



Special Adults, Wellbeing and Health Overview and Scrutiny Committee

Date Monday 14 January 2019

Time 12.00 pm

Venue Committee Room 2 - County Hall, Durham

Business

Part A

**Items during which the Press and Public are welcome to attend.
Members of the Public can ask questions with the Chairman's
agreement.**

1. Apologies
2. Substitute Members
3. Declarations of Interest
4. Any Items from Co-opted Members or Interested Parties
5. Minutes (Pages 3 - 32)
6. Skerne Medical Group (Pages 33 - 182)
7. Such other business as, in the opinion of the Chairman of the meeting, is of sufficient urgency to warrant consideration

Helen Lynch
Head of Legal and Democratic Services

County Hall
Durham
4 January 2019

To: **The Members of the Adults, Wellbeing and Health Overview and Scrutiny Committee**

Councillor J Robinson (Chairman)
Councillor J Chaplow (Vice-Chairman)

Councillors R Bell, P Crathorne, R Crute, G Darkes, J Grant, T Henderson, A Hopgood, E Huntington, P Jopling, C Kay, K Liddell, A Patterson, S Quinn, A Savory, M Simmons, H Smith, O Temple and C Wilson

Co-opted Members: Mrs R Hassoon and Mr D J Taylor Gooby

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DURHAM COUNTY COUNCIL

At a Meeting of **Adults, Wellbeing and Health Overview and Scrutiny Committee** held in Council Chamber - County Hall, Durham on **Thursday 15 November 2018 at 9.30 am**

Present:

Councillor J Robinson (Chairman)

Members of the Committee:

Councillors R Bell, P Crathorne, R Crute, G Darkes, J Grant, T Henderson, A Hopgood, P Jopling, C Kay, A Patterson, S Quinn, A Savory, M Simmons, H Smith, O Temple and C Wilson

Co-opted Members:

Mrs R Hassoon and Mr D J Taylor Gooby

Also Present:

J Allen, P Brookes, O Gunn, L Hovvels, R Manchester, A Reed, J Shuttleworth, M Wilkes, S Zair, L Maddison and K Thompson

1 Apologies

Apologies for absence were received from Councillors J Chaplow, E Huntington, K Liddell and L Taylor

2 Substitute Members

There were no substitute members.

3 Minutes

The minutes of the meeting held on 1 October 2018 were agreed and signed by the Chairman as a correct record.

The Principal Overview and Scrutiny Officer advised that in relation to minute no. 7, the review report into suicides had been submitted and approved by Cabinet on 14 November 2018. The report would be referred to the Health and Wellbeing Board and the Safe Durham Partnership for consideration.

4 Declarations of Interest

Councillors Brookes, Hovvels and Robinson and Mrs Hassoon declared an interest in Item 5 as patients of Skerene Medical Group.

Councillor Quinn declared an interest in Item 7.

5 Media Issues

- **Surgeries to close due to GP shortage – Northern Echo 22 October 2018**

A county Durham medical group is planning to close two surgeries because it does not have enough GPs. Skerne medical group which has four surgeries in Sedgefield, Fishburn, Trimdon Colliery and Trimdon Village says it is reviewing its operations with a view to keeping a maximum of two sites

- **Fears for Bishop Auckland Hospital amid 24-bed ward closure plans – Northern Echo 3 October 2018**

Fears have been raised about the future of a County Durham hospital after it emerged a 24-bed ward could close. Last night County Durham and Darlington NHS Foundation Trust confirmed it was consulting on the closure of Bishop Auckland Hospital's ward six. The nurse-led 'step down' ward is for patients who no longer require doctor care but are not ready to go home.

- **Public meeting over closure of Bishop Auckland Hospital ward to be held tonight – Northern Echo 18 October 2018**

Campaigners fighting to keep Ward 6 at Bishop Auckland Hospital open will air their views at the meeting, hosted by the town's MP Helen Goodman.

The Chairman introduced Dr Hearmon from the Skerne Medical Group.

Dr Hearmon gave a detailed update on the current situation facing the Skerne Medical Group. She advised the committee that the practice was facing a crisis and was unable to fill current vacancies. She advised that the group would be closing one of the branches and reducing the services across the other three sites so that the remaining partners could continue to deliver safe quality medical care. The group look after 15,000 patients in Trimdon Colliery, Trimdon Village, Fishburn and Sedgefield. The group were struggling to recruit and retain GPs. New housing developments in the area had led to an increase in patient number and no-one had asked if the group had the capacity to take on extra patients. The group had suffered significant losses and were unable to continue to provide services that patients would expect. The partnership model for the group was eight GP partners supported by a small number of salaried GPs. There were 8.62 full time equivalent GPs in October 2016 however this could reduce to 5.1 in February 2019 and therefore the group would be able to offer 41 sessions, reducing from 69. The group had been trying to attract new GPs with a permanent advert on the NHS jobs site however no suitable response had been received. The operation from four sites was causing the existing GPs to leave and stopping potential new recruits from joining. Engagement meetings were being held to gain an understanding from patients on how to deliver a safe service. In the short term the group do not have the capacity to staff the existing four sites and in the medium to longer term there would need to be a reduction in surgery site. The Committee were assured that the remaining staff jobs were safe and the group would continue to try to recruit and retain staff but felt that this offer would be strengthened by operating from fewer sites. The group appreciated that patients required easy access and there was no intention to disadvantage those patients with poor health or those with

economic reasons. Transport had and would always be an issue with accessing health care. Buses run hourly between the villages and there was the use of a volunteer driver scheme. The offer of home visits would not change and the group had taken on extra clinical practitioners and a paramedic to help maintain the service in the absence of GPs. The group want the model of care to be fit for the future and if they did not make any changes they ran the risk of losing further staff due to stress and sickness. If this was the case an alternative provider would need to be sought.

The Chairman thanked Dr Hearmon and the practice manager for attending the meeting and asked if they could come back to the special meeting on 4 December to report back on the findings of their consultation exercise. He referred to a request from the Chairman of the Health and Wellbeing Board, Councillor Hovvells, and requested that the Trimdon surgery be added to the review, even if this meant a three year review into services. The Chairman further asked what role the CCGs had played in this decision, as he was increasingly concerned that this would have a domino effect across the County. He suggested that a cross party working group be established to review GP services in the County.

The Chief Clinical Officer, DDES CCG said that this was a very difficult situation and one of many facing GP surgeries in DDES and North Durham areas. A lot of GPs were being lost to retirement and new GPs preferred to work in cities and therefore were difficult to recruit. The average number of patients in the North East per GP was 2142 however this increased to 2372 in DDES and 2250 in North Durham making it even more difficult to recruit. The CCGs had been working very closely with Skerne and a lot of work had been undertaken with a national recruitment drive. In addition to that a career start scheme had been introduced with 41 additional GPs being recruited. However over the next 10 years 21% of GPs were due to retire. Older GPs were being encouraged to stay on and more nurses had been recruited. He added that the Skerne Medical Group were a very popular practice and the CCG fully supported them with their current line of engagement.

Councillor Grant expressed serious concerns about the closure of the Trimdon Village surgery as this would leave 3000 patients without health care in their village, making them travel to another area for treatment. A lot of people had already been encouraged to attend the Fishburn site. She also had concerns that the group wanted a four year review, that this was too long and that Trimdon Village should also be included in that review. She felt that decision had already been made despite the engagement process. She did sympathise that there was a shortage of GPs but asked how this had crept up and who was to be held accountable. She said that the people of her community deserved safe care and half of her ward were faced with this permanent closure and the other half having to attend a practice that had been marked as inadequate. She believed that moving the practice onto one site would fall nicely with rooms at Sedgefield hospital having to be filled.

Councillor Hopgood fully supported the establishment of a cross party working group. She was disappointed at the news but not at all surprised that no-one at the practice had been consulted on new homes having been built. She strongly urged that this was looked at in terms of planning as this should form a big part of the consultation.

Councillor Kay said that this was driven by logistics and not patient care. He commented that as this was a verbal report he had not been able to fully scrutinise it before the

meeting. He asked how it was so difficult to recruit GPs to rural areas as this was once a sought after job. He concurred with Councillor Grant's point that this was a primary driver to fill up Sedgefield Community Hospital.

Dr Hearmon said that they had focused on the Trimdon site as this was the smallest with only one room for a doctor and one nurses room and no availability for any other staff members. Most patients attended the Fishburn or Trimdon Colliery sites from the Trimdon Village area. She added that to continue to staff this site was a drain on the available resources and overall care for patients. The four year plan would encompass three sites as come February 2019 there would not be enough doctors to staff the Trimdon Village site. There was a significant timescale to require or improve what meets the needs of the medical group and there was a need to ensure the medical care was met for the future.

The Chief Clinical Officer DDES CCG also welcomed the cross party working group and would be pleased to work with colleagues on this. He advised that a retirement scheme was in place for GPs and that the CCGs supported part-time working for GPs. The problem with recruitment was multi-factorial as the number of recruits to medical school had increased however most chose to practice in cities or to work part-time. A further problem was that 9% of doctors were from the EU and it had been difficult to recruit them over the last couple of years due to Brexit. With regards to Sedgefield Community Hospital he advised that it was full and there was no financial reason to move a practice to this facility. He advised that there was land suitable in Trimdon Village but that all options must be explored first. Referring to the inadequate practice he advised that the CQC look at systems and not the quality of the clinicians working in a practice. So, in this instance it was a systems risk rather than a clinical risk.

Councillor Hovvels, as a local member, found that this was a difficult position to be in and that the potential branch closures could be the first of a domino effect. She also welcomed the cross party working group and would like to see this extend into the dentistry and care sector. With regards to Planning she advised that there was a named person in the NHS who received details of any planning applications and she had been working with them on improving this. She asked that the proposed Skerne Group review included all four branches and support the voice of the local people.

Councillor Brookes did understand the shortage of GPs and the issues around recruitment and retention however he did not see this way forward as a fair one for the people of Trimdon Village. He referred to a letter sent to all residents from the Skerne Medical Group about the difficulties that it was facing for all four sites, but then went on to say that Trimdon Village could not stay open from February 2019. He added that three public meetings had been arranged but were not included within the letter and people had to find out by viewing the website. He was frustrated about this as not everyone had access to a computer. With regards to the Trimdon site he reported that there had been many opportunities to extend the site. The area had high deprivation, medical needs with many single parents, elderly and vulnerable patients and felt that this decision was being made for financial reasons. He understood that there were plans for a new surgery at Wynyard and asked if the Skerne Medical Group had been asked to provide this. He asked that Trimdon Village remain open and be included in the full review.

Councillor Wilkes asked if the practice had calculated how many more home visits they would have to carry out in Trimdon Village if people could not get to the nearest surgery as this was likely to impact further on GPs time and costs.

The Chairman asked Skerne Medical Group to consider including all sites including Trimdon Village.

Dr Hearmon said that all GPs want to provide safe medical care and the position of being able to do this due to a diminished pool across the area had led to an engagement process. They needed to make a decision on the best way to do this with the team available. She assured Members that there was no truth in the move to Wynyard and that they would absolutely not be providing a service there. They had already made provisions for the costs of home visits and had added clinical practitioners and a paramedic to help provide that service.

Resolved:

- (i) That the information provided by Dr Hearmon be noted and a further update from the Skerne Medical Group in respect of the preliminary patient and stakeholder engagement be provided to the Committee at its meeting scheduled for 4 December 2018.
- (ii) That the establishment of a cross party working group to review GP services across County Durham be agreed.

6 Any Items from Co-opted Members or Interested Parties

There were no items.

7 Future of ward six, Bishop Auckland Hospital

The Committee received a report from the Director of Transformation and Partnerships and a report from the Deputy Chief Executive of the County Durham and Darlington NHS Foundation Trust (CDDFT) that provided information following recent press articles concerning the future of ward six at Bishop Auckland Hospital (for copy see file of Minutes).

The Principal Overview and Scrutiny Officer appraised Members of the background to this report and reminded them of the meeting on 7 September 2018 whereby they considered a report from the Director of Integration about the community hospital offer and bed compliment at each facility. As Members were aware there had been media coverage around ward six at Bishop Auckland Hospital and further to a letter from the Chairman the consultation had been halted.

The Deputy Chief Executive of CDDFT extended an apology on behalf of the Trust to the Chairman and committee members. She said that it had been right to talk to staff first but did recognise that Bishop Auckland Hospital was close to everyone's heart and she recognised that discussions should have been had with the Adults, Wellbeing and Health Overview and Scrutiny Committee.

She went on to assure the committee that the Trust's overarching commitment was to deliver safe and effective care for all patients. There had been a change in demand for

ward six, in particular, the need to look at the service model going forward. She wanted to assure members about the dialogue with staff on the model of care for the patients using ward six and would bring back any future proposals here and to any other stakeholders when discussions had been finalised. She went on to say that Bishop Auckland Hospital had a vibrant future with improved facilities providing a wide range of services with a great level of investment in radiology equipment. There were five inpatient wards.

Moving on to ward six, the Deputy Chief Executive reported that this provided nurse led care and was step down care provided around 24 beds by Advanced Nurse Practitioners. It did not have rehabilitation support. Work had been ongoing to look at the patients transferred to ward six to ensure that this was the right place for them to receive the right care. She highlighted the evidence drawn up from these conclusions, the quality improvements carried out on the ward, implementation of discharge to assess and Teams Around the Patients (TAPs). The Deputy Chief Executive reported that the average length of stay had reduced from 28.41 days in 2016/17 to 13.10 days at the end of October 2018/19.

Members were informed that ward six had also recently been used to help support the deep cleanse de-cant programme from the University of North Durham site due to work already carried out on ward six. This prompted the consideration of different models of care with the engagement of staff and this had been used as part of the dialogue with staff as part of the HR process.

The Deputy Chief Executive acknowledged on behalf of the Trust that this had not been managed as well as it could have been and language used had been loose which was not good content to have for staff dialogue and had caused a level of concern. She assured the committee that lessons had been learnt and actions put into practice to remedy that. The issues had been addressed directly with those staff affected in one to one sessions and the period of dialogue had been extended. The formal HR process had ended but the Trust would continue the dialogue. It was also acknowledged that documentation was not as it should have been and feedback sessions had been held with union representatives and staff.

With regards to the staff consultation, lots of ideas and suggestions had been put forward and assurances had been given to staff to set up a series of mini short rapid improvement workshops whereby scenarios would be used for staff and patients on ward six and how those needs could be met. Work would be ongoing with staff to pull proposals together and early in the New Year the conclusions and options would be presented to scrutiny and other stakeholders in terms of wider engagement.

The Chairman accepted the assurance from the Trust that there would be no closure until all options had been considered and presented. He thanked the Trust for the report and invited questions from committee members, other members and members of the public.

Councillor Patterson thanked the Chairman for halting the proposal to close and thanked the Trust for coming along to the meeting today. She made reference to the 24 beds being reported at the meeting on 7 September 2018 when plans had already been made for the closure. She said that the proposal had caused unnecessary stress to staff and patients. She appreciated that patients mattered but asked what about the staff, and did they not matter too. She welcomed the apology and defended the power of scrutiny to

call this decision in to the Secretary of State. Councillor Patterson felt that the report did not set out the public consultation options and did not contain any future proposals about what would happen to staff and patients. She asked for an explanation on the rationale used behind the decision making process. She would like to see that the public consultation was meaningful and would like to see a full report to scrutiny showing the rationale behind any options put forward.

Councillor Smith believed this to be a damaged limitation exercise and that engagement should have been carried out with staff before an announcement was made. She understood from speaking to staff in the ward that this had de-stabilised the team on ward six that was a fully staffed ward, with some staff members looking for employment elsewhere. The patients looked after on this ward often had complex needs, could be homeless or awaiting a place in a care home or some whose families were not willing to take them home. She re-iterated the point that this was a step down nurse led ward and putting patients in acute care would be bed blocking. She found the timing of this announcement strange due to winter pressures being around the corner and the fact that the ward was heavily used. She felt that this was an opportunity for the Trust to use this ward to plug gaps elsewhere and reported that this was how staff also felt. Councillor Smith commented that it was strange to choose this ward for closure when it had no clinicians or consultants to stand up for it. In her opinion it was an easy target but she was glad that the ward had a reprieve. She said that the staff on this ward, including student nurses did a very good and valuable job.

Mrs Hassoon commented that there was no anecdotal evidence about the people discharged to home or the additional cost to send them home. With regard to winter pressures she asked how many people would be bed blocking in acute care as a result of the closure of the ward.

The Deputy Chief Executive re-iterated her point that the option would be worked up and reported back to committee when the engagement exercise had concluded. She agreed that nothing would change until the way forward was agreed. She had already acknowledged that the engagement would be followed by HR consultation and would be the right way forward in future. With regards to the destabilisation of staff she confirmed that the Trust were aware of this and were aware that some staff had secured job offers elsewhere. The Trust were in discussions with staff about their willingness to stay and that their contribution would help to shape the future of the service. She agreed that the point made about winter pressures was well made. She advised that beds were flexed across all hospital sites on a continual basis and that this was based on demand and would continue. Referring to patients with complex needs the Deputy Chief Executive explained that the level of care was about ensuring that people were in the right place to receive it. Acute beds were not always the right place and step down beds were in a hospital setting.

Councillor Bell concurred with Councillor Smith's comments in that the ward provided a great service. He found that the announcement of the closure was an effective use of mismanagement as this caused destabilisation of staff who would then leave and the ward would not be able to take on as many patients. This in turn would show that the numbers on the ward were declining, deliberately running it down. He had found nothing in the report to justify a closure.

