

HEALTH AND PARTNERSHIPS SCRUTINY COMMITTEE
28th AUGUST, 2012

DARLINGTON DARZI PRACTICE TASK AND FINISH REVIEW GROUP – FINAL REPORT

SUMMARY REPORT

Purpose of the Report

1. To present the outcome and findings of the Task and Finish Review Group established by Health and Partnerships Scrutiny Committee to consider and respond to the Review of Darlington Darzi Practice.

Summary

2. NHS County Durham and Darlington brought to Members attention a Review being undertaken by North East Primary Care Services Agency (NEPCSA) in respect of the Darlington Darzi Practice.
3. Monitoring and Co-Ordination Group gave approval for this work to be undertaken.
4. Members of this Scrutiny Committee agreed to invite members of Darlington LINK to all meetings of the Task and Finish Review Group and to assist with the evidence gathering given the limited consultation period.
5. The consultation period was for six weeks from 25th June until 3rd August 2012 as it was proposed to be an appropriate length of time to seek feedback from GP Practices patients and the local community.
6. The Task and Finish Review Group has met on three occasions, undertaken a visit to Dr Piper House and gathered public opinion with the use of a questionnaire at the GOLD Tea Dance and its final report is attached (**Appendix 1**).

Recommendation

7. To enable feedback to the consultation to be given in the appropriate timescale it is recommended that Members retrospectively approve the response included in the Final Report.

Paul Wildsmith
Director of Resources

Background Papers

There were no background papers used in the preparation of this report.

Abbie Metcalfe: Extension 2365

S17 Crime and Disorder	This report does not have implications relating to Community Safety Partnerships for the residents of Darlington.
Health and Well Being	This report has implications to address Health and Well Being for the residents of Darlington.
Sustainability	This report has implications relating to sustainability for the residents of Darlington.
Diversity	This report has implications relating to diversity for the residents of Darlington.
Wards Affected	This report does not impact on a particular Ward, but Darlington as a whole.
Groups Affected	This report does not impact on a particular Group, but Darlington residents as a whole.
Budget and Policy Framework	This report does not represent a change to the budget and policy framework.
Key Decision	This is not a Key Decision.
Urgent Decision	This is not an Urgent Decision.
One Darlington: Perfectly Placed	The report contributes to the Sustainable Community Strategy in a number of ways through the involvement of Members in contributing to the delivery of the five themes.
Efficiency	This report does not identify specific efficiency savings.

MAIN REPORT**Introduction**

8. This is the Final Report of the Darlington Darzi Practice Task and Finish Review Group which was established by the Health and Partnerships Scrutiny Committee to consider and respond to the review of the Darlington Darzi Practice.

Background Information

9. In June 2012, Members were informed by NHS County Durham and Darlington that the North East Primary Care Services Agency (NEPCSA) was undertaking a service review of the Darlington Darzi Practice.
10. The review was necessary due to the contract coming towards the end on 31st March 2013 and it was anticipated that the review would define the future of the provision of services by the Darzi Practice when the contracted expired.
11. The models for consideration during the review were;
 - (a) To decommission the existing service
 - (b) To commission the same service
 - (c) To re-design and commission a different service.
12. It was suggested that a Task and Finish Review Group be established to consider the review and respond to the consultation.
13. A Task and Finish Review Group was therefore established by the Health and Partnerships Scrutiny Committee and a draft Terms of Reference was developed (**Appendix A**).
14. Since then, the Task and Finish Review Group have met on three occasions, undertaken a visit to Dr Piper House and gathered public opinion by the use of a questionnaire at the GOLD Tea Dance and this report outlines the outcome of the findings.

Membership of the Review Group

15. All Members of this Scrutiny Committee and members of Darlington LINK were invited to attend the meetings of this Group.

Acknowledgements

16. The Review Group acknowledges the support and assistance provided in the course of their investigation and would like to place on record their thanks to the following :-

Carol Bean, Darlington Darzi Practice Manager;
Mary Bewley, Head of Communications & Involvement, NHS County Durham and Darlington;

Wendy Stephens, Locality GP Contracts and Commissioning Manager, North East Primary Care Services Agency;
Andrea Goldie, Diane Lax and Michelle Thompson Darlington LINK and
Neneh Binning and Abbie Metcalfe, Democratic Officers.

Methods of Investigation

17. The Task and Finish Review Group met on 22nd June, 16th July and 2nd August 2012 and the notes are attached at **Appendix B**.
18. The Task and Finish Review Group undertook a visit of the Dr Piper House to assist in their evidence gathering on 11th July 2012 and the notes are attached at **Appendix C**.
19. Members also participated in the Gold Tea Dance on 18th July 2012 gathering public opinion on the services at Dr Piper House by way of a simple questionnaire.
20. Volunteers from Darlington LINK carried out 'enter and view' visits on 23rd July and 26th July 2012 at different times at Dr Piper House using a similar questionnaire.

