



North Tyneside Council

Adult Social Care, Health and Wellbeing Sub-Committee

3 January 2018

Thursday 11 January 2018 in Room 0.02, Ground Floor, Quadrant, The Silverlink North, Cobalt Business Park, North Tyneside commencing at **4.00pm**.

Please note: The change of time due to this being a joint meeting with the Health and Wellbeing Board; and that only the Sub-Committee will consider items 7 & 8.

Agenda Item

Page

1. Apologies for Absence

To receive apologies for absence from the meeting.

2. Appointment of Substitute Members

To be notified of the appointment of any Substitute Members.

3. Declarations of Interest

You are invited to declare any registerable and/or non-registerable interests in matters appearing on the agenda, and the nature of that interest.

You are also invited to disclose any dispensations in relation to any registerable and/or non-registerable interests that have been granted to you in respect of any matters appearing on the agenda.

Please complete the Declarations of Interests card available at the meeting and return it to the Democratic Services Officer before leaving the meeting.

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Agenda	Page
<p>4. Minutes</p> <p>To confirm the minutes of the meetings held on 9 November 2017 (Ordinary meeting) and 30 November 2017 (Extraordinary meeting).</p>	4 - 11
<p>5. North Tyneside Joint Health and Wellbeing Strategy and Development of the Health and Wellbeing Board Work Programme 2018/19</p> <p>To receive information regarding the Joint Health and Wellbeing Strategy; and the proposed Health and Wellbeing Board's Action Plan for 2018/19. (30 minutes)</p>	To follow
<p>6. Health, Wellbeing and Social Care Commissioning Intentions 2018/19</p> <p>To receive a presentation from the Council and North Tyneside Clinical Commissioning Group on their commissioning intentions for 2018/19. (60 minutes)</p>	12 - 13
<p>7. Earsdon Park Medical Practice</p> <p>To receive an update on progress towards the closure of the Earsdon Park Medical Practice. (20 minutes)</p>	14 - 23
<p>8. Northumberland, Tyne and Wear and North Durham Sustainability and Transformation Plan Joint Scrutiny Committee</p> <p>To receive a verbal update on the Northumberland, Tyne and Wear and North Durham Sustainability and Transformation Plan Joint Scrutiny Committee meeting/s. (10 minutes)</p>	

Members of the Adult Social Care, Health and Wellbeing Sub-Committee

Councillor Ken Barrie
Councillor Linda Bell
Councillor Pamela Brooks
Councillor Joanne Cassidy
Councillor Karen Clark (Chair)
Councillor Marian Huscroft

Councillor David McGarr
Councillor Tommy Mulvenna
Councillor Alan Percy
Councillor Margaret Reynolds
Councillor Lesley Spillard (Deputy Chair)
Councillor Alison Waggott-Fairley

Adult Social Care, Health and Wellbeing Sub-Committee

9 November 2017

Present: Councillor K Clark (Chair)
Councillors L Bell, J Cassidy, M Green,
M Huscroft, A Percy, L Spillard, A Waggott-Fairley

Also Present: Councillor G Bell, Cabinet Member for Adult Social Care
Councillor M Hall, Cabinet Member for Public Health and
Wellbeing

ASCHW35/11/17 Apologies

Apologies for absence were received from Councillors K Barrie, P Brooks and D McGarr and M Reynolds.

ASCHW36/11/17 Substitute Members

Pursuant to the Council's constitution the appointment of the following substitute Member was reported:-

Councillor M Green for Councillor P Brooks

ASCHW37/11/17 Declarations of Interest and Dispensations

Councillor Waggott-Fairley declared an registerable personal interest in item 9 Feedback from the meeting with Carers Representatives (ASCHW43/11/17), as she was Chair of the North Tyneside Carers Centre.

ASCHW38/11/17 Minutes

Resolved that the minutes of the meeting held on 5 October 2017 be confirmed and signed by the Chair.

ASCHW39/11/17 Urgent Care

The Chair asked for this item to be deferred to a future meeting due to confusion around the wording of the recommendations as detailed in the report. The Chair had understood that the sub-committee were being consulted on the proposals relating to urgent care; however the wording of the recommendations sought the sub-committee's approval of the continued suspension of overnight access to walk-in services at Rake Lane Hospital; and of the Clinical Commissioning Group's plans to commission a new single integrated urgent care service for North Tyneside, the Chair explained that this was not the role of the sub-committee. The Chair also felt it would be helpful to receive the feedback from the public consultation exercise to ascertain the views of residents before the sub-committee responded to the consultation.

ASCHW40/11/17 Better Care Fund (Previous Minute ASCHW31/10/17)

Kevin Allan, Programme Manager for Integration Care Older People, presented a report which provided an update on the Better Care Fund (BCF) plan 2017/18 and 2018/19.

