

## Joint Health Overview and Scrutiny Committee



29<sup>th</sup> September 2008

### Proposed closure of Medomsley Branch Surgery

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#### Report of Head of Overview and Scrutiny

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##### Purpose

1. The purpose of this report is to inform JHOSC Members of the proposed closure of Medomsley Branch Surgery; the options being considered and the consultation that has taken place including with representatives of this committee.

##### Background

2. NHS County Durham (County Durham Primary Care Trust) has received a request to close Medomsley Branch Surgery. The request constitutes a request to alter a Personal Medical Services contract and has been reviewed in line with the PCT's *Operational procedure for responding to requests to close or alter the opening hours of a branch surgery and/or requests to alter practice boundaries*. The commissioning implications of the proposed closure have been assessed and consultation has been undertaken with local patients, members of the public, elected members and other stakeholders including local GP practices and representatives of the JHOSC.
3. Attached as Appendix A is the paper being submitted to the PCT Board on 7<sup>th</sup> October. This includes an Options paper setting out the evidence and rationale for the closure; the views expressed during the consultation; and the options and recommendations being proposed.

##### Views expressed by the JHOSC on the proposals

4. Representatives of the JHOSC met with officers of the NHS County Durham (County Durham Primary Care Trust) to discuss the evidence and the proposals. The following views were expressed:
  - There was support for the case set out for closure of Medomsley Branch Surgery given the development of the proposals to meet concerns that had been raised during the consultation process.
  - Proposals to address concerns about transport, and to ringfence appointments for Medomsley Branch patients at neighbouring practices were welcomed, however concerns were expressed that there could be increased pressure on appointments at the other local practices and result in patients waiting longer for appointments as a result. Members

welcomed the PCT's commitment to encourage local practices to consider improved access to GPs through more flexible opening times.

- In relation to the reports recommendation to commission a voluntary patient car service (RSVP) for a minimum of one year – Members felt very strongly that this service should be commissioned for a minimum of two years and then reviewed. Members were very concerned that the proposed long term solution of using transport subsidies arising from a Section 106 agreement - which relates to a housing development close to Shotley Bridge Hospital to establish a new bus route - could be subject to significant risk. The slowing in the house building and house sales market may delay receipt of such a subsidy, and indeed in the longer term sustaining the new route cannot be guaranteed.
- The proposals must in practice be consistent with the wider commissioning arrangements of the Primary Care Trust and its Annual Operating Plan: to provide a locally based, flexible healthcare service, demonstrating improved health outcomes, and value for money. An evaluation should be undertaken of how the change in service was working in practice and suggested that initially an evaluation should be undertaken after six months to review key aspects of the changes such as the transport arrangements.

### **Recommendation**

- (i) That the JHOSC notes the proposals being considered and supports the views expressed by JHOSC representatives on its behalf as part of the consultation process.

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TITLE OF MEETING

Date

Item No:???

## PCT BOARD

### Proposed Closure of Medomsley Branch Surgery

#### 1. Introduction

- 1.1 Medomsley Branch Surgery is run by Dr Stuart and Partners from Queen's Road Surgery at Shotley Bridge. The practice is commissioned by the PCT to provide local medical services from the branch surgery under a Personal Medical Services (PMS) contract agreement. The practice has requested to close Medomsley Branch Surgery.
- 1.2 The request to close the branch surgery constitutes a request to alter their PMS contract and has been reviewed in line with the PCT's *Operational procedure for responding to requests to close or alter the opening hours of a branch surgery and/or requests to alter practice boundaries*. The full commissioning implications of the proposed closure have been assessed including full consultation with local patients, members of the public, elected members and other stakeholders including local GP practices and Durham's Joint Health Overview and Scrutiny Committee.

#### 2. Implications and risks

- 2.1 An options paper (appendix 1) detailing the PCT's review of the request to close the branch surgery was considered by the Commissioning and Planning Group on 1, September, 2008.
- 2.2 The proposed closure of the branch surgery will affect approximately 230 patients, equating to 5% of the total Medomsley population and 12% of the total practice population. The branch surgery is fit for purpose, subject to the satisfaction of Disability Discrimination Act (DDA) requirements, however, patients stand to get access to improved, more preventative and holistic care at the practice's main surgery at Shotley Bridge.

