



OVERVIEW AND SCRUTINY COMMITTEE  
(ADULT SOCIAL CARE AND HEALTH)

SPECIAL MEETING HELD AT THE TOWN HALL, BOOTLE  
ON THURSDAY 22ND MARCH, 2018

PRESENT: Councillor Page (in the Chair)  
Councillors Burns, Carr, Linda Cluskey, Roscoe  
(Substitute Member for Councillor Marianne Welsh)  
and Lynne Thompson

ALSO PRESENT: Mr. B. Clark, Healthwatch  
Mr. R. Hutchings, Healthwatch  
Councillor Moncur, Cabinet Member – Health and  
Wellbeing  
Councillor John Joseph Kelly, Cabinet Member –  
Children, Schools and Safeguarding  
Councillor Maher, Leader of the Council  
2 members of the public

**49. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors Pugh, Bill Welsh, Marianne Welsh and Cummins, Cabinet Member – Adult Social Care.

**50. DECLARATIONS OF INTEREST**

No declarations of pecuniary interest were made.

**51. INTRODUCTIONS**

Introductions took place.

**52. HIGHTOWN G.P. SURGERY**

Further to Minute No. 9 of 27 June 2017, the Committee considered the covering report of the Head of Regulation and Compliance on the future of Hightown Village GP Surgery, requesting Committee Members to consider the report submitted by NHS England and seeking views from the Committee.

The Committee also considered the report submitted jointly by NHS England (Cheshire and Merseyside) and NHS South Sefton Clinical

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Commissioning Group (CCG). The report set out the background to the matter; the procurement exercise undertaken for both Hightown Village GP Surgery and Freshfield GP Surgery; the options reviewed; the outcome; engagement with patients and stakeholders; and a summary of the current position.

The report outlined the procurement exercise undertaken, indicating that initially, bids had been received for both Practices. However, on 5 February 2018, the only bidder for the Hightown Practice had indicated they could no longer proceed and as a result, there was no Provider available to deliver services at the Practice from 8 June 2018, when the current interim Provider would withdraw, having agreed to extend the interim contract for a maximum of three months from 31 March 2018, when the current contract would expire. The report indicated that there were some 2,013 patients registered with the surgery who would need continuity of care and just three months in which to arrange this.

Anthony Leo, Director of Commissioning; Alan Cummings, Senior Commissioning Manager; and Cathy Stuart, Deputy Head of Communications and Engagement; were in attendance from NHS England (Cheshire and Merseyside), to present information on the matter and respond to questions put by Members

Dr. Niall Leonard, Clinical Vice Chair and Clinical Director; and Jan Leonard, Chief Redesign and Commissioning Officer; were in attendance from NHS South Sefton CCG and NHS Southport and Formby CCG, to present information on the matter and respond to questions put by Members.

Mr. Leo introduced the item, indicating that, as joint commissioners for primary care services, the report represented a joint position for both NHS England (Cheshire and Merseyside) and NHS South Sefton CCG. He outlined the background to the matter, indicating that innovative solutions from potential Providers had been encouraged during the procurement exercise and that a premium had been offered to incentivise. He stated that commissioners did not want to see the Hightown Practice close and that further interest by Providers was being actively pursued. If a Provider could not be found, managed dispersal of patients would have to be considered. A further quality impact assessment would be undertaken.

Members of the Committee asked questions/raised matters on the following issues:-

- Reference was made to the “Options Reviewed” within the report and the possibility of merging the Practice with a local Provider. For legal reasons the option to merge with another local Provider could not be undertaken at the moment.
- What was the response from GPs in surrounding areas regarding the potential increase of patients at their surgeries and capacity?

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There were a number of GP surgeries in both the Crosby and Formby areas and some Practices had confirmed they had capacity. Patients from Hightown could be allocated to other Practices, although patients were able to exercise their right to choose where they registered.