At the last meeting of the sub-committee, members had heard that the Clinical Commissioning Group (CCG) and the Authority had been unable to agree to a plan prior to the deadline for submission of plans to the national bodies on 11 September 2017. Since that date, the CCG and the Authority had reached agreement at officer level. The proposed BCF plan had been resubmitted to the BCF assurance process, subject to the agreement of the Health and Wellbeing Board, which would consider the plan on 16 November 2017.

The report detailed the key points of the BCF plan, information on the Improved Better Care Fund (IBCF) and also outlined the changes which had been made to the BCF plan. The Better Care Fund plan was appended as Annex 1 to the report.

The Cabinet Member for Adult Social Care sought clarification regarding mental health funding which was still under discussion between the CCG and the Authority. Kevin Allan explained that this was not in the scope of the BCF but that the Authority would be pursuing this with the CCG.

ASCHW41/11/17 A Smoke Free North Tyneside

Heidi Douglas of the Authority's Public Health team and Judith Stonebridge of Northumbria Healthcare Foundation Trust attended the meeting to present a report and give a presentation titled "Treating Tobacco Dependency in North Tyneside - Achieving a Smokefree Generation 2025".

Members heard that North Tyneside had made considerable progress over the last decade in reducing smoking rates from 27.5% (2006-08) to 16.4% (2016/17). Whilst this progress was positive, smoking still remained the key driver for health inequalities with around half of the difference in life expectancy between the most and least affluent due to smoking.

Smoking remained the single largest cause of premature death, and accounted for half of the health gap between the poorest and the most affluent people in our populations.

The tobacco control plan for England sets out the national ambition to achieve a smokefree generation; which was defined as a smoking prevalence rate of 5% or below. In order to achieve a smokefree generation a number of targets had been set, these were outlined in detail in the report.

The national plan sets out some challenging targets, in particular the 5% prevalence rate. At present (2016) there were around 27,400 regular smokers in North Tyneside, in order to achieve a 5% prevalence rate 19,000 current smokers would need to quit and uptake amongst young people would need to fall to 3%.

Members heard that a whole system response was needed and that North Tyneside Council, North Tyneside Clinical Commissioning Group, Primary Care and Northumbria Healthcare Foundation Trust were committed to work collaboratively to establish a system wide model of stop smoking support. The actions that would be taken by each organisation to achieve a smokefree generation were outlined in the report and Appendix 1 to the report.

The Chair welcomed the whole system approach and the commitment from all partners, but appreciated that this would not be simple to put into practice.

In examining a smokefree generation and the associated actions, the sub-committee asked questions and sought clarification on:

- Why the smoking prevalence target related to 15 year olds who regularly smoke and not all young people. Heidi Douglas explained that all young people were being targeted to not start smoking however the prevalence rate amongst 15 year olds was the performance measure being used.
- The interventions used to support people to stop smoking. Heidi Douglas explained interventions included, medication, behavioural support therapy and nicotine replacement therapy. Following national feedback, e-cigarettes were also being piloted as an alternative and life long substitute to smoking. Heidi offered to come back to a future meeting to provide an update on e-cigarettes.
- Judith Stonebridge explained that the Trust would be allowing patients and staff to use e-cigarettes in the hospital grounds but not in the hospital.
- What the CCG's contribution would be in relation to primary care now that it was a whole system approach and historically the Authority's Public Health had funded all stop smoking services. Anya Paradis explained that the CCG would need to build a business case and would not be able to say what their contribution would be until the results of the business case were known. As for training front line staff, all GP's had received brief intervention training and there had been a number of education events.
- Whether the Public Health funding would be sufficient. Heidi Douglas explained that stop smoking services was not a mandated public health function; however it continued to be a priority for public health in terms of funding. Public Health used it's resources well but acknowledged there was more to do, including work with the community.
- How the Trust would police hospital sites so they are smokefree. Judith Stonebridge explained that the Trust worked on the basis of compliance and support rather than enforcement. Health Champions regularly waked around the hospital site and grounds and when necessary asked people to not smoke; also information about the Trust's smoking policy was sent to patients prior to their admission to hospital.

The Chair thanked officers for the presentation and report.

It was **agreed** to (1) support the Local Authority, the Clinical Commissioning Group, Primary Care and Secondary Care in achieving a smokefree generation in North Tyneside by 2025; and

(2) endorse the actions for North Tyneside Council, North Tyneside Clinical Commissioning Group, Northumbria Healthcare Foundation Trust and the North Tyneside Smokefree Alliance, as outlined in the report.

ASCHW42/11/17 Safeguarding Adults Board Annual Report 2016-17 and Action Plan 2017-18

Ellie Anderson, Assistant Director Business Assurance, attended the meeting to provide an overview of the work undertook by the Safeguarding Adults Board (SAB) during the past year and to provide assurance that the SAB was an effective strategic body working across North Tyneside for the benefit of individuals at risk of harm and abuse.

