 'development strategy' that was used by them to determine where funding for new/enhanced GP services would be directed. In addition, their response also referred to evidence as to where needs and gaps in provision exist being evident through a number of processes. If the information contained in the PCTs' development strategy was suitably comprehensive in nature, it could serve both to assist the Council with identifying development proposals in areas of need and could also be used to help justify and underpin subsequent requests for developer contributions.
- 1.2.5 Consultation with PCTs over development proposals should be a two-way process, both reactive and proactive. The PCTs should be included as recipients of List B so that they could decide whether a specific application for development will have health care implications. In addition, the Borough Council could undertake to consult PCTs on developments of 5 units or more (or sites of 0.2 ha. or more in the case of outline applications).
- 1.2.6 If it could be established that a contribution from a development is justified, further work would be needed to determine an appropriate formulae to calculate the scale of charges that could be applied. The PCTs signalled their willingness to look at this issue in partnership with the Borough Council. An Officer Study Group is currently reviewing the Council's approach to the wider issue of all development contributions in the context of new emerging (but not yet finalised) Government guidance on the matter. It is recommended that the Borough Council pursues the issue of a formula approach for GP services in the context of the wider work of that OSG and in partnership with the two PCTs.

Recommendations – Key issue 2

- 1.2.7 ***The Borough Council ensures the PCTs are fully engaged in the Local Development Framework process and subsequent preparation of Local Development Documents and is prepared to assist with the justification of any relevant policies and proposals.***
- 1.2.8 ***The PCTs be invited to nominate a single point of contact to liaise with the Borough Council over development issues.***
- 1.2.9 ***The Council engages further with the PCTs to better understand the basis on which the capacity of GP surgeries is assessed, areas in the Borough where GP Services are stretched and where new development might cause further pressures thus necessitating a contribution to be sought from developers.***

- 1.2.10 ***The PCTs be provided with List B and be invited to comment on any relevant planning applications as they see fit. PCTs are consulted specifically on sites of more than 5 dwellings or 0.2 ha. in the case of an outline application.***
- 1.2.11 ***The Borough Council works in partnership with the PCTs to explore the potential for adopting a formula approach to developer contributions for GP services.***

1.3 Key Issue 3 – Out of Hours Services

- 1.3.1 There have been initial concerns that the introduction of this new service could have a detrimental effect on health care provision out of normal surgery hours, especially the potential for callers not to be given access to a doctor when they call for assistance.
- 1.3.2 Some time has now past since the introduction of the service by contractors 'On Call Care' and the response from the PCT sets out the minimum level of cover that has been specified for both the Maidstone Weald area and the South West Kent area. Results of surveys of patients suggested a 91% satisfaction with the services provided. This seemed to suggest that callers were generally happy with the responses they have received to date and the issue regarding direct access to a GP did not appear to have emerged.
- 1.3.3 The PCTs confirmed that the contract with On Call Care did not seek to specify a level of calls dealt with by a GP or non GP but instead required an assessment to be made about the prioritisation of calls and the speed to which clinical assessment was carried out.
- 1.3.4 Notwithstanding the very high rates of customer satisfaction that appear to have been achieved by the contractor, it was suggested that the Borough Council should invite On Call Care to a future meeting of the Scrutiny Committee to hear a report on how the service was performing, particularly in relation to the Quality Requirement Standards as referred to by the PCTs. Members would then have a fuller appreciation of the service and its performance, and could better assess whether they need to engage further with the PCTs over this matter.

Recommendation – Key Issue 3

- 1.3.5 ***On Call Care be invited to make a presentation to a future meeting of the Scrutiny Committee on progress with the out of hours service.***

1.4 Key Issue 4 – Disabled Access to Health Care Premises

- 1.4.1 A further issue which has arisen relates to the requirements under the Disability Discrimination Act to provide access for people with impairments to all public buildings. The requirements of the Act came into force on 1st October 2004 and the Borough Council was itself addressing the requirements through a phased programme of improvements to the publicly accessible parts of its own offices and leisure facilities.
- 1.4.2 Members drew attention to a number of local health care facilities that they felt did not comply with the terms of the legislation. In addition, the Tonbridge Access Group had carried out its own access audit of health care facilities across the Borough and this has highlighted a number of issues of concern to disabled people.
- 1.4.3 The review group wished to draw the PCTs' attention about local concerns relating to access arrangements at health care facilities and to seek further information from them on their intended programme of improvements to ensure compliance with terms of the DDA. The report by the Tonbridge Access Group should be commended to them and the PCTs be invited to attend a future meeting of the DWP to outline their approach to DDA compliance. Through the Council's Disability Working Party, TAG could be encouraged to undertake a further update of that study both to highlight existing problems and to monitor any improvements which have been carried out.

