



## Rutland County Council

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Ladies and Gentlemen,

A meeting of the **RUTLAND HEALTH AND WELLBEING BOARD** will be held in the Council Chamber, Catmose, Oakham, Rutland, LE15 6HP on **Tuesday, 6th March, 2018** commencing at 2.00 pm when it is hoped you will be able to attend.

Yours faithfully

Helen Briggs  
**Chief Executive**

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- 5) **PROPOSED CLOSURE OF KETTON SURGERY**  
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**Report to Rutland Health and Wellbeing Board**

<b>Subject:</b>	<b>Proposed Closure of Ketton Surgery</b>
<b>Meeting Date:</b>	<b>Tuesday 6 March 2018</b>
<b>Report Author:</b>	<b>ELR/CCG</b>
<b>Presented by:</b>	
<b>Paper for:</b>	<b>Discussion</b>

<p><b>Context:</b></p> <p><b>Introduction</b></p> <p>The purpose of this paper is to provide the Health and Wellbeing Board with a framework on the Uppingham Surgery Business Case presented to East Leicestershire and Rutland Clinical Commissioning Group (ELR CCG) on the proposal to close their branch location.</p> <p>This paper provides the Health and Wellbeing Board with a summary on the following;</p> <ul style="list-style-type: none"> <li>• ELR CCG delegated responsibility</li> <li>• Background on the Uppingham Surgery proposal to close the branch site</li> <li>• The framework of the decision making process</li> </ul> <p>CCG's position on the provision of GP services in rural Rutland going forward</p> <p><b>Delegated responsibility</b></p> <p>Primary care co-commissioning is one of a series of changes set out by NHS England through the Five Year Forward View regarding delegated responsibility of General Practice contracting. It gives Clinical Commissioning Groups (CCGs) an opportunity to take on greater responsibility for general practice commissioning.</p> <p>Under this delegated responsibility, East Leicestershire and Rutland Clinical Commissioning Group (ELR CCG) manage General Practice Medical Contracts and applications received to vary these contracts.</p> <p>Under this delegated responsibility the CCG's Governing Body resolved to establish a joint committee known as the Primary Care Commissioning Committee (PCCC). The role of the committee is to make collective decisions on the review, planning and procurement of primary care services delivered in ELR CCG. The Primary Care Commissioning Committee is a committee established by the Clinical Commissioning Group in January 2015 to exercise the primary care commissioning functions that have been delegated from NHS England as of 1 April 2015.</p> <p>When a GP Practice apply to vary their contract which include applications to amend their practice boundary, merge GP contracts, close branch locations, relocate practice surgery, etc, a formal process is undertaken whereby the practice provide various documents to support their application which is reviewed by the PCCC for</p>
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review and consideration.

### **Background to Ketton Branch Proposal**

A paper was presented to the Primary Care Commissioning Committee (PCCC) in July 2017 following a proposal from Uppingham Surgery to close Ketton Branch Surgery.

The PCCC recommended that the practice provides the Committee with a full detailed options appraisal including plans for practice sustainability. The Committee also noted practice plans to reduce GP sessions at branch surgeries for six months between July and December 2017 whilst efforts continued to recruit to the GP vacancy.

Based on the recommendations from the PCCC, a detailed Business Case was presented to the PCCC in December 2017 to demonstrate the rational for their proposal to close the branch site at Ketton. Within the business case, reference was made to the following;

- The practice has reduced number of GP sessions at two branch surgeries:
- Ketton - reduction of two GP sessions down to one session per week
- Barrowden - reduction of two nursing sessions down to one session per week

The practice plans to continue with this arrangement for a further six months ie. until June 2018.

The practice has continued to advertise through a variety of channels to recruit to the GP vacancy. However, to date this has not been successful. As a result the practice has explored alternative options in order to seek a long term solution for practice sustainability.

Options considered by the practice include:

- Option 1 – Continuation of services as they currently stand at all sites
- Option 2 – Replacing GP sessions with other clinical staff
- Option 3 – Reduce the number of sessions at Ketton
- Option 4 – Reduce the number of sessions at all branches
- Option 5 – Close the Ketton Branch Surgery
- Option 6 – Close all the branch surgeries

The practice has identified Option 5 as the preferred option having taken into consideration a range of factors including:

- Facilities and access
- Range of services
- Human resources
- Demand for appointments
- Finance

- Regulatory – CQC compliance
- Impact on patients
- Opportunities and risks
- Impact on specific groups of patients ie:
  - i. older people, people with LTC
  - ii. families, children and young people
  - iii. working age people (including those retired and students)
  - iv. people whose circumstances may make them vulnerable
  - v. people experiencing poor mental health (including people with dementia)
- Location of branch surgeries and access for patients to alternative GP practices

The Ketton Branch Surgery occupies two rooms within the Ketton Village Library; a doctor's consulting room and a dispensary which is also used as a reception point. The service was established following the practice's previous application to close Geeston Branch Surgery to the CCG's predecessor organisation.

