

CAMBOURNE PARISH COUNCIL

District of South Cambridgeshire

Council Meeting 2nd February 2016

Healthcare in Cambourne

- 7.1 To receive a report on Primary Care Capacity in Cambourne and discussion regarding the Cambourne West development proposal.

- 7.2 To receive an report from the Cambourne Information Session on Health held on 5th December 2015

Primary Care capacity in Cambourne and discussion regarding the Cambourne West development proposal

Present

Diane Siddle, NHS England

Tom Dutton, NHS Cambridgeshire and Peterborough CCG

Amanda Crosse, Public Health England

Charlotte Humble, New Communities Manager, Cambridgeshire County Council

Iain Green, Public Health Specialist, SCDC; Senior Health Improvement Specialist, Cambridgeshire County Council

Rachel Lovelidge, Monkfield Medical Practice, Practice Manager

Dr Ruwani Siriwardena, GP, Monkfield Medical Practice

Ed Durrant, Principal Planning Officer, SCDC

Clare Gibbons, Development Officer, SCDC

The direct responses to the questions posed by Cllr Crocker have been italicised:

Funding for staff and the capitation fee received by the Monkfield medical practice -

Diane Siddle from NHS England responded to this point. The formula for payment under the General Medical Services (GMS) contract known as the Carr-Hill formula, set nationally, is the usual basis by which funding is apportioned to GP practices. However, the Monkfield has not received funding through this mechanism, it has received funding through a Personal Medical Services (PMS) Contract, tailored to reflect the needs of a new practice, as well the characteristics of the population it serves (which has also been known as a Type 2 contract). This resulted in the Monkfield medical practice receiving a considerably higher settlement than it would have done if they were on a standard GMS contract. Having recently reviewed all Type 2 contracts, NHS England asked practices whether they wanted to revert to a GMS or make a case for continuing with the alternative arrangement. The Monkfield Medical Practice made a strong case that their patients would not be properly served under a standard GMS contract so now receive a premium on top of the GMS settlement. This arrangement will be in place for the next 5 years at least. It has been accepted that Cambourne is a special case.

Dr Siriwardena and Rachel Lovelidge stated that the funding now approved still results in a reduction of their settlement of £100,000 over four years. This does have a significant impact, but with a turnover of £1,000,000 per annum, they are confident this can be absorbed and are looking at ways of using their premises more effectively. There are also funds (for additional services) into which they can bid to win back money into the practice and they are pursuing these options.

The key issue they identified and their main constraining factor in improving their current level of provision is the fact they have two GP posts currently vacant, to which they have repeatedly tried to recruit to over the last 2-3 years. They have advertised these posts on both a salary and partner basis and still these vacancies have not been filled. This has resulted in higher staffing costs to the practice as locums are used to cover some of the 12 GP sessions per week. There is a national recruitment problem, which is well known. They have expanded their team to include a Clinical Pharmacist and additional nurse practitioner, in order to reduce the demands on the existing GPs, but "things are now starting to get tight". However, they still believe they have some leeway within their existing capacity. They are also looking to join a federation of Cambridge practices, which will enable more flexibility.

Tom Dutton (NHS Cambridgeshire and Peterborough CCG) said that it has collaborated with Health Education England to offer a GP Fellowship programme to help resolve the GP recruitment issue within this CCG – the offer was made to the Monkfield practice to make contact and explore whether this programme could assist the practice. This scheme will be launched again in 2016 and it has several aims:

- retain GP trainees in the area
- attract GPs from outside the area
- support returners into practice
- try and support 'hard to fill' vacancies in the Primary Care GP workforce in Cambridgeshire and Peterborough

More details of the 2016 scheme will become available over the next couple of months after completion of the programme design.

Charlotte Humble suggested that there may be potential for the library and children's centre to work closer with the GP surgery. Rachel Lovelidge noted that there used to be a Welfare Officer employed by the practice (part of a previous s106 provision) but this post lapsed when the funding ceased. The county council and GP surgery to look into how they could work better together within Sackville House to achieve some of the objectives/functions of the Welfare officer to support individuals and families in a more co-ordinated way and by result alleviate demand on GP. It was also noted that the CAB have begun to build partnerships with GP practices, which might offer another option (Clare Gibbons to follow up with Cambridge and District CAB).