Medomsley patients can continue to access primary care services at four different practices, however, including Dr Stuart and Partners. Capacity is becoming stretched at two of the four practices and transport links are poor, necessitating a two-bus journey to all but one of the practices.

As a consequence, the commissioning of a voluntary-run car service is recommended to transport Medomsley patients to the main surgery at Shotley Bridge.

- 2.3 A voluntary-run care service has already been commissioned by the PCT from RSVP as part of a three-year service level agreement (SLA), amounting to

£150,000 in investment. The SLA will include the development of a Derwentside-wide voluntary transport service, serving patients across Derwentside, including Medomsley.

2.4 Funding will be required for the voluntary-run car service beyond 2011/12 however, a longer term transport solution is expected for Medomsley patients due to the development of a new bus route through the Shotley Bridge Hospital site, where Queen's Road Surgery is based. This will be funded through a Section 106 agreement which has committed a transport subsidy as part of a planned housing development on the Shotley Bridge Hospital site. The funding is expected to be available from 2010 onwards.

### **3. Recommendations**

The Board is asked to

- Endorse the review process of the proposed closure including public consultation element
- Recommend the closure of Medomsley Branch Surgery with the commissioning of a three-year voluntary-run transport service, as per the final page of appendix 1.

### **4. Author and sponsor director**

Author: Jill Simpson  
 Title: Primary and Community Care Support Manager

Director: Cameron Ward  
 Title : Director of Systems Management  
 Date: 8 September 2008

## **Appendix 1: Options paper, Proposed Closure of Medomsley Branch Surgery**

### **Proposed closure of Medomsley Branch Surgery: OPTIONS PAPER**

#### **1.0 Background and context**

1.3 Medomsley Branch Surgery in Medomsley, near Consett, is part of Queen's Road Surgery which is run by Dr Stuart and Partners. The practice has three sites; a branch surgery in Medomsley, a branch surgery in Moorside and their new purpose built main site near to Shotley Bridge Community Hospital, having relocated from Queen's Road, Consett, in March 2008. The practice is run by a team of six partners, one salaried GP, four practice nurses, one advanced care practitioner, one nurse practitioner and one healthcare assistant.

1.4 The practice is commissioned to provide local medical services from its three sites under a Personal Medical Services (PMS) contract agreement, agreed with the former

Derwentside Primary Care Trust (PCT). The practice's proposed closure of Medomsley Branch Surgery constitutes a request to alter this contract.

- 1.5 The proposed branch surgery closure has been reviewed by County Durham PCT, in line with its *Operational procedure for responding to requests to close or alter the opening hours of a branch surgery and/or requests to alter practice boundaries*, to ensure that the full commissioning implications of the proposed closure are assessed.

## 2.0 Summary of proposed closure and rationale

2.1 The practice proposal is exclusively the closure of Medomsley Branch Surgery. The proposal does not include a proposed reduction of the practice boundary. The practice remains fully prepared to continue treating all Medomsley patients at its main site and to continue making home visits to those Medomsley patients who satisfy medical home visits eligibility criteria.

2.2 As part of its application to close Medomsley Branch Surgery, the practice set out the following rationale for the branch surgery's closure:

- Demonstrable decrease in service need at the branch
- Inability to provide high caliber, one-stop shop health services from branch; availability of one-stop-shop style services at main site will minimise repeat visits and ensure greater focus on preventative care
- Greater GP choice at main site with two male and two female GPs present at all times
- More continuity of care at main site rather than waiting several weeks to see same GP at branch
- Improved telephone access at main site with 15 telephone lines as oppose to only two at branch surgery
- Maximisation of GP travelling time – currently lot of wasted time at branch surgery due to poor IT connections which mean GPs cannot best utilise spare capacity at branch
- Reduced clinical risk at bigger surgery due to ability to conduct all necessary tests due to nurse and GP being on site together, less delayed diagnosis
- No resuscitation trolley or defibrillator at branch surgery
- Vulnerability of lone worker (receptionist) at branch surgery

