

1 Executive summary

1.1 The Overview Scrutiny Committee agreed to undertake a review of GP services in the borough. A task group consisting of five members of the Scrutiny Committee and a member of the patient' forum co-opted onto the task group to represent patient's interests carried out the review.

1.2 The terms of reference for the review were:-

To examine/quantify

- The changes in health services that doctors' surgeries (health centres) in Gravesham are/will be required to provide to patients in the medium term future (5 years)
- The impact the above changes will have on accommodation & staffing needs of surgeries
- The ability of individual Gravesham surgeries to implement the requisite changes within their current premises and any plans they might have to resolve the situation if there are difficulties in implementation
- The likely pattern of doctor surgery (health centre) provision throughout the Borough relative to any professionally defined/perceived ideal in the context of future population distribution taking account of any changes in provision/location resulting from the above.

To use the evidence gathered from the review to make recommendations to the Primary Care Trust, to the Council for inclusion in the Local development Framework and to other interested parties.

1.3 Recommendations to cabinet are:-

1.3.1 The development and accompanying future location of GP's premises is a key issue. GBC planning department should approach the PCT to discuss future medical requirements within Gravesham, to dovetail with borough planning policies. This should take into consideration the following:-

- a) New sites
- b) Amalgamation of single doctor practices
- c) Availability of alternative urban sites
- d) Financial initiatives
- e) Aspirations of individual GPs as to future developments of their practices.

1.3.2 The council in its role as the planning authority should require all developers to consider new healthcare premises as part of their redevelopment programmes.

1.3.3 When planning applications are received for the relocation of practices, more weight should be given to the enhanced services the new premises will provide.

The above approach would accord with the known intentions of Gravesham planning department, to use the emerging Local Development Framework to adopt a more strategic approach to healthcare provision in the borough

1.4 The context in which this review was undertaken was the new General Medical Services (GMS) (1) contract for GPs that had three main elements

- Essential and Additional Services
- Enhanced Services
- Quality and Outcomes Framework

The review centres around the first two elements.

1.5 Evidence Gathering

1.5.1 Six evidence gathering sessions were held with Dartford, Gravesham & Swanley Primary Care Trust (DG&SPCT), Kent Local Medical Committee (KLMC) and 4 local practices. Written evidence was taken from Deneholm Surgery.

1.5.2 The review although representative was limited (5 out of 16 practices in the borough gave evidence to the review). We hope to supplement it with responses from the Patients' Forum Survey which could result in it being expanded

1.6 Conclusions

1.6.1 The GPs in the borough work extremely hard to deliver high quality medical services many of them in less than ideal conditions for the 21st century.

1.6.2 With the increased work load placed on them by the Department of Health many of the GP's surgeries have reached the limit of their capacity to deliver high quality medical services to their patients. (A large scale public consultation exercise entitled

'Your Health, Your Care, Your Say has recently been completed culminating in a National Citizens' Summit in Birmingham on Saturday 29 October 2005. Participants at this event debated four overarching themes:

- Letting people have more choice when, where and how they access services
- Developing and providing more services in the local community, rather than only in hospitals, so they are more convenient for people to use
- Involving people in setting local priorities for what services health and social care should provide
- Investing in services for people whose health and well-being may be at greater risk, for examples pensioners, single parents, ethnic minority groups, teenagers and people on low incomes.

The Health Secretary Patricia Hewitt said in advance of the event "Tomorrow's event will help us to explore further possibilities like extending opening hours of GP surgeries to evenings and weekends and having hospital specialists run clinics in the community. Developing more services in the community is proving to be a popular choice with the public and by expanding the use of new technology in the future patients may find that they can go have a scan, x-ray or minor surgery closer to home." The outcomes from this event and other regional

- consultations undertaken as part of this public debate will be considered as part of a forthcoming White Paper.
- 1.6.3 The task group visited 3 surgeries and the difference between the purpose built facility and the adapted and extended former residential premises was considerable. It would be impossible or at the very least prohibitively expensive to adapt these latter premises to meet disabled access legislation.
- 1.6.4 The KLMC felt that GPs were not being involved at an early enough stage in the provision of healthcare in the context of the massive new developments in the borough.
- 1.6.5 With ever increasing numbers of journeys to GP practices being undertaken by car the provision of adequate car parking is an essential requirement.
- 1.6.6 There were concerns that GPs could not take on the delivery of additional services indefinitely without it impacting on their other duties. Similarly if receptionists and other staff were trained to carry out some of these additional tasks cover for them would also be needed.
- 1.6.7 Challenges for the PCT with regard to GP premises
- a) Provision within the new communities at Ebbsfleet, Northfleet Embankment, Canal Basin and Heritage Quarter.
- b) Urban practices that wish to relocate because their existing premises are inadequate to meet their and the Department of Health's desire to increase the number and quality of the services they provide.
- c) Amalgamation under one roof of single GP practices to take advantage of shared professional administration and medical staff support for the doctors. (This may not be applicable to rural practices where communities are more clearly defined with greater distances between practices)
- Although not directly covered by the terms of reference but based on the evidence received the following conclusions can be drawn.
- 1.6.8 Choose and Book is an ill thought out time consuming practice when what patient's want is a good local service in a reasonable amount of time.
- (A recent study was carried out by the National Audit Office entitled "Knowledge of the Choose and Book Programme Amongst GPs in England –Sept 2005" (2). One of the survey's summary of findings was that "The overall perception of Choose and Book was negative – 78% of respondents said that the prospect of Choose and Book would be very negative or a little negative")
- 1.6.9 Community matrons are highly trained nurses usually taken from the pool of district nurses. Their role is to monitor 50 or so

house bound patients with long term illnesses. This would seem to be a good idea but the matrons would need to be attached to, or even better employed by, a general practice in order that the care they offer does not become fragmented. There were concerns that due to their small case load they were not particularly cost effective.

- 1.6.10 In terms of patient appointments all practices met Department of Health access requirements.