Findings

21. From speaking to members of the public it has become apparent that the general public are very confused about the services they receive at Dr Piper House.
22. It appears that most people think they are accessing a 'walk in service' which is actually urgent care and Members are extremely concerned about this and suggested that NHS County Durham and Darlington need to improve communications a great deal around this issue.
23. The Darzi Practice is valuable to all communities but particularly the vulnerable communities, some who do not have English as their first language. A large proportion of registered patients are from ethnic minority backgrounds, this is due to the location of the centre, accessibility and anonymity. Members are extremely concerned that if this service was to be withdrawn that in would be people in those communities that would 'slip through the net'.
24. The Darzi Practice has some 800 registered patients' and high percentage of the patients registered also have complex needs and more than one long term condition which requires regular treatment. Members are concerns that about the capacity for other GP Practices to accommodate these patients' and cater for their needs adequately.
25. The Darzi Practice is popular because of the extended opening hours (8.00am – 8.00pm) which fits in with most people's lifestyle. The Darzi Practice is accessible given its central location and patients get usually get appointment on the day they require one. The Practice also works extremely well being situated in the same building as the Urgent Care Centre.
26. The Task and Finish Review Group heard some high quality praise for the services received at Dr Piper House, yet most people were confused as to whether they been seen by the Darzi Practice or the Urgent Care Centre.

Recommendation

To enable feedback to the consultation to be given in the appropriate timescale that the recommendation be retrospectively agreed as follows;

That Health and Partnerships Scrutiny Committee agree the response detailed below:

Members of Darlington Borough Council's Health and Partnerships Scrutiny Committee and Darlington LINK established a Task and Finish Review Group to undertake a piece of work in relation to the Darlington Darzi Practice Service Review. They have met on several occasions and undertaken primary research at the GOLD Tea Dance and LINK volunteers carried out enter and view visits at Dr Piper House.

In Lord Darzi's Interim Report 2007, he stated "we have to focus on improving access to health and social care services for people in disadvantaged and hard to reach groups and those living in deprived areas'. The most recent Index of Multiple Deprivation (IMD) published in 2010 shows that Darlington has made notable changes since 2007, however, most distinctly, there has been an increase in deprivation in parts of Darlington which has changed Darlington's overall ranking and Darlington is now more deprived than Stockton-On-Tees. The areas mainly affected are within the Town Centre and along North Road; the Darzi Practice is located on broader of Northgate and Central Ward.

Members are fully aware of the rationale behind Lord Darzi's recommendation to establish Darzi Practices/Centres in 2008 and its philosophy to ensure timely access to primary care services and that the services provided would reflect the needs of the local populations. The vision to improve services for those communities where socio economic factors are linked to reduced life expectancy and higher prevalence of illness. It was envisaged that such centres would be based in deprived communities. Primary Care Trusts were tasked with ensuring centres were open at convenient hours to fit in with peoples lifestyles (8.00am – 8.00pm everyday) and be open to any member of the public, regardless whether they are registered at the centre with an option to register, if they chose too. It was anticipated that that the Health Centres would also provide convenient access to primary care services, including broader range of services such as mental health, sexual health, social care and health living.

Members believe that Darlington Darzi Practice offers all of the above services and provides an accessible high quality service. Members note that there has been a vast amount of criticism of the Darzi Centres in recent years with some GPs and leading medical figures have stating that such centres are 'a waste of money' and 'a milestone around the neck of the NHS'. Members of this Group do not share that opinion and believe that the service provided to Darlington residents (and residents from outside the Borough) is second to none and extremely valuable to those Community Groups that Lord Darzi was trying to reach. Members believe that establishing the Darzi Practice in Darlington Town Centre has been a resounding success and are extremely concerned that services maybe withdrawn.

Members feel let down by the Review and the way it has been undertaken, specifically the limited consultation period, despite writing to the Chief Executive of NHS County Durham and Darlington requesting that the consultation period be extended, given the consultation being carried out in the summer months and a number of other issues, a request which was denied. Members believe there that has not been robust engagement with patients, services users,

voluntary groups, community groups and hard to reach groups even though they were featured in the stakeholder plan and believe that sending a letter out some two weeks into the consultation is not adequate for meaningful engagement. Members have spoken to groups such as YMCA and Women's Refuge who have not been contacted and they are aware that a large number of the registered patients are from the Bangladeshi, Polish, Eastern European and other non English speaking communities and patients who have literacy problems. Members are concerned to note that in the patient letter there was no reference in various appropriate languages being available nor were there any reference to large print, Braille or tape and expressed their concerns at the time. Members are disappointed that their requests for information filtered through slowly not allowing them sufficient time to digest the information. Members feel aggrieved particularly with the North East Primary Care Services and their role within the review and the initial two month delay in being informed of the service review, which they feel has resulted in them being pressured into making a decision in six weeks.

As a result of thorough scrutiny investigations the Task and Finish Review Group has unanimously agreed and resolved, that the current service should be re-commissioned (current contract extended) to allow for the impending changes to the relocation of urgent care services take place and to ensure that there is continuity of service for patients. The Group have based their decision on the following reasons:-