## 3.0 Service provision

### 3.1 Main surgery

- Opening hours: Mon, Wed & Fri, 8am-5pm and Tuesday & Thursday, 8am-8pm
- Provides full range of essential and additional services, as per PMS contract
- Provides range of enhanced services including Intra-Uterine Contraceptive Device (IUCD) Fitting, Minor Surgery, Family Planning, Contraceptive and Sexual Health and Musculo-Skeletal Services.

### 3.2 Medomsley Branch Surgery

Opening hours:	10am-1pm
GP Surgeries:	Monday, Wednesday and Friday from 11-12noon
Number of GP appointments:	21 per week
Nurse surgeries:	Monday and Wednesday, 10.40am-12noon
Number of nurse appointments:	18 per week
Other services provided from branch:	Fortnightly hour-long health visitor's clinic providing baby clinic and immunisations, provided by PCT provider arm. Attendance rates at an average of five

	<p>per fortnight between Jan 07-Jan 08.</p> <p>Tier II dermatology clinic, provided by PCT provider arm. Weekly clinic held Tuesday morning and fortnightly clinic held Tuesday afternoon. Derwentside-wide service, not exclusively for Medomsley patients. 1159 patients seen between February 2007-March, 2008, of which 87% were from Derwentside area. 2.6% of patients seen were from Queens Road Surgery. Tier II dermatology clinic to be relocated to Queens Road Surgery from September, 2008</p> <p>Diabetes clinic – relocated from branch surgery to Stanley Health Centre in February 2008.</p>
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## 4.0 Patient population

### 4.1 Registered patients

Total practice list size:	11,531 (Increased of 383 in last two years)
No. of patients with Moorside address:	1,200
No. of patients with Medomsley address:	689 (FHSA data)
No of patients who have elected to retain notes at Medomsley:	356
No. of regular users at Medomsley:	230 (5% of total Medomsley population and 12% of total practice list)
No. of Medomsley regular users who will ONLY use Medomsley surgery:	92 (40%)
*No. of patients in residential/nursing home accommodation:	14 (Manor House Nursing Home)
*No. of patients in sheltered accommodation:	9 (Magdelene Court)
*No. of patients registered housebound:	11
*No. of patients on chronic disease registers:	60

*\*At Medomsley Branch Surgery only*

### 4.2 Demographics

#### 4.2.1 Ward population

Medomsley is part of the Ebchester and Medomsley ward of Derwentside. The ward has a population of 4,739, experiencing an increase of 200 between 2005-06. Medomsley had a population of 1,517 in 2001. Projected population increases predict fluctuating population levels across Derwentside, dropping by more than 1,000 by 2009 and rising by a further 2,500 by 2014. No known housing developments are planned in Medomsley in excess of six houses.

#### 4.2.2 Age breakdown

The age profile of Ebchester and Medomsley patients is as follows:

- Under 18s: 21%
- 18-65: 61%
- Over 65s: 15%
- Over 85s: 3%

The most frequent attenders at Medomsley Branch Surgery in April, 2008 were aged between 56-75.

#### 4.2.3 Deprivation levels

Ebchester & Medomsley is in the third most deprived quartile of wards in England, based on income, however, it is one of the least income-deprived areas in Derwentside<sup>1</sup>. 12% of the population is in socioeconomic group E (state benefit, unemployed, lowest grade workers) and 30% is in group A/B (higher and intermediary managers, professional occupations) The ward has an above average level of lone parents. 15% of the population has two cars or more and 8% has no car.

#### 4.2.4 Health

Death rates from smoking, heart disease, stroke and cancer are higher than national averages in Derwentside. 25% of children live in households on means-tested benefits and the district has a higher than average rate of people claiming sickness benefits due to mental health problems<sup>2</sup>. 7.72% unable to work due to illness/disability.

