

To the Chair and Members of the Health and Adult Social Care Overview and Scrutiny Panel

SUBSTANTIAL VARIATION – GP BRANCH SURGERY CLOSURE

Relevant Member(s)	Cabinet	Wards Affected	Key Decision
Councillor Rachael Cabinet Member for Adult Social Care		All wards in the north west of Doncaster	None

EXECUTIVE SUMMARY

1. The purpose of the report is for Doncaster’s Clinical Commissioning Group (CCG) to provide an opportunity to Scrutiny Members to be consulted on the closure of a Branch GP Surgery at Scawthorpe, Doncaster.

EXEMPT REPORT

2. There is no exempt information contained in the report.

RECOMMENDATIONS

3. That the Scrutiny Panel considers the information presented.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

4. The Overview and Scrutiny function has the potential to impact upon all of the Council’s key objectives by holding decision makers to account, reviewing performance and developing policy.

BACKGROUND

5. The Primary Care Commissioning Committee (the Committee) has recently received a request for a GP branch closure at Scawthorpe, Doncaster. The Associate Director for Primary Care and the Primary Care Manager at Doncaster CCG will be in attendance at the meeting to address issues relating to the information contained in the report presented to the Committee on the 9th March at Appendix A.
6. The Committee was asked to approve the branch closure request in principle pending the outcome of the mandatory patient and public engagement process. The Committee discussed the request however were not able to approve in principle at that point although they did want to support the practice in doing what is best for them. The recommendation

from the Committee was for the practice to work with the CCG and NHS England and follow due process, the first step of which is to have an urgent meeting with representatives from NHS Property Services, the CCG and NHS England to discuss the implications of their proposal.

7. The CCG has now met with the practice, NHS Property Services and NHS England and fed back to the Committee at their meeting on the 8th June (minutes extract of this discussion are at Appendix B). At this meeting the Committee were assured that due process had been followed, supported the closure of the branch site and gave approval for the practice to progress to patient and stakeholder engagement.
8. The practice has developed a patient leaflet informing of the changes and have worked with HealthWatch Doncaster to hold public meetings for patients to attend. The outcome of these meetings held so far has been positive with fair attendance from the elder patient population. The practice has also engaged with their local MP, neighbouring practices and local stakeholders such as pharmacies. To date there has not been any formal objection to the branch closure received by the practice or the CCG.
9. There are no alternative options within this report as the Scrutiny Panel is required to be consulted on any substantial variation to a current service.

IMPACT ON THE COUNCIL'S KEY OUTCOMES

	Outcomes	Implications
	<p>All people in Doncaster benefit from a thriving and resilient economy.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Creating Jobs and Housing</i> • <i>Mayoral Priority: Be a strong voice for our veterans</i> • <i>Mayoral Priority: Protecting Doncaster's vital services</i> 	<p>The work of Overview a Scrutiny has the potential to have an impact on all the Council's key objective</p>
	<p>People live safe, healthy, active and independent lives.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Safeguarding our Communities</i> • <i>Mayoral Priority: Bringing down the cost of living</i> 	
	<p>People in Doncaster benefit from a high quality built and natural environment.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Creating Jobs and Housing</i> • <i>Mayoral Priority: Safeguarding our Communities</i> 	

	<ul style="list-style-type: none"> • <i>Mayoral Priority: Bringing down the cost of living</i> 	
	<p>All families thrive.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Protecting Doncaster's vital services</i> 	
	Council services are modern and value for money.	
	Working with our partners we will provide strong leadership and governance.	

RISKS AND ASSUMPTIONS

10. The specific risks and assumptions relating to this issue are set out in the attached report.

LEGAL IMPLICATIONS

11. Section 2B of the National Health Service Act 2006 (as amended by Section 12 of the Health and Social Care Act 2012) introduced a new duty on Councils in England to take appropriate steps to improve the health of the people who live in their area.

12. An application has been made for the closure of a GP branch at Scawthorpe, Doncaster. As part of the process for considering this application, the Council's overview and scrutiny panel for Health and Adult Social Care will be consulted.