In relation to the Safeguarding Adults Board Annual Report 2016-17 and action plan 2017-18 the sub-committee were informed that the introduction of the Care Act in 2014 enshrined Adult Safeguarding in law for the first time. The main element of this was the duty to carry out Section 42 Enquiries into concerns and allegations of abuse for adults

at risk of harm. The Care Act also made it a statutory duty to have an effective multi agency Safeguarding Adults Board (SAB). North Tyneside has had a SAB in place for many years; however the formal recognition of this was welcomed by all partner agencies.

The aim of the SAB was to improve the experience of those adults at risk of harm in North Tyneside with a particular focus on preventing abuse and protecting the most vulnerable in our society.

The SAB annual report, demonstrated how agencies worked together and were formally held to account to make sure the whole safeguarding system was operating effectively to protect vulnerable people. SAB ensured that agencies had effective safeguarding arrangements in place that were working well and improving. Safeguarding required a joined-up, multi-agency approach and rigorous governance was essential. The Board provided this quality assurance, oversight and scrutiny.

During 2016-17, both North Tyneside and Northumberland Safeguarding Adults Boards had taken the decision to join together and establish a single board. This arrangement was the rational next step following a track record of successful joint working within combined sub-committees. At the same time it was recognised that partners worked seamlessly with communities, crossing local authority boundaries, and joining the Boards into one meant that all partners make the most of streamlined limited resources.

The SAB has, for several years, been very well supported by North Tyneside's Elected Members. Members had taken a keen interest in the issue of safeguarding, recognising the importance of this work to protect the most vulnerable in our society. This was important to demonstrate the leadership from the Local Authority at the highest level.

The joint SAB has an independent chair who took up this position in 2016-17.

The SAB had developed an Annual Plan which covered the period 2016 – 2019 and sets out the business objectives for the Board in this period. The six key principles to the work of the Board and outcomes was outlined in the report.

In relation to the Safeguarding Adults Return 2016-17, the key messages from the data were:

- The number of referrals remained broadly in line with those from the previous year; there was a slight increase in reporting of lower level concerns. The number of cases taken forward into Section 42 Enquiries increased by 11.64% over the year although in quarter 4 there had been a significant decrease (23%) suggesting the efficacy of training provided for staff was high.
- The main type of abuse was neglect or act of omission, followed closely by financial or material abuse, then physical abuse. These types of abuse had remained the highest recorded type of abuse and included medication errors and moving and handling issues.
- The main location of abuse (70% of cases) continued to be in individuals own home. This trend reflected the aim for people to continue to live independently in their own home for longer. However residential and nursing home combined made up the second highest location (25%).
- The trend of individuals' vulnerabilities continued in a similar pattern to previous years with people with physical disabilities experiencing the most harm. This included older people with physical or mobility issues, so was linked to the higher number of people over 65.

- 85% of cases had recorded an outcome of action taken and risk removed or reduced at the end of the safeguarding process. This highlighted the positive impact that safeguarding could have on an individuals' life or situation. Only 15% of concerns had an outcome of risk remaining at the end of the process. This often related to cases where capacitated individuals had made decisions to continue to live with a level of risk, which they felt was acceptable to them.

Members were made aware of the Safeguarding Adults Board Annual Plan. For it's 2016-19 Business Plan, the SAB had adopted the key principles from The Care Act 2014 which underpinned Safeguarding Adults.

In relation to the increase in number of cases taken forward into a Section 42 Enquiry it was explained that this was possibly due to the Care Act 2014 embedding and settling down. Although there had been an increase in 2016/17 it was pointed out that there had been a significant decrease in quarter 4 which may be due to effective staff training.

There was some discussion relating to abuse in the home which accounted for 70% of abuse cases and it was explained that although a large part of this would be domestic abuse it would also include other types of abuse such as financial.

The Chair thanked the Assistant Director Business Assurance for the report.

ASCHW43/11/17 Feedback from meeting with Carers Representatives

The Cabinet Member for Adult Social Care informed the sub-committee that he and the Chair had met with carers' representatives to discuss their views and concerns relating services; they were particularly keen to find out if services had improved following the recommendations made by the sub-committee in April 2016 following a review of carers support and respite provision.

A number of issues were raised, including concerns around the procurement of the new respite contract next year; the OT equipment process; caseworker continuity; and generally a lack of communication from officers not getting back in touch with service users. Service users were often frustrated about the little things which wouldn't cost much to resolve.

The Cabinet Member for Adult Social Care informed the sub-committee he would be attending a carer's forum meeting in the New Year.

A member mentioned that out of 29 GP practices in North Tyneside she was aware that only 9 had a data base to record carers. Hugo Minney of TyneHealth, was asked to raise this issue with the GP federation.