### 5.0 Appointment take-up rates

The practice has reported the following drop in appointment take-up rates of both nurse and GP appointments at Medomsley Branch Surgery from 2006-07:

- GP appointments: reduction in take-up rate from 75% to 71%
- Nurse appointments: reduction in take-up rate from 65% to 52%

This leaves the overall appointment take-up rate at 70%.

### 6.0 Estates issues & best value

6.1 Medomsley Branch Surgery is largely fit for purpose. Two steps do exist to the nurse consulting room, however, the practice has facilitated entry to the consultation room from the rear entrance to the practice to ensure compliance with the Disability Discrimination Act. A ramp may need to be installed, should the branch surgery remain open.

6.2 No defibrillator and/or resuscitation trolley exists at the branch surgery. The PCT is currently reviewing availability of such equipment from surgeries with a view to ensuring patient safety.

6.3 On-street car parking exists at Medomsley Branch Surgery for four cars, opposite a junction. 58 car parking spaces have been created at the new Shotley Bridge site and are reserved for surgery parking.

6.4 The branch surgery is owned by Dr Stuart and partners. Additional costs incurred in running the branch, over and above those funded by the PCT in the practice's contract value, include clinical waste collections, heat, light and cleaning costs.

### 7.0 Neighbouring practice capacity

7.1 The following practices all have Medomsley within their practice boundaries:

- Leadgate Surgery (Dr Astley), Leadgate
- Oakfields Surgery (Dr Levick), Low Westwood
- Consett Medical Centre (Dr Stephenson), Consett

7.2 All three practices are operating open practice lists and have confirmed that capacity is available to accept Medomsley patients.

7.3 Neighbouring capacity is potentially problematic, however, as all three practices have experienced list size increases, ranging from 100-300, in the last two years. Consett Medical Centre is the largest of the three practices with at least nine GP partners and a list size of more than 20,000 but the practice has voiced difficulty in accepting a large

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<sup>1</sup> *Derwentside Health Profile 2007: Joint Strategic Health Needs Assessment* (APHO and Department of Health: 2007)

<sup>2</sup> *Derwentside Health Profile 2007: Joint Strategic Health Needs Assessment* (APHO and Department of Health: 2007)

number of patients in excess of 200. Oakfield's Surgery has a list of less than 3,000 and Leadgate Surgery approximately 5,000. Leadgate Surgery has applied to the PCT to reduce its boundary, in light of recent list size increases. This application does not seek to exclude Medomsley from the practice boundary.

## 8.0 Pharmacy provision

There is currently no pharmacy attached to Medomsley Branch Surgery or in Medomsley. An on-site pharmacy is available at the practice's main site at Shotley bridge. Email, fax and written requests for prescriptions are and will continue to be accepted by the practices. Other pharmacy provision includes Low J Ltd in Queen's Road, Consett and Leadgate Pharmacy, Leadgate.

## 9.0 Transport links

### 9.1 Geographical location

Medomsley Branch Surgery is in a rural village. The nearest main town is Consett. The surgery is two miles by road from the practice's main site. It is 2.6 miles by road from Medomsley to Consett Medical Centre, 2 miles to Leadgate Surgery and 2.6 miles to Oakfields Surgery.

### 9.2 Existing transport provision

#### 9.2.1 Bus routes

##### *Medomsley to Shotley Bridge*

Patients wishing to travel from Medomsley to the main practice at Shotley Bridge must currently make a two bus journey to get from Medomsley to Shotley Bridge. The 46a is one bus an hour from Medomsley to Consett Bus Station and the V1/V2 buses then go from Consett Bus Station to Shotley Bridge Hospital (stopping outside the hospital site on the main road) every 15 minutes. The total journey length is 45-55 minutes, dependent on timely connecting buses. The total bus fare for this journey is £3.50 return or free if patient has a bus pass.