13. Section 244 of the National Health Service Act 2006 sets out the functions of the overview and scrutiny committee within local authorities. The overview and scrutiny committee may review and scrutinise the health service within its area; it may make reports and recommendations to local NHS bodies, the secretary of state and the regulator; and it may consider and consult on local NHS matters as well as requiring the local NHS body to attend committee to answer questions:

14. Regulation 23 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 (The Regulation's) places an obligation on the local NHS body to consult with the Overview and Scrutiny panel where they are considering any proposal for substantial developments or substantial variations to health services other than where a decision must be made as a result of the risk to safety or welfare of patients or staff.

15. Under the Regulation's, the Overview and Scrutiny panel may make comments and recommendations on the proposal consulted upon. If those comments and/or recommendations are not agreed with by the local NHS body, then both the Overview and Scrutiny panel and the local NHS body n have to try to reach a practicable agreement. If agreement cannot

be reached then the Overview and Scrutiny panel can issue a report to the Secretary of State where:

- a. the Overview and Scrutiny panel is not satisfied that consultation on any proposal has been adequate in relation to content or time allowed;
- b. the Overview and Scrutiny panel is not satisfied that the reasons given by the NHS body not to consult are adequate; or
- c. the Overview and Scrutiny panel considers that the proposal would not be in the interests of the health service in its area.

FINANCIAL IMPLICATIONS

16. The NHS financial implications arising from this report are set out in the attached report.

17. There are no specific DMBC financial implications due to the building not being owned by DMBC. There may be minimal revenue implications resulting from a loss of income regarding business rates however the value is not significant approx. £2k per annum.

HUMAN RESOURCES IMPLICATIONS

18. Specific implications are referred to in the attached report.

TECHNOLOGY IMPLICATIONS

19. There are no technology implications arising from this report.

EQUALITY IMPLICATIONS

20. There are no significant equality implications associated with this report. Within its programme of work Overview and Scrutiny gives due consideration to the extent to which the Council has complied with its Public Equality Duty and given due regard to the need to eliminate discrimination, promote equality of opportunity and foster good relations between different communities.

CONSULTATION

21. Consultation is outlined in the attached report at pages 13 – 15. This is Overview and Scrutiny's opportunity to contribute to the proposed GP branch closure.

BACKGROUND PAPERS

22. None

REPORT AUTHOR & CONTRIBUTORS

Damian Allen

Director of People
Learning and Opportunities: Children and Young People/Adults Health and
Wellbeing Directorates

Rupert Suckling

Director of Public Health

Kayleigh Wastnage
Primary Care Manager
Doncaster CCG

Jane Johns
Practice Manager
The Ransome Practice

Appendix A

Meeting name	Primary Care Commissioning Committee
Meeting date	9th March 2017
Title of paper	The Ransome Practice Application to Close Branch

Executive / Clinical Lead(s)	Laura Sherburn, Chief of Partnership Commissioning and Primary Care
Author(s)	Jane Johns, Practice Manager, The Ransome Practice Dr Umapathee, GP, The Ransome Practice Kayleigh Wastnage, Primary Care Support Manager (executive summary only)

Purpose of Paper - Executive Summary

The Ransome Practice is a PMS Practice within the North West Locality. They currently have 3 practice sites:

- Main Branch – The Health Centre, Askern Road, Bentley
- Branch Site – Woodside Surgery, Woodside Road, Woodlands
- Branch Site – The Clinic, Amersall Road, Scawthorpe

The Practice has requested approval to close their branch site, The Clinic, Amersall Road, Scawthorpe.

The Practice have completed the attached Branch Closure Application Form which includes the rational, risks and benefits to practice and patients of the closure and the practices stakeholder and patient consultation action plan.

Recommendation(s)

The Committee are asked to consider and approve the branch close application in principal with a view to full approval once the public consultation has closed.