The sub-committee agreed that it was important to invite groups and service users to sub-committees meetings to share their views and experiences.

Extraordinary Adult Social Care, Health and Wellbeing Sub-Committee

30 November 2017

Present: Councillor K Clark (Chair)
Councillors M Reynolds, T Mulvenna, L Spillard,
A Waggott-Fairley

ASCHW44/11/17 Apologies

Apologies for absence were received from Councillors L Bell, J Cassidy and A Percy.

ASCHW45/11/17 Substitute Members

There were no substitute members.

ASCHW46/11/17 Declarations of Interest and Dispensations

There were no declarations of interest or dispensations reported.

ASCHW47/11/17 North Tyneside Integrated Urgent Care Service

The sub-committee considered a report and received a presentation in relation to the future of urgent care services in North Tyneside from Dr Shaun Lackey and Mathew Crowther of North Tyneside Clinical Commissioning Group and Ben Landon of North East Commissioning Support.

The report outlined the engagement exercise that North Tyneside CCG had carried out in order to provide local people and stakeholder groups with an opportunity to comment on proposed changes to the CCG's urgent care commissioning plans and the continued suspension of walk-in access to the urgent care centre at North Tyneside General Hospital ('Rake Lane') between midnight and 8am.

This engagement period ran from 23 October 2017 to 17 November 2017. It followed an earlier and very detailed consultation process during 2016 which had gathered local people's views about a range of possible scenarios for future provision of urgent care services in North Tyneside. Following this process, the CCG's Governing Body considered all these options and had agreed a recommendation to replace the existing urgent care facilities with a single, 24-hour urgent care service with effect from 1 October 2017.

The CCG moved to procure a new Integrated Urgent Care Service for the whole of North Tyneside in January this year, but were unable to identify a provider capable of delivering the service as specified. The CCG remained clear that the need for reform had not gone away, and that a single, integrated urgent care service was the best way to meet the borough's urgent care needs. The proposed new model remained very close to the model on which the CCG had consulted last year and therefore they did not wish to create confusion by reopening previous discussions which had already been concluded.

The new proposal did however include some differences. Whilst the overall urgent care service would continue to meet people's needs on a 24/7 basis, the new plan was for

the walk-in service to operate from 8am to 10pm, with the limited number of patients needing urgent care at night having their needs met through NHS 111 and the GP out of hours service.

The CCG recognised that this was a significant change, but it did not change the fundamentals of its model, and therefore had carried out an engagement exercise that was proportionate to the change in the model and in line with requirements to consult. The approach had been shaped by further discussions with The Consultation Institute, an expert, not-for-profit, organisation which aimed to raise the standard of engagement and consultation exercises across the public sector.

The engagement period had lasted for 4 weeks, as opposed to the minimum 2 weeks required by statute, and the CCG had taken steps to advertise it widely and maximise the range of opportunities to take part.

The presentation outlined details of the engagement process such as how it was promoted and the numbers of people who had participated. It also provided details of the main themes and comments that had arisen during the engagement period along with appropriate CCG actions, these included:

- 8% of the pooled survey sample felt they would feel a great impact from night-time closure of walk-in service
- Some concerns about which service to access which was slightly higher among community group respondents
(Marketing campaign to coincide with the new service starting – this could include specific targeting of community and voluntary groups where concern expressed)
- Some concern about increased demand for health services from residential developments
(CCG monitored demand and had plans in place – could take steps to reassure people)
- Some concern people didn't know about NHS 111 – or didn't know it had GP/clinical input
(Potential to promote NHS 111 more and explain how it's improving)
- Confusion over terminology – urgent vs emergency care
(Ongoing campaign but CCG could also review the language it used)

In terms of the next steps the sub-committee were informed that the CCG Governing Body would consider the findings at its meeting on 5 December 2017. This would include considering all comments, concerns and themes, and any actions the CCG could take to address them; and also deciding whether to start a new procurement process. If a new procurement process was started, the CCG aimed to have the new system in place for 1 October 2018.

In response to the CCG's comment that no concerns had been raised by Healthwatch in relation to the overnight closure to the urgent care walk-in centre at Rake Lane; the Director of North Tyneside Healthwatch clarified that although not a lot of people had raised concerns regarding the closure, this question had not been specifically asked. She informed members of other concerns that had been raised relating to the NHS111 service, access to and waiting times at Northumbria Specialist Emergency Care Hospital (NSECH) and confusion over where to go for urgent care treatment. Healthwatch had also raised concerns about the consultation process and why it had not been as comprehensive. Healthwatch planned to review the outcomes of the proposals and then make a formal response to the CCG.

