

## ADULTS AND HEALTH (SPECIAL) SCRUTINY PANEL

26 April 2018

### UPDATE ON KETTON BRANCH SURGERY PUBLIC CONSULTATION

#### Report of the East Leicestershire and Rutland Clinical Commissioning Group

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#### DECISION RECOMMENDATIONS

That the Panel:

1. **NOTE** the information within this report on Uppingham Surgery's proposal to close the branch surgery in Ketton and the adaptation to the consultation based on feedback received.

## 1 PURPOSE OF THE REPORT

- 1.1 The purpose of this report is to provide the Adults and Health Scrutiny Panel with an update on a public consultation being undertaken by Uppingham Surgery on its proposal to close Ketton Branch Surgery in Rutland.

## 2 BACKGROUND AND MAIN CONSIDERATIONS

- 2.1 Primary Care Co-Commissioning was one of a series of changes set out by NHS England through the Five Year Forward View regarding delegated responsibility of General Practice contracting. In April 2015, East Leicestershire and Rutland Clinical Commissioning Groups (ELR CCG) took on this delegated responsibility for general practice commissioning.
- 2.2 ELR CCG through its delegated responsibility for primary care commissioning, are required to follow a formal process in decision making pertaining to contract variation which include an application to close a practice branch location. These decisions are considered through the Primary Care Commissioning Committee (PCCC).

- 2.3 Key Primary Care Commissioning Committee members include:
- Lay Chair (Chair of the Committee)
  - Chief Operating Officer (Deputy Chair of the Committee, ELR CCG)
  - Chief Finance Officer
  - Deputy Chief Nurse (on behalf of Chief Nurse and Quality Officer)
  - Clinical Vice Chair
  - GP
  - GP
- 2.4 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., the practice submit an application with supporting documents which is reviewed by the PCCC for consideration and decision.
- 2.5 Under the PCCC Terms of Reference, all primary care commissioning decisions are made through a formal process which is based on fair and appropriate guidelines as directed by NHS England.
- The Uppingham Surgery Application to close branch location**
- 2.6 In July 2017, The Uppingham Surgery submitted a business case to ELR CCG's Primary Care Commissioning Committee (PCCC) seeking approval to begin a public consultation on its proposal to close Ketton Branch Surgery. Uppingham Surgery is the main site and operates 3 branch surgeries in the villages of Ketton, Barrowden and Gretton.
- 2.7 The Ketton Branch Surgery, some 9 miles to the north east of the main surgery in Uppingham, is co-located with the Village Library in a building owned by Rutland County Council (RCC).
- 2.8 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.
- 2.9 Based on the recommendations from the PCCC, a detailed Business Case was presented to the PCCC in November 2017 to demonstrate the rationale for their proposal to close the branch site at Ketton.
- 2.10 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 overall practice sustainability.
- 2.11 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
- 2.12 The practice identified Option 5 as their preferred option having taken into consideration a range of factors including:
- Facilities and access, demand for appointments
  - Range of services offered and impact on patients e.g., protected characteristics
  - Human resources, finance
  - Regulatory – CQC compliance
  - Opportunities and risks
  - Access and location of branch surgeries as alternative GP practices
- 2.13 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 CCGs predecessor organisation the Primary Care Trust (PCT) in 2010.
- 2.14 Comments from PCT at the time 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 service was funded through a variety of sources.
- 2.15 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.
- 2.16 The practice has advised that their proposal to close Ketton Branch Surgery is due to the following reasons:
- Only 20% of Ketton's residents use services at Ketton Branch Practice. The demographic of this list is mixed across all age groups.
  - 41% of GP appointment slots were unused between January and June 2017
  - This lack of demand makes the services unsustainable

- 25% of nursing appointments were unused during the same time
  - Ketton offers less flexibility in appointment times as it is a shared premises
  - Services that can be offered at Ketton are restricted due to the limited facilities
  - The Business Continuity Plan makes it difficult to offer Ketton as an alternative location to offer services due to the building restrictions.
  - More complex care is expected to be undertaken in practices – this cannot be offered at the current site in Ketton
- 2.17 Although the practice has continued to advertise and attempt to recruit a GP vacancy, GP recruitment remains a challenge. This is because fewer junior doctors are entering GP training and more are opting for sessional work once they qualify.
- 2.18 The PCCC considered the options presented within the business case and approved the decision for the practice to begin consultation with patients and stakeholders for a period of 90 days.
- 2.19 For any contract variation that would have a significant impact on patients, PCCC would want assurance that these are progressed in line with NHS England Patient and Public Participation Policy.
- 2.20 The practice commenced their 90 day consultation on 1st February 2018 and wrote to patients and stakeholders informing them of the proposal to close the branch surgery and offered them an opportunity to share their views in a variety of ways which include completion of a survey, attending drop in sessions, having one to one discussions, etc.
- 2.21 Patients and stakeholders were also signposted to more detailed information available on the practice and CCG websites, social media platforms, and notice-boards at the practice and branch locations, in local media and at several face-to-face drop-in sessions.
- 2.22 The practice has commissioned Arden and GEM Commissioning Support Unit (AGEM CSU) to evaluate the feedback from the survey and complete a detailed outcome consultation report.
- 2.23 Throughout the process, the practice is to provide assurance that the consultation has adhered to the Patient and Public Participation Policy consultation process and that the standards and legislation are upheld. The practice has provided assurance to the CCG through the following methods:
- The practice keeps a log of all feedback received and will include this as part of their final consultation outcome
  - The practice continually updates their FAQs to ensure queries are addressed appropriately and available on the practice website for reference and shared at the drop in sessions.
  - The practice continually update the CCG on feedback and progress made

