NITON AND WHITWELL PARISH COUNCIL

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Primary Care Strategy Consultation,
Isle of Wight CCG,
The Apex,
St Cross Business Park,
Newport,
PO30 5XG

Dear Sirs,

Isle of Wight Primary Care Strategy Consultation

Please find below the response by Niton and Whitwell Parish Council to the Clinical Commissioning Group's Primary Care Strategy consultation exercise, in accordance with its resolution of 23rd January 2017.

The comments are given in the order in which the questions were asked, rather than in the order of importance which the Council attaches to them.

Q: How do we encourage patients to access primary care using online services?

Patients who have access to a computer and are computer literate will generally welcome the convenience of online services. South Wight Medical Practice (SWMP) is well geared to encouraging these services. You must, however, take very great care to ensure that patients who do not have computer access are not marginalised. It would be unacceptable if, for example, a patient had to wait longer for an appointment booked through traditional means than another patient who was able to book online. The island's demographic profile, and particularly that of the SWMP's catchment area, represents an obvious risk factor in this respect.

Q: What do we need to do to support people to try new ways of consulting?

The risks around computer access and literacy are identical those described above (access using online services). In addition there are very clear limitations to the safe use of, for example, Skype. Neither the GP nor the patient must be placed under any pressure to resort to this type of consultation for the sake of saving time where a physical examination, even a cursory one, is deemed by the GP, or the patient, to be necessary.

Q: How should we go about working with patients to understand what is a reasonable request of a GP practice?

GPs themselves are best equipped to deal with the small number of "problem patients". This is not an area which can be dealt with by way of a bureaucratic formula. GPs need to be confident of support from the Trust if necessary.

Q: Should we commission a service based on three localities or a single all island service?

An all-island service which embraces the excellent rural services provided by, amongst others, the South Wight Medical Practice.

Q: What times on a Saturday and Sunday do you think we should provide this new service?

It is clear from recent Government statements that there is a threat to the funding of GP practices which fail to open from 8am to 8pm, seven days a week *(Downing Street spokesman, quoted by BBC, 14th January 2017: "It is increasingly clear that a large number of surgeries are not providing the access that patients need - and that patients are suffering as a result because they are then forced to go to A&E to seek care.")* This demonstrates a spectacular and quite possibly deliberate failure to understand the realities of rural life, and the Trust needs to tell the Government so. Holding out the prospect of a weekend service serves no purpose at all if the downside is that all services are to be centralised in the larger towns. Rural communities accept that their facilities cannot be "open all hours". The one thing guaranteed to drive practices out of rural areas is punishment for keeping rural hours. Combining such nonsense with the removal of facilities such as the Beacon Centre provides a perfect recipe for disaster.

Q: Are there any other services that we should consider providing during these extra hours?

For the reasons given above, we do not regard weekend surgeries as realistic in the SWMP area.

Q: How can we make access to urgent care more equitable across the island when GP practices are open?

Recent statistics from the Healthwatch Isle of Wight show that the South Wight area, which includes the SWMP's catchment area, has the island's shortest average waiting times for a GP appointment. Therefore the Trust needs to find ways of reducing waiting times at the larger, urban practices, rather than extending their operating model to places such as Niton and Godshill.

Q: What issues should we consider when designing a GP visiting service?

You should understand that the more geographically remote GPs become from their patients, the more patients there will be who will need to see a GP but will be unable to reach a surgery, and will therefore need a home visit. Travelling time for the GP, per patient, will be extended; and the number of patients a GP could see in the surgery, in the time taken to conduct a home visit, will increase. This is yet another powerful argument for supporting the present network of rural surgeries.

Q: Should we create an all island call centre for primary care or have one in each locality?

SWMP's switchboard works perfectly well. Calls are on occasion picked up at any of the practice's three locations, and logged onto the practice's central database. Changing this system would appear to amount to unnecessary meddling.

Q: How can we manage demand for primary care services better so professionals can dedicate time to the most vulnerable?

Sustain services in geographical areas where vulnerable patients are concentrated. Age correlates very closely with vulnerability. Please see our response to your final question, below.

Q: What issues should we consider when designing a health coaching service?

We do not regard employing health coaches as a priority. Your focus should be on resourcing the GP service. Please see our response to the next question.

Q: How do we help people understand that they need to take more responsibility for their own health?

Health education programmes (diet, exercise, alcohol and tobacco, sexual health, etc) are absolutely fine, and should begin in school. Things that are not fine include:

(a) Sanctions or rationing imposed on patients who are deemed not to have taken the good advice offered;

(b) Discouraging patients from "bothering" their GP except in cases where there is solid evidence that self-medication is safe and effective;

(c) Encouraging self-diagnosis, or complacency about apparently trivial complaints. Self-medication is not the same as self-diagnosis. The medical profession discourages self-diagnosis, even among its own professionals, and rightly so.

Q: The CCG has very limited scope for investment, so should we fund a bursary scheme for GPs in training as a priority?

It is clear from the leading nature of this question that the preferred answer is "no". Our answer, however, is "yes". You say that one of the fundamental problems which have prompted this review is the shortage of GPs. Any measures which fail to address the shortage of GPs are therefore in danger of being akin to rearranging the deckchairs on the Titanic. One measure which would seem to hold out the prospect of arresting the decline in GP numbers is investment in the bursary scheme. Therefore we believe that the bursary scheme should be at, or very near, the top of the CCG's list of priorities. We note that you intend to assign at least one CCG staff member to each "locality": (Sandown, Ryde and Newport). We believe that the public funds with which you are entrusted would be better spent on the NHS's core activities, including attracting GPs to the profession.