##### *Medomsley to neighbouring practices*

The 46a bus from Medomsley goes via Leadgate and stops at Consett Bus Station, facilitating patient attendance at both Leadgate Surgery and Consett Medical Centre. There is no direct link between Medomsley and Low Westwood/Hamsterley Colliery and patients would need to change from the 46a bus to the 45/46 to reach Oakfields Surgery.

#### 9.2.1 Taxi

A taxi from Medomsley to Shotley Bridge costs in excess of £5 return

### 9.3 Planned and potential transport developments

#### 9.3.1 Long term development

Transport subsidies have been earmarked to fund a through bus route to go through Shotley Bridge Hospital site, as part of a section 106 planning agreement incorporated into the anticipated development of 400 houses behind Shotley Bridge Hospital. The new through bus would be one per hour. Potential exists to incorporate Medomsley into this new route, providing a single bus route from Medomsley to the main Queen's Road Surgery. This can only be considered a long term solution, however, as transport subsidies are only availed when the 20<sup>th</sup> house is occupied and thus, are unlikely to be made available until the end of 2009 at the earliest.

#### 9.3.2 Mid-term development

Plans are also in place by Durham County Council to alter the existing bus service from Medomsley to Consett Bus Station to incorporate parts of Medomsley not currently on the route, including The Dene. This will increase the frequency of buses from Medomsley to Consett Bus Station to two per hour, enhancing links to the connecting bus to Shotley



Bridge and increasing frequency of buses to Leadgate Surgery and Consett Medical Centre

### 9.3.3 Voluntary run transport service

A voluntary-run transport service, operated by RSVP, already exists for patients in some parts of County Durham, with services in Chester-le-Street, Middleton-in-Teesdale, Tow Law, Cockfield, Annfield Plain and Weardale. Patients who wish to access the service have their patient records marked to this effect, enabling a member of practice staff to book the transport when the patient makes an appointment. The voluntary driver collects the patient directly from home and waits at the practice until the patient has attended his/her appointment and returns the patient to home. A minimum donation from patients is encouraged at £3 per patient but this is not mandatory. Bus pass concessions would not be accepted on the service. All voluntary drivers have Criminal Records Bureau (CRB) checks.

County Durham PCT has committed £150,000 of Invest to Save 2 funding from 2007/08 to commission RSVP services. This covers the existing services in parts of County Durham and includes the development of a further three patient transport services. The PCT is prepared to develop one of these patient transport services in Derwentside, which would extend the service to Medomsley patients. RSVP reports a high number of volunteers in the Derwentside area to facilitate the development of such a service.

### 9.3.4 Taxi-bus service

Potential exists to develop a taxi-bus service to transport Medomsley patients to the main surgery at Shotley Bridge Hospital. A similar service already operates in Witton-le-Wear. Such a bus can be commissioned directly from private providers as part of a s23 contract agreement. The bus could be commissioned for a specific time each day/week and appointments ring-fenced at the main surgery to ensure access. Costs to the PCT are estimated to be a minimum £2,500 per annum and costs to the patient an estimated £1.20 single and £2.40 return. Bus pass concessions could continue to be used on a taxi-bus service.

### 9.3.5. Healthcare Travel Costs Scheme

Visitors to the community dermatology clinic, which will be relocated to Queen's Road Surgery from September, 2008, will be eligible to have transport costs funded through the statutory NHS (Travel Expenses and Remission of Charges) regulations 2003, subject to satisfaction of the following criteria:

- Be in receipt of one of the qualifying benefits or allowances specified in the 2003 regulations
- Be named on an NHS low income scheme certificate HC2/HC3

Reimbursements will be made for patients who have been referred to non-primary medical or primary dental care services, including those services that have historically been provided in an acute NHS setting.

## 10.0 Consultation

### 10.1 Patient, Carer and Public consultation

The practice held its own patient consultation event, in line with the requirements of the PCT procedure. Approximately 30 patients and several local councillors and community representatives, attended the event in Medomsley on 12 December, 2007.

A petition containing 300 names, petitioning against the branch surgery closure, was also submitted to the PCT.

