



Allerdale  
borough council

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# **Access to Health Services Task and Finish Group Report December 2022**

## Introduction and background

Whilst Allerdale Borough Council is not directly involved in medical Health Care, it does have a duty to support wellbeing and the Scrutiny Committee has a role to look into issues of concern to its residents.

There is a growing amount of anecdotal evidence being reported by residents of Workington in particular to suggest that accessing GP and dental services is becoming increasingly difficult in the town.

The NHS recognises the pressures on NHS dentistry and have stated that in 2019-20 approximately 95% of the total commissioned capacity in North Cumbria had been utilised.

In May and June 2022 NHS patients at one Workington Dental Practice were written to ending their relationship with the Practice unless they wished to subscribe to a private dental plan.

With the abolition of Allerdale Borough Council on 31 March 2023, any recommendations arising from this review will also be sent to the new shadow authority for Cumberland Council which will take over on 1 April 2023.

Overview and Scrutiny Committee agreed to set up an Access to Health Services Task and Finish Group at their meeting on 24 June 2022 and agreed the review scope. The Group met during July - December 2022.

In line with an established approach to involve the wider membership in task and finish group work, all non-executive members were given the opportunity to join this group.

The Task and Finish Group membership consisted of:

Councillor Carni McCarron-Holmes

Councillor Malcom Grainger

Councillor John Cook

Councillor Ian Greaney

Councillor Alan Smith

Councillor Michael Heaslip

Councillor Peter Kendall

Councillor Colin Sharpe – as an Executive member attended the meetings with the required agreement of the co-chairs of Overview and Scrutiny.

At their meeting on 27 May 2022 OSC members were supportive of the establishment of a task and finish group to consider this review topic.

## Review scope

The review was intended to focus on the following:

- To consider the delivery of GP and Dentistry services with particular regard to services in Workington.
- To scrutinise the plans of the NHS for these services.
- To work with County Health Scrutiny, Health Watch and Patient Participation Groups to understand the needs of the community in these services.

## Methodology

The TFG agreed that it wanted to hear direct from residents, and so with the assistance of the corporate communications team issued a press release with a 'call for evidence'. This press release was carried by the council's own communication channels and was picked up by local newspapers. The results of this are included in Appendix 4 in an anonymised format. In total, 52 responses were received by email and letter and comprehensively cover the issues experienced across Allerdale. Each respondent has been contacted to thank them for assisting the TFG and will be sent a copy of the final report. 52 responses is a significant number which demonstrates the need for this enquiry and the concern which members of the public have on these issues.

The TFG agreed to focus their work on GP and Dentistry, and therefore agreed to invite witnesses that would assist their understanding.

The operator of the GP services in Workington, North Cumbria Primary Care Alliance, were invited to attend a session with the TFG, but declined. They sent a briefing note which is attached at Appendix 1.

Healthwatch Cumbria were invited to attend and support the work of the TFG, but they did not do so.

Allerdale is part of the Integrated Care System that covers the North East of England and North Cumbria.

The TFG had two sessions with witnesses. The first meeting was with Pauline Fletcher, Senior Primary Care Manager (Dental Commissioning Lead – North East and North Cumbria) and Stuart Youngman, Senior Primary Care Manager (Dental) – North East & North Cumbria. The second meeting was with Ed Tallis, NHS Director of Place & Primary Care.

## Dental

The TFG has considered a wide range of information, including background briefings from the House of Commons Library, press research and original research. Research carried out in Allerdale showed that there were no dental practices taking on NHS patients. This research was reinforced by a BBC investigation which also

showed this. The NHS states that residents who have a problem finding an NHS dentist should phone the National NHS helpline, this was done, and their advice returned the same results. Advice was given that if in urgent need, then telephoning 111 would result in an emergency NHS appointment being booked, as local surgeries were contracted to take emergency work.

Evidence from the public, in Appendix 4 shows that it is not clearly understood that emergency treatment is still available on the NHS, even when preventative or routine work is not. Several members of the public commented that they had taken out monthly payment plans because they were worried about emergencies.