In examining the proposals for urgent care in North Tyneside the sub-committee made the following key points:

- Before NSECH opened the sub-committee were informed that NSECH would be for critical care (blue light only) and Rake Lane for urgent care (walk in) but in practice this never happened.
- In relation to the initial service model which was consulted on in 2016, the sub-committee understood that residents had preferred the hub and spoke model as opposed to a single site urgent care.
- It would have been helpful if the public engagement/consultation for the new service model had been framed in the context of budget cuts, as residents needed to understand the full picture. The sub-committee would like to see a stronger emphasis on this in any future public consultation/exercises.
- Many residents were still unsure where to go for urgent care treatment and the sub-committee reflected the views of Healthwatch; and thought that this needed to be addressed through clear publicity campaigns, firstly to inform people of where to go for urgent care between now and the commencement of the new contract; and secondly where to go following the implementation of the new contract.
- There remained to be a great deal of confusion about the definition of urgent care which wasn't helped by the service constantly changing its name, i.e. now known as an Urgent Treatment Centre. Any publicity should make clear the definition of urgent care.
- Many residents viewed the NHS as one organisation rather than being made up of many contracts and sub-contracts; this needed to be clearly communicated to the public so they fully understood the situation.
- The sub-committee welcomed the introduction of the extra 1,000 GP appointments but stressed that this needed to be sustained if the proposed service model was to be successful. It would also be beneficial to have 2 or 3 GPs in each locality.
- CCG proposals seemed to rely heavily on the NHS111 service for the new service model to work; therefore it was crucial that it was fit for purpose. Members mentioned that they were aware of many issues with the service including residents being directed to the wrong service.
- Members expressed concern about the urgent care walk in centre at Rake Lane closing between 10pm - 8am, especially as they had heard numerous stories from residents who had been directed to NSECH for treatment during the night and then had to walk home. Access and public transport links to NSECH continues to be a concern for the sub-committee. It was also suggested that remaining open until 12 midnight rather than 10pm would be better option e.g. closing between 12 midnight - 8am.
- The way in which the operation of the urgent treatment centre was described indicated that whilst the centre would not be open for 'walk in', staff would actually be based on site during the night, It was therefore suggested that it could be open for walk in and CCG were asked to give this further consideration
- To conclude, whilst the sub-committee appreciated the financial constraints and the need for efficiency savings, they could not support cuts and wanted to retain high quality services in the Borough.

The Chair thanked the officers for their presentation.

Resolved **that** the Democratic Services Officer forward to the CCG the key points raised by the sub-committee for consideration by the CCG Governing Board at its meeting on 5 December 2017.

Meeting: Adult Social Care, Health and Wellbeing Sub-Committee

Date: 11 January 2018

Title: Health, Wellbeing and Social Care Commissioning Intentions 2018/19

Author: Sharon Ranadé Tel: 0191 643 5614

Service: Democratic Services

Directorate: Law and Governance

Wards affected: All Wards

1. Purpose:

This report sets out the background, purpose and objectives of a meeting with the Health and Wellbeing Board to consider the Council's and North Tyneside Clinical Commissioning Group's commissioning intentions for 2018/19.

2. Recommendation(s):

The sub-committee is recommended:

- (1) To consider and note the Council's and North Tyneside Clinical Commissioning Group's commissioning intentions for health, social care and wellbeing 2018/19; and
- (2) If the sub-committee wishes, make any recommendations to the Elected Mayor, Cabinet or partner organisations.

3. Information:

On an annual basis North Tyneside Council and North Tyneside Clinical Commissioning Group (CCG) present to the Sub-Committee their respective commissioning intentions for the year ahead. It has been agreed that the in order to avoid duplication, the intentions will be presented and considered jointly with the Health and Wellbeing Board. Members of the Sub-Committee are invited to join with the Health and Wellbeing Board to receive a presentation setting out the commissioning intentions for health, social care and wellbeing in 2018/19, a copy of the PowerPoint presentation will be circulated separately.

Following the presentations members of the both bodies will be invited to ask questions and comment upon the proposals. It should be noted that the two bodies will do so with different, but complementary, objectives in mind.

The Sub-Committee, in exercising its scrutiny functions will wish to consider the commissioning intentions and the impact these will have on services. The Sub-Committee may make recommendations to the Elected Mayor, Cabinet and partner organisations to support them in the formulation of their future plans, strategies and decision making.

The Board have a lawful power to consider whether the commissioning intentions take proper account of the Joint Health and Wellbeing Strategy and Joint Strategic Needs Assessment and it may give its opinion to the CCG and Council if it so wishes.