### 10.2 Other key stakeholder consultation

#### 10.2.1 Councillors and community representatives

Several letters of protest against the closure have been submitted to the PCT by Derwentside District Councillors and representatives from Ebchester & Medomsley

Ward Partnership. As a result of these letters, the PCT facilitated a meeting between local elected members and community representatives on 20 February, 2008. This was chaired by PCT Chair Lady Ann Calman to ensure the views of both parties could be objectively and fairly communicated to the Board at the point the PCT makes a decision on the proposed closure. All local members and community representatives received copies of this options paper in August, 2008.

#### 10.2.2 Overview and Scrutiny

A meeting was held with the chair and vice chair of Durham County Council's Joint Health Overview and Scrutiny Committee on 19 August, 2008. A written response from the committee raised the following points:

- Support for the case for closure of Medomsley Branch Surgery given that proposals meet concerns raised during consultation process
- Welcomed proposals to address transport and to ring fence appointments for Medomsley patients, however, concerns were raised about increased pressure on appointments at other local practices and patients waiting longer for appointments as a result
- Welcomed PCT's commitment to encourage local practices to consider improved access to GPs through more flexible opening times
- Members felt very strongly that the recommendation to commission the voluntary patient car service be for a minimum of two years and then be reviewed
- Concern that the long term solution of using transport subsidies from a Section 106 agreement relating to a housing development near Shotley Bridge Hospital could be subject to significant risk. The slow in the housing market may delay receipt of such subsidies and the long term sustainability of the new route cannot be guaranteed
- Need for proposals to be consistent with wider commissioning arrangements of PCT and AOP: to provide a locally based, flexible healthcare service, demonstrating improved health outcomes and value for money. An evaluation should be undertaken to assess impact of change after six months, including review of transport arrangements

A presentation on the proposed closure was given to a special meeting of Derwentside District Council's Environment and Health Scrutiny Panel on 26 March, 2008 to enable local scrutiny panel members to share their views. The concerns of local members were primarily around transport difficulties, loss of community amenities and difficulties for elderly patients.

#### 10.2.3 NHS family

Feedback on the proposed closure was sought from the following NHS stakeholders via the issue of standard consultation form with a four week response deadline.

Stakeholder	Response
Local Medical Committee	No response
Local Pharmaceutical Committee	Concerns about: <ul style="list-style-type: none"> <li>- closure disadvantaging local community</li> <li>- destruction of social cohesion</li> <li>- poor transport links</li> <li>- lengthy journeys for elderly</li> </ul> Community pharmacy happy to provide more accessible local service
City Hospitals Sunderland	Satisfied with proposed closure
Co. Durham & Darlington Foundation Trust	No response
Local MP	No response
Health visiting service	Happy to relocate, subject to appropriate other facilities being found. Mother and Toddler

	group at Methodist Church Hall, Fines Rd, Medomsley, every Tuesday 1.30-3pm. School in Medomsley being extended and potential for capacity to accommodate baby clinic there
Tier II dermatology service	Have agreed to relocate to Queen's Road Surgery from September, 2008. Derwentside-wide service, thus, there is no exclusive need for the clinic to be based in Medomsley.

### 10.3 Themes emerging from consultation:

#### *Transport:*

- Poor public transport links – two bus journey to Shotley Bridge
- High costs of public transport and taxis

#### *Health service provision:*

- Anticipated increase in requests for home visits
- Difficulties in access for elderly and vulnerable
- Revised opening hours at Medomsley would increase utilisation of surgery

#### *Community spirit:*

- Branch part of the village community
- Fear that Medomsley will be reduced to a commuter belt

#### *Environmental:*

- Effect of additional car travel on carbon footprint

## 11.0 Site visit

A site visit to Medomsley Branch Surgery and the new Queen's Road Surgery at Shotley Bridge was made by PCT chair Lady Ann Calman, Non-Executive Director Keith Tallentire, Chief Executive's Executive Assistant Jill Matthewson and Primary and Community Care Development Support Manager Jill Simpson on 5 March, 2008. The visit incorporated driving the bus route from Medomsley to Consett Bus Station and on to the main surgery at Shotley Bridge.