- Members have concerns about the capacity of the other GP Practices within Darlington to absorb the some 800 registered patients at the Darzi Practice. Members believe that a number of patients will be 'lost in the system'; given the location of the Darzi Practice and the make-up of the current patient list. Members know that there is a high percentage of non-white British patients registered at the Darzi Practice and believe some will not register elsewhere.
- Views gathered from the public suggest that there is a problem of making appointments with their own GP Practices, which is why so many people use the Darzi Practice as they feel confident that they will be seen by a GP on the day they require them.
- Members believe that the one of the attractive benefits of the Darzi Practice is the extended opening hours which suit all members of the public. Members do not believe that other GP Practices offer such flexible with opening times or appointments and wonder whether GPs would be willing to provide such a service.
- Members have concerns that if the Darzi Practice was withdrawn where the walk in patients would go? Urgent Care or Accident and Emergency? This would increase waiting times at urgent and emergency services. If patients are then triaged and referred back to their own GP, Members are sceptical that patients will attend their own Practice.
- As elected Members, they feel that they must protect the vulnerable groups and communities and the services they access and Members believe the Darzi Practice is offering services for people who would not usually have accessed services in the past. There is evidence that residents of Darlington YMCA (which is only a short walk from the Darzi Practice) attend the Darzi Practice regularly, as engaging with a 'traditional GP Practice' s not easy for them given their circumstances. It is understood that at any one time up to 30% of the YMCA residents are accessing services at the Darzi Practice as they prefer the immediacy and anonymity. Members believe that this theory could also be applied to many other vulnerable groups in Darlington such as Women's Refuge whose clients would also use the Darzi Practice given its location and anonymity.

- The Darzi Practice offers a range of routine services such as blood tests and health checks, Members feel that the flexibility of such services are crucial to everyone, including vulnerable people and working people. The Practice enables people to have appointments very early in a morning or after work. Members maintain that withdrawing this service would only increase waiting lists at GP Practices and availability of such appointments.
- Travel vaccinations are given at the Darzi Practice and are very popular as patients say it is notoriously difficult to get appointments with their own GP Practice and the Darzi Practice is easily accessible.
- The Darzi Practice Nurses also change a great deal of dressings for patients with wounds, as again they can easily get appointments with Practice Nurses. People also visit the Darzi Practice for repeat prescriptions if they are unable to see their own GP.
- Staff at the Darzi Practice has a good relationship with clients attending NECCA services and as result those clients often register as patients. Members are very concerned that such patients would not register at ‘traditional GP Practices’.
- Finally, Members are gravely concerned about the general public’s confusion about the services provided at Dr Piper House and feel that removing the Darzi Practice element would only add to the confusion.

In addition, Members have requested the following reassurances:-

- a) That the Darzi Practice is currently meeting its full contractual obligations.
- b) That if services at the Darzi Practice were to be withdrawn that the Group be fully briefed on the transition arrangements which would be put in place and an explanation be given of communications plans to highlight the changes to the services provision to the general public.
- c) That an understanding of what would happen to the funding if the Darzi Practice was to close and whether there is a possibility of reinvesting it into Darlington’s Health Economy.
- d) That GP Practices will offer extended opening hours to compensate for the Darzi Practice no longer being in existence.
- e) That the Group are informed of the decision once made as soon as possible.

TERMS OF REFERENCE

Title: Darlington Darzi Practice Service Review Task and Finish Group

Start Date: 25th June 2012

End Date: 3rd August 2012

Scrutiny Committee: Health and Partnerships Scrutiny Committee

PURPOSE/AIM	RESOURCE
<p>To allow Members the opportunity to research, collect information, gather public information and evaluate the consultation impact by responding to the consultation of the Darlington Darzi Practice Service Review</p>	<p>Democratic Services. Clinical Commissioning Groups NHS County Durham and Darlington North East Primary Care Service Agency Darlington LINK Practice Manager of Darlington Darzi Practice County Durham and Darlington Foundation Trust</p>
PROCESS	OUTCOME
<ol style="list-style-type: none"> 1. Members will meet with relevant officers 2. presentation from officers from the NHS County Durham and Darlington and the North East Primary Care Service Agency. 3. Members will meet the Practice Manager of Darlington Darzi Practice. 4. Members will meet with the Link for further investigation. 5. Members are to address and scrutinise any areas of concern. 6. Members will have the opportunity to challenge any Officers decisions and views. 7. Members will meet with the relevant officers from the Foundation Trust. 8. Members will consolidate evidence and prepare a response to the consultation. 	<ol style="list-style-type: none"> 1. An understanding of service review and services provided at Dr Piper House. 2. That a response to consultation will be submitted on behalf of this Health and Partnership Scrutiny Committee.

OFFICER **CHAIR**

DARLINGTON DARZI PRACTICE TASK AND FINISH GROUP

1st Meeting

Friday, 22nd June 2012

Present: - Councillor J. Taylor in the Chair; Councillors Macnab, Newall, E. A. Richmond, S. Richmond and H. Scott.

Darlington LINK – Diane Lax and Michelle Thompson.

Apologies:- Councillor Nutt.

Officers: - Mary Bewley, NHS County Durham and Darlington; Louise Graves and Wendy Stephens, North East Primary Care Services Agency and Neneh Binning and Abbie Metcalfe, Democratic Services.

Interests – Councillor Newall declared a personal, non-prejudicial interest at a patient at the Darlington Darzi Practice.

1. Darlington Darzi Practice Service Review Presentation –

Mary Bewley introduced a power point presentation which included an overview of the Darlington Darzi Practice, the current position regarding the service review, the focus of the review and engagement with stakeholders. The presentation also attempted to explain the difference between the primary care services offered at Dr Piper House and also addressed Members previous questions.