Clare Gibbons suggested there may be scope to look at securing housing for medical staff associated with the Monkfield practice through the s106 for Cambourne West – this would be a novel approach to the longstanding problem, though if this were considered necessary to recruit staff the cost would have to come out of the overall funding requested by the NHS from the S106. This may enable the practice to offer housing along with a role and could make jobs more attractive in a competitive market. Alternatively, the Ermine Street Housing Company could be approached to reserve property for this purpose. (Iain Green to discuss with Stephen Hills, Housing Director)

Expansion of Sackville House versus establishing a second GP practice to serve Cambourne West.

Diane Siddle advised that the economies of scale meant that expanding the Monkfield Practice at its current location was the only realistic option. NHS England would not support the building of a second medical facility in Cambourne West.

There may be opportunities to have other non-CCG commissioned medical services on a peripatetic basis provided at the new community facility envisaged for Cambourne West. Further discussion as to what services could be accommodated (there are very particular requirements for buildings used to provide medical services, so this is a constraint) are needed, between SCDC the CCG.

The Monkfield Medical Practice (Rachel Lovelidge) will make contact with Ian Burns of NHS Property Services re. the existing plans for the extension to be built onto Sackville House. Since Cambridgeshire County Council are the owners of the building, with the library service and children centre as leaseholders, the development of these plans will of course also involve these parties.

The other areas of discussion

Dentistry. Diane Siddle and Amanda Crosse (Public Health England) will investigate the current levels of demand for NHS services at Cambourne Dental Practice. Opportunities to accommodate a dental practice within the High Street could be investigated (by Ed Durrant directly with the developer) should it be considered that there is insufficient capacity and a provider is willing to come forward.

General community provision The Monkfield representatives felt that demand on their services was still indicative of there being a lack of meeting points for the community, more activities offered, particularly for young families would also be helpful. Ed Durrant suggested that with the building out of the High Street, more destinations would be available, but the community facilities to be secured as a result of Cambourne West could also be part of the solution.

Cambourne Information Session – Health
Saturday 5th December 2015

Speakers

- Dr Jackie Koo, Senior Partner and Rachel Lovelidge Practice Manager- Monkfield Medical Practice
- Catherine Price - Cambourne Parish Nurse
- Janine Robson & Susan (volunteer) – Healthwatch

Monkfield Medical Practice

Funding

Monkfield Medical Practice (MMP) had extra funding to start with because of the new town factor, this has now stopped. The Carr-Hill Formula is the main funding formula for medical practices and it takes account of average population: you get extra funding for older people living in the area. Cambourne's age distribution doesn't fit the classic bell shape. Under this formula MMP stood to lose half its funding. They wrote a bid for exceptional case funding, which was successful but they will still lose £100,000 of funding. However they have been told by the Primary Care Trust (PCT) that this is as good as we can get so the situation has changed as MMP is no longer trying to kick up a fuss about the funding, they are trying to make the best of it. They are looking at where they can make cutbacks internally, e.g. by sending patients text messages, rather than sending letters. Their system sends automated text reminders for appointments. There were 300 appointments in November that people didn't attend, which represents a huge amount of money lost.

Comment from audience: "you should charge the people who do not attend".

MMP: "unfortunately we can't".

Patient participation group

MMP want to get an active Patient Participation Group (PPG) going. The group can put on events and they would be a link between practice and public. They can help with health promotion and education. Last year only 12 people turned up to the PPG. MMP would like to make more people aware of it and encourage them to join. It would be helpful if the public were more aware of their health, e.g. when to come in to the GPs and when to visit a pharmacist so that appointments can be used effectively.

Comment from Susan (Healthwatch volunteer) "I am in a PPG and I find it very enjoyable. PPGs can be used for health promotion, health education, raising money, information service e.g. use of antibiotics, publicity etc."

Recruitment of GPs

MMP use locums as there is a national shortage of GPs. MMP have a new GP starting next week and they are trying to recruit another one. Dr Koo is going on maternity leave after Christmas. Her replacement is Dr Barns, he has been a locum at MMP before so they know he is very good.

Audience comment: "Recruitment is difficult in NHS."

Audience comment: "Locums are reluctant to take on a practice because of the admin workload and long hours."

Dr Koo: "I work long hours but I wanted to be a practice GP because I wanted to provide continuity of care to patients. Many new GPs want a portfolio career (having experience of a number of different fields within medicine). Many junior doctors are leaving for Australia."