Councillor Darkes commented that he had heard nothing from the report today that demonstrated the standardised working practice.

Referring to the statistics around complex discharges Councillor Savory was concerned about homeless people being released and the increased role for the already overstretched District Nurses. She was also concerned that people living in a rural community would not get the same 24/7 level of care. She urged the Trust to retain ward six.

Councillor Crathorne appreciated the fact that it was better for patients to be in their own homes but asked how the Trust could guarantee the care would be available with people on the ground to deliver it in the community. She added that the community nurses were already stretched. She also asked that ward six be retained.

Responding to these comments, the Deputy Chief Executive said that she noted the comments about her report and had explained that she would be working up a proposal with options to bring back to committee. In respect to the comment made about deliberately running the ward down, she confirmed that the ward was very well used with high occupancy and that there was no intention not use the facility when it was still available. Referring to the decant issue, she advised that the Trust would like to have this facility and that it was linked to being able to use bed stop on a flexible basis. This would be drawn together as part of the proposals. She had already acknowledged that the Trust did not handle the staff consultation very well and that they were addressing those points. With regards to supported discharge she confirmed that this would not happen unless the patient was ready to leave. Discussions would always take place to ensure that the right care was available at the right place. In practice the Trust did not want people staying in hospital beds for longer than was necessary and that this would be supported through community services and Teams Around the Patients.

The Director of Integration referred to her report to this committee on 7 September 2019 where she highlighted the compliment of community beds across the county but that the main focus of the report was about DDES hospitals. She reported on activity in those settings and that beds would continue to be utilised, being fit for future use and providing a valuable community resource. The Trust would continue to monitor take up and patients would be assessed effectively with the correct assessment and discharge arrangements in place.

Councillor Henderson asked what the Trust were trying to do, as all he had heard was that they were trying to close a ward of 24 beds. He expressed concern as it had already been addressed about the shortage of GPs in the County and that if people were not in hospital this would impact and increase their workload further.

Councillor Temple commented page 2 of the report provided to the Committee by County Durham and Darlington Foundation Trust and to the evidence showing that "longer stays in hospital can lead to worse health outcomes and can increase long-term care needs. Research has identified that 10 days in a hospital bed leads to 10 years' worth of lost muscle mass in people over the age of 80 and reconditioning takes twice as long as this deconditioning. Councillor Temple commented that J Gerontol in this research had used 12 subjects and none of them were over the age of 80. He therefore queried the use of

these statements as facts and said that he would like to see genuine evidence being used to reassure us.

Councillor Kay referred to the public meeting held on 18 October 2018 whereby the Trust were informed that this closure would lead to dire and severe consequences for patients. He added that the transition of services to social care was already broken and could not take any more. There was a recognition that the Council needed further funding for social care. He said that the matter would be referred to the Secretary of State should the final proposal be to close the ward.

The Chairman invited questions from the other councillors in attendance.

Councillor Manchester referred to the duty on the Trust to consult with the local authority over any substantial changes. He appreciated the apology given however commented that it if had not been for the letter from the Chairman the ward would now be closed. He asked the Trust to ensure that a full consultation was carried out and concerns addressed.

Councillor Allen felt that the plans had been ill judged and poorly implemented. Staff had been informed that ward six was closing and had it not been for the intervention of the scrutiny it would have already closed. She was extremely grateful for the actions from the Chairman. She was concerned for the staff on the ward as morale was low and she hoped that they would not leave. The ward was fully staffed and she said that we needed to do everything to keep them there. She was concerned that the nurse practitioners who supported the staff had not been part of the consultation. With regards to the length of stay she commented that this was sometimes caused by other delays in the system. She appreciated that the Trust were experiencing financial problems but she asked that the staff of ward six be supported and that the ward be retained.

Councillor Zair thanked the Chair for his swift action and said that everyone was passionate about the hospital and the health service in general. He asked that if the closure of ward six and its 24 beds took place were the Trust confident that this would not lead to pressures in acute services, leading to delays in treatment and community resources. He was also concerned about people being discharged too early and then having to be re-admitted for the same procedure. He added that social workers and care agencies were also concerned as they had reported insufficient resources available within the community. He said that it was important to take on their views as care in the community was a vital service. Councillor Zair commented that people were living longer but still needed the health care that they deserved and a bed reduction programme would not guarantee that. He reported that ward six was full to capacity which evidenced the need to retain it. He asked the Trust to listen to the public, the staff and to take the consultation seriously. He asked who knew about the plans for closure and where these discussions had taken place.

The Deputy Chief Executive said that she had already given her assurance that an options report would be brought back to committee. With regards to beds being used, she advised that there were pressures elsewhere in the system and that they need to ensure that there was flexibility. There was less demand on beds during the summer months however during the winter period these beds could be opened up to alleviate the pressure. She reassured the committee that discharged planning for based on each individual and re-admissions occurred for a whole range of other issues. She confirmed

that the ward was full at present and as she had given an undertaking to the chair that nothing would change until a full consultation had been carried out, she took comfort that the ward was being fully utilised.

In response to a question from Councillor Zair who made the decision, it was confirmed that this was linked to the bed reduction programme and was discussed at the Foundation Trust executive meeting.

Councillor Quinn having declared an interest in this item, said that as she worked in a nursing home with six dedicated beds and the home had been told the week before this announcements that they had been commissioned for another three years. She added that these beds were dedicated as step down beds with physio treatment offered.

Councillor Thompson said that this had been an excellent scrutiny meeting and expressed his concerns that this type of care would only increase as people lived longer, and therefore the bed provision would need to increase not decrease.

Referring to the consultation Councillor Shuttleworth asked if the Trust would listen to what people were saying as there was a lot of passion about this ward and the hospital itself.

Councillor Wilkes asked for confirmation of who knew what and when about this issue.

Councillor Hovvels said that this meeting had demonstrated the role of scrutiny and said that this was the correct way to deal with this issue.

Referring to a personal issue in relation to early discharge of patients Councillor Maddison asked if the Committee could look at acute medical conditions for the discharge process at some point.

The Deputy Chief Executive assured members that she did not know about the IC plus beds and therefore there was no conspiracy. She did not have the details of who, what, why but that the details were discussed with the clinical leadership and executive leadership within the Trust. She could not answer today if the ward would stay open but she confirmed that they would make a decision on what they had heard. With regards to the discharge process she confirmed that the Trust were working with staff on a number of different scenarios.

In relation to the IC beds, the Director of Integration advised the committee that the beds were commissioned by the County Council as they hold the contracts for these beds. The contracts vary in length however most were for a period of three years. She confirmed that in this instance there was no other reason other than that the contracts were due for renewal.

The Healthwatch representative, Mr Shore, was dismayed at the way in which they had found out about the closely however he wanted to assure the committee that they were working very closely with the Trust. They were grateful for the discussions held so far but had not received full disclosure.

The Chairman thanked the members for their questions and asked the members of the public in attendance for any questions.

Mr Neilson informed the committee that he had been campaigning for Bishop Auckland Hospital for many years and had worked with the current Chairman of the Trust and a number of local members on highlighting issues of concern. He reminded the members of their right to call in this decision. With regards to ward six and the 24 step down beds he said that there could not be a compromise and with people now living longer they needed further care, not less. He believed that community care was overstretched and in chaos and that bed blocking prevented people from receiving treatment and care. He went on to say that this decision would not only affect Bishop Auckland, but Durham and Darlington.

The Deputy Chief Executive said that these were points well made in terms of bed blocking and life expectancy and she would be demonstrating the care that the Trust could provide.

The Chairman thanked everyone for attending and taking part in the discussion. He asked that the Trust come back to the committee at the meeting arranged on 18 January 2019 with the results of the consultation exercise, providing a full options proposal.

Resolved:

- (i) That the reports be noted;
- (ii) That the data, actions taken and progress to date be noted; and
- (iii) That comments on the actions taken to date be noted.
- (iv) That a further detailed report on the options be reported back to the Adults, Wellbeing and Health OSC on 18 January 2019.

8 Review of Stroke Rehabilitation Services in County Durham

The Committee received a report of the Director of Transformation and Partnerships and presentation from representatives of the County Durham Clinical Commissioning Groups (CCGs) and County Durham and Darlington NHS Foundation Trust (CDDFT) that provided an update in respect of the Review of Stroke Rehabilitation Services in County Durham (for copy see file of Minutes).

The Principal Overview and Scrutiny Officer highlighted background details from the report.

The Director of Commissioning, DDES CCG gave a detailed presentation that highlighted the following:-

- Scope of Improvement
- Vision and commitment
- Patient, public and carer engagement
 - methodology
 - emerging themes
- What does it look like
 - Best practice
 - Patient engagement feedback
- Gaps with the current provision

- The way forward

The Chairman thanked the Director of Commissioning for her presentation and commended the service provided at Easington and suggested that this was rolled out across the County. In relation to the bed reduction at Bishop Auckland he asked if this report had an effect on ward six. The Director of Commissioning explained that Stroke Rehabilitation was delivered on ward three at Bishop Auckland Hospital and was independent of ward six. She confirmed that the two issues were separate and that Bishop Auckland Hospital was an important part of health care and structure and that this report was not questioning the viability of the hospital.

In response to a question from Councillor Darkes about the ‘magic hour’ in relation to strokes he was advised that the one hour was the golden hour to scan the patient and carry our diagnostics. The timeframe for clot busting therapy if required was within four hours.

Referring to the presentation to Committee in July with the attendance of Dr Py stating that the therapies were diluted and that there were longer intensities in Bishop Auckland Hospital, Councillor Smith was concerned that there was an underlying agenda. She went on to recall that staff at Bishop Auckland were to be freed up and available to work in the community as it had been identified that there was a lack of community services. She asked for re-assurance about the future of Bishop Auckland Hospital. The Director of Commissioning said that the views of clinicians was that therapies were diluted across the two sites and therefore the options were to move therapists into the community or to employ more therapists. She confirmed that patients did stay longer in Bishop Auckland Hospital and the service would want to see patients discharged as soon as was appropriate for them. She assured Members that there was not a plot to close the hospital but that they had to ensure that they commissioned the right services by gathering evidence and feedback.

Councillor Zair was also concerned that there was a bigger agenda for Bishop Auckland Hospital. He said that the fear was exacerbated by the ward six announcement.

Councillor Allen also believed that there was a correlation between the two issues of the implications for ward six and the acute beds at UHND.

The Director of Commissioning informed the Committee that there was further work to be undertaken with regards to ward six and a lot of factors would be taken into account, one being having services closer to home and that the national guidelines must be taken into account. She added that recovery was better outside of the acute setting and that the service would be aspiring to that. She added that this did not mean that beds would not be required for stroke rehabilitation in Bishop Auckland Hospital. They would deliver the best care with the staff available to them.

With regards to the survey Councillor Temple asked for clarification about acute services as it only referred to UHND. It was confirmed that this was a typographical error and did in fact relate to both sites.

The Chairman asked if the east of the county had been considered. The Commissioning and Development Manager confirmed that the period of engagement had been extended and would focus on the population of Easington.

Resolved:

- (i) That the report be received and information within the presentation be noted;
- (ii) That a further report be brought back to the Adults Wellbeing and Health OSC on 18 January 2019.

9 Director of Public Health Annual Report

The Committee received a report of the Director of Public Health for County Durham that presented the Annual Report for 2018 (for copy see file of Minutes).

The Director of Public Health gave a detailed presentation on the Annual Report that focused on the new vision for the public's health in County Durham. The presentation highlighted the following:-

- Health and wellbeing across County Durham
 - Our county
 - Our children
 - Our adults
 - Our older people
 - Our assets
- Where we are now?
 - Reduction of nearly 22,000 smokers with a pledge to further reduce this by another 5% by 2025
 - Now lower than the national average
 - Need to support another 53,000 smokers and lift people of poverty

The Director of Public Health informed the Committee that the report had focused on a fictional family 'the Taylors' and the challenges they faced.

The presentation then highlighted:-

- The seven strategic priorities
- Our actions
- What this meant for the Taylor family

The Director of Public Health agreed to come back to a future meeting to update on progress.

Councillor Crathorne was concerned about young people smoking e-cigarettes and was informed that evidence so far had shown that these were 95% safer than cigarettes and had become the major support for people giving up smoking. There were 95% less harmful chemicals in e-cigarettes but it was recognised that this would have to be continually monitored. For young people evidence had shown that they were trying this out and not necessarily moving from smoking cigarettes.

Councillor Crute said that the report was interesting and it was good to identify with the vision of the family. He asked how we would monitor progress against the seven priorities and use information in reports and the work programme. The Director of Public Health explained that the review team in Public Health implement the priorities and that the JSNA Strategic Group had been reintroduced, which was the responsibility of the Health and Wellbeing Board. Scrutiny could look further into reports or ask for a deep dive on specific issues.

Councillor Smith congratulated the Director on a lovely report that was nice to read. She asked if the key recommendations and action plan were deliverable with the stringent cuts coming to public health funding. The Director of Public Health confirmed that there was a risk to County Durham beyond 2020 with a £19 million cut however the service were lobbying really strongly to central government with the support of key stakeholders and partners. Planning exercises were being carried out around reduced funding and prioritisation. With regards to this action plan it was hoped that the actions would be deliverable through others involved.

Referring to the drug and alcohol service, Councillor Kay asked how outcomes were managed. He was advised that for drugs this could be people coming back through the service and how many people were using. In terms of alcohol it was about de-normalising alcohol use. The Principal Overview and Scrutiny Officer advised that the Drug and Alcohol service were monitored by the Safer and Stronger Overview and Scrutiny Committee and that the new commissioners would be attending a meeting in January.

The Chairman thanked the Director of Public Health for an excellent report and he asked for the Committee's support in writing a letter to the Secretary of State to oppose cuts to the County Council's Public Health Grant allocation.

Resolved:

That the Annual Report for 2018 be received and a letter to the Secretary of States for both Health and Social Care and Housing, Communities and Local Government be sent expressing the Committee's opposition to the potential reduction in the County Council's Public Health Grant allocation.

The Principal Overview and Scrutiny Officer reminded Members about the special meeting on 4 December 2018 whereby the representatives from the Skerne Medical Practice would come back with an update. The Committee would also receive an update on the latest position for Shotley Bridge Hospital, inviting the Members Reference Group. There would also be brief updates on the Quality accounts and the CCGs two year operational plans.

DURHAM COUNTY COUNCIL

At a Meeting of **Adults, Wellbeing and Health Overview and Scrutiny Committee** held in Council Chamber - County Hall, Durham on **Tuesday 4 December 2018 at 9.30 am**

Present:

Councillor J Robinson (Chairman)

Members of the Committee:

Councillors J Chaplow, R Bell, P Crathorne, R Crute, G Darkes, J Grant, T Henderson, P Jopling, K Liddell, A Patterson, S Quinn, M Simmons, H Smith and O Temple

Co-opted Members:

Mrs R Hassoon and Mr D J Taylor Gooby

Also Present:

Councillors J Carr, Clarke, Considine, Hovvells, Jewell, Shield, Tinsley and Watson.

1 Apologies

Apologies were received from Councillors Hopgood, Huntington, Kay, Taylor and Wilson.

2 Substitute Members

There were no substitute Members present.

3 Declarations of Interest

Councillors Brookes, Hovvells and Robinson and Mrs Hassoon declared an interest in Item 5 as patients of Skerene Medical Group.

4 Any Items from Co-opted Members or Interested Parties

There were no items.

5 Skerene Medical Group

The Committee received a report of the Director of Transformation and Partnerships (for copy see file of Minutes) and verbal update by representatives of Skerene Medical Group further to the end of the engagement period regarding the future of the practice.

Dr Hearmon reported that the process started with a meeting with key stakeholders including the local MP, County Councillors and Town and Parish Council Representatives. During the six week period which ended on 3 December 2018, there were six separate public engagement events around the practice area where the dramatic shortage of GP's was outlined and the difficulties this was causing. By February 2019 there would be 40%

fewer doctors than 2 ½ years ago. It was therefore felt that the group were unable to safely man four separate sites. More than 400 people took the trouble to attend these events and asked many questions and offered opinions on how to should proceed. A variety of feedback via the practice website, as well as written feedback left at the meetings or handed in at the surgery was also received. Patients of all ages who attended the surgery over this time were spoken to, and local providers of mental and physical health care and our local pharmacies were visited to explain the situation.

Referring to the engagement process Dr Hearmon said that they were pleased with the turnout of more than 70 people per event. Over 70 comments were received via the practice website and further written comments were also received. Verbal feedback during consultancies also took place and many questions were raised at each event. In addition, although the practice did not use social media, there was considerable discussion on social media.

Dr Hearmon reported that feedback from patients had some common themes, as well as some specific issues from particular sites and that in general patients recognised the significant issues faced by Skerne Medical Group due to shortage of GP's and that changes were necessary. They expressed concern about appointment availability worsening, given the lack of GP's and also the current and future housebuilding. At all sites there was concern about accessing surgeries, both from a public transport availability angle and also the lack of adequate car parking. Particular groups of patients were mentioned, for example, those with limited mobility and also mums with small children.

There was significant interest expressed in looking towards relocating the practices given the situation. Sedgefield Community Hospital was favoured by many patients and a new build surgery on the old school site in Trimdon Village was clearly preferred by the people who lived there.

There were suggestions about financial inducements to attract GP's, for example, "Golden Hello's", provision of a vehicle, and removal expenses. It was explained, along with the CCG about such schemes elsewhere but that this would not attract GP's to a multiple site practice.