Impact analysis	
Quality impact	Impact on quality of core, enhanced and additional services to patients is detailed in the proposal. The practice detail a positive impact on quality should the proposal be approved.
Equality impact	Neutral
Sustainability impact	The impact on the practices ability to remain sustainable will be positive should the proposal be approved.
Financial implications	The practice may see a positive impact on their financial situation as they will no longer incur costs for the branch premises if the proposal is approved.
Legal implications	Nil
Management of Conflicts of Interest	None identified.
Consultation / Engagement (internal departments, clinical, stakeholder & public/patient)	None
Report previously presented at	None
Risk analysis	Risks are covered in the proposal document.
Assurance Framework	

Application form for branch closure The Ransome Practice

Please complete the following:

1) Details of branch proposed for closure:

The Ransome Practice currently operates over 3 sites, Scawthorpe Clinic (Scawthorpe), Bentley Health Centre (Bentley) and Woodside Surgery (Woodlands). All sites are within a 3.6 mile radius of each other.

The practices current list size is 6120 registered patients. Patients have choice of attending all 3 sites however most patients have a preferred site that they regularly attend. The split of patients attending each site as their preferred choice is:

2400 patient - Bentley
2400 patients - Woodside
1320 patients - Scawthorpe

The Scawthorpe Clinic is the smallest surgery of the 3 and sees 22% of the practice population on a regular basis. If the closure of Scawthorpe clinic is approved these patients will have the choice of attending the other 2 sites in Woodlands and Bentley.

The branch closure will affect 2 members of clerical staff who currently work from the Scawthorpe Clinic. These members of staff will be given the choice to move and work from the Woodside or Bentley sites. We anticipate no staff redundancies. Clinical staff will continue to work over the 3 sites on a rota basis and are not permanently based at any particular site.

The building itself is leased from NHS Property Services and incurs high costs to the practice making it financially unviable.

Dr Umpathee and Jane Johns have recently met with Ed Miliband, MP, to apprise him of the proposed changes to the practice. To support this visit we drafted the attached outline proposal which gives detail of the rational to the branch closure and future plans for the practice.

2) Do you have premises approval to dispense from the branch surgery?

The practice is a non-dispensing practice.

If yes, how many patients do you currently dispense to? – N/A

- 3) **Do you have premises approval to dispense from any other premises? – N/A**

If yes, do you intend to give three months' notice of ceasing to dispense as required by NHS Pharmaceutical Services Regulations 2012 schedule 6 para 10 as amended? Yes/No – N/A

- 4) **How have you consulted with your patients regarding this proposal and how will you be communicating the actual change to patients, ensuring that patient choice is provided throughout, should NHS England approve this variation?**

Consultation for all patients registered at The Ransome Practice will involve:

- Sending letters to all patients informing of the changes
- Posters in all site waiting rooms
- Notification on the practice website
- Discussion and involvement of the practice PPG
- Face to face consultation meetings for patients and staff
- Patients will be provided with information and advice on how to register with neighbouring practices if requested. (There are 2 other practices within 400 yards of the Scawthorpe Clinic, Petetersgate Medical Centre and The Nelson Practice).
- It is envisaged that due to the close proximity of the practice`s remaining 2 branches the vast majority of patients will stay with the practice and choose to attend another site.

The practices stakeholder engagement action plan is attached which provides further detail of the planned consultation with patients, staff and local stakeholders.

- 5) **Also, please provide a summary of the consultation feedback and confirm that you will supply evidence of this consultation should it be requested.**

Evidence of consultation feedback will be provided upon completion of the 3 month consultation period.

The practice will liaise with the CCG, NHS England, other appropriate agencies and patients continually throughout the process acting according and responsibly to ensure the smooth transition of the reorganisation plan resulting in minimal disruption for patients and the practice.

6) Please provide as much detail as possible about how this proposed closure will impact on your current registered patients, including:

- access to the main surgery site i.e. public transport, ease of access;
- capacity at main surgery site;
- booking appointments;
- additional and enhanced services;
- opening hours;
- extended hours; and
- dispensing services (if applicable).

7) From which date do you wish the branch closure to take effect?