Recommendation – Key Issue 4

- 1.4.4 ***The Borough Council draws the PCTs' attention to concerns about inadequate disabled access arrangements to local health care facilities, requests details of planned improvements, and to commend to them the access study prepared by the Tonbridge Access Group.***
- 1.4.5 ***The PCTs be invited to attend a future meeting of the DWP to outline their approach to DDA requirements and to involve members of the DWP in assessing planned access improvements to local health care facilities.***
- 1.4.6 ***Via the Disability Working Party, the Tonbridge Access Group be invited to update their access study of health care facilities and to assist the PCTs with the monitoring of planned access improvements.***

Annex A

Response from PCTs to Key Review Issues



Scrutiny Review – GP Services

1. Funding of new/enhanced GP premises

Question 1	<p><i>Does the PCT have a capital programme of proposed projects relating to new or enhanced GP services? Could the Borough Council be consulted on this programme by the PCT?</i></p> <p>Maidstone Weald PCT's most recent Estates Strategy, January 2004, includes reference to known residential developments, which will have an impact on primary care. The PCT has formally approached Tonbridge & Malling Planning Department to seek an identified site, or a contribution towards extension of existing facilities, as follows:</p> <ul style="list-style-type: none">▪ At Leybourne Grange (previously mental health hospital), where 702 dwellings are planned;▪ At Kings Hill, where 750 additional dwellings are proposed;*▪ At Holborough, where 1,000 dwellings are planned;▪ Peters Pitt, where 1,000 dwellings are planned for a later stage, dependent on highway improvements. <p>*The Planning Department considered that the new facility at Kings Hill already have sufficient capacity to accommodate this new development phase.</p>
Question 2	<p><i>Is there a need for closer liaison between the PCT and the Borough Council over potential changes to GP services in the Borough?</i></p> <p>This would be helpful from both our perspectives, as more services transfer to primary care, with the consequent infrastructure requirements to support these; also, considering the population profile and nature of housing.</p>

Question 3	<p><i>Does the Council have a role to play in assisting the PCT by supporting their bids to the K&M SHA for GP service enhancements in the Borough?</i></p> <p>The SHA hold no funds for GP services on estates development.</p> <p>The PCTs have their own Services Development Group, which considers requests from practices seeking to:</p> <ul style="list-style-type: none"> ▪ Change their boundaries; ▪ Close lists to new patients, because of capacity constraints; ▪ Develop new services, which will require refurbishment to their premises or develop new ones; ▪ Retire or resign and where there are no succession arrangements. <p>This Group also makes plans to respond to new housing development proposals.</p> <p>In 2004/05, all requests for premises funding were considered at a strategic level by the Kent & Medway Premises Board. Funding was allocated to a Lead PCT (Maidstone Weald) for distribution according to priorities. This arrangement has now changed with allocations now made on a capitation basis to each PCT to support the PCTs development strategy.</p>
Question 4	<p><i>What process is involved and is it possible that the Borough Council could be consulted as part of this?</i></p> <p>Please see Answer to Question 2 and 3 above.</p>
Question 5	<p><i>What criteria are used by the K&MSHA for assessing bids, for example, would the offer of developer contributions to GP bid increase its chance of success?</i></p> <p>The SHA has no role in assessing bids.</p> <p>The PCT's Services Development Group uses the attached criteria for assessing bids, which includes reference to other funding streams. This list of criteria is the same as that previously used by the Strategic Premises Board. Where developer contributions can be identified, costs to the PCTs are reduced .</p>
Question 6	<p><i>Are bids for funding new/enhanced GP services based on existing need being evident or can bids be successful when such needs are anticipated eg in respect of new development?</i></p> <p>Existing needs and gaps are evident, through a number of processes, including:</p>

	<ul style="list-style-type: none">▪ Practice and individual appraisal and development programmes;▪ Outcome of Quality and Outcomes framework on service delivery;▪ Uptake of enhanced services, to support increased provision of services in primary care;▪ Public health information;▪ Access surveys;▪ Plans to develop new brownfield (or greenfield) sites.
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2. Developer Contributions to GP service provision