## 12.0 Strategic policy drivers

### 12.1 National strategy

The *Darzi Next Stage Review Final Report*, published on 30 July, 2008, together with the *Department of Health's NHS Next Stage Review: Our Vision for Primary and Community Care*, published on 3 July, 2008, set out a vision mandate PCTs with the commissioning of 'comprehensive wellbeing and prevention services' while ensuring that 'patients will have greater choice of GP practice'. The documents also seek to give patients 'access to a greater range of services in their local communities that fit around their needs'<sup>3</sup>

### 12.2 Regional strategy

*Our vision, Our future, Our North East NHS* was published by the North East Strategic Health Authority in May, 2008, setting out the results of the regional review of nhs services by Lord Ara Darzi. This document, together with *Better Health, Fairer Health*, seeks to deliver fair, personalised, effective and safe services for North East residents.

### 12.3 Local strategy

Objectives within the PCT's Annual Operational Plan for 2008/09 include to:

- Provide a locally based, flexible healthcare service wherever this improves health outcomes and provides value for money<sup>4</sup>

<sup>3</sup> *NHS Next Stage Review: Our Vision for Primary and Community Care* (Department of Health: July, 2008)

<sup>4</sup> *Co Durham and Darlington PCTs Annual Operation Plan 2008/09*

### 13.0 Options:

An extensive review of all issues concerning the proposed branch surgery closure has been conducted and the views of local patients, elected members, community representatives and the practice have been fully heard. The findings of this review have been considered against the strategic policy drivers at section 12.0, the criteria for closure and the underpinning principles for all branch surgery requests, as laid down in the PCT *Operational procedure for responding to requests to close or alter the opening hours of a branch surgery and/or requests to alter practice boundaries* together with. As a result of this, the following options are available to the PCT:

*Criteria against which branch surgery closure requests will be assessed*

- There is a demonstrable increase/decrease in service need
- Existing capacity no longer reflects population spread
- Current demand/capacity is threatening access and/or quality of care
- Facilities are not fit for purpose
- Contractual requirements cannot be met
- Capacity does not provide best value

*Principles which underpin all branch surgery closure requests*

- Continuity of care for patients where a need exists
- Provision of high quality, safe services
- Preservation of patient choice
- Involving and listening to patients and local communities
- Equitable services with no disadvantage based on postcode

In light of these together with the strategic policy drivers, the following options are available to the PCT.

Option	Benefits	Risks
Request to close branch surgery closure is rejected	<ul style="list-style-type: none"> <li>- Three hours of GP cover and 2.6 hours of nurse cover retained in local village</li> <li>- Respects patient choice to remain with existing provider</li> <li>- Delivers local community what it has requested</li> </ul>	<ul style="list-style-type: none"> <li>- Threat to long term quality of care due to increasing inability to deliver clinical best practice and holistic, preventative forms of treatment</li> <li>- Patients disadvantaged due to inability to access equitable care</li> <li>- Difficult to demonstrate best value in light of decreasing service need and retaining surgery for 12% of a practice population and 5% of local population</li> <li>- Need to address ramp issue to ensure branch is compliant with Disability Discrimination Act</li> </ul>
Request to close branch surgery is approved without additional transport provision	<ul style="list-style-type: none"> <li>- Safer, holistic care offered to patients, in line with best practice</li> <li>- Will ensure best value is delivered through maximisation of GP time</li> <li>- Patient choice remains with four practice options for Medomsley patients including existing practice, Queen's Rd Surgery</li> </ul>	<ul style="list-style-type: none"> <li>- Access problems for the 40% of Medomsley patients (approximately 92) who will only use Medomsley due to poor transport links</li> <li>- True patient choice limited by weak transport links</li> <li>- Risks of continuity of medication for older patients who are unable to make email, fax or written requests for prescriptions</li> <li>- Risks around continuity of care for patients moving to practice closer to Medomsley</li> <li>- Potential capacity issues should all Medomsley patients choose to register with different practice</li> </ul>
Request to close branch surgery is approved with short-term transport provision commissioned for three years	<ul style="list-style-type: none"> <li>- Safer, holistic care offered to patients, in line with best practice</li> <li>- Will ensure best value is delivered through maximisation of GP time</li> <li>- Patient choice remains with four practice options for Medomsley patients including existing practice, Queen's Rd Surgery</li> <li>- Continuity of care is retained for patients choosing to remain registered with Queen's Rd surgery</li> <li>- Access to appointments including prescription submissions, is facilitated through provision of transport from Medomsley to Queen's Rd Surgery</li> </ul>	<ul style="list-style-type: none"> <li>- Financial risks as funding of between £2,500-£150,000 may need to be found long term, should long term need for transport be evidenced and planned bus route not be developed</li> <li>- Some costs to be incurred by patient</li> </ul>