Q: How can we help patients recognise and trust the skills and experience of other professionals in a primary care practice?

We believe that those skills and experience are already largely recognised and trusted. The exception may be the relationship between older patients and younger non-GP practitioners. In these cases we believe the GPs could usefully provide the reassurance needed.

Please take care, however, not to abuse the trust of patients by deskilling the medical profession. We note with some alarm your proposals around "increasing the number and range of clinicians working in primary care – e.g. Advanced Nurse Practitioners, Pharmacists and physiotherapists who can undertake some of the role currently done by GPs," and "We support practices to further develop team working to reduce reliance on GPs." If there is a shortage of non-GP clinicians, then recruit more of them. If there is a shortage of GPs, then recruit more GPs.

Q: Should the CCG as a commissioner invest in marketing on behalf of primary care providers?

No. But nor should the CCG spread alarm and despondency about the quality - or future – of rural providers such as the SWMP. We refer specifically to the outrageous comments by your chair, Dr John Rivers, at the Isle of Wight Council Health and Adult Social Care Scrutiny Sub Committee on December 12th 2016. We also note the first draft of your consultation document, presented to your Primary Care Committee on November 10th, 2016, which included the following proposal:

"*We will support the smaller surgeries while the existing GP partnerships are able to sustain services, however we will not invest new funds in these locations."*

and the extent to which this proposal differs from the final consultation draft, which states:

"*We will continue to support our smaller surgeries while GP partnerships are able to sustain services from those locations, however we need to have a clear policy on how we support practices that appear unsustainable.*

"*We will not close any existing building working outside the neighbourhoods, however should any of these become unviable, for instance because doctors retire or leave, we will seek to disperse patients to the nearest neighbourhood surgeries."*

We have yet to learn whether it is your intentions which have changed, or simply the wording of your presentation.

Q: Have we accurately identified where GP services need to be concentrated in the future?

No you have not. You say that you are aware of the island's demographic profile, and you must therefore know that the civil Parish of Niton and Whitwell has a population which is elderly and ageing to an even greater extent than that of the island at large - 28.6% aged over 65 at the 2011 census. We have around 150 over-80s, many of them non-drivers. Few, we suggest, would be up to the disjointed round trip by bus of at least four hours required to get to an appointment in Brighstone. GP services need to be concentrated where they are needed, not where you think that tiny economies of scale can be achieved, and not where you incorrectly think GPs want to work. The SWMP has no recruitment problem. It isn't broken. Please don't try to fix it.

You also appear to be unaware of the limitations placed on the mobility of patients by the skeletal nature of the bus service in the SWMP's catchment area. There is no direct bus service between any of the three surgery locations. In the winter, Brighstone, which you have identified as a "Neighbourhood" has five buses a day and none at all on a Sunday. In Niton the service is similar, with a very basic Sunday service maintained only through financial support by parish councils. Even during the working week, bus travel between the three locations for the purpose of a GP appointment would entail a disjointed round trip of at least four hours - virtually out of the question for many patients; leaving re-registration in Ventnor or Newport as the least-worst option in the event of surgery closure, or a restriction in service. Yet on the very page of your strategy document where this question is posed, you assert that you have "...looked carefully at the demographics on the Island, transport links and the existing building stock."

Please also note the following extract from the Island Plan Core Strategy (underlining ours), adopted by the Isle of Wight Council on March 21st 2012:

There are eleven Rural Service Centres: Arreton, Bembridge, <u>Brading,</u> Brighstone, <u>Godshill, Niton,</u> Rookley, St Helens, Wootton, Wroxall and <u>Yarmouth</u> and these are shown on the Proposals Map

and Key Diagram. These are all settlements with a population of around 3,000 or less. Not only do they provide important facilities for their residents, they also support a wider range of nearby smaller, more rural villages and hamlets. Rural Service Centres were identified following consultation, input from the SA/SEA and the preparation of a Rural Sustainability Matrix.

The Rural Sustainability Matrix established a hierarchy of settlements across the Island based upon access to local shops, transport networks, local schools and health provision. The Matrix was applied to settlements across the Island, which were then scored against the criteria and the highest scoring settlements have been identified as Rural Service Centres.

Niton and Whitwell Parish Council believes that the Core Strategy's approach to rural sustainability, drawn up as it was by the island's democratically accountable representatives, represents a strategy vastly superior to the one now being proposed by your own unelected organisation. We believe that, like the Isle of Wight Council, you should be devoting your efforts towards securing a level of Government funding which will sustain our rural communities, rather than put them at risk of decline and deprivation. All Parish Council strategies, including any community-led plans or Housing Needs Surveys, are required to be in sympathy or, at the very least, not contrary to the Island Plan Core Strategy in order to be adopted by the Isle of Wight Council, down to consideration of each individual planning application. Thus, the Parish Council will be voicing its expectation that the Isle of Wight Council vehemently opposes your proposed strategy.

Yours faithfully,

Vickie Ford

Clerk to the Parish Council