4. Appendices:

None

5. Background information:

The following background documents have been used in the compilation of this report and are available from the author:-

North Tyneside Council Constitution

Health & Social Care Act 2012

National Health Service Act 2007

Report to Cabinet 27 November 2017 in relation to its Initial Budget Proposals 2018-20

Meeting: Adult Social Care, Health and Wellbeing Sub-Committee

Date: 11 January 2018

Title: Earsdon Park Surgery Closure Briefing Paper

Author: James Martin

Organisation: North Tyneside CCG

Wards affected: Longbenton, St Mary's and Valley Wards

1. Purpose of Report

This report is to update the committee on progress toward the closure of Earsdon Park Surgery, including the communication to patients, steps to identify and support at risk patients, and support for GP practices in the surrounding area.

2. Recommendations

The Adult Social Care, Health and Wellbeing Sub-Committee is asked to note the contents of the paper and attached reports and provide feedback accordingly.

3. Details

Earsdon Park Medical Practice, which provides GP services at Shiremoor Resource Centre and at the Oxford Centre, Longbenton. The practice provides Alternative Provider Medical Services (APMS) to 4,470 patients, of whom around 30% (1,341 patients) routinely choose to attend the Oxford Centre.

The current contract for the practice ends on 31 March 2018, and after careful consideration NHS North Tyneside Clinical Commissioning Group (CCG) took the decision to close the practice.

The CCG considered the full range of options when making this decision, including procurement of like-for-like contracts. The practice has a relatively small number of registered patients using two sites which are more than five miles apart, and the current provider is unable to continue to provide the contract. These factors alongside the nature of the National Contract for this practice means that the CCG reluctantly concluded that in the current climate it is extremely unlikely that it would be able to secure a new provider willing to take the practice on. Unfortunately, a number of other practices across the North East with this type of contract have also resulted in a practice closure.

Given the number of practices in close proximity it was agreed that patient needs could best be met by registering with other local practices. This direction of travel is also in line with the local Primary Care Strategy, where smaller practices are coming together to deliver a wider range of services to patients and working productively together.

As a result, the practice will close on 31 March 2018, and patients will need to register with another GP practice instead. While this is disappointing news, there are five other GP practices with open lists within 1.5 miles of Shiremoor Resource Centre, including two GP practices within the same building, and over six within 1.5 miles of the Oxford Centre.

The CCG has written to every household affected by this change, explaining the situation and providing practical information to help them register with another practice. This includes a list of alternative practices in the area and a form that patients can complete if they would like assistance through the registration process. There is also a process to identify vulnerable patients registered with the practice and actively look to support them through this change.

Two drop in sessions for patients were held at both practice sites on the 5th December and 6th December. Colleagues from the CCG, NHS England, and Healthwatch were available to answer questions that patients may have, listen to their concerns, and offer advice and help with choosing a practice to register with or the registration process. Around 80 patients attended over the two sessions.

The CCG and NHS England have set up regular meetings with the practice and a Dispersal plan has been developed in line with the regional List Dispersal Policy. This plan sets out the actions to be completed to ensure the safe closure of the practice. This includes further communication to patients yet to reregister, transfer or storage of patient records, prescriptions and repeat medication, and the identification of at risk patients and steps to ensure continuity of care or immediately necessary care. This will include patients with an identified disability, patients with carer responsibilities, patients with moderate to severe long term conditions, palliative care patients, pregnant women, newborn babies, patients with learning difficulties, and patients in nursing homes. The GPs at Earsdon Park have also offered to do a verbal handover for patients or answer questions that the receiving practice may have relating to their care.

There are safeguards in place to monitor the number of patients that have moved to a new practice. To date 969 patients have registered with a new practice in the local area, and 397 have a planned registration date for their new practice. Patients that haven't moved will get reminded that they need to register with a new practice. There are also processes in place to either allocate any patients who still remain registered at Earsdon Park the end of March to a new practice, or store their records until they register with a new practice.

The CCG has met with all neighbouring practices to both the Shiremoor and Oxford centre sites to see what additional support they would need to help manage the registration of new patients and minimise the impact on existing patients. This has included some up front financial support, prescribing management resource, and estates support. One practice, Bridge Medical has requested a closure of its patient list due to concerns over the ongoing ability to safely provide services for existing patients based on the current workforce. This has been supported by the CCG for six months with additional help for the practice to recruit to vacant roles.

Following these discussions with neighbouring practices the CCG remains confident that there is capacity in neighbouring practices to register and care for the patients of Earsdon Park Surgery.

4. Appendices

Appendix 1 – Letter to patients
Appendix 2 – Patient information sheet
Appendix 3 – list of local practices

5. Background Information

The following documents have been used in the compilation of this report and may be inspected at the offices of the author.

Not Applicable

12 Hedley Court
Orion Business Park
North Shields
NE29 7ST

Tel: (0191) 293 1140
E-mail: ntccg.contactus@nhs.net

17 November 2017

Dear Sir / Madam

Closure of Earsdon Park Medical Practice: Important Information

I am writing to you as a patient registered with Earsdon Park Medical Practice, based at Shiremoor Resource Centre and at the Oxford Centre, Longbenton.