The subject of section 106 money was raised at all meetings both on what has happened with available funds from the numerous building sites currently being constructed and sites with planning permission where work had not as yet commenced.

Dr Hearmon summarised themes for each site:-

SEDGEFIELD

- Shortage of appointments
- The concern of an increased patient list due to house building
- Practice boundary change to limit new registrations
- Lack of significant car parking
- Interest in Sedgefield Community Hospital
- Concern over DNA's
- Transport

FISHBURN

- Would prefer to maintain Fishburn site, but felt preservation of whole practice was the greater need and would support this.

- Interest in Sedgefield Community Hospital
- Car Parking Issues – not sufficient parking facilities with no room to expand
- DNA's
- Impact on local pharmacy
- Transport – more centrally located and the challenges of transport links and travel for patients was less.

TRIMDON COLLIERY

- Transport concerns to alternative sites
- Cost of transport
- Appointment Availability
- GP to travel rather than patients

TRIMDON VILLAGE

- Strong feeling of lack of fairness in suggesting closing their site
- Concern over immediacy of changes verses four year implementation
- Access to other sites especially the elderly/young mums. Social demographics a big concern.
- Poorest facilities deserved development
- Recruitment issues note understood as nearby practice has full complement of GP's
- Social
- Smallest surgery offering only one GP consulting room and one treatment room. Inability to mentor trainees and other clinicians.
- Only 1500 registered patients which represents approximately 10% of the practice list.
- A section of Trimdon Village patients have been accessing services at other branches for many years without any formal complaints and since September 2017 only morning appointments had been offered.

The existing rented premises are inadequate for modern general practice

With reference to the proposed changes, Dr Hearmon said that the practice would provide wider education about practice services, would anticipate increased use and use digital technology in the future. Keeping Trimdon Colliery open ensures that clinical services were being offered at both the south and north of the current boundary. With regards to the two major care homes in the area there were more natural links with Willowdene to Sedgefield and Craigarron to Trimdon Colliery.

Dr Hearmon added that at the start of the engagement process there had been five partners, one has since retired and another partner had confirmed their resignation and had commenced sick leave. This left the group with three partners, down from eight.

She added that the engagement exercise was a positive interaction with practice and patients to consider options to move forward, that patients recognised the need to change, and that as well as sharing challenges they had learnt clearly about those faced by our patients. She believed that some future technology based changes would help patients in the future and patients were interested in progressing these. She reiterated her point that the practice had limited options in the short term to provide safe primary care to all patients and that reduced sites would engage the small pool of experienced

GP's to provide support and supervision to more junior GP's, GP's in training and Nurse Practitioners who see patients, in order to maintain the service and ultimately would enable Skerne Medical Group to attract/retain staff both GP's and Nurse Practitioners in the future.

Dr Hearmon advised that in the short term the closure of two of our sites was needed at Fishburn and Trimdon Village leaving clinical services to be provided for patients from Sedgefield and Trimdon Colliery sites. This would have financial consequences to the practice who own the Fishburn site and the site would be utilised to accommodate those AHP's who provided services from the building for the whole area, for example, midwives, health visitors, counsellors, mental health workers and podiatrist, as the two clinical sites would be unable to accommodate these services. Also some practice admin functions would be Fishburn based.

In the longer term members were advised that the practice would continue to explore the options available to establish alternative sites for the practice, or development of existing premises. Medical services had not benefited to any significant degree from Section 106 monies resulting from the widespread development in our area to date and this would be vital for future developments. The practice would continue to work closely with DDES CCG to achieve a sustainable future once viable options had been fully investigated, there would be an implementation plan developed to remodel the practice sites, taking into account the opportunities from both Trimdon and Sedgefield Community Hospital as well as the two current sites. Alongside this, strenuous ongoing efforts to recruit GP's for the future would take place.

In summary, Dr Hearmon advised that the change in delivery of service was not about people losing access to their GP but about ensuring all the patients could get quality medical services for the longer term. She was not prepared to see this practice fail due to issues over buildings. She added that any changes would not reduce the number of appointments and would provide a more efficient operation. She referred to this weekend's online Sunday Times that showed more GPs heading to conurbations, at the expense of rural areas. By creating a larger, full service, surgery structure would be attractive to this new generation. Two of the recently recruited salaried GPs were leaving for single site practices. The practice area is wonderful countryside, but it's not Jesmond (Newcastle), Hyde Park (Leeds) or Fallowfield (Manchester). Unless that kind of working environment could be provided, that recent graduates expect, we would only have third rate medical services in ten years' time. Dr Hearmon had talked to recently qualified GPs who have said that should be have less sites that the practice would be really attractive, hence the need to change. She concluded that change always hurt, but if people work together to consolidate the sites this could be really positive for the future. She was sure that we all wanted quality medical services across the practice area, as she did, as when retired she would also be a patient.

The Chairman thanked Dr Hearmon for attending the meeting to provide an update. He had invited Alan Foster to attend and had also notified Hartlepool and Stockton Borough Councils that the meeting was taking place as this decision could also affect some of their residents. He invited the CCG to comment.

The Chief Clinical Officer, DDES CCG supported everything the practice had said and commented that it had provided a very high level of service for a number of years. As we

lived in an ever changing environment, this practice, along with many others, were struggling to attract GPs. He felt that if the practice did not make these changes then there was a real danger that it would collapse and could potentially have a domino effect that would be catastrophic. He felt that the CCG had no alternative but to support the practice.

The Chairman asked for information on when this decision would be implemented and asked when the meeting would be taking place for the CCG to determine this. The Director of Primary Care and Engagement, DDES CCG informed the Committee that it would be up to the practice to propose an implementation plan with a date of implementation. He advised that an extra ordinary meeting had been called of the Primary Care Committee on 18 December at 12.30 p.m. with information available on the website the week beforehand.

The Chair of the Patient Focus Group for Skerne Medical Practice although not able to offer an opinion on the decision itself as he was not qualified to do so, commented that the process from the beginning had seen sincere efforts to reach these decisions. He added that this was not a new issue as the practice had found it difficult to recruit for a number of years. This and the fact that the partners were working with ever changing policies had made it very difficult but he supported the practice, its manager and partners in reaching this very difficult decision.

Councillor Grant was very disappointed with the decision and understood that it had been a very difficult one to make. However she said that the Trimdon Village site had been left to rot for a number of years and did not feel that this was an emergency situation but a decision that had been coming for the last three years and she believed that something could have been done within this time period. She appreciated that GPs did have a difficult job to do and had admiration for them. She felt however that the decision to close Trimdon Village and Fishburn were being made as these were the cheapest options and was not about the safe care of patients, and was a decision that had already been made before the consultation process had taken place. She pointed out that the consultation meetings had been chaired by what the practice had classed as an independent person, however she informed members that this person was paid to carry out this role by the practice. Councillor Grant asked who had been spoken to before the consultation as she was not aware of any town or parish councillors being contacted. She was concerned about the people of these villages especially the vulnerable residents.

Dr Hearmon responded that the Overview and Scrutiny had advised the practice who to contact and they had followed that advice by approaching town and parish councils, local county councillors and the local MP. She confirmed that the decision was not about money but about trying to maintain a service across the practice. She advised that the independent person chaired the consultation meetings and had been helping the practice with media as they had no expertise to do this and no ability to find the time to find out how to do this due to a shortage of staff.

Referring to the buildings not being fit for purpose, car parking and transport, Councillor Patterson asked what other options had been explored. Dr Hearmon explained that the buildings were not fit for purpose and none of the current buildings would support holding the whole practice on one site. The Trimdon Village practice was in a converted house which was not up to current standards. She advised with regards to transport there were

bus services running across the area and people had fed back through the consultation that they were happy to use the service to access the other sites. Dr Hearmon reported that all sites had operated closures over the last 12 months and patients therefore were used to travelling to another site when their practice was closed. She also reminded members that there was a volunteer driver scheme available.

Councillor Patterson said that bus services were not appropriate for all and asked what alternative care provisions had been put in place. In response, Dr Hearmon reported that the practice had recruited an additional nurse practitioner and a paramedic.

The Chairman pointed out that any S106 funding for the GP service went directly to the CCG and advised that the practice speak to them regarding lack of this funding. He added that as a representative for Fishburn he was shocked at the announcement of the closure and asked when implementation would be. The Director of Primary Care and Engagement, DDES CCG explained that the practice would present to the Primary Care Committee and from that the practice would determine implementation dates.

Referring to the number of patients, Councillor Darkes asked for breakdown for each practice area and was advised that Trimdon Village had 1500, Fishburn had 4079, Trimdon Colliery had 2049 and Sedgefield had 7200.

Councillor Brookes said that this was a disgraceful decision and was bad enough that 1500 patients from Trimdon Village were losing their service but that others who were used to travelling to Fishburn would now have to travel to Trimdon Colliery or Sedgefield. He asked how this decision could be justified on business grounds. He commented that the poorest people would have to travel the furthest for their primary care needs and urged Skerne Medical Group to rethink this decision. He added that more than 100 people had attended the public meeting in Trimdon Village showing their concern about the proposals. Councillor Brookes went on to say that this decision would have an impact on appointments in other surgeries and the request for home visits would increase. He was concerned that 300 people would have to now travel to see a GP and especially during the winter months when there was a poor transport service between the villages. He asked the CCG to intervene and continue to provide primary care from all four practices.

Councillor Bell said that this was a very concerning situation that had deteriorated since the practice were last at committee a couple of weeks prior. He asked if there was a formula or rational for assessing needs that had been used to inform the decision. He did accept that the practice did not have the staff to cover all areas. The Director of Primary Care and Engagement, DDES CCG advised that the GPs contract was not written to cover needs but was about coverage and giving people the ability to register with a GP.

Making reference to the car parking problems at Fishburn, the Chairman pointed out that if this facility was going to still be used it would still have the same car parking problems. He reminded members that this decision could be called in to the Secretary of State but that strict criteria applied.

The Principal Overview and Scrutiny Officer referred members attention to the Local Authority Health Scrutiny Guidance published by the Department for Health which set out specific requirements for specific circumstances for referral to the Secretary of State. The

section pertinent to this debate was part c – proposal is not in the interest of health in its area. Should the committee decide to call in this decision it would need to be reported to full Council where it could be debated.

Councillor Grant moved to call in the decision as this was a substantial change that affected services in County Durham and she wanted to support the local residents.

Councillor Darkes seconded the call in as felt that the decision was a poor one for the area.

Councillor Smith said that she fully understood the concerns of councillors from these areas and should this be called in it would prolong any decision making. She recognised that the Skerne Medical Group were in deep crisis and should this committee call this in the group would not be able to implement the decision. She added that the service had demonstrated that they were struggling to provide a service across all four sites due to a lack of personnel, not buildings and therefore she would not support the proposal to call in.

The Principal Overview and Scrutiny Officer advised that the committee did agree a recommendation asking for Trimdon Village to be considered as part of the Practice's longer term review process.

The Chief Clinical Officer assured the committee that the people of Fishburn and Trimdon Village were not being left without medical care as this would be provided from different sites. The Primary Care Committee would look at the contract from Skerne Medical Group which stated that care would be provided across four sites and should the practice not take the advice from the CCG they could issue a breach notice, which was the only power afforded to them.

Councillor Crute was concerned about the process and asked where the committee were in terms of the decision making process. The Principal Overview and Scrutiny Officer explained that the representations made at the meeting on 15 November to Skerne Medical Group could be communicated to the Primary Care Committee for their meeting in December.

The Chief Clinical Officer said that the CCG would take note of the recommendation from this committee but their primary concern was that if they did not support the practice there may be a collapse and no practice in the area at all.

Councillor Temple understood the real issues facing the surgery in being able to recruit and retain staff and understood that it would be easier for them to recruit to two sites rather than four. He picked up on Councillor Darkes point about the size of the surgeries and that they would be closing one of the biggest surgeries. Notwithstanding the geography of the area and where one site was to the other and the transport flow through the villages he felt that there was a real threat to health care for the local people. He asked the CCG to re-examine the position as there seemed to be no logic in closing the second largest site and keeping one of the smaller sites operational.

Councillor Crute was keen that the committee followed due process and asked did not obstruct the decision of the Primary Care Committee. He asked that the committee make

representations to the Primary Care Committee and reserve the right to make a decision about call in until that decision had been made. He asked that feedback from the meeting on 18 December was shared with the committee.

In light of this, Councillor Grant supported this course of action.

Following on from his earlier comments and questions Councillor Bell asked that the CCG look at including a needs assessment in future contracts as patient interactions and transport links to surgeries were more important than the buildings and car parking problems.

Resolved:

- (i) That representations be made to the Primary Care Committee for their meeting on 18 December 2018;
- (ii) That feedback from the Primary Care Committee meeting be received; and
- (iii) That the Committee reserve the right to make a decision on referral to the Secretary of State for Health and Social Care until a final decision had been made.

6 Shotley Bridge Hospital Update

The Committee received a report from the Corporate Director of Programmes and the Commissioning and Development Manager, North Durham Clinical Commissioning Group that outlined proposed communications and engagement plan for services currently delivered from Shotley Bridge Hospital (for copy see file of Minutes).

The Commissioning and Development Manager assured members that no decisions had been made and that this report was to inform about the decision making process. She confirmed that North Durham CCG were committed to providing a facility either on the existing or on a new site. She went on to explain that funding had been secured for the development and she highlighted the process of engagement. The eight to ten week period of engagement would be flexible and could be extended due to inclement weather, as the CCG wanted as many people as possible to contribute. The engagement process would allow open discussions on all potential options and would inform what to take forward in terms of the consultation exercise. There were nine events planned across the area and social media would be utilised to allow further feedback.

The Commissioning and Development Manager informed the Committee about the options for the following:-

- Urgent Care Centre
- Bed Provision
- Chemotherapy Unit
- Theatre Provision
- Diagnostics

- Endoscopy
- Outpatients

In terms of the site, the Commissioning and Development Manager said that there was not a lot of detail in the proposals as they were prioritising transport and access to the locality. These discussions would then allow the CCG to form a shortlist in terms of the potential sites. She went on to advise of the timelines and said that committee would be appraised of the findings from the engagement process at their meeting on 1 April 2019.

Ms Burton, member of the public, stated that she was glad nothing had been decided but said that the main driver appeared to be funding driven. She went on to ask if the financial information would be given before the engagement exercise to allow people to make an informed decision, as the current situation was an option and she felt that people would vote for this. However, she was concerned that the CCG did not have the finances to go forward and continue with the current situation.

The Corporate Director of Programmes explained that it was the CCGs intention to share all information to ensure that the right engagement was carried out with an understanding of financial and workforce constraints. With regards to the condition of the building, he advised that it would need significant investment to modernise it so that modern health care services could be delivered. With regards to the financial aspect he advised that discussions would need to be had with NHS England but he confirmed that capital funding had been secured which in turn had allowed this engagement process to take place. The CCG would be looking at current activity and demand and at where people go for their health care needs. He confirmed that everything would be shared. The Commissioning and Development Manager added that the engagement exercise was very different to the consultation process as there would be more open conversations and therefore the CCG would not be at the stage where cost options could be shared. At the consultation stage those options would be put forward and the CCG would provide as much information as they could.

The Chairman invited members of the Shotley Bridge Hospital Reference Group to ask questions.

Councillor Clarke commented that this was a decision that followed decades of uncertainty for the future of Shotley Bridge Hospital and he was concerned that if the public were given all options at the engagement stage, the majority would want as much retained as possible. He asked that serious consideration was given to potential sites in the area.

Referring to page 71 of the report, Councillor Jewell said that the point about construction in 2019/2020 suggested that the decision had already been made.

Councillor Tinsley, referring to increased housing in the Consett area, and asked how the needs of people not living there yet could be assessed. He asked what other issues had been considered as part of the options appraisal engagement process and why option two was included in the bed provision section as it had already been informed that an eight bed option was not sustainable.

The Corporate Director of Programmes advised that the options and how they would be presented were based on the discussions gathered to date and now it was the opportunity to engage with the wider community, presenting all relevant information showing flexibility for the future. He added that the new sites would not just focus on a transport model but the needs of local people. In terms of the new site he advised that a survey would be carried out following the engagement exercise. With regards to the comment about construction he agreed that conversations had been ongoing for a number of years but confirmed that no decisions had been made. Any plans for construction would need approval from the CCG board. He confirmed that the CCG had recognised local housing needs and 10% growth had been factored in. He confirmed that a range of issues had been considered for the engagement process including travel, access, decision making criteria and this would be presented through to the consultation period. With regards to the point made concerning options that may not be viable, he advised that by including all options in the engagement process would allow the CCG to have open discussions regarding bed provision.

Councillor Shield commented that he would not want to see a repeat of what had occurred at other hospitals with closures. With regards to paragraph 34 of the report he was concerned that the hospital had already seen the withdrawal of services recently and that it was not always given as a health care option for service provision. He went on to comment on page 26 of the report and felt that a huge demographic had been missed as vulnerable people should also include the young population. He looked forward to the meeting of the Reference Group on 17 December where the options could be carefully scrutinised.

Councillor Watson was pleased to learn that the CCG had made no decisions as yet and he asked that all options included in the engagement process were deliverable. The Commissioning and Development Manager confirmed that all options were absolutely viable and the CCG very much welcomed an open debate. She added that carrying out a good job with the engagement process would make the consultation process easier. Richard Morris, Director of Operations confirmed that the choice for patients attending Shotley Bridge Hospital was there however he did acknowledge that clinics took place at limited times.