Comment 1	<p><i>Greater emphasis on developer contributions and robustness of information provided by the PCT on need for the contribution.</i></p> <p>Developer contributions should recognise demands placed by new residents on primary health care services and new services to reflect the changed environment. See Comment 2 below.</p>
Comment 2	<p><i>Two forms of need may exist: areas of larger-scale new development; and areas where existing GP services are under strain</i></p> <p>(a) Where a larger-scale new development is planned, the PCTs would seek a developer contribution of a site, for example:</p> <ul style="list-style-type: none"> ▪ a new primary healthcare centre (one stop service) to meet the majority of residents' needs; ▪ a community pharmacy to cater for the minor illness needs of the new residents, with their main primary healthcare needs met in a hub centre, based elsewhere in the locality; ▪ general dental service provision. <p>For larger new developments, the specific requirements of residents will also need to be taken into account, eg where affordable housing provided or to cater for needs of mobile population (such as at Kings Hill, of whom many are commuters travelling to London). In addition to provision of a site, the PCTs would also seek a capital contribution per dwelling to support the increased costs of providing new facilities.</p> <p>(b) Where existing GP services are under strain, particularly those with an already comparatively high number of patients registered, the need would exist to support the current infrastructure, for example developer contribution per dwelling to support:</p> <ul style="list-style-type: none"> ▪ an extension to an existing surgery; or ▪ to provide individual piecemeal support to a larger corporate development, in accordance with the PCT's estates strategy and strategic services development plan.
Question 3	<p><i>Are the PCTs aware of new developments emerging from the LDF process?</i></p> <p>Answer: Broadly so, through reference to the <i>Local Development Framework</i> and <i>Local Plan</i>.</p>

Question 4	<p><i>Is the Borough Council aware of areas where GP services are under strain?</i></p> <p>Offices will be aware of the impact and pressures new developments, referred to at 1. Question 1, will have on GP services; hence, the request for contributions via Section 106.</p> <p>Examples of primary care developments, which have been completed in 2004/05 in response to GP services being under strain, are those at Larkfield and Snodland. In the previous year, the new facility at Kings Hill was built.</p>
Question 5	<p><i>Are PCTs prepared to comment on development proposals after assessing information from List B?</i></p> <p>Answer: Yes, for developments of 5 or more new dwellings or conversions.</p>
Question 6	<p><i>Should the Borough Council consult the PCT on individual development proposals in areas of potential need?</i></p> <p>Answer: Yes, for developments of 5 or more new dwellings or conversions or where there are capacity issues for health.</p>
Question 7	<p><i>Should the PCTs be invited to consider devising a developer contribution formulae which could be applied on a per dwelling basis to quantify funding for GP services?</i></p> <p>Yes please. This would be welcomed. Such a formula should be reasonable and compare equitably with contributions from other statutory bodies.</p>

3. OOH Services Provision

Question 1: Concern expressed about the potentially diminished ability of out of hours callers to access a GP.

Response: On Call Care provide the following minimum level of GP cover at the following bases (table 1):

Table 1: Practice Premises and Minimum Level of Cover

	Maidstone Weald		South West Kent	
	Base	Satellite	Base	Satellite
		Aylesford, then Maidstone Emergency Care Centre	Cranbrook Clinic	Cottage Hospital, Tonbridge
Cover Monday-Friday	Full cover with at least 1 doctor from 6.30pm-8.00am.	1 doctor available from 7.30-10.30pm.	Full cover with at least 1 doctor from 6.30pm-8.00am.	1 doctor available from 7.30-10.30pm.
Weekends and bank/public holidays	Full cover with at least 1 doctor 24 hours. "Weekend" covers from 8am Saturday until 8 am Monday.	At least 1 doctor available from 8am to 5 pm. 1 doctor available from 7.30 pm to 10.30 pm	As Maidstone base	As Cranbrook satellite

Bases

These are at the following locations:

- Aylesford and Maidstone
- Tonbridge Primary Care Centre (PCC) at Tonbridge Cottage Hospital

2 The Aylesford base was used until the service moved into the new Maidstone Emergency Care Centre in April 2005.

3 Satellite Centre

The satellites are:

- Cranbrook PCC at Cranbrook Health Clinic
- Sevenoaks PCC at Sevenoaks Hospital

On Call Care have had no significant problems with ensuring 100% cover of both GP's and Nurse's for the out of hours service.

Satisfaction Survey

4 On Call Care are required to regularly audit a random sample of patients' experiences of the service and take appropriate action on the results received. On average 91% of patients were satisfied with the service they received.

5 The Stakeholder Council has not as yet been established but there is patient and public involvement provided by the regular satisfaction surveys and NHS Complaints procedure that is implemented by OCC. Information on how to complain or comment about the service is displayed in all base and satellite locations.

6 Question 2: What are the terms of the contract between the PCTs and On Call Care with respect to the number of calls dealt with by GPs and non GPs – are targets prescribed for this?

7 Response: There are no specific terms or targets with respect to the number of calls dealt with by GP or non GP. There are however Quality Requirement Standards for the prioritisation of the calls and how quickly clinical assessment is carried out. All call handlers are trained in emergency protocols and the patient is referred to the most appropriate clinician.

8 Question 3: To assess the success or problems related to the new contractual arrangements, should the Borough Council invite On Call Care to a future meeting of the Scrutiny Committee to discuss performance?

9 Response: We are unclear what role the Borough Council is proposing with regard to performance. We would appreciate a fuller understanding of this.

10 In the meantime, the PCTs would be happy to discuss and address any specific concerns regarding any of the above issues, should this be helpful.