Audience comment: "additional people in Cambourne put additional pressure on practice."

Dr Koo: “the MMP team is the best it has been for a very long time, we have good communication between staff. We have worked hard with the reception team to improve the appointments system”.

Staff currently employed by MMP:

- GPs
- 2 nurse practitioners
- 1 clinical pharmacist

Staff that operate in Sackville House:

- Podiatrist
- Physio
- Smoking cessation clinics
- Health visitors

Audience comment: “Heidi Allen MP has been supportive of the MMP, especially in relation to the funding formula – please email her with issues you would like her to raise.”

Audience comment: “I would like to see a red, amber, green chart on when to go a GP and when not to on the wall of the surgery.”

Audience comment: “I am very concerned about the number of DNAs (people who ‘did not attend’ appointments), has anyone analysed why they don’t come?”

MMP: “We used to write to anyone who had missed 3 appointments but that didn’t reduce the figures. It took up too much resource to contact individuals.”

Comment: “Is it because appointments are made far in advance”.

MMP: “appointments can be made up to 1 month in advance. DNAs cause problems because there are a limited number of appointments that can be booked in a day, people ringing up for an appointment can’t get seen because GPs are fully booked, and therefore it pushes up the waiting time. “

Audience comment: “A poster saying ‘please don’t forget to update your contact details’ could be useful.”

MMP: “Receptionists are asking people if they want text reminders. Online appointments could be used more, the PPG could promote this.”

Cambourne Parish Nurse - Catherine Price

She is a Registered Nurse, she works within a code of conduct.

Parish nurses are all linked to churches. The role is linked to whole person healthcare, body, mind and soul. A Parish Nurse has more time to spend with people. Cath writes an article every month for the Crier focussing on health promotion, e.g. antibiotics, hayfever, Movember men’s health, bowel cancer awareness. Referrals come through the foodbank, from the Church, from Care Network and self-referrals. She spent an hour with one person doing a nursing assessment, which saved the hospital time. She has spent time with families that have a member who is very unwell and they have lots of concerns. She helped a family put their concerns in writing so that they could show the doctors and discuss it with them. She has done a lot of work around healthy eating, weight loss and self-esteem.

Groups

She is setting up a group called Shine, to promote self-esteem for women. It is a 6 week course, it starts in January, in the Blue Space. She is working with Care Network to see if it’s viable to do a health and wellbeing group for older people. They can invite an optician or chiropodist to go in and see them. Cath works voluntarily. She has successfully bid for a grant from Cambridgeshire Community Foundation, which enabled Cath to buy a computer and a filing cabinet (so that she can

comply with data protection law). She also uses the Church offices, they have supported her in a number of ways.

Dr Koo: "MMP have received good feedback about Cath. They would like to work together more. Cath confirmed that she would welcome referrals from MMP."

Healthwatch - Janine and Susan

Healthwatch is a group that makes sure that local people have a say about health and social care services. They gather people's experiences and share them with service providers, including the good and the bad. Their purpose is listening to people that are not always heard from, such as the homeless. If care is not provided in the way that it should be, then Healthwatch have statutory powers to challenge service providers.

Issues

Young people. A youth worker called Rita ran a project called 'My own mind' about mental health, from the report one big surprise was that 36% were concerned about weight and attractiveness. They asked young people what they wanted to change, they found that parents and doctors didn't have time to talk to young people about mental health issues. Healthwatch are getting funding for teaching sixth formers strategies for dealing with stress and to have a designated person in the college that they can talk to about problems.

Older people. Healthwatch visit care homes, talking to residents, carers, workers, to build a picture of how the care is working, how residents make choices, how staff interact with residents, etc. For 9 out of 13 homes Healthwatch have visited, the reports are up on their website. Healthwatch share best practice with care homes. The findings are reported back to Cambridgeshire County Council. Healthwatch also provide a signposting service. You can ring Healthwatch for information or to be referred on to a useful organisation. PALS (patient advice and liaison service) is for making complaints. Both Addenbrookes and Hinchingsbrooke have PALS. Healthwatch are asking people to fill in a questionnaire about wheelchair services, to try to get improvements. Healthwatch are also looking for people in Cambourne to come to a group about drug and alcohol use, e.g. If you have a concern about a friend and you don't know where to go for help, they would like to hear from you. The group will be held on 9th January.

Next Cambourne Information Session is Saturday 27th February 2016

Topic: Parish Plan