Councillor Patterson expressed her disappointment that the options requested by this committee had not been brought back regarding all service delivery options that were available at Shotley Bridge Hospital. She believed the options were a nonsense with a foregone conclusion. She asked that the CCG re-think the options before the engagement process started. She added that the impact would not only be on residents in the area but on other urgent care services, such as the University Hospital North Durham, where they were already stretched. She asked if these options had been presented to the reference group.

Councillor Temple echoed the comments made by Councillor Patterson as he too recalled the minute from this committee asking that a further report be presented including analysis of need and post code. As this was missing he failed to see how the CCG could go out to engage when facts had not been presented. He said how important it was to have the trust of the people that you are engaging with and to be able to give a clear message. He again added his disappointment and asked for an apology from the CCG

for the lack of information presented as he believed that this undermined the whole process.

The Corporate Director of Programmes gave a guarantee that the CCG were taking this seriously and were not ignoring the committee or any other feedback received. He advised that the work on demand was available and would be shared during the engagement process. He pointed out that nothing was off the table and that information shared would enable meaningful conversations. He added that information had been shared with the reference group and would be shared through the engagement process.

In response to a question from Councillor Temple, The Corporate Director of Programmes confirmed that £16 million of capital was available for any new facility.

Mr Taylor Gooby felt that this was an honest attempt by the CCG to have a debate with the public and said that people were aware of the pressures faced by the NHS.

Councillor Jopling asked if any consultation had been carried out with other providers to ascertain if they had the capacity to cope with providing further services.

Referring to Councillor Temple's point about the need for demand data, Councillor Bell asked why this had not been shared with this committee if it had been shared with the reference group.

Councillor Patterson added that the committee had asked for options to consider services across the area and she could not endorse them as presented today. She asked that the CCG go back to the reference group to discuss and then report back to this committee on what had been requested. Councillor Temple seconded this request.

The Corporate Director of Programmes confirmed that the CCG were not looking at shipping out services and that there was no option to disperse services from Shotley Bridge Hospital. He explained that they were looking at what could be delivered and what the demands were for services and that the engagement process would allow all options to be considered through open discussions. He advised that the public would be listened to. Options such as Teams around the Patients and community services would also be explored. The Corporate Director of Programmes agreed that the demand data could be shared with this committee and re-iterated the point that no decisions had yet been made.

The Commissioning and Development Manager said that the engagement process was about having discussions by guiding people and sharing information and that this would help shape the consultation exercise. She stated how important it was to start this process and start having those important conversations.

Councillor Shield confirmed that the reference group had asked for an extension on considering the options.

Councillor Patterson asked that the CCG refine the options including service delivery through the reference group as she felt that as they stood the public would be led to choosing the least worst option. The Corporate Director of Programmes pointed out that this would be done via the engagement process.

Resolved that:-

- (i) The previously requested health care needs analysis data and information on a postcode basis and based upon healthcare demands on the local population be shared with the Adults Wellbeing and Health Overview and Scrutiny Committee as a matter of urgency and;
- (ii) Further work on the development of a full range of future service model options be undertaken prior to the commencement of any pre-consultation engagement to ensure that the engagement process is not prejudiced by an inadequate range of options put to key stakeholders and the population of the county.

7 NHS Quality Accounts 2017/18: Progress against 2018/19 priorities

The Committee received a report of the Director of Transformation and Partnerships and supporting information from North East Ambulance Service NHS Foundation Trust, County Durham and Darlington NHS Foundation Trust and Tees, Esk and Wear Valleys NHS Foundation Trust that set out progress made against their Quality Accounts priorities for 2018/19 (for copy see file of minutes).

North East Ambulance Service NHS Foundation Trust

The Assistant Director of Communications and Engagement gave a brief update and highlighted the four priority areas as:

- Early Recognition of Sepsis
- Cardiac Arrest – improving survival
- Longest waits for patients who fall
- Improving the care of patients with mental health needs, through improving staff knowledge and skills

County Durham and Darlington NHS Foundation Trust (CDDFT)

The Associate Director of Nursing, County Durham and Darlington NHS Foundation Trust gave a brief update and highlighted the three priority areas as :-

- Safety
- Experience
- Effectiveness

With regards to pressure ulcers under the safety priority, Councillor Temple enquired if this was occurring in people's own homes or care homes. The Associate Director of Nursing emphasised that the trust had a zero tolerance policy in relation to pressure ulcers and she confirmed that all policies and procedures were in place. When analysing the data the trust would always ask how they could have done things differently. The trust looked after people in their own homes that were under the care of a district nurse and this proved to be more challenging as they were not monitored all of time. Whereas in a hospital setting people were monitored and positions were changed every two hours. The trust were working towards improving the recording of care from the nurse in the home setting to show the step by step process administered.

Mr Taylor Gooby asked that as dementia issues were growing and the support of carers was very important to provide good quality care, who would ensure it was being carried out properly. The Associate Director of Nursing reported that in the hospital setting a lot of improvements had been made to normalise the environment for patients suffering from dementia, such as coloured door frames and toilet seats. She advised that the trust had a

dementia lead who worked very closely with patients and carers. She informed the committee of an enhanced care programme that the trust were working towards which would incorporate the falls strategy. The two areas would be interlinked as patients with dementia were at higher risk of a fall. Activities would also be arranged for people living with dementia.

Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV)

The Head of Planning and Business Development, Tees, Esk and Wear Valleys NHS Foundation Trust gave a brief update and highlighted the four priority areas as :-

- Reduce the number of preventable deaths
- Improve the clinical effectiveness and patient experience in time of transition from child to adult services
- Make our care plans more personal
- Develop trust-wide approach to Dual Diagnosis, which ensures that people with substance misuse issues can access appropriate and effective health services

The Head of Planning and Business Development advised that the trust had added a fifth priority on Mental Health Urgent Care Services. He also informed the members of a stakeholder event arranged for 5 February to which they were invited.

The Chairman thanked the officers for attending to give their presentations.

Resolved:

That the reports be received and noted;

8 North Durham and DDES CCGs 2 year Operational Plans

The Committee received a presentation from the Chief Clinical Officer, Durham Dales, Easington and Sedgefield CCG (DDES CCG) that provided an oversight on NHS Planning and the Developing Commissioning Landscape (for copy see file of Minutes).

The Chief Clinical Officer highlighted the following:-

- Three Emerging Levels of Commissioning
 - What gets done at each level
 - Place: Durham Integrated Model Overview
 - Teams Around Patients
 - Our Ambition
 - Integrated Care Board Joint Working Arrangements
 - Next Steps and the Future
- Integrated Care System Update
 - Case for Change
 - ICS Health Strategy Group
 - ICP boundaries
- 5 CCG Collaborative

- Benefits of collaboration
 - Timetable
 - CNE delivery programmes & enabling strategies
- NHS long term plan by Autumn 2018
 - Planning
 - Expected Priorities from NHS Plan
 - Clinical Priorities
 - Enablers
 - Southern ICP Priorities

Ms Burton, member of the public, asked if there would be a shift in funding and if monies would be pooled together. She was advised that there were no plans to combine the local authority and CCG funding however they were looking areas in which resources could be best used by working together. Ms Burton further asked who the ICP was accountable to and if this would be the CCG. The Chief Clinical Officer agreed that this should be carried out at CCG level but could not confirm as there was no specific strategy. He reported that it would depend on the size of the ICS as they differed in size throughout the country.

Councillor Bell referred to patient flows across boundaries and asked how one ICP could set its priorities when the others had not when this would affect patients whose geography would determine where they received treatment.

Mr Taylor Gooby expressed concern about accountability and in particular the role of public health who require further funding to enable them to carry out preventative work. He was surprised that there was no mention of the combined authorities in the presentation as they had sought powers to take on public health.

Moving on, Councillor Smith referred to yet another reorganisation within the NHS management structure and asked if it would reduce management costs.

The Chief Clinical Officer explained that when the PCT moved to CCGs there had been huge cuts in management costs and he believed that there was scope to cut this further with changes being made to systems. In terms of patient flows he advised that should this cross boundaries then planning would be implemented to work together across the ICPs. He advised that the money would still follow the patient and financial adjustments would be made to cover this arrangement.

With regards to public health, the Chief Clinical Officer agreed that the combined authorities had a choice of doing this and felt that it would be a mistake not to include these arrangements. The relationship around prevention for all partners was strong and he fully supported the local authority in asking for the funding not to be cut beyond 2020.

Looking at the ICP priorities, Councillor Darkes was surprised that there was no reference to sepsis and he felt that this should be a priority. The Chief Clinical Officer agreed and commented that this would be included in the full detailed plan.

Referring to budgets and the pooling of money, Councillor Patterson was concerned about this being ring-fenced or put into one pot as there would be wider implications for the adult social care budget. Referring to the slide on vulnerable people, she asked if

these services were under threat. The Chief Clinical Officer advised that they would be monitoring the budgets as would cause a real fear should they be ring-fenced. He added that it was about getting the right money in the right place. Referring to vulnerable services he reported that there were significant pressures in paediatrics, breast services and he would come back in the New Year to talk about these vulnerable services.

Resolved:

That the presentation be noted.

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**Special Adults Wellbeing and Health
Overview and Scrutiny Committee**

14 January 2019

Skerne Medical Group



Report of Corporate Management Team

Lorraine O'Donnell, Director of Transformation and Partnerships

Electoral division(s) affected:

Bishop Middleham and Cornforth; Sedgefield; Trimdon and Thornley

Purpose of the Report

- 1 To update the Adults Wellbeing and Health Overview and Scrutiny Committee on the decision of Durham Dales, Easington and Sedgefield Clinical Commissioning Group in respect of an application by the Skerne Medical Group to reduce future branch service provision across the practice locality.

Executive summary

- 2 At its meeting held on 15 November 2018 the Adults Wellbeing and Health Overview and Scrutiny Committee received a report from representatives of the Skerne Medical Group detailing problems facing the group in respect of the recruitment, retention and current GP staffing capacity.
- 3 The Committee were advised that the practice had commenced a patient and stakeholder engagement process on 5 November 2018 and written to all patients advising them of the problems facing Skerne Medical Group and plans for a series of public meetings to enable patients to discuss these issues.
- 4 The Committee indicated that no option should be discounted within the proposed service review that the Skerne Group proposed to undertake. To this end, the Committee recommended that the potential for continued GP provision within Trimdon Village should form a key part of the practice's proposed review and any option for future services developed as part of the review.

- 5 The Committee also asked the group to report back to the Committee with the initial findings from the engagement activity prior to any decision being made.
- 6 Representatives of the practice attended a special meeting of the Adults Wellbeing and Health Overview and Scrutiny Committee on 4 December 2018 when a verbal update was provided to members of the Committee regarding the key findings of the patient and stakeholder consultation and engagement exercise undertaken in respect of the proposed closure of practice branch sites.
- 7 Key considerations and comments noted by members at the meeting included:
 - The difficulties experienced by the practice in terms of the dramatic shortage of GPs the practice faces and that by February 2019 the practice will have 40% fewer doctors than 2½ years ago and feels unable to safely staff four separate sites.
 - The response rates and levels of engagement in the process with over 400 people attending the engagement events and the 70 comments received via the practice website.
 - The generic issues raised during the engagement process as well as specific issues regarding each individual site.
 - The GP resource now available at the Skerne Medical Group has reduced since the initial report to Committee on 15 November from 5 GPs to 3 which has compounded the problems.
 - Following consideration of the engagement feedback and responses, members are aware that the practice are proposing to close the Fishburn and Trimdon Village sites and retain the Sedgefield and Trimdon Colliery sites.
 - The Committee are concerned that one of the sites proposed to close had the second largest practice list (Fishburn) and included half of the registered patients from Trimdon Village who had previously been encouraged to use the Fishburn site.
 - The limited evidence to explain the rationale for closing the two sites from a patient perspective.
 - The absence of any detailed medical needs assessment having been carried out across the 4 sites based upon patient contacts and any associated risk assessments regarding the proposed change including accessibility, car parking and availability of public transport as part of the options appraisal process.

- 8 The Committee reaffirmed its previous recommendation to the Skerne Medical Group that the potential for continued GP provision within Trimdon Village should form a key part of the practice's proposed review and any option for future services developed as part of the review.
- 9 The Committee also contested the adequacy of the consultation as the letter sent to all patients on the practice lists contained conflicting information regarding lack of mention of a second potential site closure which was publicised on the Practice website and provided at the engagement meetings.
- 10 The concerns raised by the Committee have been communicated to the Practice by letter (copy attached at Appendix 2). Durham Dales Easington and Sedgefield CCG were copied into this correspondence to ensure that the views of the Adults Wellbeing and Health Overview and Scrutiny Committee were communicated to the CCG's Primary Care Commissioning Committee when it met on 18 December 2018.
- 11 The Primary Care Commissioning Committee met on 18 December 2018 to consider applications from Skerne Medical Group to close the Branch sites at Trimdon Village and Fishburn. Copies of the reports that were considered at the PCC Committee are attached to this report (Appendix 3 and 4).
- 12 Following representations made by the practice, local Councillors, patients and stakeholders including the County Council's Adults Wellbeing and Health Overview and Scrutiny Committee, the Primary Care Commissioning Committee agreed that:
 - (i) The proposal for the closure of Trimdon Village be supported on the grounds that:
 - The premises are in a poor state of repair.
 - Clinicians working there are more isolated than they are in other premises.
 - The impact on the population has to be weighed against the risk of the entire practice failing.
 - The practice will continue to offer general medical services to the population including home visiting where appropriate.
 - (ii) That the proposal to close Fishburn Village surgery be rejected on the grounds that this was not included in the original letter and so we do not consider all patients were adequately consulted.

- (iii) That the Practice (Skerne Medical Group) conduct an urgent review regarding the medium to long term future of the surgery sites. Their patients must be engaged in this process and the process should be completed within 6 to 12 months of this meeting. Any future emergency branch closure will involve an engagement exercise with their patients. Any future service delivery model options appraisal process must include Trimdon Village.

Recommendation

- 13 Members of the Adults Wellbeing and Health Overview and Scrutiny Committee are asked to receive this report and reflect upon the decision of the Primary Care Commissioning Committee to determine its response to the decision.

Background

- 14 At its meeting held on 15 November 2018 the Adults Wellbeing and Health Overview and Scrutiny Committee noted recent press coverage of plans to reduce service provision across the Skerne Medical Group, specifically the potential reduction in the number of branch sites served by the practice.
- 15 The Committee receive a report from representatives of the Skerne Medical Group detailing problems facing the group in respect of the recruitment, retention and current GP staffing capacity.
- 16 The Committee were advised by Dr Hearmon, one of the practice GPs, that despite the practice's best efforts in respect of the recruitment of GPs, it faces a reduction of 35% in GP manpower compared to October 2016 due to resignations, retirements and sickness which will reduce GP available appointment time by 40% in February 2019.
- 17 The practice commenced a patient and stakeholder engagement process on 5 November 2018 and have written to all patients advising them of the problems facing Skerne Medical Group and have held a series of public meetings to enable patients to discuss these issues.
- 18 The Committee heard representations from a number of local Councillors who expressed concerns at the public engagement process, especially the lack of detail in respect of the dates, times and locations of the public meetings in the letter sent to patients.
- 19 The practice explained that it had initiated a review of all four surgeries from which they currently provide services; Sedgefield, Fishburn, Trimdon Village and Trimdon Colliery, commencing with a review of whether Trimdon Village surgery and one additional site, to be

determined after the engagement period, can remain open from 2019 on the current and projected staffing levels.

- 20 In view of this the Committee at its meeting on 15 November 2018 recommended that the potential for continued GP provision within Trimdon Village should form a key part of this proposed review and any option for future services developed as part of the review.
- 21 Representatives of the practice attended a special meeting of the Adults Wellbeing and Health Overview and Scrutiny Committee on 4 December 2018 when a verbal update was provided to members of the Committee regarding the key findings of the patient and stakeholder consultation and engagement exercise undertaken in respect of the proposed closure of practice branch sites.
- 22 Key considerations and comments noted by members at the meeting included:
 - The difficulties experienced by the practice in terms of the dramatic shortage of GPs the practice faces and that by February 2019 the practice will have 40% fewer doctors than 2½ years ago and feels unable to safely staff four separate sites.
 - The response rates and levels of engagement in the process with over 400 people attending the engagement events and the 70 comments received via the practice website.
 - The generic issues raised during the engagement process as well as specific issues regarding each individual site.
 - The GP resource now available at the Skerne Medical Group has reduced since the initial report to Committee on 15 November from 5 GPs to 3 which has compounded the problems.
 - Following consideration of the engagement feedback and responses, members are aware that the practice are proposing to close the Fishburn and Trimdon Village sites and retain the Sedgefield and Trimdon Colliery sites.
 - The Committee are concerned that one of the sites proposed to close had the second largest practice list (Fishburn) and included half of the registered patients from Trimdon Village who had previously been encouraged to use the Fishburn site.
 - The limited evidence to explain the rationale for closing the two sites from a patient perspective.