As early as possible

PROPOSED REORGANISATION OF THE RANSOME PRACTICE 2017

BACKGROUND AND CURRENT SITUATION

The Ransome Practice is situated North side of Doncaster. Since 2001 the practice has operated over 3 sites – Bentley, Scawthorpe and Woodlands. Prior to a merger in 2001 the Woodlands site was a single handed practice and The Ransome Practice operated over 2 sites. All 3 sites are within a 3.6 mile radius of each other.

The Ransome practice has a list size of 6120 patient operating across the 3 sites. Bentley and Woodside branches each serve approximately 2400 patients each (78% of total registered patients). The remainder (22% or 1320 patients) access primary medical services through the branch surgery located at Amersall Road, Scawthorpe.

The Practice has a PMS Contract and until 2012 was initially held with 4 full time partners, Dr Anim Addo, Dr Umapathee and Dr Singh and Dr Kulanthaivelu. Dr Kulanthaivelu retired in 2012 leaving 3 full time partners.

Dr Addo, who was the Senior Partner retired at the end of March 2016, leaving 2 partners. Dr Umapathee is now the Senior Partner.

Since the retirement of Dr Addo in 2016 the practice has managed to operate safely with 2 partners, a part time salaried GP and regular locum GPs, but under extreme pressure and identify recruitment as a major issue, mainly due to operating over the 3 sites.

In addition to GP recruitment the practice is experiencing problems with Nurse recruitment due to the ever increasing demands on Primary Care.

As part of the succession planning at the practice, a number of on-going concerns regarding the provision of medical services have been raised and therefore we feel it would be sensible to close the Scawthorpe site and operate over the other 2 remaining sites. This will enable us to provide our patients with continuity, higher quality of care over longer periods.

Recent CQC inspection November 2016 rated the practice as Good and the final report is still awaited.

RATIONALE FOR BRANCH CLOSURE

1. The partnership has concern about the suitability of the building at Scawthorpe and about the possibility that spending further time trying to turnaround the current building may inadvertently affect the delivery of the services to patients currently registered at the branch site.
2. The partners feel that keeping the branch open is no longer a financially viable option. The reasons for these are the reduction in PMS funding, Imposed premises rent increases of 400 per cent by NHS Property Services (£35,000.00 per year) reduction in ability to increase revenue at the practice

i.e. local enhanced services, Direct Enhanced Services etc, and increase in staff costs due to changes in Government Legislation (extended hours etc).

3. Recruitment is a major issue. The partners feel that increasing demands on Primary Care are making it difficult to sustain the current level of provision of medical services at all 3 branches, therefore a number of issues exist with the current climate. At present the practice feels that there are adequate staffing levels to accommodate 2 branches only and that should this continue it will have an increasing impact on staff morale and patient safety. Current situation often involves the GPs having to split between surgeries which significantly affect service provision and leading to working long hours and increased stress levels to all members of the practice staff. It is identified should this continue this will affect the quality of service at all the 3 sites further.
4. Operating over 3 sites the practice finds it difficult to offer the necessary supervision required for newly appointed GPs and Nurse Practitioners. A number of issues exist with the current practice not limited to the concerns over the long term ability of the partnership to ensure that patients are seen in a safe, dignified and clinically effective environment.

OPTIONS

A number of options have been explored:

- a) Keeping the branch open – this will incur financial losses to the practice
- b) Close the branch and redirect patients to the remaining sites - feasible
- c) Close the branch and disperse patients to neighbouring practices (there are 2 within 400 yards of Scawthorpe branch) – possibility although the practice feel that the majority of the patients will remain. It is noted that the practice did not lose patients when both GPs retired.

PATIENT ENGAGEMENT

Throughout the engagement period (90 days) the practice will meet with representatives of the patient participation Group, involve staff, public meetings, write and inform patients, Publish on practice website, internal noticeboards, liaise with other local GP practices, local pharmacies and other relevant agencies.

CCG engagement – Informal discussions already undertaken and there is agreement in principle the merits of the proposal are justified.