The current contract for the GP practice ends on 31 March 2018, and after careful consideration NHS North Tyneside Clinical Commissioning Group (CCG) has taken the decision to close the GP practice.

Earsdon Park Medical Practice will therefore close on 31 March 2018, and you will need to register with another GP practice instead.

I am sure this is disappointing news, but I would like to give you my personal assurance that GP services will continue to be available to everyone in the area.

There are five GP practices within 1.5 miles of Shiremoor Resource Centre, including two GP practices within Shiremoor Resource Centre. There are over six GP practices within 1.5 miles of the Oxford Centre.

Unfortunately, with a relatively small number of registered patients using two sites more than five miles apart, it was unlikely that we would be able to secure a new provider to operate the service. Given the number of GP practices in close proximity it was agreed that patient needs could best be met by registering with other local GP practices.

How to get help to register with a new GP practice

We are going to be holding drop-in events for Earsdon Park patients on:

- Tuesday 5 December, 3pm – 7pm at Shiremoor Resource Centre
- Wednesday 6 December, 3pm – 7pm at the Oxford Centre

Representatives from the CCG, Healthwatch and practice staff will be on hand to answer your questions and ensure that you have the right support to register with another GP practice.

If you have any questions about this event, please call 0191 217 2803 or email necsu.comms@nhs.net.



If you would like to speak with someone about getting help with choosing a new GP practice, please call the Patient Advice and Liaison Service (PALS) on 0800 032 0202 or return the enclosed form to your GP practice.

In order to help you to register with another practice I have included a list of GP practices on the information sheet attached and hope this is useful to you. More detailed information about these and other practices is available at www.nhs.net.

Healthwatch North Tyneside, the independent champion for patients, is also available to discuss any concerns or questions you may have. You can contact Healthwatch on 0191 263 5321 or email info@healthwatchnorthtyneside.co.uk

Yours sincerely

A handwritten signature in blue ink, appearing to read 'John Matthews', is positioned above a faint, circular official stamp.

Dr John Matthews

Chair, NHS North Tyneside Clinical Commissioning Group (CCG)

Enclosures: Information sheet and list of practices
Registration process form
Request for help form

Patient information – Earsdon Park Medical Practice
November 2017

FREQUENTLY ASKED QUESTIONS

Q: Where can I register?

A: A list of local practices which are currently accepting new patients is attached. If you need any help with this, please complete the form enclosed and return it to the GP practice, or you can call the Patient Advice and Liaison Service (PALS) on 0800 032 0202.

If you have concerns about this change, you can also contact Healthwatch North Tyneside, the independent champion for patients, on 0191 263 5321 or email info@healthwatchnorthtyneside.co.uk.

Further information about these and other practices in the surrounding area is also available on the NHS Choices website, www.nhs.uk. You can register with any GP practice whose boundary includes your home address. Details of practice boundaries are on most practice websites and leaflets.

Other practices nearby are aware of this change and we are working with them to ensure that they have any additional support they need.

Q: What if I approach a practice and they won't register me?

A: You have a right to request to register with any GP practice as long as you live within its practice boundary. Although the practice may, in some circumstances, decline to register you, the reason cannot be based on your medical condition, age, gender or race.

The practice will normally accept you as soon as you approach them, although you may be asked for identification, and you will be required to complete some forms. You may also be asked to see the practice nurse for a health check. These arrangements may take a week or two, but the practice can deal with any health needs as soon as they receive your application.

Q: How will my records get transferred?

A: When you register with a new practice, they will automatically receive your records from your previous GP.

Q: Will I receive the same services?

A: All practices are required to provide the same basic GP services. Some practices choose to deliver additional services. You may wish to check www.nhs.uk for details of services.

Q: I have been to see a hospital specialist who was writing to my GP. Where will this letter go now?

A: Your current GP will receive any correspondence while you are registered with them. When you move to another practice, your new doctor will receive any future correspondence from the hospital.

Q: I am undergoing treatment - how will my new practice know about this?

A: Your medical record contains details of your previous and ongoing treatment, and this will automatically transfer with your patient record.

Q: I am ill now and need to see a doctor, can I still go to my practice?

A: Yes. You continue to be registered with this practice until 31 March 2018, following this we would encourage you to register with another GP practice as soon as possible; please don't leave registration until you need to see a doctor. If you do take longer to decide which practice to register with, all practices are obliged to provide immediately necessary care to patients that live within their practice boundary, but they won't have access to your previous records.

Q: I have been referred to hospital. Will I need to be re-referred by my new practice?

A: If you have been referred to hospital recently, you should register with a new GP as soon as you can. The hospital will communicate with you directly regarding your appointment time. When you next attend the hospital you should inform them who your new GP practice is.

Q: I am waiting for results of my blood tests/x-rays, how will I get them?