- The absence of any detailed medical needs assessment having been carried out across the 4 sites based upon patient contacts and any associated risk assessments regarding the proposed change including accessibility, car parking and availability of public transport as part of the options appraisal process.
- 23 The Committee reaffirmed its previous recommendation to the Skerne Medical Group that the potential for continued GP provision within Trimdon Village should form a key part of the practice's proposed review and any option for future services developed as part of the review.
- 24 The Committee also contested the adequacy of the consultation as the letter sent to all patients on the practice lists contained conflicting information regarding lack of mention of a second potential site closure which was publicised on the Practice website and provided at the engagement meetings.
- 25 The concerns raised by the Committee have been communicated to the Practice by letter (copy attached at Appendix 2). Durham Dales Easington and Sedgefield CCG were copied into this correspondence to ensure that the views of the Adults Wellbeing and Health Overview and Scrutiny Committee were communicated to the Primary Care Commissioning Committee when it met on 18 December 2018.
- 26 The Primary Care Commissioning Committee met on 18 December 2018 to consider applications from Skerne Medical Group to close the Branch sites at Trimdon Village and Fishburn. Following representations made by the practice, local Councillors, patients and stakeholders including the County Council's Adults Wellbeing and Health Overview and Scrutiny Committee, the Primary Care Commissioning Committee agreed that:-
- (i) That the proposal for the closure of Trimdon Village be supported on the grounds that:
- The premises are in a poor state of repair.
 - Clinicians working there are more isolated than they are in other premises.
 - The impact of the population has to be weighed against the risk of the entire practice failing.
 - The practice will continue to offer general medical services to the population including home visiting where appropriate.

- (ii) That the proposal to close Fishburn Village surgery be rejected in the grounds that this was not included in the original letter and so we do not consider all patients were adequately consulted.
- (iii) That the Practice (Skerne Medical Group) conduct an urgent review regarding the medium to long term future of the surgery sites. Their patients must be engaged in this process and the process should be completed within 6 to 12 months of this meeting. Any future emergency branch closure will involve an engagement exercise with their patients. Any future service delivery model options appraisal process must include Trimdon Village.

Considerations

- 27 During consideration of the Practice proposals at the special Adults Wellbeing and Health Overview and Scrutiny meeting on 4 December 2018, there was debate amongst members as to whether the Committee could consider referral of the proposals to the Secretary of State for Health and Social Care.
- 28 At the time, members resolved that:
 - (i) That representations be made to the Primary Care Committee for their meeting on 18 December 2018;
 - (ii) That feedback from the Primary Care Committee meeting be received; and
 - (iii) That the Committee reserve the right to make a decision on referral to the Secretary of State for Health and Social Care until a final decision had been made.
- 29 The decision of the DDES CCG Primary Care Commissioning Committee addresses in the short term the concerns of the Adults Wellbeing and Health Overview and Scrutiny Committee regarding the potential closure of the Fishburn branch site which will remain open.
- 30 The DDES CCG Primary Care Commissioning Committee agenda pack included information that was highlighted by the Adults Wellbeing and Health Overview and Scrutiny Committee as being necessary regarding potential travel implications and availability for patients accessing services under new arrangements as well as an Equality Impact Assessment. This information is included as Appendix 4.
- 31 In terms of the Committee's decision to reserve the right to make a decision on referral to the Secretary of State for Health and Social Care until a final decision had been made, members need to consider

whether the decision of the DDES CCG Primary Care Commissioning Committee addresses the Committee's concerns.

- 32 Any potential referral to the Secretary of State could only be made where consultation has not taken place or is not adequate, or the change is not in the interests of the health service in the local area. Any referral must be well evidenced.
- 33 The legislative requirements and considerations that need to be made are set out in the following sections of this report.

Legislative Background

- 34 The Local Authority (Public Health, Health and wellbeing boards and Health Scrutiny) Regulations 2013 (Regulation 23) requires relevant NHS bodies and health service providers to consult a local authority about any proposals which they have under consideration for a substantial development of or significant variation in the provision of health services in the local authority's area.
- 35 What constitutes a substantial development or significant variation is not defined in legislation.

Consultation Timescales

- 36 Regulation 23 also requires timescales to be provided to health scrutiny bodies and to be published by the proposer of the service change to allow for local patients and communities to be aware of timescales for changes.

Responses to consultation

- 37 A health scrutiny body may comment on proposals and, where making a recommendation to which the consulting organisation disagrees, the organisation must notify the health scrutiny body of that disagreement. Both parties must take steps to try to reach agreement. Where no agreement can be reached, the health scrutiny body may refer proposals to the Secretary of State. The health scrutiny body must inform the NHS Body or provider of its intention to refer and the date by which it intends to exercise that referral.

Referrals to the Secretary of State

- 38 Local authorities may refer proposals for substantial developments or variations to the Secretary of State in certain circumstances. These are:
 - It is not satisfied with the adequacy of content of the consultation.

- It is not satisfied that sufficient time has been allowed for consultation.
 - It considers that the proposal would not be in the interests of the health service in its area.
 - It has *not* been consulted, and it is not satisfied that the reasons given for not carrying out consultation are adequate.
- 39 In accordance with the Council's Constitution and Overview and Scrutiny Procedure rules, the power of referral to the Secretary of State rests with the Adults Wellbeing and Health OSC.

Requirements when making a referral to the Secretary of State

- 40 When making a referral to the Secretary of State, certain information and evidence must be included. Health scrutiny will be expected to provide very clear evidence-based reasons for any referral to the Secretary of State.
- 41 Referrals must now include:
- An explanation of the proposal to which the report relates.
 - An explanation of the reasons for making the referral.
 - Evidence in support of these reasons.
 - Where the proposal is referred because of inadequate consultation, the reasons why the health scrutiny body is not satisfied of its adequacy.
 - Where the proposal is referred because there was no consultation for reasons relating to safety or welfare of patients or staff, reasons why the health scrutiny body is not satisfied that the reasons given for lack of consultation are adequate.
 - Where the health scrutiny body believes that proposals are not in the interests of the health service in its area, a summary of the evidence considered, including any evidence of the effect or potential effect of the proposal on the sustainability or otherwise of the health service in the area.
 - An explanation of any steps that the health scrutiny body has taken to try to reach agreement with the relevant NHS body or health service provider.
 - Evidence that the health scrutiny body has complied with the requirements which apply where a recommendation has been made.
 - Evidence that the health scrutiny body has complied with the requirements which apply where a recommendation has not been made, or where no comments have been provided on the proposal.

Skerne Medical Group Branch Closure proposals – Considerations by Adults Wellbeing and Health Overview and Scrutiny Committee

- 42 Do the proposals by Skerne Medical Group constitute a substantial development of or significant variation in the provision of health services in the local authority's area?
- 43 The proposals will reduce the number of Practice Branch sites where existing patients may receive GP services but services will remain available across the practice locality albeit from a reduced number of sites. 1500 patients registered in Trimdon Village will lose their local GP branch site and will be required to travel to the alternative branch sites in Fishburn, Sedgefield Village and Trimdon Colliery, pending the further review.
- 44 Has the Adults Wellbeing and Health Overview and Scrutiny Committee been consulted on the proposals?
- 45 Yes, representatives of the Skerne Group attended the Adults Wellbeing and Health Overview and Scrutiny Committee meeting on 15 November 2018 to report on the plans for patient and stakeholder consultation and associated timescales and explain the rationale for the proposed changes.
- 46 The rationale for the change was given as the severe reduction in GP capacity within the practice from 8 to 3 FTE GPs resulting in the practice stating they would be unable to maintain safe viable services across their 4 branch sites. GPs had retired, resigned and also experienced sick leave due to the pressure of maintaining services across the 4 sites. The practice had attempted to recruit GPs to the Group but reported that GPs were not willing to join a practice that operated across so many branch sites.
- 47 DDES CCG has expressed concerns that potentially the practice may collapse were the proposed changes not implemented which would potentially mean that all 15000 patients registered with the Skerne Group may find themselves without access to GP services.
- 48 Has the Adults Wellbeing and Health Overview and Scrutiny Committee commented on the proposals and/or made any recommendations to the Skerne Group in respect of the proposals?
- 49 Yes – Following the Committee's meeting on 15 November 2018 the Chairman of the Committee wrote to the practice manager on 21 November 2018 informing that the Committee had “recommended that the potential for continued GP provision within Trimdon Village should form a key part of your proposed review and any option for future

services developed as part of the review". The Committee also requested that the practice representatives attend a special meeting scheduled for Tuesday 4 December 2018 at County Hall, Durham commencing at 9.30 a.m. to update members on the feedback received to date as part of the current consultation.

- 50 The Committee met on 4 December 2018 when the practice representatives reported verbally (the papers for the Committee were published prior to the end of the Consultation period) on consultation and engagement process explaining:
- Where the Public Engagement meetings had been held.
 - The total number of people who attended the events.
 - The methods which the practice employed to obtain feedback – written comments from the public meetings; comments via the practice website, verbal feedback during patient consultations and social media.
 - The common areas of feedback provided to the practice and also thematic feedback from the individual stakeholder engagement meetings at individual localities.
 - That in their opinion there is a pressing need to reduce sites to ensure the long term sustainability of the practice and its ability to provide GP services across the practice locality.
 - That as a result of the consultation process, the Fishburn and Trimdon Village sites would close leaving clinical services to be provided for patients in the short term from Sedgefield and Trimdon Colliery sites.
 - That the Fishburn site would be retained to accommodate those AHP's who provided services from our building for the whole area eg. Midwife, Health Visitor, counsellors, mental health workers and podiatrist, as the two clinical sites would be unable to accommodate these services. Also some practice admin functions would be Fishburn based.
 - That the practice will continue to explore the options available to establish alternative sites for the practice, or development of existing premises.
 - Medical services have not benefited to any significant degree from Section 106 monies resulting from the widespread development in our area to date which would be vital for future developments.
 - The practice will continue to work closely with DDES CCG to achieve a sustainable future once viable options have been fully investigated, there will be an implementation plan developed to

- remodel the practice sites, taking into account the opportunities from both Trimdon and Sedgefield Community Hospital as well as our two current sites.
- Strenuous ongoing efforts to recruit GP's for the future will take place
- 51 Following considerable discussion, the Committee recommended that the following concerns and comments be reported back to the Skerne Medical Group and to the DDES CCG Primary Care Committee meeting scheduled for 18 December 2018:
1. That one of the sites to close has the second largest practice list (Fishburn) and which included half of the registered patients from Trimdon Village who had previously been encouraged to use the Fishburn site.
 2. There is limited evidence to explain the rationale for closing the two sites from a patient perspective.
 3. The absence of any detailed medical needs assessment having been carried out across the 4 sites based upon patient contacts and any associated risk assessments which include accessibility, car parking and availability of public transport as party of the options appraisal process.
 4. Committee reaffirms its previous recommendation to the Skerne Medical Group that the potential for continued GP provision within Trimdon Village should form a key part of your proposed review and any option for future services developed as part of the review.
 5. The Committee also contests the adequacy of the consultation as the letter sent to all patients on the practice lists contained conflicting information regarding lack of mention of a second potential site closure which was publicised on the Practice website and provided at the engagement meetings.
- 52 The Primary Care Commissioning Committee has refused the application to close the Fishburn branch site on the grounds that this was not included in the original letter and so it did not consider all patients were adequately consulted.
- 53 The Committee and also recommended that the Practice (Skerne Medical Group) conduct an urgent review regarding the medium to long term future of the surgery sites. Their patients must be engaged in this process and the process should be completed within 6 to 12 months of this meeting. Any future emergency branch closure will involve an engagement exercise with their patients. Any future service delivery model options appraisal process must include Trimdon Village.

What rationale exists for referral of the proposals to the Secretary of State for Health?

Adequacy of the content of the consultation

- 54 The consultation involved patients and stakeholders over a six week period commencing 22 October 2018 which included 6 public engagement events, letters to patients and website information. Consultation events included a presentation setting out the rationale for the review, which was also provided on the practice website.
- 55 There have been concerns expressed by the Committee that the material and information provided in patient correspondence differs from that available on the practice website in that the issue was the potential closure of Trimdon Village site not Fishburn. These concerns have been upheld in the refusal of the application to close Fishburn branch.
- 56 Concerns have been expressed by the Committee around the limited evidence from a patient needs perspective to explain the rationale for initial application to close two sites; considerations for accessibility and travel to the remaining sites; and whether an Equality Impact Assessment been undertaken in respect of the proposals.
- 57 The DDES CCG Primary Care Commissioning Committee agenda pack included information that was highlighted by the Adults Wellbeing and Health Overview and Scrutiny Committee as being necessary regarding potential travel implications and availability for patients accessing services under new arrangements as well as an Equality Impact Assessment.

Time allowed for the consultation

- 58 The practice allowed for a six week consultation period.

The interests of the health service in the area

- 59 County Councillors representing the local area have made representations that the proposal is not in the interests of the Fishburn and Trimdon Village areas because of the proposed loss of these two Branch sites and that some 5500 patients will have to travel to one of the two remaining sites to receive GP services.
- 60 The decision of the DDES CCG Primary Care Commissioning Committee to refuse the application to close the Fishburn branch now means that the patients impacted upon by the closure of Trimdon Village is around 1500.

- 61 The Committee need to balance these concerns against the risk expressed by the Practice and CCG colleagues that failure to agree and implement the proposals in the short term may lead to a collapse of the Practice and the potential risk of losing GP services across the whole of the Practice list of 15500 patients. Failure to take action has also been highlighted as a patient safety risk for more GP losses due to stress/sickness.

Consultation with the Committee

- 61 This criteria does not apply as the Committee has been consulted on the proposals.

Main implications

Consultation

- 62 Skerne Medical Group has undertaken formal patient and stakeholder engagement and the practice will report the findings from that process.

Legal

- 63 This report has been produced in accordance with the Local Authority (Public Health, Health and wellbeing boards and Health Scrutiny) Regulations 2013 as they relate to the National Health Service Act 2006 governing the local authority health scrutiny function.

Conclusion

- 64 The initial media articles and subsequent patient and stakeholder consultation and engagement have raised concerns amongst local residents and Durham County Councillors regarding the future of GP services across the Skerne Group locality.
- 65 The Committee has previously considered the Skerne Medical Group proposals alongside the initial findings of the patient and stakeholder consultation and engagement. The concerns of the Committee have been reported to the DDES CCG Primary Care Commissioning Committee whose decision on the issue is set out in paragraph 25 of this report.
- 66 The Adults Wellbeing and Health Overview and Scrutiny Committee has previously recommended that it reserves the right to make a decision on referral to the Secretary of State for Health and Social Care until a final decision had been made by the CCG Primary Care Commissioning Committee.
- 67 In light of the decision of the DDES CCG Primary Care Commissioning Committee held on 18 December 2018, the Adults Wellbeing and

Health Overview and Scrutiny Committee are asked to receive this report and reflect upon the decision of the Primary Care Commissioning Committee to determine its response to the decision.

Background papers

- Agenda, Minutes and Reports to the Adults Wellbeing and Health Overview and Scrutiny Committee meetings held on 15 November and 4 December 2018

Other useful documents

- Department of Health Local Authority Health Scrutiny Guidance June 2014

Contact: Stephen Gwillym

Tel: 03000 268140

Appendix 1: Implications

Legal Implications

This report has been produced in accordance with the Local Authority (Public Health, Health and wellbeing boards and Health Scrutiny) Regulations 2013 as they relate to the National Health Service Act 2006 governing the local authority health scrutiny function.

Finance

Not applicable

Consultation

Skerne Medical Group has undertaken patient and stakeholder engagement and the practice has reported the results of that process.

Equality and Diversity / Public Sector Equality Duty

An Equality Impact Assessment has been carried out by the practice and was reported to the Primary Care Commissioning Committee.

Human Rights

Not applicable

Crime and Disorder

Not applicable

Staffing

Not applicable

Accommodation

Not applicable

Risk

Not applicable

Procurement

Not applicable

Appendix 2: Letter from Councillor John Robinson, Chair of the Adults Wellbeing and Health Overview and Scrutiny Committee to Neil Bunney, Practice Manager, Skerne Medical Group

Attached as a separate document

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Contact: Cllr John Robinson
Direct Tel: 03000 268140
e-mail:
Your ref:
Our ref:



Neil Bunney,
Practice Manager,
Skerne Medical Group,
Harbinson House,
Sedgefield,
Stockton-on-Tees
TS21 3BN

6 December 2018

Dear Neil,

Future of Skerne Medical Group

I would again like to thank Dr Hearman and yourself for attending the County Council's special Adults Wellbeing and Health Overview and Scrutiny Committee on 4 December 2018.

The Committee considered the verbal update report from Dr Christine Hearmon, GP at Skerne Medical Group following the conclusion of patient and stakeholder engagement activity regarding the review of how GP services are provided in the Trimdon Village/Trimdon Station/Fishburn and Sedgefield localities.

Members noted the difficulties experienced by the practice in terms of the dramatic shortage of GPs the practice faces and that by February 2019 the practice will have 40% fewer doctors than 2½ years ago and feels unable to safely staff four separate sites.

Members noted the response rates and levels of engagement in the process with over 400 people attending the engagement events and the 70 comments received via the practice website. The practice then reported on the generic issues raised during the engagement process as well as specific issues regarding each individual site.

The Committee acknowledge that the GP resource now available at the Skerne Medical Group has reduced since the initial report to Committee on 15 November from 5 GPs to 3 which has compounded the problems.

Members

Durham County Council, County Hall, Durham DH1 5UQ
Main Telephone (03000) 260000 Minicom (0191) 383 3802 Text 07786 02 69 56

Following consideration of the engagement feedback and responses made members are aware that the practice are proposing to close the Fishburn and Trimdon Village sites and retain the Sedgefield and Trimdon Colliery sites.

The Committee are concerned that one of the sites to close actually had the second largest practice list (Fishburn) and which included half of the registered patients from Trimdon Village who had previously been encouraged to use the Fishburn site. Members are also concerned at the limited evidence to explain the rationale for closing the two sites from a patient perspective.