Members were reminded that the Darzi Practice is based at Dr Piper House, Darlington and the service sits alongside Urgent Care Centre. The Practice is currently managed by County Durham and Darlington Foundation Trust (CDDFT) and the two-year contract will come to an end on 31st March 2013. The Practice has a registered list of 775 patients and the Practice offers a service where unregistered patients can attend for treatment without registering with the practice and there are around 1,250 unregistered patients seen each month during 2011/12.

The North East Primary Care Services Agency (NEPCSA) is the regional agency managing primary care contracts and commissioning on behalf of North East PCTs and are undertaking the service review of the Darlington Darzi Practice on behalf of NHS County Durham and Darlington which ends on 31st July 2012. It was explained that the service review is necessary due to contract coming to an end on the 31st March 2013. Consideration will be given to investigating the existing service, looking at advantages and disadvantages of potential commissioning models of the service and the outcome may recommend a substantial service variation. A report will be presented to NHS County Durham and Darlington Board in Autumn 2012 to inform decision around the future of the provision of services – after this.

The options being exploring are:

- Ending the existing service – registered patients go to other GP practices in the area and walk-in patients go to the urgent care service or out of hours GP service.
- Extending the current contract (for one year), keeping the same service.
- Re-commissioning the same service.
- Re-designing and commissioning a different service.

In writing to Yasmin Chaudhry, Members had raised the following questions and Ms Bewley provided further clarification.

Is there capacity at other GP Practices in Darlington to accept the 775 patients currently registered at the Darlington Darzi Practice?

It is not anticipated that there will be any issues with this number of patients being dispersed amongst existing practices – the review however will be investigating this in depth.

What is the level of choice of GP Practices in central Darlington?

There are nine Practices in the centre of Darlington and an additional two Practices in the outskirts, all of which would be able to accept patients from Darlington Darzi Practice as long as those patients live within the receiving Practice’s boundary.

It was explained that every Practice has a ‘practice boundary’ which is usually the geographical area where the Practice sits. In theory, patients can only register with a specific GP Practice if they are resident with the practice boundary, if a patient moves out of that boundary, Practices may remove them for their patient list. In Darlington the majority of Practices consider the whole of Darlington to be within the practice boundary given the size of Darlington and its population.

What will happen to the unregistered patients?

The term ‘unregistered’ refers to patients who attend the Darlington Darzi Practice without being registered with Darlington Darzi Practice. However they have access to primary medical services at the GP Practice to which they are registered. If patients need access to urgent care services they will be able to continue to visit the Urgent Care Centre.

Do other GP Practices in Darlington offer a service of this nature if the contract is not renewed?

Equivalent seven day a week from 8 am to 8 pm services are currently not available from alternative GP practices. However patients who register at an alternative practice will have access to primary medical services between 8am and 6pm, Monday to Friday and then the ‘out of hours’ provider for urgent conditions from 6pm until 8am Monday to Friday (or 24 hours on Saturdays and Sundays), therefore there is an argument that there is provision available.

Members expressed concerns about the number of patients who are using the Darzi Practice and are registered elsewhere in Darlington and the number of patients that aren’t registered anywhere and requested further information. Members were interested to establish why patients registered at other GP Practices are using the Darzi Practice. Wendy Stephens offered to provide figures of patient numbers including specifics around day and times when the practice is at its busiest.

Discussion ensued as to why the Darzi Practice was originally set up and Members were reminded that it was one of the more controversial recommendations from Lord Darzi Review of the NHS in 2007 to establish more ‘Health Centres’ which would provide an extended range of services and be open from 8am to 8pm seven days a week. The Department of Health has called

for an evaluation of all contracts when they were due to expire – hence the service review. Initial funding was received to set up the centre and the PCT has received non-recurrent funding to run the service. CDDFT took over the management of the contract following the Transforming Community Services work in 2010.

Ms Stephens reassured the meeting that a full service review was being carried out and would include a full evaluation of finance arrangements, quality of service, future links with Strategies and available options. To extend the existing contract arrangements the Trust would need to seek approval from the Strategic Health Authority and that would need to be done by the end of September 2012, which is when notice on the contract would be submitted. It was highlighted that the services delivered by the Darzi Practice are the same as an average GP Practice with the only difference being the financial implications and the high value contracts, as follows:-

- The cost of an average GP seeing a registered patient is £64.67 per patient
- The cost of an average GP seeing an unregistered patient is £47.60 per patient
- The cost of a registered patient being seen by the Darzi Practice is £430.09 per patient

Ms Stephens explained that the Darzi Centre is contracted to have 800 registered patients up until 31st March 2013 and this target is yet to be reached. If the number of registered patients increases the cost per patient will decrease. From 1st April 2013 it is anticipated that there will be a separation of accountability the Practice element to the NHS Commissioning Board and the walk in element will fall within the remit of the local Clinical Commissioning Group (who are also being consulted as part of the service review).

Members also requested clarifications of the staffing arrangement of the Darzi Practice and who employs them and whether there is an interdependency of staffing between the Darzi Practice and Urgent Care.

It was reported that between October 2011 and March 2012 there were 6432 patient attendances at Dr Piper House.