A: Any test results will be added to your patient record. If you are undergoing treatment or investigations of any nature it is advisable for you to register with another practice as soon as possible to ensure continuity of care.

Q: My baby is due his/her injections, what do I need to do?

A: You need to ensure your child is registered with a new practice as soon as possible and the practice will be responsible for issuing a letter informing you of your child's injection schedule. Although you can remain registered at Earsdon Park until the end of March 2018, it is advisable for you to register your family with another practice as soon as possible. If you think your child has missed any injections, please speak to either your Health Visitor, or the staff at your new GP practice. Please note that you may have a new Health Visitor allocated to your family.

Q: I am pregnant; will I still have the same midwife?

A: You may not have the same midwife, but you could speak to your existing midwife about this letter, and she will advise you.

Q: My sick note is due, where will I get this from?

A: As soon as you register with a new GP, any sick notes become the responsibility of your new GP; however, Earsdon Park Medical Centre will continue to provide sick notes to registered patients, where appropriate, until 31 March 2018.

Q: Will I need to show identification when I register with a new GP practice?

A: Once you approach a practice, they will talk you through the registration process. You will need to provide identification and proof of address. The list below gives some examples:

- Birth or marriage certificate
- Medical card
- Passport or driving licence
- Local authority rent card
- Paid utility bills
- Bank/building society cards/statements
- National Insurance number card
- Pay slip or P45
- Letter from Benefits Agency/benefit book/signing on card
- Papers from the Home Office

The following cannot be accepted as proof of identity on their own: library card, video rental card, health club card, private rent book.

Q: Will I have to see a doctor or nurse when I register?

A: You are likely to be asked to attend a new patient check appointment. This will be to check basic facts about your health such as your weight and height, and may include a brief discussion about any medication you take or treatment you are undergoing.

Independent advice – Healthwatch North Tyneside

If you have any concerns and would like to discuss these changes with an independent organisation, you may want to contact Healthwatch North Tyneside, the support organisation that listens to, supports and speaks up for users of health and social care services.

Call 0191 263 5321, email info@healthwatchnorthtyneside.co.uk or go to www.healthwatchnorthtyneside.co.uk.

Practices close to Shiremoor Centre - further details can be found at www.nhs.uk					
Practice Name	Address	Phone number	Distance from Shiremoor Centre in miles	Travel time from Shiremoor Centre (public transport)*	Travel time from Shiremoor Centre (car)*
Northumberland Park Medical Group	Shiremoor Resource Centre, Earsdon Rd, Shiremoor, NE27 0HJ	0191 253 7892	0.0	n/a	n/a
Bridge Medical Group	Shiremoor Resource Centre, Earsdon Road, NE27 0HJ	0191 253 2578	0.0	n/a	n/a
Collingwood Surgery (New York branch surgery)	Brookland Terrace, North Shields, NE29 8EA	0191 258 5316	1.2	10 mins	6 mins
Monkseaton Medical Centre	Cauldwell Avenue, Whitley Bay, NE25 9PH	0191 252 1616	1.4	13 minutes	6 minutes
Beaumont Park Medical Group	Hepscott Drive, Whitley Bay, NE25 9XJ	0191 251 4548	1.5	17 minutes	6 minutes
Priory Medical Group (Hadrian Park)	Hadrian Park Surgery, Addington Drive, Wallsend, NE28 9UX	0191 257 0223	1.7	29 minutes	13 minutes
Marine Avenue Medical Centre	Marine Ave, Whitley Bay, NE26 3LW	0191 252 5317	2.0	10 minutes	9 minutes

* used Google maps to calculate time (accurate at 4pm, 14 November 2017)

Practices close to Oxford Centre - further details can be found at www.nhs.uk					
Practice Name	Address	Phone number	Distance from Oxford Centre in miles	Travel time from Oxford Centre (public transport)*	Travel time from Oxford Centre (car)*
West Farm Surgery	31 West Farm Avenue, Longbenton, NE12 8LS	0191 266 2215	0.2	2 minutes (walk)	1 minute
Dr Sprake & partners (Lane End)	2 Manor Walk, Benton, NE7 7XX	0191 2665246	0.5	7 minutes	5 minutes
Swarland Avenue Surgery	2 Swarland Avenue, NE7 7TD	0191 215 0141	0.5	13 minutes	6 minutes
Forest Hall Medical Group	Station Rd, NE12 9BQ	0191 259 9666	1.1	16 minutes	7 minutes
Dr Taylor & partners (Gosforth)	Church Road, NE3 1TX	0191 285 1119	1.2	19 minutes	17 minutes
Dr Browell & partners	200 Osborne Road, Jesmond, NE2 3LD	0191 281 4777	1.3	15 minutes	14 minutes

* used Google maps to calculate time (accurate at 4pm, 14 November 2017)