Pauline Fletcher and Stuart Youngman took the TFG through a presentation, which is attached at Appendix 2. Key points included:

### **Individual small businesses**

Dental Commissioning contracts are complex and have developed over time. All Dentists are private businesses which are then contracted for services, this is called 'activity' in the contracts. Payments are related to each type of activity, for example a check-up or a filling. The contracts are set up and agreed in advance for a set amount of activity. Therefore, a Dentist may not take new NHS patients, because they would risk exceeding their annual contract or completing their NHS work unevenly which could create viability issues for the business. Work is underway to introduce a limited amount of flexibility, enabling dentists to provide up to 110% of their contract value and be paid for it.

NHS dentistry is funded on the bases of co-pays, where the NHS pays a fixed amount, and the patient pays a fixed amount. Children are meant to receive free treatment.

### **Impact of COVID**

Covid had a huge impact on dentistry. This is because of the nature of dentistry. It crushed the number of possible appointments in day to a tiny number. This in turn created a large backlog. By March 2022 capacity had only returned to 95% of pre pandemic capacity.

### **Training and staffing**

Recruitment of dentists and dental staff in general is very difficult in Cumbria. The trend for dentists is that they want to work in larger practices with a wide range of work available. Dentists want to be able have a specialism and access to private work. Therefore, training is very important as in all medical fields medical practitioners stay in the area where they are initially trained. This is a significant nationwide issue in rural and semi-rural areas including Cumbria. Commissioners continue to work with UCLan School of Dentistry and support their work including the dental training facility at Carlisle.

### **Local measures**

Priority is being given to those not seen for 24 months, with additional triage using the 111 service. Additional capacity is being offered out to existing dental practices at

higher prices than the standard contract payments. This is running alongside formal procurement for new providers in areas. Golden Hello payments have been introduced to encourage new entrants to the market. Flexible funding has been introduced to support overseas dentists with training and a 12-month contract to get onto the NHS national performance list. Cumbria did lose dentists from the EU following BREXIT, who have not been replaced.

## **GP / Primary Care**

Ed Tallis met with the TFG, he gave a presentation on the issues facing primary care in North Cumbria and addressed the specific following issues:

### **Workforce issues**

Following training as GPs, many are not taking on a partnership but are becoming locums or salaried GPs. Many more are now working part time. At the other end of the career spectrum, many GPs are old enough to retire and this has to be managed, with succession planning etc.

System of Primary Care is particularly stressed in rural areas with levels of deprivation that present the most need. Workington and areas in Carlisle and Copeland experience this issue. These areas then struggle to recruit new GPs and are also less likely to benefit from additional specialist staff that the NHS provides / funds on a national bases, roles like paramedic or podiatrist.

### **Nature of GP practices**

In 1993 for every individual GP each practice had 0.42 practice nurses. The figure today is 3. This represents a very significant change in how healthcare is delivered and the number of specialist staff that work in a surgery.

### **Contract tools**

Where the NHS has problems with a GP practice's performance, they use incentives to support those practices to improve. The problem with this is that each surgery is a private business and makes their own choices on how they operate.

NHS England can terminate a contract, but this is a very serious move with significant knock-on consequences. Workington has 35,000 patients. If a practice loses its NHS contract, those patients have to be accommodated in neighbouring practices. Those neighbouring practices would then face serious pressure and consequences for their own operating standards. It is recognised that practices have significant issues that they each deal with every day. In addition, there is the issue of location and travel times to consider in an area like Allerdale.

## **Training**

As with dental, The Commissioners are seeking to tackle the wider issues by going upstream to increase the number of training posts, they have introduced golden hellos, seek to harness the experience of early retirees by creating a 'workforce bank' that offers session work. At the other end of the career spectrum, they organise support and a 'fellowship' for newly qualified doctors, this helps build a support network and provide encouragement.

The significant intervention by The University of Cumbria and Imperial College London to launch a new graduate entry medical school in Carlisle is an important step forward. This is part of the Borderlands Inclusive Growth Deal to redevelop the Citadels and neighbouring lands in a project costing £77million. The new postgraduate medical school aims to enrol its first students in autumn 2025, and will train new doctors for Cumbria and North West England to transform healthcare in local communities. This is being supported by the redevelopment of the Castle estate into a new attractive campus for the University next to Carlisle railway station.

This will complement the existing offer by the University of Central Lancashire (UCLan) at their undergraduate Medical School and their postgraduate National Centre for Remote and Rural Medicine (NCRRM), both located in Whitehaven at the Westlakes campus.