RISKS AND IMPLICATIONS OF BRANCH CLOSURE

1. The practice may lose patients
2. Financial losses to the practice
3. Increased pressure on neighbouring practices
4. Opposition to the proposal (media, patients and politics)

ADVANTAGES

1. Closure of the branch will reduce the current concerns around financial constraints
2. Focus on staffing and maintain better skill mix. There will be no redundancies.
3. GP recruitment/ nurse recruitment – Improved by working over 2 sites only.
4. Adequate clinical and clerical cover over longer periods is better achieved by working over 2 sites only.
5. Continue providing patients with high quality care
6. The partners feel that the majority of Scawthorpe will remain with the practice. Scawthorpe is a relatively affluent area of the practice population and the majority of the patients are already used to attending Bentley and Woodside for Minor Surgery, Ear Irrigation, Cryotherapy and Diabetic Care etc. The distance from Scawthorpe to each of the remaining sites are Bentley 1.6 miles and Woodside 2.5 miles.
7. Public transport is easily accessible.
8. Less stress to all member of practice team

Stakeholder	Description	Strategy / Types of engagement	How and When completed	How (Typical Methods of Communication)
<p>Registered lists</p>	<p>This includes all registered patients at The Ransome Practice (Scawthorpe, Bentley and Woodside)</p> <p>The aim of this process has been to raise awareness, provide clear information regarding relocation / re-organisation of the Practice and to reassure patients they will still be able to access a single service at either one of our remaining two branches</p> <p>Raising awareness, involving patients and providing clear and concise information is the practices main focus of this process.</p>	<p>Practice pre-engagement meetings.</p> <p>Involvement of PPG - informed of practice plans and obtain feedback/comments</p> <p>Patient letter – will obtain clarity of content needed and copy prior to sending</p> <p>Public meetings / patient events</p> <p>Notice boards</p> <p>Formal consultation meeting</p> <p>Liaison via media?</p> <p>Any written feedback from patients and follow up responses at all 3 sites</p>	<p>Branch meetings held with Practice staff at all 3 branches – February 2017</p> <p>PHCT meeting to be held 1st March 2017</p> <p>Letter sent to participants. Patient participation meeting March 2017</p> <p>Practice newsletters outlining present structure of Practice and future proposed re-organisation</p> <p>Leaflet displayed in practice waiting areas – March 2017</p> <p>Patient engagement events to be arranged during March 2017</p> <p>Contact all households by letter, email etc. (all appropriate mediums) informing them of our plans to relocate/reorganise Practice.</p> <p>Leaflet sent out to all patients in envelopes.</p> <p>Review of patient feedback and final report to be sent to patients</p> <p>Update website with all key information and FAQs</p> <p>Note on Prescriptions – March 2017</p>	<p>Practice newsletter detailing rationale around proposed relocation/restructure</p> <p>Verbal discussion/consultations with members of Practice staff</p> <p>Verbal/written – letter/meeting outlining details of practice plans</p> <p>Leaflet displayed in practice waiting areas – March 2017</p> <p>Patient engagement events – March 2017. These will include patients from all branches attached to the Practice.</p> <p>Contact all households by letter informing them of our plans to relocate/reorganise. – Letters to be sent during the month of March</p> <p>Review of patient feedback and final report to be sent to patients</p> <p>Update website with all key information and FAQs</p> <p>Note on prescriptions – March 2017 - ongoing</p>