Comments from NHSE suggest the decision to open a new facility in the local library as opposed to closure was largely due to the quality and location of the Geeston Branch Surgery. It was anticipated patient numbers would increase sufficiently in order to provide a sustainable service.

The practice has no plans to change the practice boundary and patients will have the choice of continued access at the main surgery or registering with another practice in Stamford or Empingham.

### **PCCC Decision (Dec 2017) – Framework for Decision Making Process**

The PCCC function as a corporate decision-making body for the management of the delegated functions and is a Sub Committee of the Governing Body. The membership consists of both clinical and non-clinical members and independent Lay members. Members of Health Watch Rutland and Leicestershire also sit on this committee.

For the Ketton Branch closure application, the PCCC considered the options presented within the Business Case and approved the decision for the practice to commence consultation with patients and stakeholders for a period of 90 days.

As directed under the NHS England Patient and Public Participation Policy, the CCG would ensure the following are adhered to throughout the consultation process:

- Facilitate the consultation for a period of 90 days
- Offer patients and stakeholders an opportunity to share their views and comments by writing to them, asking them to complete a survey and signposting them to more detailed information sessions on the rationale behind the practice's proposal to close the Ketton branch. The information is available online on the practice and CCG websites, social media platforms, at Uppingham Surgery and its branch practices, in local media and at several face-to-face drop-in sessions.
- Additionally, offer one-to-one meetings to answer specific questions and

provide more tailored information.

- Reach out and work with a wide range of patients, carers and stakeholders, reflecting the diversity and views on the consultation. For example if the letter had to be translated into another language, the Ujala Service would provide translation in the language requested.
- As part of the consultation, encourage the practice to identify and try different ways of having conversations and working with patients to gain their views, for example ask them to complete the survey online or paper, visit the website, attend drop in sessions, arrange one to one meetings, etc.
- Encourage the practice to develop an open, transparent and responsive communication process and work with the Patient Participation Group to obtain feedback from patients.
- The practice have considered the need for staff and partners to make adequate time to undertaken meaningful engagement with patients by holding a number of drop in sessions at the different locations at various time slots to accommodate those patients / stakeholders who have other responsibilities.

The practice has commissioned Arden and Gem CSU to evaluate the feedback from the survey and complete a detailed outcome consultation report.

Following the end of the public consultation, a detailed report will be presented to the PCCC considering the findings from the consultation outcome report. The report will undertake a multifaceted approach by considering all the information from the consultation report, verbatim comments, enquiries during the consultation and any other relevant mitigating factors and considerations.

Based on this the PCCC will consider the findings and a recommendation before a final decision is made and communicated to the practice.

### **CCG's position on the provision of GP services in rural Rutland going forward**

As a Commissioner, the CCG will work with local practices to understand the level of increase in demand and growth, establish if new models of care would help manage expectations, access provision, etc.

The CCG also works collaboratively with NHSE, ELR Federation and local CCGs to implement local and national schemes that are applicable for those areas/practices that meet those requirements. Examples of work that can be undertaken to support practices include:

- Designing new care models – develop local model of care that maximises the greatest impact and value for patients; Supporting these and understanding the impact their changes are having on patients, staff and the wider population;
- Integrated commissioning and provision – to break down the barriers which prevent their local health system from developing integrated commissioning;
- Empowering patients and communities – to enhance the way in which they

work with patients, local people and communities to develop services;

- Improving technology –potential of digital technology to deliver care in radically different ways. It will also help organisations to more easily share patient information;
- Workforce redesign – to develop a modern, flexible workforce which is organised around patients and their local populations;
- Communications and engagement – supporting the vanguards to demonstrate best practice in the way they engage with staff, patients and local people.

In addition, there is an element of collaborative working with local councils to establish the level of potential growth and development. Based on this, there is then an opportunity for local practices to apply for S106 funding that will support the practice to extend/refurbish their premises to meet the access requirements based on population growth.

### **Conclusion**

ELR CCG through their delegated responsibility follows a formal process in decision making pertaining to any contract variation. These decisions are considered through the PCCC and a formal process is adhered to.

The Uppingham Surgery application to the CCG to close their branch site is currently undergoing a public consultation process. The findings from this consultation will be thoroughly reviewed by the PCCC for consideration.

### **Financial implications:**

### **Recommendations:**

That the board:

1. Note the report

### **Comments from the board:**

### **Strategic Lead:**

### **Risk assessment:**

<b>Time</b>	L/M/H	
<b>Viability</b>	L/M/H	
<b>Finance</b>	L/M/H	
<b>Profile</b>	L/M/H	
<b>Equality &amp; Diversity</b>	L/M/H	
<b>Timeline:</b>		
<b>Task</b>	<b>Target Date</b>	<b>Responsibility</b>