## **Independent Regulator**

The Care Quality Commission has an important role as the independent regulator of health and adult social care in England. They monitor, inspect and regulate services and publish regular reports and findings. They take action where they find issues. They currently rate the Workington Practice as 'Good'

Workington GP practices were purchased by the not for profit, North Cumbria Integrated Care Alliance and now sit alongside 9 practices. This meant that GPs switched from being 'partners' in the business to be salaried GP. This changes the nature of a general practice surgery. It is easier for a GP to then work part time, standard daytime hours or to look to retire.

## **Health and Social Care**

Allerdale is facing significant change. The NHS is reorganising with the creation of Integrated Care Systems and Councils are changing with the creation of the two new Unitary Authorities in Cumbria.

Meetings have already taken place with the new Councils CEOs and Leaders. This is important as the NHS and Social Care deliver together. As an example 200 hospital patients are currently waiting to be discharged and the care system has an unmet need of 4,000 hours a week in Cumbria.

## Recommendations

### General recommendation

- R1 That Cumberland Council commissions a Healthwatch provider urgently and in line with the requirements of the ***Health and Social Care Act 2012*** to give citizens and communities a stronger voice to influence and challenge how health and social care services are provided within their locality. Careful consideration should be given to ensure that these requirements are met with an active and involved provider for Cumberland.

### Dentistry specific recommendations

- R2 That Allerdale Borough Council writes to the three Members of Parliament for Allerdale and ask them to take up the complex issues of dentistry with the relevant ministers which include:
- No NHS appointments available in Cumbria for new patients. This includes children.
  - The dental contract, which is recognised as not being fit for purpose, and is hitting provision in Cumbria particularly hard.
  - Payment levels to make NHS dental work sustainable and profitable and therefore worthwhile.

### To Cumberland Council

- R3 To develop a plan to support dental training with University of Central Lancashire and ensure that all funding streams available are used to support training across the council area, building on their Dental Education Centre in Carlisle.
- R4 To look at how the Council can work with dental commissioners to welcome new entrants into the area, from the provision of premises to support with training opportunities.
- R5 To work with commissioners to seek to consolidate practices into larger dental groupings, covering larger geographic areas therefore offering dentists a wider variety of work and better economics.
- R6 To explore opportunities to develop mutual or social enterprises in partnership with commissioners to employ dentists.

## **Primary Care specific recommendations**

### **To Cumberland Council**

- R7 Track and support the specific issue of an under provision of GPs and Nurses affecting specific areas including Workington within the new Council.
- R8 Recognise the knock-on risk of practices in trouble impacting neighbouring areas that in themselves may have recruitment and retention issues.
- R9 Use all Council programmes and resources to support training and education programmes in partnership with UCLan Medical School / National Centre for Remote and Rural Medicine (NCRRM); University of Cumbria / Imperial College; and other providers.
- R10 To work with partners to support new initiatives to relieve pressure on specific areas and to widen the pool of specialist medical staff providing services.
- R11 To use the opportunity of the new diagnostics centre to be built at Workington to create a focus for a range of health care services.
- R12 To look at the suitability of healthcare premises in each area and consider if there is a role for the Council to intervene to improve provision (as with dentistry) to use its landlord holdings and development powers to create attractive and economic places for GPs (and dentists) to operate.

### **To NHS England**

- R13 To pay particular attention at areas that fall below the expected provision for GP and nurses (Number per 100,000 residents) and consider interventions including directly employing GPs, nurses and specialist healthcare staff in these areas.
- R14 To share information with residents on what the NHS is doing to improve GP and nurse provision in these areas.



## Appendix list

### Appendix 1

Briefing note from North Cumbria Primary Care Alliance. This is a not-for-profit company that bought out the GP surgeries in Workington and at other locations in Cumbria.

### Appendix 2

Presentation given by Pauline Fletcher, Senior Primary Care Manager (Dental Commissioning Lead – Northeast and North Cumbria)

### Appendix 3

Presentation made by the Primary Care Commissioner and lead for North Cumbria, Ed Tallis

### Appendix 4

Evidence received from members of the public from the 'call for evidence' in the summer of 2022. This information has been anonymised.