

Aide memoire for councillors at B&NES Council Meeting Thursday November 29th 2012 in respect of a submission by Peter Marsh, Campaign Co-ordinator in Kingsmead for Bath Labour Action Team

Re Proposal to close the GP-led Health Centre in James Street West, Bath also referred to by the Primary Care Trust as “Bath NHS Healthcare Centre” and “Riverside Walk-in Centre”. The GP-led facility is the major provider on the NHS owned Riverside site and the proposed closure does not affect others who use parts of the same building. The latter are the Contraception & Sexual Health Service, the Dental Access Service and the Specialist Drug & Alcohol Service.

Over 1,000 of your constituents have so far signed an on-line petition asking for arguments against the proposal, which has been declared the ‘preferred option’ of the embryonic Clinical Commissioning Group, to be fully considered. This was presented yesterday to Simon Douglas, Chair of the Health & Wellbeing Board (Shadow). The intention was to present it to Dr Ian Orpen as Chair of the CCG, but he informed us in advance of his vital attendance at a meeting elsewhere. We understand, in any case, that until next year the authority continues to lie with the PCT.

The petition referred to was initiated by Bath Labour Action Group of which I am a member. So to that extent I speak for the petitioners as well as making my own observations.

The Health & Social Care Act 2012 places a particular onus on CCGs to have open and transparent arrangements for making decisions. To this end our CCG produced ‘Review of Urgent Care in Bath & North East Somerset – Patient & Public Engagement’. The main element of this was an option for ‘Complete removal from B&NES of the GP-led Health Centre’.

The principal purpose here is to flag up to the Council the importance of this issue to the generality of the people of Bath and the surrounding area. We believe that the idea of closing the Centre has not been justified on clinical or cost grounds.

The first ‘strength’ listed in the CCG document for closure is “Would save £1.3 million annually to reinvest in other health services”. In a harsh economic climate where difficult decisions may have to be made with an increasing and aging population making ever greater demands, we can see the possible attraction of this at first sight. But it transpires this figure, the only sum quoted anywhere, is not net. When the cost of an alternative provision at the RUH is considered the “best guess” saving is £500,000, plus perhaps another £150,000 (total £650,000). The available funds projected for 2014/15 when the closure would be effected are £307,210,000. So this is less than 0.22 per cent of the total, and not assured.

We take the conservative view. “If it ain’t broke, why try to fix it?”

It may be thought the other 27 GP practices in the City could take up the slack. This also would come at cost, and, well, they can’t be directed to and may not. GPC negotiator Dr Peter Holden speaks directly to this when he says, “If any consortia leads think they can lean on GPs in any way, shape or form to do out-of-hours they will find themselves not elected.”

It is also not certain that pointing people to the RUH when they are anxious to see a GP will have a better outcome for them. A very recent study headed by Dr Elizabeth Koshy of Imperial College London suggests not, and that being seen on a hospital’s premises in this context may lead to unnecessary and costly interventions. I am not qualified to comment, but Dr Orpen showed interest when I referred him to this study.

Thank you for your time.