Agreed – (a) That the presentation be noted; and

(b) That the following data resulting from discussions above, be requested:-

- The number of unregistered patients who use Dr Piper House and are not registered at any GP Practice
- The number of unregistered patients who use Dr Piper House and are registered at other GP Practices
- Why people use Dr Piper House?
- The number of people who use Dr Piper and did not live in Darlington
- When Dr Piper House is at its busiest time and days, etc.
- Staffing arrangements at Dr Piper House – who employs the staff and how many?

2. Response to letter from Yasmin Chaudhry –

The Chair sought clarification from Officers in respect of the paragraph below, as featured in the response from Yasmin Chaudhry to Members letter:-

Whilst I would agree to extend the consultation period to 12 weeks, I must clarify that this consultation would focus on the wider impact for Darlington when we look at urgent care, and not our decision arising from the Darzi practice service review.

Ms Bewley accepted that consulting over 12 weeks does make issues easier to explain to members of the public, although; they would not be spending 12 weeks liaising with the patients from Darzi Practice, this would be built in as part of the service review. There would be useful consultation with the CCG and a common sense approach could hopefully be agreed to manage through the transition. It was reported that there was no date in mind for the relocation of the Urgent Care services and acknowledged that in order for this to happen CDDFT would have to make some physical changes to Darlington Memorial Hospital. Ms Bewley acknowledged that there would be careful work to be done regarding communications those messages to the general public.

Michelle Thompson, stated that these plans have 'been in the offing' for months if not years and this was a classic example of the public and patient voice not being considered at an early stage of the consultation process. She stressed that further work needed to be undertaken around education and information for the general public.

Members agreed that the response from Ms Chaudhry was ambiguous and further clarification was needed.

Agreed – That a further letter be sent to Ms Chaudhry acknowledging her response to the original letter stating that Members look forward to receiving further clarification about the consultation which would focus on the wider impact for people of Darlington when considering urgent care services.

3. Terms of Reference and Project Plan

Agreed – That the Democratic Officer drafts a revised Terms of Reference and Project Plan following the meeting and circulates to all Members for comments.

4. Dates for future meetings –

Agreed – That the dates previously arranged be deleted from Members diaries and that an initial visit to Dr Piper House be arranged and meetings be arranged afterwards.

DARLINGTON DARZI PRACTICE TASK AND FINISH GROUP

2nd Meeting

Monday 16th July 2012

Present: - Councillor J. Taylor in the Chair; Councillors Donoghue, Francis, Newall, E. A. Richmond, S. Richmond and H. Scott.

Darlington LINK – Andrea Goldie, Diane Lax and Michelle Thompson.

Apologies:- Councillor Macnab and Nutt.

Officers: - Neneh Binning and Abbie Metcalfe, Democratic Services.

Interests – Councillor Newall declared a personal, non-prejudicial interest at a patient at the Darlington Darzi Practice.

- 1. (a) Notes of first meeting held on Friday 22nd June 2012**
(b) Notes of the visit to Dr Piper House held on Wednesday 11th July 2012

Agreed – (a) That both sets of notes be agreed.

(b) Councillor Taylor confirmed that she had requested further clarification from the Darzi Practice Manager about the costings, similar to the request made by Members on their visit.

- 2. Terms of Reference –**
 - a. Dr Piper House Review Group**
 - b. Darlington Darzi Practice Task and Finish Review Group**

Agreed – That the both Terms of Reference be agreed.

3. Feedback from Dr Piper House Visit –

Councillor Newall reported that she had emailed Mary Bewley, PCT following concerns raised at the visit about how patients were being consulted and that the Practice had not been consulted about the patient list used. Cllr Newall also expressed concerns about the large number of registered patients are from the Bangladeshi, Polish, Eastern European and other non English speaking communities and patients with literacy problems. The email explained that there was no reference in the letter to various appropriate languages being available nor was there any reference to large print, Braille or tape. The email also sought clarification of how these concerns would be addressed regarding those patients for whom English is not their first language. The Democratic Officer reported that Mary Bewley had informally agreed to action Members concerns and advised she would chase Ms Bewley for a formal response.

Members requested that clarification be sought on the actual number of registered patients at the Darzi Practice who do not have English as their first language and are from Ethnic Minority backgrounds.

Councillor Newall highlighted her recent conversation with Dr Harry Byrne reporting that Dr Byrne felt that by being involved in this piece of scrutiny work as he would have a conflict of interest as a provider and commissioner. She advised that every GP Practice had the opportunity to respond to the consultation and the Clinical Commissioning Group would also be responding.

Members requested that clarification be sought from the North East Primary Care Services Agency (NEPCSA) about what will happen to the funding if the Darzi Practice was to close.

Members suggested drawing a parallel to the Darzi Practice in Easington, County Durham and thought a comparison would be useful and to keep an eye on progress. Members also wondered whether the Practice Manger in Darlington has any contact with the Practice Manger in Easington. The Democratic Officer offered to contact colleagues within Durham County Council and asked the Link to contact their colleagues in County Durham.

Members also sought clarification on the following:-

- Whether the PCT Board meeting would be held in public when the decision would be taken about the Darzi Practice and whether members of the public would be able to address the meeting?
- Whether the GPs who work at the Darzi Practice do so full time or whether they work elsewhere in Darlington?
- Why do GPs work part time in Darzi Practice?

Agreed – That the Democratic Officer requests the further be information and clarification as detailed above from NEPCSA.