<p>Staff</p>	<p>Our staff are also an essential part of the restructure process and the effective delivery of all services. Our aim throughout has been to raise awareness as soon as was feasible, and to give the opportunity to ask questions, comment or provide feedback</p>	<p><i>Initial staff meetings at 3 branches</i></p> <p><i>Letter to staff</i></p> <p>HR advice obtained regarding contract changes to staff affected by the reorganisation</p>	<p>Meetings held February 2017 with staff</p> <p>Ongoing review of staff information and where / how they will work in the future</p> <p>Discuss and agree contract variation with staff affected</p>	<p>Follow-up meeting 1st March 2017</p> <p>Ongoing review of staff information and where / how they will work in the future – current potential staff structure</p> <p>Staff contract variations</p>
<p>Local GP Practices</p>	<p>Inform neighbouring practices of plans and impact on their list size should patients wish to re-register elsewhere</p>	<p>Informal discussion with neighbouring practices</p> <p>To inform all practice managers of changes.</p>	<p>Informal meeting with Practice Managers at Petersgate, Dr Sheikh surgery, Scawsby Health Centre February 2017</p> <p>Contacted Dr Grimwood by telephone. Awaiting call back.</p>	
<p>Local Community Stakeholders</p>	<p>Raise awareness with key teams and colleagues including but not limited to:- /</p>	<p>Letters</p> <p>Meetings</p> <p>Individual meetings and notice boards.</p> <p>Inform Julia Nansome – IAPT worker.</p>	<p>Send letter informing all key stakeholders of intended restructure and date – local services directory updated?</p> <p>Julia is attending in-house target with practice staff to discuss the reorganisation. Julia already works from Bentley site as well as Scawthorpe clinic.</p>	<p>Send letter informing all key stakeholders of intended merger and date – local services directory updated?</p>
<p>Doncaster Councilors and MP</p>	<p>This exercise is intended to raise awareness for our patients and their constituents, provide clear information on the restructure,</p>	<p>Letter</p> <p>Meeting</p> <p>Website</p>	<p>Meeting with Ed Milliband – MP February 17th to inform of practice intentions. Provided written information for perusal regarding rationale</p>	

	ask for comment and feedback			
Health and Wellbeing Board	Discussion of improved patient pathways for patients	Request to CCG to take to HWBB if approved.		
Pharmacies	Raising awareness and discuss current/future practice prescription service i.e. electronic prescribing and pharmacy collection service for patient.	Letter Website Meetings (if necessary)	Written/verbal communication during month of March	Written/verbal communication commencing March – ongoing process
Doncaster LMC	Discussion with LMC re. plans Raise awareness & provide ongoing support / advice	Letter to LMC Meetings	Letter sent 1 st March outlining plans Meeting to be arranged with LMC and Practice	
Doncaster CCG Primary Care Committee NHS England	Raise awareness and provide application form . Seek guidance and advice prior to approval. Opportunity to review evidence for our proposal in line with local primary care strategy. Discussions are ongoing with the Practice Manager and key individuals at both the CCG and NHS England	Letters Initial Proposal Document Regular meetings with NHS E and CCG Final Application	February 1 st 2017 discussion with CCG informing of practice restructure/relocation intentions March 2017 – application form to be taken to Primary Care Committee Once approved by PCCC Implementation of reorganisation plan	March 2017 – application form be taken to Primary Care Committee March-July 2017 – Implementation of reorganisation plan.
Healthwatch	Patient engagement	Contacting Debbie Hilditch in March 2017		

Appendix B:

Minute Extract from The Primary Care Commissioning Committee Meeting on the 8th June 2017

Application for Ransome Practice Branch Closure

Mrs Wastnage informed the Primary Care Commissioning Committee that NHS Doncaster CCG, NHS Property Services and NHS England have met with the practice regarding their application.

There are no financial implications for the practice. NHS Property Services require 3 months-notice of vacation of the property. When vacated a decision is required whether to sell or offer the property to other stakeholders for their use. In the meantime NHS Doncaster CCG is responsible for the costs of the building. Local intelligence has indicated that buildings usually take up to four months to sell. Rotherham Doncaster and South Humber Foundation Trust (RDaSH) currently use the building. Mrs Eddell informed the Committee that the NHS Property Services Constitution states that such properties should be offered to the Local Authority.

Mrs Tully queried if RDaSH has not been officially been given notice, does the CCG remain responsible for the costs. Mrs Tingle reported that it is not clearly defined within the contract as it is on a block contract arrangement but would speak to Mr Emmerson regarding the arrangement of a contract variation. Mrs Wastnage reported that NHS Property Services has started discussions with RDaSH to give notice to vacate.

There remains more work to be undertaken with the practice and approval for public consultation is in the process. The stakeholder process will be via the Overview and Scrutiny Panel.

The Primary Care Commissioning Committee supported the closure of the practice and gave approval for the practice to progress to consultation within due process.