- The CCG are invited to attend the drop-in sessions as an opportunity to listen to patient and stakeholders views

## **Current Situation**

- 2.24 During the consultation period, the CCG and practice have received a number of concerns via the CCG Enquiries function and also formally from local stakeholders.
- 2.25 These concerns have been raised in relation to the survey questions and the level of information available to patients about the rationale for the proposed change.
- 2.26 Both the CCG and Practice are committed to listening to patients' views and concerns and therefore to ensure that patients and stakeholders are appropriately informed and able to participate in the consultation the following commitments have been agreed:
- 2.27 To address the concerns raised by the public, the practice have written to Ketton residents who access services from the Ketton site, with more detailed information which will be shared with stakeholders and made available online and at the drop-in-sessions (Appendices 1a and 1b).
- 2.28 The practice has offered an additional drop-in session at Ketton Surgery on 14 May 2017 from 10am to 11.30am.
- 2.29 The CCG have advised the practice to lengthen the consultation timescale, which will now close on 1 June 2018 instead of the original end date of 1 May 2018. The extra month will provide patients and stakeholders an opportunity to review the additional information.
- 2.30 The CCG recognises there have been concerns regarding the survey with suggestions to revise the questions. Based on this the practice revised the consultation survey questionnaire. The draft questionnaire was shared with Healthwatch Rutland (HWR) and NHS England. Their comments have been incorporated into the revised questionnaire issued to patients and the public last week (Appendix 2).
- 2.31 For those who have already completed the survey there is an option to indicate whether they have previously responded.
- 2.32 The CCG shared the practice's revised approach with the Consultation Institute, a national professional body made up of experts in the field of consultation. The Institute is supportive of this approach and has confirmed that it adheres to best practice standards set out for consultation processes.
- 2.33 In addition to the survey, patients and stakeholders are encouraged to share comments via email, post, face-to-face and online, which will be analysed and included in a report to the PCCC, before a decision is made.

## **Next Steps**

- 2.34 After the consultation ends the practice will submit a formal detailed report to the Primary Care Team. The Primary Care Team will collate this information to provide a multifaceted approach which triangulates information from the following

documents into a report to be presented at PCCC. These include;

- Consultation Report: AGEM CSU will evaluate the survey results and provide a detailed report on the findings. This will be an independent report that removes potential bias.
- Revised Business Case: Amend the business case to reflect the outcome of the patient and stakeholder consultation
- Application to vary contract: Dependant on the findings from the patient /stakeholder consultation.
- Equality Impact Assessment; Undertaken by both the practice and CCG
- Drop-in Sessions Feedback: CCG representatives present at the drop in sessions collate themes identified and would include this in the final report
- Other supporting information: CQC, Patient Experience Survey, Practice Profile, NHS Choices, etc.
- Stakeholder engagement: CCG will include comments received from Healthwatch, Local Councillors, Health Overview and Scrutiny Committee, etc.
- Impact on local practices; comments received will be reviewed.
- Options Appraisal: Options to decline or approve based on the benefits and risks of each option

- 2.35 The Primary Care Team will present the detailed report with the above documents in line with the NHSE Policy on branch closure to the PCCC meeting held in public.
- 2.36 The PCCC will consider these findings, triangulated information and options appraisal before considering the recommendations for a final decision to be made and communicated to the practice.
- 2.37 In line with the NHS England Branch Closure for Primary Medical Services policy if the PCCC declines the branch closure application through its internal assessment procedure the practice will be notified in writing within 28 days.
- 2.38 If the PCCC approve the application to close the branch site, the CCG will formally notify the practice and the formal process will be initiated which adheres to the NHS England policy on branch closure requirements and regulations. Subject under these requirements are;
- Practice to confirm formal exit date
  - Practice completion of signed contract variation to vary premises
  - Practice confirmation of an exit plan for the branch closure including confirmation of the relocation date
  - Patients being advised of their options with regard to their right to exercise

- choice of GP practice
- Communication plan for patients and stakeholders regarding the outcome of the application including the management of patient expectations in regards to alternative arrangements in respect of the dispensing and collection of prescriptions

### **3 ORGANISATIONAL IMPLICATIONS**

- 3.1 ELR CCG through their delegated responsibility follows a formal process in decision making pertaining to any contract variation. These decisions are considered through the Primary Care Commissioning Committee in adherence to NHS England national policies

### **4 CONCLUSION AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS**

- 4.1 The Uppingham Surgery application to the CCG to close their branch site is currently undergoing a patient consultation process. The patient / stakeholder consultation is due to end on 1st June 2018. The full findings from this consultation will be analysed externally by AGEM and reviewed by the PCCC for consideration. A multifaceted approach is taken for all formal applications before a final decision is made by the PCCC.
- 4.2 ELR CCG through their delegated responsibility delivered through the PCCC will consider this application and related information to make an informed decision.
- 4.3 The Health and Overview Scrutiny Committee are therefore asked to note the information within this report on the proposal to close the branch surgery in Ketton, the adaptation to the consultation based on feedback received and the formal process to be followed for a decision to be agreed.

### **5 APPENDICES**

- 5.1 Appendix 1a and 1b: Letter and additional information sent to patients
- 5.2 Appendix 2: Survey

A Large Print or Braille Version of this Report is available upon request – Contact 01572 722577.