- What were the reasons for the Provider withdrawing from the procurement exercise?  
Due diligence had been exercised and the Provider had indicated they could not deliver the service as they had other Practices to run. Assistance had been offered by the commissioners in an attempt to overcome the difficulties identified. Having submitted the tender for the contract the Provider had then reconsidered the costs, infrastructure, etc. and felt unable to proceed.
- How many patients were affected?  
As at 15 March 2018, the number of patients registered with the Hightown Surgery was 1977. Prior to this time the highest number registered had been 2006.
- Reference was made to the standard of the premises for the Hightown Village GP Surgery.  
Independent advice sought had indicated that although the premises were acceptable for the time being, it would not be in the future. There were issues with accessibility, storage, patients/staff split and the possibility of asbestos on site. The services currently provided there were considered to be safe.
- What special arrangements could be made for older patients?  
If dispersal took place, transport arrangements would be considered.
- Some confusion was felt regarding whether a decision had now been taken regarding the dispersal option.  
Commissioners faced a deadline of the end of March 2018 when the current contract expired and did not want the service at Hightown Surgery to cease. Efforts remained on-going to try to secure a Provider.
- If the surgery was lost, would the associated pharmacy also be lost?  
There was a possibility that any of the Providers patients were allocated to could provide a pharmacy service. In addition, the Electronic Prescription Service was available and some pharmacies provided the Care at the Chemist scheme. Hightown residents were encouraged to participate in these schemes.
- Anyone considering moving to Hightown would examine local facilities and the loss of the Surgery would not encourage residents to re-locate to Hightown.

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Commissioners wanted to maintain the services provided.

- Concerns were felt that the Surgery was not really a viable full-time practice and that it had been gradually “going downhill”.  
The tender document had specifically requested innovative solutions for service provision and commissioners would have considered part-time provision with support from the pharmacy, etc.
- Healthwatch Sefton held a number of concerns, particularly regarding residents’ access to other surgeries, as this was raised at the consultation events. Disappointment was felt as the concerns raised by Healthwatch had not yet been responded to. Also, no reference was made to the transport survey within the report.  
The result of the travel survey appeared on the NHS South Sefton CCG website and would be provided.
- Concerns were held that there was a lack of understanding by NHS England regarding the logistics of travel to and from Hightown; that there had been misleading information provided at the consultation events; and that residents considered the outcome to be a foregone conclusion.  
Commissioners wanted to retain a service and every effort had been made to encourage interest from potential Providers.
- What was the premium being offered? Could this be increased?  
The offer was already at plus 15%.
- What process for reinstatement of services could be put in place if a Provider showed any interest in providing services?  
The formal process had been exhausted and the current interim Provider had indicated they would withdraw the service from 8 June 2018. Any new Provider would have to meet quality standards.
- In the event that additional housing was provided in the area, more GP provision would be required. What models existed for rural GP provision?  
There was no specific policy on how far residents were required to travel/drive. Difficulties existed in primary care provision with 3% of GPs being lost in 2016/17 and a further 3% in 2017/18. Continuity of care was important for older people, although difficulties were found in providing a sustainable service in many areas.
- How could a small Surgery of around 2,000 patients be sustained?  
There were difficulties in sustaining smaller Surgeries. Commissioners hoped Hightown would expand and the Surgery would grow.
- Hightown patients would start to register elsewhere between now and June 2018.

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Patients had freedom of choice as to where to register with a GP. Commissioners were still actively pursuing the possibility of securing a Provider for the Surgery.

Confirmation was sought that a decision had not yet been taken with regard to the future of the Hightown Village GP Surgery. Commissioners stated that no final decision had been made.

Confirmation was also sought regarding the basis for an alternative provision and how this Committee would be involved in that decision prior to it being taken. Commissioners stated they were happy to come back to the Committee and asked how any news the following week could be conveyed.

The Chair of the Committee indicated that any news should be reported to herself and the Chief Executive.

A Member of the Committee requested NHS South Sefton CCG to publish up to date information relating to the current position of Hightown Village GP Surgery, on its website.

It was agreed that the meeting would be adjourned.

RESOLVED

That the meeting be adjourned and be re-convened on Tuesday, 3 April 2018, at 5.00 p.m., at the Town Hall, Bootle.