4. GOLD Tea Dance – Questions and Members availability

Members present provided times when they could help out on the stall at the GOLD Tea Dance due to take place on Wednesday 17th July 2012 from 11.00am – 3.00pm in the Market Square.

Members considered the types of questions that they would wish to ask members of the public at the Tea Dance while acknowledging they would not wish to ‘scare monger’ or ‘promote the Urgent Care Centre’ if the service provision would be changing in the future. Members suggested that the Tea Dance was a good opportunity to gather information and gage public opinion about the services at Dr Piper House in general. Members also agreed that it would be timely to promote the work of the Scrutiny Committee and its role.

Darlington LINK agreed to use a similar version of the questionnaire for their stall at the Tea Dance and agreed to ‘tweak’ the questions for their ‘Enter and View’ visits. It was noted that the majority of information to be gained from members of the public would be by way of a conversation rather than yes/no tick box questions.

Agreed – That the Democratic Officer drafts a questionnaire and circulates it to Members and Darlington LINK

5. Dates for future meetings – Agreed – That the next meeting of Task and Finish Review Group be held on **Thursday, 2nd August 2012 at 2.00pm, Committee Room 2.**

DARLINGTON DARZI PRACTICE TASK AND FINISH GROUP

3rd Meeting

Thursday, 2nd August 2012

Present: - Councillor J. Taylor in the Chair; Councillors Donoghue, Francis, Macnab, Newall, E. A. Richmond, S. Richmond and H. Scott.

Darlington LINK – Andrea Goldie and Diane Lax.

Apologies:- Councillors Nutt and Regan.

Officers: - Neneh Binning and Abbie Metcalfe, Democratic Services.

Interests – Councillor Newall declared a personal, non-prejudicial interest at a patient at the Darlington Darzi Practice.

1. Notes of second meeting held on Monday, 16th July 2012

Agreed – That notes be agreed.

2. Feedback from GOLD Tea Dance held on Wednesday, 18th July 2012

Members considered the analysis produced. They agreed it been a very useful exercise and opportunity to gather information and gage public opinion about the services at Dr Piper House in general.

Agreed – (a) That Members of the Committee who attended the Tea Dance be thanked for their commitment and support.

(b) That the analysis be noted.

3. Feedback from LINK Enter and View visits carried out on Monday 23rd July and Thursday 26th July 2012

Darlington LINK tabled the results of the Enter and View visits that volunteers had carried out at Dr Piper House. It was noted that the majority of people who had attended Dr Piper House had done so because they were unable to get an appointment at their own GP Practice. Some had even been told by the Practices to go to Dr Piper House. Interestingly there were also some patients who had attended the Urgent Care Centre because they didn't want to waste their GPs time. Members agreed that the communications needed to be greatly improved especially given the proposed relocation of Urgent Care services.

Agreed – (a) That LINK volunteers be thanked for undertaking Enter and View visits to assist with this piece of work.

(b) That the analysis be noted.

4. Additional Information

The Democratic Officer tabled additional information received from NHS County Durham and Darlington in respect of the ethnicity of patients registered at Darlington Darzi Practice. Also information from Carol Bean, Darzi Practice Manger in respect of funding arrangements and copy of a helpful article from the Health Service Journal.

Agreed – That the information be noted and Officers be thanked for the additional information requested.

5. Draft Response

The Chair reported that she had spoken to Darlington YMCA who informed her that many of their clients accessed the services at Dr Piper House as they preferred the anonymity of the services and location. Members believe the same could be said about clients at the Women's Fugue and 700 Club. Members were of the opinion that it would be vulnerable groups that would be most affected if the Darzi Practice was to close and many suspected that those patients would not register at other Practices within the town.

Members agreed that from the evidence obtained, patients found it difficult to get appointments with their own GP Practice and therefore used Dr Piper House. Members expressed concern about what would happen to such patients if the Darzi Practice was no longer available, would patients present at Accident and Emergency or Urgent Care? creating longer waiting times and impacting on resources. Members' believed that it was essential and important that the services at the Darzi Practice be retained not just for the vulnerable groups but also for people unable to access GPs when they need too.

Members were anxious that other GP Practices would not have to capacity to take on additional patients when evidence suggested that registered patients at certain GP Practices have to wait two weeks to get an appointment. Members felt they needed assurances that every effort would be made to accommodate patients at their chosen GP Practice and that a suitable alternatives are in place.

Members commented that if the Darzi Practice was to close that the funding would be lost from the Darlington Health Economy and they believed that innovative ways of thinking to ensure that funds remain in Darlington was needed. Concerns were also expressed about whether the Darzi Practice is meeting its contractual obligations, which might impact on any retention of funding or service.

Members agreed that the impending review of the urgent care services and the proposed relocation of urgent care to Accident and Emergency at Darlington Memorial Hospital; should be considered alongside closing the Darzi Practice, as the public would get very confused.

Members expressed grave concerns about the consultation process and did not believe it to be a fair and meaningful engagement exercise with the public and patients, specifically the vulnerable patients that were offered no alternative in languages or assistance with receiving the patient letters until members of this Group pointed it out. Members declared their disappointment that the consultation had not been extended to the full 12 weeks and dissatisfaction about the

responses received from NHS County Durham and Darlington and the Strategic Health Authority.