The Committee are concerned at the absence of any detailed medical needs assessment having been carried out across the 4 sites based upon patient contacts and any associated risk assessments regarding the proposed change including accessibility, car parking and availability of public transport as part of the options appraisal process.

The AHWOSC wish to reaffirm its previous recommendation to the Skerne Medical Group that the potential for continued GP provision within Trimdon Village should form a key part of your proposed review and any option for future services developed as part of the review.

The Committee also contests the adequacy of the consultation as the letter sent to all patients on the practice lists contained conflicting information regarding lack of mention of a second potential site closure which was publicised on the Practice website and provided at the engagement meetings.

The Committee have copied in representatives of Durham Dales Easington and Sedgefield CCG to this correspondence to ensure that the views of the Adults Wellbeing and Health Overview and Scrutiny Committee are communicated to the Primary Care Committee when it meets on 18 December 2018.

Yours sincerely,



Cllr John Robinson
Chair of the Adults, Wellbeing and Health Overview and Scrutiny Committee
Durham County Council

c.c.

Stewart Findlay, Chief Clinical Officer, Durham Dales, Easington and Sedgefield CCG

Nicola Bailey, Chief Operating Officer, Durham Dales, Easington and Sedgefield CCG

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**PRIMARY CARE COMMISSIONING COMMITTEES
IN COMMON – DDES CCG AND NORTH DURHAM CCG**

Title of report:	Skerne Medical Group – Application to Close Two Branch Surgeries Located in Fishburn Village and Trimdon Village
Author of report:	Kelly Wilson, Primary Care Business Manager, NHS England Joseph Chandy, Director of Primary Care, NHS Durham Dales, Easington and Sedgefield CCG
Sponsor Director:	Joseph Chandy, Director of Primary Care, NHS Durham Dales, Easington and Sedgefield CCG and NHS North Durham CCG
Date of report:	December 2018
Name of person presenting the report at the meeting:	Wendy Thompson, Primary Care Contracts Manager, NHS England
Reason for report:	<ul style="list-style-type: none"> • Information only • Development / Discussion • Decision / Action ✓
Purpose of the report and Recommendations: (i.e. action being sought from the meeting)	<p>The purpose of this report is to provide information to enable NHS Durham Dales, Easington and Sedgefield Clinical Commissioning Group's (CCG) Primary Care Commissioning Committee to consider an application from Skerne Medical Group to close their branch sites located in Fishburn Village and Trimdon Village.</p> <p>NHS Durham Dales, Easington and Sedgefield Clinical Commissioning Group's Primary Care Commissioning Committee is asked to consider the contents of the report and</p> <ol style="list-style-type: none"> a) determine whether the Skerne Medical Practice engagement with their patients provided sufficient information for informed consideration and sufficient time for the engagement period; b) from a CCG perspective consider what the likely impact might be for General Medical Services(GMS) to this population as a result of the proposed changes;

- | | |
|--|--|
| | <ul style="list-style-type: none">c) determine if the Adults and Health Overview and Scrutiny Committee was adequately engaged/informed in this process;d) determine whether the proposal for both Fishburn and Trimdon Branches to close from January 2019 should be approved. |
|--|--|

It is clear from the Skerne proposals that the Vision for the Practice is to consolidate onto a one/two site practice in the long term. This will support the continued existence of the Practice in terms of retaining a medical workforce, providing teaching and delivering high quality care.

The current engagement focuses on the immediate pressures on the practice and the real risk that without a reduction in the number of locations they operate from, the partners will be unable to continue to provide any medical services for the entire population they cover.

From the letter delivered to all patients from the practice, the intention to engage patients on the emergency closure of the Trimdon Village site, was clear and met the requirements above.

The Practice, as a result of a further reduction in the number of Partners and a salaried GP, went on to engage through the media and in their meetings with patients on the closure of an additional site. They identified at the end of the engagement that site as Fishburn Village. As the original letter did not include a reference to a second site closure and in particular did not reference Fishburn Village we do not consider patients were properly engaged on this additional reduction in branch sites.

With regard to the impact on patients it is important to remember that the practice will continue to provide full general medical services to their entire population. The residents of Trimdon Village suffer from a high level of deprivation and car ownership is low. However there are bus services available and the CCG subsidises a voluntary driver service. In addition the practice offers a home visiting service to patients who are unable to travel to the nearest other site.

The Committee will have to balance the risk of a potential loss of further partners to the entire population against the risk that patients in Trimdon Village and Fishburn will have to travel a greater distance to their GP surgery.

Conclusion

All patients in the locality will continue to receive general medical services from the Skerne Practice.

A medium and long term plan will need to be developed with the practice. This must include further engagement on any further emergency closures of branch sites. A long term solution which will look at a one to two site model for the practice must be developed as a matter of urgency and within 6 to 12 months would be our recommendation. As part of this engagement Trimdon Village must be considered as an option in any one or two site solution.

The CCG should recognise the immense pressure the Partners of this practice are under. Medical recruitment is a problem in all practices in the CCG at present and should a practice of this size fail completely it will have a catastrophic effect on a population far wider than that of the Practice itself.

The CCG has a number of initiatives in place to recruit and retain GPs including a large financial investment in primary care over and above their core contract value, a successful GP Career Start scheme, a support service for vulnerable practices and a support package for practice mergers. There is also a scheme in place to encourage retiring GPs to stay on in work and we are part of a national recruitment drive for foreign doctors. The Primary Care Home scheme encourages practices to work together and allows them to work more closely with community services. Despite all of this, recruitment remains an issue and as a result we will now engage in a cross party review of general medical services with County Durham Local Authority to improve recruitment and in future make Durham an attractive place for doctors to live and work.

Recommendations

1. That the proposal for the closure of Trimdon Village be supported.

The premises are in a poor state of repair.
Clinicians working there are more isolated than they are in other premises.

The impact on the population has to be weighed against the risk of the entire practice failing.

The practice will continue to offer general medical services to the population including home visiting where appropriate.

	<p>2. That the proposal to close Fishburn Village surgery be rejected.</p> <p>This was not included in the original letter and so we do not consider all patients were adequately consulted.</p> <p>3. That the Practice (Skerne Medical Group) conduct an urgent review regarding the medium to long term future of the surgery sites. Their patients must be engaged in this process and the process should be completed within 6 to 12 months of this meeting. Any future emergency branch closure will involve an engagement exercise with their patients.</p> <p>In summary the DDES CCG PCC Committee is asked to consider :</p> <p>Recommendation 1</p> <ul style="list-style-type: none"> • To approve the closure of Trimdon Village Site only. <p>Recommendation 2</p> <ul style="list-style-type: none"> • To reject the application to close Fishburn Village surgery. <p>Recommendation 3</p> <ul style="list-style-type: none"> • Request that the Practice conduct a time limited review with patient and stakeholder engagement about the future of the Practice premises extending to options covering potentially one or two sites.
Report status:	<ul style="list-style-type: none"> • Official ✓ • Official Sensitive: Commercial • Official Sensitive: Personal
Is this report confidential?	No
Procurement Conflict of Interest completed and attached:	N/A
CONFLICTS OF INTEREST	
<i>Are any members of the meeting likely to have a conflict of interest for this agenda item:</i>	Yes
<i>Who is conflicted and why – please give the name(s) of all</i>	David Steel of NHS England has a personal interest as he is a patient of the Practice.

Official

<i>conflicted members?</i>	Joseph Chandy, Director of Primary Care has a non-financial professional interest as he is also a provider of General Medical Services. He is non-voting member of the DDES CCG PCC Committee and is in attendance only. Joseph Chandy has a commercial interest with Phoenix Medical Group.
<i>Are the conflicted members detailed above allowed to receive this paper and attend the meeting?</i>	Yes
<i>If Yes - what is the action to be taken at the meeting as a consequence of the conflict?</i>	<p><i>The conflicted member(s):</i></p> <ul style="list-style-type: none"> • Can attend and take part in the discussion but should not be involved with any decision making

Consultation and other approval routes (including outcomes):	<u>Meeting/route</u>	<u>Date</u>	<u>Outcome</u>
	DDES CCG Primary Care Commissioning Committee	18/12/18	

Supporting documents/ Appendices:	Report: Skerne Medical Group – Application to close branch surgeries located in Fishburn Village and Trimdon Village. Please note that the report contains several embedded documents and appendices.
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Impact Assessment and Risk Management Issues

(✓) tick as appropriate	Impact area
✓	Does this report identify a risk for the CCG? Yes, detailed within report.
	Does this report impact on the environment/sustainability of the CCG? No
	Does this report have legal implications? No
	Are there any resource implications – finance and/or staffing as a result of this report? No
	Has this report taken into account equality and diversity? Yes
	Does this report impact on Quality, Innovation, Productivity and Prevention (QIPP)? No
✓	Has there been any consultation/engagement (patient, public, stakeholder, clinical) with regard to the content of the report? Patient and stakeholder engagement has been undertaken by the practice and is detailed within report
✓	Are there any clinical quality/patient safety issues identified in this report? Yes, detailed within report
	Does this report impact on any information governance issues? No
	Other implications None identified

Skerne Medical Group

Application to close branch surgeries located in Fishburn Village and Trimdon Village

1. Introduction

1.1 The purpose of this report is to provide information to enable NHS Durham Dales, Easington and Sedgefield Clinical Commissioning Group's (CCG) Primary Care Commissioning Committee to consider an application from Skerne Medical Group to close their branch sites located in Fishburn Village and Trimdon Village.

2. Background and Application

2.1 Skerne Medical Group is a practice delivering primary medical care services under a PMS agreement to 15,641 patients (18,911.17 weighted) as at 01 October 2018. The practice has its main site at Harbinston House, Sedgefield and a further 3 branch sites at Trimdon Colliery, Fishburn and Trimdon Village.

2.2 On 16 June 2017, NHS England received notification of a request from Skerne Medical Group to close their branch surgery in Trimdon Village with immediate effect due to clinical staffing issues which left the practice unable to safely operate all four sites. The practice initially closed from 21 June to 17 July, following which reduced service provision was reintroduced.

2.3 On 06 December 2018 NHS England received an application from the practice to permanently close 2 of their branch surgeries located at Fishburn Village and Trimdon Village.

2.4 In summary, the practice advises of the following reasons for the application:

- GP recruitment and staffing levels;
 - Reduction from 8 GP partners pre 2016 to 2.12 partners by January 2019
 - Reduction in Whole Time Equivalent (WTE) GPs from 8.62 to 5.1 WTE by January 2019;
 - Unable to fill GP vacancies caused by retirements, sickness and resignations;
 - Too few GPs to staff all 4 practice sites whilst delivering safe, quality care;
 - GPs leaving and unable to recruit due to multiple site working and feeling isolated;
 - Number of clinical sessions that can be currently offered has reduced from 69 to 41 (40% reduction);
- New housing developments anticipated to lead to a significant rise in the patient list size.

The full application can be seen in **Appendix 1** (the practice has submitted two applications, one for each practice surgery).

2.5 The practice has stated that by allowing two branch sites to close the practice will become more resilient by:

- The chances of recruiting and retaining clinical staff will be strengthened if operating from fewer sites;
- A greater range of clinical expertise to be available in the two remaining sites. Reduced sites will allow experienced GPs to provide support to junior GPs, GPs in training and Clinical Nurse Practitioners;
- Having a larger team across two sites will give the ability to provide essential primary care services more effectively. Male and female clinicians plus a range of nursing team colleagues will be available each day for face-to-face and telephone consultations;
- Having 2 sites will enhance patient safety due to more continuity of care, which has been expressed as a concern in previous patient surveys;
- The change will allow the practice to look at restructuring the reception/administration functions and allow specialised teams to be established (e.g. for prescriptions, test results, appointments).

2.6 The practice has stated that they have considered other options to allow the premises to remain open, including reducing surgery hours. However, GP staffing levels continue to fall and this arrangement is no longer sustainable.

2.7 The practice has stated that if the branch closures were not agreed there would be serious risk of further GP losses. In addition, the practice feels that they would not be able to maintain a safe service and may have to consider closing the patient list to new patients or terminating their contract.

2.8 If the proposed closures are approved patients would receive their primary medical care from either the branch site at Trimdon Colliery Surgery or main site at Harbinson House, Sedgefield. The practice plans to retain the Fishburn surgery to provide all additional health services currently provided from Sedgefield, Fishburn and Trimdon Colliery, such as midwifery, health visiting, podiatry, and counselling.

2.9 The practice has given the following rationale for choosing the Trimdon Village Surgery and Fishburn surgery sites to close;

Trimdon Village Surgery -

- This is the smallest surgery, with only 1 GP treatment room;
- Inability to mentor trainees or other clinicians;
- There are only 1,500 patients (later identified as 1572 patients) who live in the Village, representing 10% of the whole practice list;
- Some Trimdon Village patients have been accessing services at other branches for many years without any formal complaints;
- Since September 2017 the practice has only offered a morning session at the site;
- Premises are inadequate for modern general practice

Fishburn Village Surgery-

- Inadequate parking facilities for additional patients using the site;
- More centrally located in practice area than Trimdon Colliery;
- Easier to cover two care homes from selected sites to remain open ;
- Centrally located to place Allied Health Professionals, such as Midwives, Health Visitors and Counsellors.

3. Practice Profile

3.1 Practice sites

The current practice premises are located at the following addresses:

- Harbinson House, Front Street, Sedgefield, TS21 3BN;
- Fishburn Surgery, Beveridge House, Butterwick Road, Fishburn, TS21 4AP;
- Trimdon Colliery Surgery, Carroll House, Grosvenor Terrace, Trimdon Colliery, TS29 6DH;
- Trimdon Village Surgery, 18 Wynyard Road, Trimdon Village, TS29 6JH.

3.2 Opening Hours

The opening hours of the practice are shown in the table below. The practice operates an emergency doctor phone line from 08:00-08:30 for all four sites;

Table 1

	Harbinson House (main site)		Fishburn Surgery	Trimdon Colliery Surgery	Trimdon Village Surgery
Day	Hours	Extended hours	Hours	Hours	Hours
Mon	08:30 – 13:00 14:00 – 18:00	18:30 – 20:00*	08:30 – 12:30 14:00 – 18:00	08:30 – 12:30 13:30 – 18:00	08:30 – 12:30 Closed PM
Tue	08:30 – 13:00 14:00 – 18:00		08:30 – 12:30 14:00 – 18:00	08:30 – 12:30 13:30 – 18:00	08:30 – 12:30 Closed PM
Wed	08:30 – 13:00 14:00 – 18:00		08:30 – 12:30 Closed PM	08:30 – 12:30 13:30 – 18:00	08:30 – 12:30 Closed PM
Thurs	08:30 – 13:00 14:00 – 18:00	18:30 – 20:00*	08:30 – 12:30 14:00 – 18:00	Closed	08:30 – 12:30 Closed PM
Fri	08:30 – 13:00 14:00 – 18:00		08:30 – 12:30 14:00 – 18:00	08:30 – 12:30 13:30 – 18:00	08:30 – 12:30 Closed PM
Sat	Closed	Closed	Closed	Closed	Closed
Sun	Closed	Closed	Closed	Closed	Closed
Hours	42.5	3.00**	36.00	34.00	20.00

*These hours move between the Sedgefield, Fishburn and Trimdon Colliery sites.

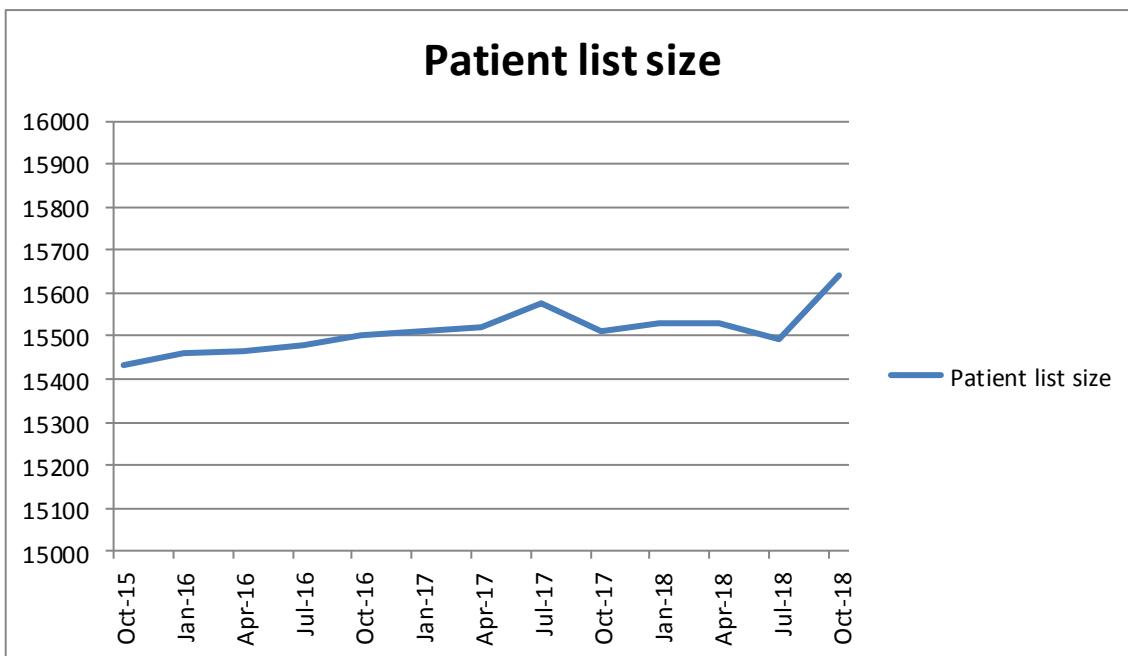
**2 GPs providing concurrent working for a total of 6 hours and 1 Nurse Practitioner providing 2 hours.

