Health and Well-being Scrutiny Committee

11 September 2008

DRAFT TERMS OF REFERENCE: GP Provision

1. **Description of topic**

   Nationally the delivery of GP provision is in the process of change (see section 3 background information for further information). It is therefore timely for the Health and Well-being Scrutiny Committee to examine the changes under way in Sutton.

   The investigation will examine the commissioning of GP services by the Primary Care Trust to ensure that the borough’s community health care needs are being met.

   It will review:

   - Patterns of provision – giving a baseline of current services – location, access and services provided;
   - Current specialist services, including General Practitioners with Special Interests (GPSIs) and post-graduate training;
   - How the commissioning arrangements require GPs to deliver appropriate community health care, and how these arrangements support effective performance monitoring of these arrangements.

   To do this, the review will consider:

   **Capacity:**

   - Location of GP surgeries and consideration of local population needs, e.g. related to deprivation, age of patients;
   - Access to surgeries, including arrangements for Out of Hours services;
   - Impact of BHCH programme on location and new demands on surgeries;
   - The provision of specialist services such as physiotherapy, nursing, x-ray results and diagnostic services.

   **Capability:**

   - Whether current GP services provide sufficient level of specialist services, and if developments are required,
whether sufficient funding has been identified and will be available to meet the new needs;

- How the PCT ensures that GPSIs meet the needs of the population, in terms of specialist services required and where they are required;
- The ability of GPs to meet the needs of mental health and learning disabled service users.

**Resources and partnership working:**

- Whether the commissioning requires GP surgeries to have appropriate IT systems to support the interface with other NHS Trusts and key partners such as Sutton Social Services.

The review will not consider health needs assessment and its relationship to commissioning in detail, as this will be addressed by the Member Development session on 4th September.

At the first meeting (September):

- Members will agree or refine the terms of reference:
  - the PCT will inform Members of the main requirements of the Department of Health on the commissioning of GP services, and current commissioning arrangements;
  - Members will have the opportunity to ask general questions about the topic so that any further information needs can be met.

The main investigation will take place at the November meeting.

2. **Aims of the investigation**

The aim of the review is to consider how commissioning ensures:

- that there is not under or over-provision, and that services are easily accessible;
- the provision of appropriate, relevant specialist services;
- that GP practices work effectively with partners, and
- that the performance of GP practices meets contractual specifications.

The Committee will make a statement to the PCT of issues to take on board which arise from the investigation.

3. **Background information**
3.1 National context


A new revalidation system is being established in response to concerns raised by the Shipman inquiry, and the inquiries into the conduct of a number of other doctors. In future, doctors will be required to demonstrate to the General Medical Council that they are up-to-date, and fit to practise medicine. Doctors who take part in revalidation will be granted a license to practise, and will be reassessed every five years.


A Framework for Action details how London's healthcare needs to change over the next ten years

Five principles emerged in the development of A Framework for Action:

- Services should be focused on individual needs and choices
- Services should be localised where possible and regionalised where that improves the quality of care
- There should be joined-up care and partnership working, maximising the contribution of the entire workforce
- Prevention is better than cure
- There must be a focus on reducing differences in health and healthcare

Implementing care closer to home: convenient quality care for patients (2007)

This updated national guidance aims to provide practical support to commissioners for the provision of more specialised services closer to home with the emphasis on the role of Practitioners with Special Interests. It also includes new robust governance arrangements for GPs and Pharmacists with Special Interests to ensure the services in which they work are safe, of a high quality and better able to meet patients’ needs in the communities in which they are located.

World Class Commissioning (2007)

World class commissioning aims to deliver a more strategic and
long-term approach to commissioning services, with a clear focus on delivering improved health outcomes.

There are four key elements to the programme; a vision for world class commissioning, a set of world class commissioning competencies, an assurance system and a support and development framework.

Commissioning Framework for Health and well-being (2007)

The Commissioning framework for health and well-being sets out the eight steps that health and social care should take in partnership to commission more effectively.

Practice-based Commissioning (2006 onwards)

Practice-based Commissioning aims to lead to high quality services for patients in local and convenient settings by engaging practices and other primary care professionals in the commissioning of services. It aims to provide front line clinicians with the resources and support to become more involved in commissioning decisions.

Please see Practice based commissioning an introduction for a local authority audience.

3.2 Local context:

Better Health Closer to Home

Better Health Closer to Home is the programme aimed at improving and modernising how health services are provided in Sutton and Merton. The aim is to develop local, modern health services so people can be treated, wherever possible, closer to where they live. In addition, the programme aims to improve and upgrade sub-standard hospital and community buildings by replacing or refurbishing worn-out estate with facilities fit for the delivery of modern healthcare.

The Better Healthcare Closer to Home team is currently developing proposals for four Local Care Centres in Sutton and Merton. These plans will involve:

- The development of four Local Care Centres, two in Sutton and two in Merton, which will provide more services out of hospital.
- The first phase of the redevelopment of St Helier Hospital
as a local hospital, retaining its A&E facilities. This will involve investing in making the hospital a better place for patients and staff.

- The development of intermediate care services, providing rehabilitation and support so people can keep their independence, when they might otherwise face unnecessarily prolonged hospital stays, or inappropriate admission to hospital or residential care.
- A feasibility study for the development of a primary/local care facility on the Sutton Hospital site.

**Choosing health in Sutton and Merton – Annual Report of the Director of Public Health 2007**

The third Annual Public Health Report is based on the five key *Choosing Health* themes: smoking, obesity, sexual health, mental health and wellbeing; reducing harm from, and encouraging sensible drinking. It aims to stimulate discussion about whether existing resources are used as well as they might be, whether the balance of resource allocation between different programmes is approximately what people expect and consider reasonable. This report is intended to serve as a baseline from which to develop a five year *Choosing Health* delivery plan to complement the PCT Commissioning Strategy Plan, and set the framework for health improvement well into the future.

**Sutton and Merton PCT Commissioning Strategy Plan** (2007/08-2011/12)

Please see *Sutton and Merton PCT Commissioning Strategy Plan – Executive Summary*

### 4. Evidence required

Session 1 (11th Sept):

Sarah Blow – Assistant Director, Commissioning
Howard Freeman – Medical Director, PCT & GP

Session 2 (6 November):

Possible evidence givers:

Steven Evans - Executive Director, Sutton & Merton PCT
Sarah Blow – Assistant Direct Commissioning
| Bill Gillespie – Chief Executive, Sutton and Merton PCT  
| Fiona Harris - Joint Consultant in Public Health  
| Local GPs:  
| Jonathon Bates (Horizon GP Consortium)  
| Tahir Toosy |

### 5. Benefits to the community

The benefits to this community of this investigation are that it will assist in ensuring that the commissioning of GP provision meets the needs of the borough, thereby addressing the Sutton Plan priority of making the borough fairer by tackling health inequalities in the borough.

### 6. Any other comments

Form completed by: Teresa Carpenter  
Date: 15 August 2008