Taking everything into consideration Members agreed that the current service should be re-commissioned (current contract extended) to allow for the impending changes to the relocation of urgent care services take place and to ensure that there is continuity of service for patients.

For the following reasons:-

- GPs capacity to take on additional patients;
- Patients already having difficulties getting appointment when they require them;
- The need to protect vulnerable community groups and services they access;
- Vulnerable people using the service who might not have accessed 'traditional' GP Practices in the past;
- Members require reassurances about the contractual arrangements for the Darzi Practice and whether they are being met;
- Reassurances that there will be transitional services in place if the service was to close;
- Clarification that any funding would remain in Darlington for re-investment;
- Unregistered patients who use the Darzi Practice may be lost in the system;
- Darzi Practice undertakes blood tests, health checks, travel vaccinations;
- The Darzi Practice carries out a number of wound dressing and changes and are able to give people repeated medication if they run out;
- Extended appointments hours; and
- Confusion between the Darzi Practice and Urgent Care.

Agreed – (a) That the Democratic Officer incorporates all the comments expressed above to formulate a response on behalf of the Task and Finish Review Group.

(b) That the draft response be circulated to all Members for consideration and Darlington Link.

(c) That subject to approval of the Chair, the response be forwarded to NHS County Durham and Darlington ahead of the close of deadline of 5.00pm, Friday 3rd August 2012.

(d) That Darlington LINK be thanked for participating in the Task and Finish Review Group; and

(e) That all Members of the Committee who have attended the visits and meetings be thanked for their support and commitment to responding to the consultation on behalf of Darlington residents.

DARLINGTON DARZI PRACTICE TASK AND FINISH GROUP

Visit to Dr Piper House

Tuesday, 11th July 2012

Present: - Councillor Newall in the Chair; Councillors Francis, Macnab, Nutt, E. A. Richmond and S. Richmond.

Darlington LINK – Angela Goldie and Michelle Thompson.

Apologies:- Councillors Donoghue, H. Scott and J Taylor.

Officers: - Carol Bean, Service Manager for Urgent Care and Darzi Centre and Abbie Metcalfe, Democratic Services.

Members split into two groups and were shown around the building by the Service Manager and during the visit Members had the opportunity to meet some of the reception staff, Nurses, Emergency Care Practitioners and a GP.

Members are aware the Dr Piper House hosts the Urgent Care Centre and the Darzi GP Practice with a walk in element. The Service Manager explained how both services are often interlinked and patients are quite regularly and easily, referred from one service to another. Members were reminded that the Darzi Practice is open from 8am to 8pm, seven days a week, 365 days a year and the Urgent Care Centre is open 24 hours, seven days a week, 365 days a year.

The Darzi Practice currently has 840 registered patients and treats between 1700-1800 unregistered patients each month. Patients are also able to ring up and pre book appointments and can also walk in to be seen. The Practice sees a number of patients with multiple long term conditions and from a variety of backgrounds such as travelling community, ethnic minority groups, Eastern Europeans, homeless, a number who have subsequently registered with the Darzi Practice. It was noted that patients tell staff that GP Practices often direct 'certain patients' to the Darzi Practice.

The Darzi Practice also runs regular blood clinics everyday between 8am – 10am and patients are usually referred from other GP Practices for blood tests to be taken and results are sent back. Health Care Practitioners and Nurses also change a large number of dressings and carry out pre operation wound checks. Patients tend to visit the Darzi Practice for wound checks as they are unable to get a follow up appointment with their own GP. Vaccinations for travelling abroad are frequently carried out within the Darzi Practice as people can't always get appointments with their own GP Practice. Smear tests are regularly undertaken as the opening hours of the Practice suits a number of working women. Mrs Bean explained that the staff are unable to make referrals into secondary care for unregistered patients and in those instances patients are referred back to their own GPs.

The Darzi Practice is coping with the level of patient seen each day although, it was noted that GPs do work very hard and see 46 patients a day, everyday and all the slots are always filled.

There is no day busier than another and Mrs Bean reported that the Centre was busy everyday and no pattern of activity could be identified.

The Urgent Care Centre enables patients to walk in and be seen or patients are often referred to the Centre by 111. On entering the building, patient report to the reception and the reception staff often act as gatekeepers and signpost patients in the right direction to Urgent Care or the Darzi Practice. Patients are triaged within 20 minutes of arrival at the Urgent Care Centre and can be referred to the Darzi Practice if necessary and vice versa. The doors are locked after 11pm but patients are able to access the Centre after speaking to staff through an intercom system. Patients visiting the Centre are all directed to the same waiting room which sometimes causes issues as patient believe that others are getting seen before them.

At Dr Piper House there is also specialist centre which offers a variety of clinics such as dermatology services, vasectomy procedures, podiatry and diabetes clinics. There is also a fully functional theatre for minor procedures.

During an informal discussion, Members raised a number of points:-

- Costing's of patients treated at Dr Piper House and whether the costings are offset by the 'types' of patients treated and the complex needs.
- Whether the other 11 Practices would be able to cope with taking approximately 80 patients per practice if the Darzi Practice was to close? In reality it would be the Practices located centrally in the town would be take on these patients and a high number would be 'lost'.
- It would be interesting to know where the registered patients are located within Darlington.
- As the Practice caters for a number of hard to reach groups who have built up a positive relationship with the Practice – would they bother to re-register elsewhere?
- Missed appointments doesn't appear to be an issue at the Darzi Practice, as it does not operate such a vigorous appointment structure, which appears to make patients are more likely to attend appointments.