3.3 Patient list size

The practice list size as at 01 October 2018 is 15,641 patients (18,911.17 weighted).

The practice has identified 1,572 patients who live in Trimdon Village and 4,097 patients who live in Fishburn. This represents 36% of the practice's list size. The practice has not been able to identify how many patients regularly attend the branch sites for appointments.

The information in graph 1 and table 2 shows that the patient list size has increased by 207 patients in 3 years.

Graph 1**Table 2**

Date	Oct 15	Jan 16	Apr 16	Jul 16	Oct 16	Jan 17
Patient list size	15434	15460	15465	15481	15502	15511
Date	Apr 17	Jul 17	Oct 17	Jan 18	Apr 18	Jul 18
Patient list size	15519	15574	15513	15529	15532	15494
						Oct 18

3.4 Staffing

Current total staffing levels are shown in the table below;

Table 3

Staff	Head count	Whole Time Equivalent
GP Partner	6	4.67
GP Salaried	6	3.93
Advanced Nurse Practitioner	4	2.9
Practice Nurse	7	4.83
Paramedic	1	0.68
Healthcare Assistant/Phlebotomist	3	2.34
Pharmacist	1	0.2
Admin/Reception/Management/Non-clinical	29	24.0

The practice has stated that GP staffing levels will reduce from 8.62 Whole Time Equivalents (WTE) to 5.1 WTE in January 2019.

Based on the number of WTE GPs currently at the practice this gives a ratio of 1,814 patients per 1.00 WTE GP. From January 2019, this will increase to 3,066 patients per 1.00 WTE GP.

When including Advanced Nurse Practitioners (1.00 WTE ANP is equivalent to 0.6 WTE GP) the current ratio is 1,509 patients per GP and ANP. From January 2019 this will increase to 2,286 patients per GP and ANP.

The practice has confirmed that there are no planned staff redundancies.

- 3.4.1** Table 4 identifies the number of clinical sessions currently provided from Fishburn Surgery and Trimdon Village Surgery. It would be expected that these sessions are re-provided from the remaining practice surgeries, if the application is approved. However, the practice has confirmed that the total number of GP sessions will reduce from 69 (pre Oct 2016) to 41 per week by February 2019 due to the recruitment issues that the practice is facing (as at November 2018, 53 GP sessions per week were provided).

Table 4

Clinical Staff	Number of Sessions	
	Fishburn Surgery	Trimdon Village Surgery
GP	14/15	3
Practice Nurse	11	3
Phlebotomy	3	0
Healthcare Assistant	8	2

3.5 Services provided

Information in table 5 shows the Enhanced Services provided at each of the practice sites. The information shows that there are no services provided at the Fishburn Surgery or Trimdon Village Surgery that are not already provided at one of the other two sites;

Table 5

Harbinson House	Fishburn Surgery	Trimdon Colliery	Trimdon Village Surgery
Learning Disability DES Extended Hours Minor Surgery Influenza Immunisations NHS Health Checks Childhood Immunisations MMR Pertussis Rotavirus Shingles MEN ACWY MEN Freshers Men B HPV Pneumococcal	Learning Disability DES Extended Hours Influenza Immunisations NHS Health Checks Childhood Immunisations MMR Pertussis Rotavirus Shingles MEN ACWY MEN Freshers Men B HPV Pneumococcal	Learning Disability DES Extended Hours Influenza Immunisations NHS Health Checks Childhood Immunisations MMR Pertussis Rotavirus Shingles MEN ACWY MEN Freshers Men B HPV Pneumococcal	Learning Disability DES Influenza Immunisations NHS Health Checks MMR Pertussis Rotavirus Shingles MEN ACWY MEN Freshers Men B HPV Pneumococcal

3.6 Practice boundary

The practice boundary can be seen in **Appendix 2**. The practice has not at this time applied to amend their boundary. However, the practice has stated that a separate application to amend the practice boundary may be submitted in the future.

3.7 Premises

The practice premises at Fishburn Village are owned by the partners of the practice. The Premises at Trimdon Village are leased privately by the practice from Csense properties.

The practice has advised that the two remaining sites would not be able to accommodate additional health care services. The Fishburn Village site would be utilised to accommodate Allied Health Services currently provided from Sedgefield, Fishburn and Trimdon Colliery sites, including Midwifery, Health Visiting, Counselling, Mental Health, and Podiatry. There

are no plans by the practice for the Trimdon Village site and therefore the site will close. The practice has confirmed that they are not aware of any lease implications for ending the lease at Trimdon Village Surgery.

The practice receives a rent reimbursement for both the Fishburn Village and Trimdon Village properties, which is paid by NHS Durham Dales, Easington and Sedgefield CCG, in-line with the NHS (General Medical Services Premises Costs) Directions 2013. The practice will no longer receive this reimbursement if general medical services are no longer provided from the premises, which the practice has confirmed that they are aware of. Practices are not reimbursed for space occupied by Allied Health Services (Midwifery, Health Visiting etc). However, the practice is planning to have some GP practice administration staff based at the Fishburn Surgery site and therefore the space occupied by the administration staff would be reimbursed. A formal assessment of this space would need to be undertaken by the District Valuer's office. If the closure of the sites is approved there will be savings for the CCG in terms of rent reimbursement.

The practice is responsible for paying utility services at Trimdon Village Surgery and Fishburn Village Surgery relating to gas, electric and alarm systems, which will they will no longer be required to pay and will therefore there will be a saving to the practice.

The practice has advised that they would have sufficient clinical space to provide GP services for their total practice population from the Sedgefield and Trimdon Colliery sites as a result of the relocation of Allied Health Services to the Fishburn surgery (if approved). The table below shows the clinical rooms available at Harbinson House and Trimdon Colliery Surgery.

Table 6

Clinical room type	Harbinson House, Sedgefield	Trimdon Colliery Surgery
GP consulting rooms	10	4
Practice nurse/Nurse Practitioner	Practice nurses use either treatment rooms or GP consulting rooms. Nurse Practitioners use GP consulting rooms	Practice nurses use either treatment rooms or GP consulting rooms. Nurse Practitioners use GP consulting rooms
Treatment rooms	3 (4 from December 2018 due to internal works)	2

4. Issues to consider

4.1 Distance between sites

The distances between the practice sites and time it would take to travel between the sites by car is shown below (source: www.nhs.uk);

Table 7

	Harbinson House	Fishburn Surgery	Trimdon Colliery Surgery	Trimdon Village Surgery
Harbinson House		2.4 miles 7 minutes	5.2 miles 14 minutes	3.4 miles 10 minutes
Fishburn Surgery	2.4 miles 7 minutes		2.9 miles 7 minutes	1.2 miles 3 minutes
Trimdon Colliery Surgery	5.2 miles 14 minutes	2.9 miles 7 minutes		2.0 miles 6 minutes
Trimdon Village Surgery	3.4 miles 10 minutes	1.2 miles 3 minutes	2.0 miles 6 minutes	

4.2 Local Transport

The X21 and X22 run twice per hour throughout the day, starting at Trimdon Colliery, then to Trimdon Village, Fishburn and Sedgefield. The first connection starts at approximately 06:35 from Trimdon Colliery (exact time depends on which bus stop is used) and last connection from Sedgefield to Trimdon Colliery ends at approximately 19:30. The journey time from Trimdon Colliery to Sedgefield is approximately 14 minutes.

The Scarlet Brand 113 runs between Fishburn and Sedgefield every hour from 07:25 until 17:45.

The practice also advises of a volunteer driver scheme that is available for the elderly and infirm and can be booked 24 hours in advance.

4.3 Impact on nearby practices

The following practices have a boundary that covers either Fishburn Village or Trimdon Village or both Villages. It is unlikely that many patients from Trimdon Village or Fishburn would opt to register with an alternative practice due to distance; therefore patients would be required to attend either the Trimdon Colliery or Harbinston House sites.

Table 8

Practice Name	Address	Practice boundary includes	Distance from Fishburn/Trimdon Village site (by car)	Open/closed patient list
Phoenix Medical Group	Dunelm Road, Thornley, DH6 3HW	Trimdon Village	4.5 miles (11 minutes)	Open
Wingate Practice	Front Street West, Wingate, TS28 5PZ	Trimdon Village	6.4 miles (14 minutes)	Open
Shotton Medical Practice	Bevan Grove, Shotton Colliery, DH6 2LQ	Trimdon Village and Fishburn	To Fishburn – 8.2 miles (19 minutes) To Trimdon Village – 7.3 miles (17 minutes)	Open
Southdene Medical Centre	Front Street, Shotton Colliery, DH6 2LT	Trimdon Village (Fishburn forms part of outer boundary)	To Trimdon Village – 7.5 miles (17 minutes) To Fishburn – 8.4 miles (20 minutes)	Open

4.4 Housing developments

The following housing applications have been approved within the area (information taken from Durham County Council web site);

Table 9

Number of houses	Village	Area	Status	Date approved
60 dwellings	Sedgefield	Land to the west of the junction of the A689 and Stockton Road, Sedgefield, TS21 2AG	Pending construction	February 2018
100 dwellings	Sedgefield	Land at the former Sedgefield Community Hospital, Salter Lane, Sedgefield	Approval of details relating to appearance, landscaping, layout and scale, pursuant to permission	January 2018

71 dwellings	Sedgefield	Turners Garage site, Salter Lane Industrial Estate, Sedgefield, TS21 3EE	Approved subject to S106	December 2017
197 dwellings	Sedgefield	Land to the south of Eden Drive, Sedgefield	Application for reserved matters (appearance, landscaping, layout and scale and associated works pursuant to planning permission)	July 2017
70 dwellings	Fishburn	Land to the north of Salvin Terrace, Fishburn, TS21 4AG	Approved subject to S106	November 2016
138 dwellings	Trimdon Village	Land to the south of Three ways, Hurworth Rd, Trimdon Village	Pending decision	

- 4.4.1** The practice has commented as part of their application that the number of new housing developments is anticipated to have a significant impact on the practice's list size, which further threatens the GP service provided. The practice has stated that they were not consulted when permission was granted to establish if the practice has capacity to take on extra patients and no alternative plans have been sourced as part of the process. Patients have also expressed concern that appointment availability will worsen due to new housing developments and additional patients registering at the practice.

It is worth noting that patients moving into the new housing developments may not request to register with Skerne Medical Group or may already be registered with the practice so the numbers quoted above may not result in a comparable increase in the patient list.

4.5 Practice performance

4.5.1 GP Patient Survey

A selection of relevant questions from the GP Patient Survey for July 2018 is provided in table 10. The information shows that the practice is above the CCG and national average for the percentage of patients satisfied with telephone access and experience of making an appointment. However, the practice is below average in the number of patients satisfied with the surgery's appointment times and overall experience of the surgery;

Table 10

	% who find it easy getting through by telephone	% who describe their experience of making an appointment as good	% satisfied with surgery's appointment times available	% describe their overall experience of this surgery as good
Skerne Medical Group	78	74	62	78
CCG average	76	71	68	85
National average	70	69	66	84

4.5.2 Quality and Outcomes Framework (QOF)

Table 11 shows achievement against QOF for 2017/18, showing the practice is achieving above the CCG average.

Table 11

	Clinical	Public Health	Total
Skerne Medical Group	430.85	124.0	554.85
CCG average	427.33	123.35	550.68

4.5.3 CQC

The latest CQC inspection carried out on 15 February 2018 rated the practice as 'good.'

5. Patient and Stakeholder Engagement

5.1 Patient and stakeholder engagement has been undertaken by the practice; the practice's engagement plan can be seen in **Appendix 3**. The following actions have been undertaken:

- Letter sent to the head of each patient household (**Appendix 4**);
- Meeting with the Patient Focus Group;
- 6 patient events held as follows:
 - Sedgefield public engagement events; 06,18 & 29 November 2018;
 - Trimdon Colliery public engagement event; 09 November 2018;
 - Trimdon Village public engagement event; 15 November 2018;
 - Fishburn public engagement event; 22 November 2018;
- Posters were put up in each practice site and local pharmacies advertising the engagement events (**Appendix 5**);
- Information was added to the practice website (**Appendix 6**);
- Patient engagement events were advertised in the local media;
- Pre-engagement stakeholder meeting;
- Feedback forms were available online;
- Meeting with Phil Wilson, MP and Cllr Jude Grant;
- Meeting with local care home providers;
- Meeting with local pharmacies;
- Practice attendance at Durham County Council's Adults Wellbeing and Health Overview and Scrutiny Committee;
- Healthwatch – the practice has confirmed that Healthwatch have not been contacted directly, however they were in attendance at both Durham County Council's Adult Wellbeing and Health Overview and Scrutiny Committee meetings.

5.2 In addition, NHS England contacted local practices that may be affected by the proposals (those practices listed in table 8) and also the Local Medical Committee for comments on the proposal.

The practice has reported the following feedback;

5.3 Patient Focus Group Briefing

A Patient Focus Group Briefing was held on 3 October 2018 and was attended by 7 patients plus practice staff. The Group were informed of the issues at the practice and proposed engagement plans. The response from the Group was supportive. The Group were fully aware of the staffing issues and understood the reasons for engaging with patients and the rationale for change.

5.4 Letter sent to head of each household (Appendix 4**)**

A letter was sent to the head of each household (6,702 households in total) on 18 October 2018 advising of the following;

- The issues that the practice is facing;
- That all Skerne practice sites will be reviewed over the next 4 years;

- That the first stage will be to review whether the **Trimdon Village** practice can remain open from 2019;
- Information regarding patient events being available via the practice web site;
- That a ‘comments and suggestions card’ is available via the surgery web site;

The patient letter did not specify that the practice was proposing for a second practice site to close, the letter only mentions a review as to whether the Trimdon Colliery surgery can remain open. This means that those patients who did not access the website, attend events or see any of the posters would not know that a second site is proposed to be closed and this could fundamentally change the response to the engagement.

5.5 Stakeholder pre-engagement event

A pre-engagement event was arranged with key stakeholders on 18 October 2018. The event was attended by members of the practice and the following stakeholders;

Table 10

Name	Organisation/Role
Penny Pearson	Fishburn Parish Council
Lucy Hovvells Peter Brookes Brian Avery Maxine Robinson for John Robinson	Durham County Councillor
John Burton Anne Delandre Carole Bell	Trimdon Parish Councillor
Chris Lines David Brown Alda Hummelinck	Sedgefield Town Councillor
Phil Wilson	MP for Sedgefield
Peter Mennear	Health Scrutiny Lead Officer, Stockton Borough Council
Joan Stevens	Health Scrutiny Lead, Hartlepool Borough Council
Joseph Chandy, Director of Primary Care and Engagement; Nicola Bailey, Chief Officer; Stewart Findley, Chief Clinical Officer	NHS Durham Dales, Easington and Sedgefield CCG
Michelle MacCallam	No role information provided

The practice gave a presentation regarding the issues at the practice (**Appendix 7**) regarding GP recruitment and retention, additional challenges such as new housing developments, and proposed actions regarding patient and stakeholder engagement.

Key feedback from stakeholders at the meeting was as follows;

- Concerns were raised regarding Trimdon Village and deprivation;
- Public transport issues were raised;
- Questions were raised around wider strategy for GP recruitment and what help the CCG could provide – the CCG responded regarding the 5 Year Forward View, reducing sites, recruitment and retraining and encouraging skill mixing;
- Questions were raised regarding what other strategies the practice had tried – the practice responded with examples of telephone triage, care navigation, clinical practitioners and Extended Hours

5.6 Meeting with Phil Wilson, MP and Cllr Jude Grant

A meeting was held with Phil Wilson, MP for Sedgefield and Jude Grant, Councillor for Trimdon and Thornley on 19 October 2018. Phil Wilson wanted to understand the issues regarding GP recruitment and agreed to raise the issues in parliament. Cllr Grant, although understanding raised concerns regarding the potential loss of the surgery in Trimdon Village and the implications for elderly patients. A further letter was received from Phil Wilson regarding the validity of the engagement (**Appendix 17**)

5.7 Patient Feedback form (Appendix 8)

A patient feedback form was available via the practice website. The form asked two questions, as follows;

1. ‘What are your thoughts on the proposed reduction in sites, in order to secure our ability to continue providing GP services in the short and long term?’

2. ‘Do you have any suggestions as to what changes could be made, given the challenges we face, to sustain a safe medical service for all patients?’

- 5.7.1** In total 119 feedback forms were submitted; 43 written responses and 76 online responses. Some patients answered both questions, some only answered one question. The second question was regarding suggestions therefore it was difficult to say if patients were in favour or against the proposals based on this question. Regarding question 1, 51 comments were received and of those 32 were in favour of the proposals, 15 were against and 4 did not express a definite opinion.

The practice has categorised the comments received into ‘thoughts’ and ‘suggestions’ and these are summarised as follows;

Thoughts -

- Supportive comments received were generally regarding patients being understanding of the issues at the practice and recognising that changes were necessary;
- Opposing comments included concern for elderly patients, transport issues and appointment availability.
- General comments included transport and parking issues.

Suggestions -

- Premises suggestions included closing all surgeries and having one central surgery (different sites were suggested);
- Having part-time practices;
- Transport suggestions included a volunteer driver scheme;
- Appointment suggestions included the use of technology and further use of nurses/nurse practitioners;
- General suggestions included fees for patients who don’t attend, additional funding, and refusal of new patients.