**Recommendations:**

From a full exploration of all available information, opinions and data, the declining use of Medomsley Branch Surgery is evident. This, together with the inability of the branch to offer holistic, preventative care facilities for those patients who continue to use it, make it difficult to justify continued investment as being value for money. While strategic policy drivers continue to direct the commissioning of local primary care services, this must be balanced with safety, quality and effectiveness. The continued provision of what is essentially an isolated and reactive medical service at Medomsley simply cannot sustain the latter without increasing patient risk.

However, the PCT is committed to listening to the views of local communities and, as such, recognises the transport difficulties that the closure of Medomsley Branch Surgery will pose. While only 5% of the local population and 12% of the practice population is affected by the lack of public transport links from to Queen's Road Surgery and neighbouring surgeries, the PCT continues to have an obligation to ensuring that services are accessible to patients and that they have true choice of service providers. The incorporation of Medomsley into the proposed new bus service through Shotley Bridge Hospital site is expected deliver both accessibility and choice to Medomsley patients in the long term, however the slowing housing market means this funding cannot be guaranteed.

In the short term, it is therefore recommended that RSVP voluntary patient car service be piloted in Derwentside for the three year duration of the PCT's SLA. This scheme is preferred to the taxi-bus service as it is instantly available and not pending a procurement process, it offers a door-to-door patient service and funding has already been committed to the service by the PCT. The donation fee is not mandatory for patients and the PCT will continue to work with local authority colleagues to facilitate the use of the concessionary bus pass on RSVP transport. The SLA already includes quarterly monitoring arrangements and a formal annual review which will enable the PCT to ensure that the service is continuing to meet patient needs.

The PCT is reassured that home visits will continue for the most vulnerable and needy members of the Medomsley community, subject to the satisfaction of pre-existing eligibility criteria, and that the practice boundary will remain unchanged to enable the current multiple choice of practices to continue. Other primary care provision hosted at Medomsley Branch Surgery will need to be relocated. It is recommended that a local, Medomsley-based venue be sought for the health visitor service to maintain personalised service provision where possible, or that the RSVP service is utilised. The Tier II Dermatology Service has already agreed to relocate to Queen's Road Surgery and transport costs are funded for patients satisfying eligibility criteria in the Healthcare Travel Costs Scheme.

The recommendation is therefore for the PCT to permit the closure of Medomsley Branch Surgery, but with access and choice maintained through the provision of a patient car scheme.

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Date: 27 August, 2008

<b>Document management</b>				
Purpose of the Paper: 1. Info sharing: Yes 2. Development/discussion: Yes 3. Decision/action Yes				
<b>Version</b>	<b>Date</b>	<b>Summary</b>	<b>Owner's Name</b>	<b>Approved</b>
1.0	15/07/08	Practice	Jill Simpson	Approved with amends
2.0	29/07/08	Systems Management Directorate Management Team	Jill Simpson	Approved
3.0	19/08/08	Joint Health Overview and Scrutiny Committee	Jill Simpson	Approved with inclusion of Committee feedback
3.0	01/09/08	Commissioning & Planning Group	Jill Simpson	Recommendation approved
4.0	TBC	PCT Board	Jill Simpson	