When both Groups had undertaken a visit of Dr Piper House, Members had the opportunity to raise any issues with the Service Manager.

The Service Manager reaffirmed that the patients seen at the Darzi Practice have complex needs with multiple conditions and usually social needs. The Practice has a number of registered patients who do not have English as their first language and quite often translators are required. It was noted that the Practice also has a number of drug and alcohol addiction patients and that the Practice works closely with NECCA. Staff provides advice every week at NECCA and are building up good relationships with patients who are subsequently registering at the Darzi Practice. It was noted that the Practice cannot prescribe methadone or assist with managing addiction; they manage the health needs of the individual. Patients attend the Practice with infected wounds from injecting, requiring dressing changes, complex dressing or wound treatment and screening services are also offered, for hepatitis B, for example. It was suggested that if a number of Case Studies could be produced about a patient journey the value of the service would really be brought home to people.

The Darzi Practice also see a number of young people who are registered elsewhere but do not feel able to visit their own GP if they wish to discuss a sensitive issue. There are also a number of students who return home from University who attend the Practice.

The Darzi Practice often carries out regular checks on unregistered patients who work in the Town Centre, who are unable to get an appointment at their own practice or who are visiting the town. The results are reported back the GP Practice and that Practice receives the associated finance. The Darzi Practice has the same range of skilled clinicians as a regular GP Practice would do.

Mrs Bean advised that there was a mixed reaction when the Darzi Practice first opened and some GP Practices felt threatened. Comments such as 'waste of money', 'no need for it', 'give us the money instead and we'll see those patients', were expressed; but over the last 3 years opinions have changes and some view the Practice as a real asset. Members were reminded that if the Darzi Practice was to close the money would be go back into Darlington, it would be returned to the Department of Health.

It was confirmed that the Darzi Practice does not offer services from violent patients although, the Practice sometimes encounters violent patients, but Mrs Bean was pleased to report that in three and a half years there had only ever been one patient who had to be removed from the building due to a number of issues. The Darzi Practice prides itself on never having turned a patient away.

Mrs Bean explained that the Darzi Practice receives a flat rate of money and does not receive any additional monies for the services they provide (unlike other GP Practices). The Practice isn't profit making and they have to pay for prescriptions, dressings, salaries, rent on the building, etc. as other GP Practices do. Mrs Bean advised that the Practice was in the process of trying to get reimbursements from GP Practices whose patients regularly attend the Darzi Practice for prescriptions when they are registered elsewhere.

Members requested more information in respect of costing; why it costs so much to treat patients, how the figures are built up and approx. spends on prescriptions/dressings etc. that other GP Practices should be paying for if patients were to attend appointment there.

Mrs Bean provided details of a recent in house patient survey that was carried out with approximately 600-700 patients and was delighted to announce that no negative comments were received. The survey identified that that patients attended the Darzi Practice based on opening times, location and availability of appointments. It was noted that even the Chief Executive of NHS Northumberland was a registered patient and completed the survey expressing his high satisfaction with the Darzi Practice. Mrs Bean said that there had been only a minor number of complaints within the last three and a half years.

Consultation process – Mrs Bean reported that the PCT or North East Care Services Agency (NEPCSA) had not clarified the patient list before distributing letters to patients; therefore it was unclear whether the most up to date patient list was used. The Darzi Practice are concerned about the letters being sent out to patients with no option for the letter to be made available in alternative languages, given that a high proportion of the patients registered do not consider English to be their first language. Members were extremely concerned to hear this and suggested

that this could 'skew' the responses from patients. Councillor Newall agreed to write to the PCT expressing Members graves concerns.

Mrs Bean advised that staff of the Darzi Practice have done everything they can to respond to the NEPCSA. Staff have all written statement supporting the practice and she expressed that staff would be 'gutted' if the Practice were to be closed. Staff have expressed frustration at not being allowed to advertise the Practice and the high praise that it has received over the years.

Members were reminded of the options being exploring are:

- Ending the existing service – registered patients go to other GP practices in the area and walk-in patients go to the urgent care service or out of hours GP service.
- Extending the current contract (for one year), keeping the same service.
- Re-commissioning the same service.
- Re-designing and commissioning a different service.

TNEPCSA will produce a report advising of their recommendations which does not have to be agreed by the Commissioners, but a decision has to be made. The report will be considered by the Board of NHS County Durham and Darlington towards the end of August and a decision must be made, as six months' notice on the contract would need to be given by 1st October 2012.

Agreed –

1. That the Service manger be thanked for attended the meeting and allowing Members to visit Dr Piper House.
2. That Councillor Newall write to NHS County Durham and Darlington on behalf of Members expressing concerns about the letter sent to patients and with no reference to options available for the letter to be translated into other languages and for details of the patient list used.
3. That the Service Manager provides further information in respect of:-
 - Information in relation to costings – why it costs so much to treat patients, how the figures are built up and approx. spends on prescriptions/dressings etc. that other GP Practices should be paying for if patients were to attend appointment there.
 - A couple of case studies of patients success stories who have attended the Darzi practice.