The feedback received can be seen in **Appendix 9**.

5.8 Patient engagements events

Over 400 patients attended the 6 engagement events, as follows:

- Sedgefield event, 06 November – 93 patients attended
- Trimdon Colliery event, 09 November – 26 patients attended
- Trimdon Village event, 15 November – 87 patients attended
- Sedgefield event, 18 November - 76 patients attended;
- Fishburn event, 22 November – 78 patients attended;
- Sedgefield event, 29 November – attendance not detailed in application

At each event the practice provided information to patients via a presentation regarding issues at the practice and options available, as follows; (**Appendix 10**).

Short term options included:

- Providing clinical services from only 2 sites;
- Third site to be used for community services;
- Review as to whether Trimdon Village site can remain open from January 2019;
- Consideration of reducing practice boundary.

Medium to long term options include:

- Review of all property options for the long term sustainability of the practice;
- Land availability for a single site;
- Land availability to build a second site;
- Other local sites to accommodate the practice e.g. Sedgefield Community Hospital.

5.8.1 The feedback received at the events is summarised as follows:

General themes from all events –

- Patients recognised the issues facing the practice due to the shortage of GPs;
- Patients expressed concern over worsening appointment availability and future housing developments;
- Patients expressed concern over accessing surgeries, due to car parking availability and also public transport;
- Patients expressed interest in relocating the practice, to Sedgefield Community Hospital and to a new build surgery in Trimdon Village;
- Patients suggested financial incentives to attract GPs;
- The subject of section 106 monies was raised.

Sedgefield events –

- Concerns regarding rise in population as a result of significant housing developments;
- Problems accessing appointment if practice list size increases;
- Lack of available car parking;
- Supportive of the changes required to protect GP services for the future;
- Very interested and supportive of any opportunities to utilise Sedgefield Community hospital for general practice.

Fishburn event -

- Don't want to lose practice but understanding if it had to happen to preserve practice;
- Very interested and supportive of any opportunities to utilise Sedgefield Community hospital for general practice;
- Frustrated by the number of DNA appointments;
- Car parking is a problem;

- Effect on pharmacies;
- What is the CCG doing to help GP recruitment?

Trimdon Colliery event -

- How would a single site work for patients in a rural area (transport availability and cost, adverse weather)?
- Difficulty to get an appointment now;
- Why can't one doctor travel between surgeries?
- What happens if unable to recruit/retain GPs?
- Transport concerns to alternative sites.

Trimdon Village event -

- Strong feeling of lack of fairness to single out Trimdon Village surgery to close, request for 4 year review with other 3 practices;
- Concerns regarding housebound. Elderly, single parents with young children accessing services, especially in winter;
- Why hasn't the practice recruited GPs when other practices have?
- Problems around being able to travel, low car ownership and poor public transport.

The practice has provided a summary of the feedback (which can be seen as part of the embedded documents within the practice's application).

5.9 Attendance at Durham County Council's Adult Wellbeing and Health Overview and Scrutiny Committee

Practice members attended the above meeting on 15 November 2018 where a presentation was given to Committee members on the issues being faced at the practice, proposed engagement events and proposed reduction in practice sites ([Appendix 11](#)).

The Committee provided a written response ([Appendix 12](#)) on 21 November 2018 which is summarised as follows:

Whilst acknowledging the recruitment issues at the practice, the Committee felt strongly that no option should be discounted within the proposed service review that the Skerne Group plan to undertake. To this end, the Committee recommended that the potential for continued GP provision within Trimdon Village should form a key part of the practice's proposed review and any option for future services developed as part of the review.

The Committee also requested that the practice attended a special meeting scheduled for 04 December 2018 to update members on the feedback received to date as part of the current engagement.

5.9.1 Meeting held on 4 December 2018

The practice attended a further County Durham Council's Adult Wellbeing and Health Overview and Scrutiny Committee meeting on 04 December 2018 where the practice provided an update to Committee members on the outcome of the patient engagement and plans to close the two practice sites at Fishburn Village and Trimdon Village ([Appendix 13](#)). The report of this committee is attached. ([Appendix 15](#))

The Committee considered four areas;

1. Were they satisfied with the information provided by Skerne Medical Group to their patients?
2. Were they satisfied with the time allowed for the public engagement?
3. Do the proposals jeopardise the health service in the area?

4. Had the Overview and Scrutiny Committee (OSC) been consulted?

Two Councillors requested consideration that the engagement be referred to the secretary of state.

Paragraph 4.7.4 of the Department of Health Scrutiny Guidance (page 26) refers to the circumstance for referral of a proposed substantial development or variation to health service, as follows;

Circumstances for referral

4.7.4 The circumstances for referral of a proposed substantial development or variation remain the same as in previous legislation. That is, where a health scrutiny body has been consulted by a relevant NHS body or health service provider on a proposed substantial development or variation, it may report to the Secretary of State in writing if:

- *It is not satisfied with the adequacy of content of the engagement.*
- *It is not satisfied that sufficient time has been allowed for engagement.*
- *It considers that the proposal would not be in the interests of the health service in its area.*
- *It has not been consulted, and it is not satisfied that the reasons given for not carrying out engagement are adequate.*

It was the conclusion of the Committee to request representation at the Primary Care Commissioning Committee before re-consideration.

5.9.2 A formal response from the Committee was sent to the practice on 06 December 2018 ([Appendix 14](#));

The Committee acknowledged the verbal update provided by the practice.

The Committee stated that they were concerned that one of the sites (Fishburn) selected to close have the second largest practice list size and included half the registered patients from Trimdon Village who had previously been encouraged to use the Fishburn site. Members were also concerned by the limited rationale for closing two sites from a patient perspective.

The Committee were concerned at the absence of any detailed medical needs assessment having been carried out across the 4 sites based upon patient contacts and any associated risk assessments regarding the proposed change including accessibility, car parking and availability of public transport as part of the options appraisal process.

The Committee reaffirmed its previous recommendation that the potential for continued GP provision within Trimdon Village should form a key part of the practice's proposed review any option for future services developed as part of the review.

The Committee also stated that they contest the adequacy of the engagement as the letter sent to patients contained conflicting information and specifically a lack of mention of a second potential site closure.

5.10 Meeting with local pharmacy

The following pharmacies may be affected by the proposed closures;

- Phillips and Wright Chemist, 9 Alhambra Terrace, Fishburn, TS21 4BU (located 0.3 miles from Fishburn surgery)

- AD Phillips, 21a Church Road, Trimdon, Trimdon Station, TS29 6PY (located 0.2 miles from Trimdon Village Surgery)

The practice met with Colin Vallance and Allan Phillips, who own both pharmacies, on 29 October 2018. Mr Vallance and Mr Phillips commented that they understood the rationale and issues facing the practice, however they were concerned that the closures would mean the decline in the use of a local pharmacy and their business. They were keen to promote the use of pharmacies for minor ailments and emergency prescriptions.

However the Committee should note that patients are able to nominate a pharmacy to which their prescription can be sent and prescriptions can be transferred electronically to pharmacies; this should therefore reduce any impact of a site closure on local pharmacies. The closing of a site may also have a positive effect on the local pharmacy if patient choose to visit the pharmacy before going to the GP.

5.11 Meeting with local care homes

The practice has met with staff from 2 local care homes;

The practice met with Jill Bunty, Mental Health Care Home Manager, The Grange, Maple House, Woodlea Bungalow on 19 November 2018, who made the following comments;

- Fully understands the situation;
- Concerned that patients may have to travel further;
- Patients seeing the same Doctors is a priority, not the building;
- The Care home would be able to transport patients to appointments.

The practice also met with a second local care home on 06 December 2018 who commented that they have no concerns as they have a daily Advanced Nurse Practitioner services and patients requiring a GP receive home visits.

5.12 Local Medical Committee

The LMC did not provide a response to NHS England regarding views on the application.

5.13 Local practices

0 practices submitted comments to NHS England regarding the application.

5.14 Local and national media

There has been media interest in the potential practice closures, with the following stories featuring in local newspapers and online. The stories discuss the issues at the practice, the practice's attendance at County Durham Council's Adults, Wellbeing and Health Scrutiny Committee on 04 December and reaction from local Councillors and the MP;

Hartlepool Mail, 05 December 2018 '*Two GP practice surgeries could close next year say NHS bosses.*'

The story states that the GP practice could collapse if changes are not implemented and confirms the proposal to close the Trimdon Village and Fishburn sites.

(<https://www.hartlepoolmail.co.uk/news/health/two-gp-practice-surgeries-could-close-next-year-say-nhs-bosses-1-9477678>)

Northern Echo, 05 December 2018 '*Medical Group reveals plans to shut Trimdon Village and Fishburn surgeries.*'

The story states that Dr Stewart Findley, Chief Clinical Officer for the CCG urges support for the practice as it could be catastrophic if the practice was forced to close. The story states that local MP, Phil Wilson has branded the plans as 'outrageous' and 'devastating for

the villages'. Cllr Peter Brookes told the Council meeting that the decision was 'disgraceful' and urged a rethink. Cllr Grant commented 'this is a truly dreadful state of affairs and I will be continuing to fight to keep these services open for the residents who desperately need them.' (<https://www.thenorthernecho.co.uk/news/17277798.medical-group-reveals-plans-to-shut-trimdon-village-and-fishburn-surgeries/>)

From a general viewpoint however Mailonline has published an article on 05 December 2018 highlighting the pressure that GPs are under and that a fifth of the 2,600 UK doctors surveyed are considering going part-time within the next 3 years and a fifth of 45-54 year old doctors and two thirds of 55-64 year old doctors are intending to retire early. This echoes the issues faced at Skerne Medical Group.

<https://www.dailymail.co.uk/health/article-6459789/Doctors-brink-breaking-point-trying-ensure-patient-care-medical-board-warns.html>

5.15 Equality Impact Analysis

The purpose of the initial equality impact assessment is to identify any negative impact that may result from the proposed changes, with emphasis on eliminating unlawful discrimination. It aims to promote equality of opportunity and provide for good relations between people of diverse groups, in particular on the grounds of the protected characteristics outlined by the Equality Act 2010.

Further detail is outlined in **Appendix 16**.

6. Options appraisal

The following options are available;

6.1 Option 1: Approve the closure of both the Fishburn Village Surgery site and Trimdon Village Surgery site

This option is in-line with the practice's request. With this option both branch surgeries would close. The date of closure would need to be agreed.

Benefits of this option

- It would support the practice in becoming more resilient by strengthening the practice's chances of recruiting and retaining GPs;
- There would be a greater range of clinical expertise to be available in the two remaining sites;
- Reduced possibility of contract termination by the provider due to sustainability issues;
- Allied Health Services would be centralised in Fishburn;
- Rent reimbursement costs to the CCG would be reduced.

Risks of this option

- There would be less patient choice in the area in terms of practice sites;
- The practice only mentions the proposal to close one site in their patient letter which means that those patients who did not access any other form of communication would not be aware that the closure of two sites has been proposed;
- Concern has been raised by patients and stakeholders;
- Patients may choose to register at an alternative practice, although the number of patients who choose to register elsewhere is expected to be minimal due to distances to the next practice;

- Patients residing in Fishburn would have to travel approximately 2.4 miles and patient in Trimdon Village would have to travel approximately 2.00 miles to the nearest site; this may be difficult for patients without private transport although there are public transport services available;
- This option affects 36% of the practice population;
- Local pharmacies have cited they may be at risk (although risk is reduced as a result of electronic transfer of prescriptions and the ability of the patient to nominate a local pharmacy). However there could be an increased footfall of patients to the pharmacy if the GP practice site closes;
- This option would not be supported by key stakeholders such as Durham County Council's Adult Wellbeing and Health Overview and Scrutiny Committee, who have commented regarding the adequacy of the engagement due to the patient letter only mentioning the possibility of the Trimdon Village surgery closing. The Committee has also requested that the potential for continued GP provision within Trimdon Village should form a key part of the practice's proposed review any option for future services developed as part of the review.

6.2 Option 2: Reject the closure of both the Fishburn Village Surgery site and Trimdon Village Surgery site

With this option all four practice sites would remain open.

The benefits of this option are;

- Patients would retain a choice of practice sites;
- This option would be supported by patients and stakeholders;
- Issues raised regarding travel and car parking at other practice sites would be negated;
- This option would be supported by key stakeholders such as Durham County Council's Adult Wellbeing and Health Overview and Scrutiny Committee.

The risks of this option;

- It would not help support the practice regarding the issues they have raised regarding recruitment;
- The practice would be at risk of further GP losses;
- The practice may not be able to maintain a safe service;
- The practice would consider closing its patient list to new registrations or terminating their contract which would mean a loss of service to all sites.

6.3 Option 3: Approve the closure of the Fishburn Village Surgery site and reject the closure of Trimdon Village Surgery site

With this option the branch surgery located in Fishburn Village would be approved to close on a date to be determined. However, the application to close the branch surgery located in Trimdon Village would be rejected and the site would remain open.

The benefits of this option are;

- Patients would retain a choice of 3 practice sites;
- There would be less impact on patients than closing 2 practice sites;
- This option is likely to be supported more by patients and stakeholders over option 1;
- There would be a reduced perceived impact by the local pharmacies than option 1;
- Rent reimbursement costs would still be reduced;
- Whilst not fully supporting the practice proposal, the practice would still benefit from a reduction in the number of sites.

The risks of this option:

- This would not fully support the practice regarding the issues they have raised regarding recruitment;
- The CCG would need to give clear rationale to patients and stakeholders as to why the Fishburn Village Surgery was approved to close and Trimdon Village Surgery remained open;
- Patients living in Fishburn would still be required to travel to another practice site;
- This option would not be supported by key stakeholders such as Durham County Council's Adult Wellbeing and Health Overview and Scrutiny Committee, who have raised issues regarding the adequacy of the engagement, in particular the patient letter not stating the potential for the Fishburn surgery to close.

6.4 Option 4: Approve the branch closure of Trimdon Village Surgery site and reject the closure of Fishburn Village Surgery site

With this option the branch surgery located in Trimdon Village would be approved to close. However, the application to close the branch surgery located in Fishburn Village would be rejected and the surgery would remain open.

The benefits of this option are:

- Patients would retain a choice of 3 practice sites;
- There would be less impact on patients than closing 2 practice sites;
- This option is likely to be supported more by patients and stakeholder over option 1;
- There would be a reduced perceived impact by the local pharmacies than option 1;
- Rent reimbursement costs to the CCG would be reduced;
- Issues have been raised by Durham County Council's Adult Wellbeing and Health Overview and Scrutiny Committee regarding the adequacy of the engagement due to the patient letter only mentioning the possibility of the Trimdon Village surgery closing.

The risks of this option:

- This would not fully support the practice regarding the issues they have raised regarding recruitment;
- The CCG would need to give clear rationale to patients and stakeholders as to why the Trimdon Village Surgery was approved to close and Fishburn Village Surgery remained open;
- Patients living in Trimdon would still be required to travel to another site;

This is the option taken forward into the recommendations.

7. Next Steps

7.1 NHS Durham Dales, Easington and Sedgefield Clinical Commissioning Group's Primary Care Commissioning Committee is asked to consider the contents of the report and determine which option is to be approved.

When considering the option to be approved, the CCG should consider whether all obligations in respect of engagement of the public and stakeholders have been fulfilled, particularly in light of the patient letter only citing one site closing.

If options 1, 3 or 4 are approved, the date of site closure would need to be determined and any closure should be subject to the following:

- Practice returning a signed contract variation to vary the premises;

- Practice confirmation that the practice has informed patients and stakeholders of the outcome and what the change means to patients, including frequently asked questions, has been advertised on the practice waiting area and website;
- Practice confirmation that they have informed the local Overview and Scrutiny Committee of the outcome prior to informing patients;
- Patients are advised of their options with regard to their right to exercise choice of GP practice;
- The practice informing CQC of the change to premises sites;
- Confirmation that the practice has updated all websites, literature and practice leaflets.

Appendix 1 – Application to close Trimdon Village Surgery and application to close Fishburn Village surgery

Appendix 1a - Application to close Trimdon Village Surgery



Branch Closure – Business Case Application

Practice Details:

Practice Name	Skerne Medical Group
A Code	A83054
Project Lead	Neil Bunney/Dr C Hearmon
Contact Telephone	01740 620300
Contact Email	neil.bunney@nhs.net

1. Introduction

Please provide comments on the following matters.

Please provide address of all premises sites including in the contract and whether these are privately owned, rented etc?

Skerne Medical Group - Owned
Harbinson House
Front Street
Sedgefield
Stockton on Tees
TS21 3BN

Skerne Medical Group – Owned
Beveridge House
Butterwick Road
Fishburn
Stockton on Tees
TS21 4AP

Skerne Medical Group - Rented
18 Wynyard Road
Trimdon Village
Stockton on Tees
TS29 6JH

Skerne Medical Group – On Lease agreement
Carroll House
Grosvenor Road
Trimdon Colliery
TS29 6DH

Which premises site is the practice requesting to close?

Trimdon Village

2. Background

The practices should provide a detailed summary of the background, for example:

Are there any specific grounds for the application? Please provide details

Like General Practices around the country, we are facing a crisis. Unable to fill our GP vacancies, caused by retirements, sickness and resignations, our problems have worsened over the last 16 months when we had to temporarily close one of our branches. Since then we have had to reduce services across our 3 branch sites.

The situation has deteriorated further with resignation and immediate sick leave of another GP, and we now face the prospect of having too few GP's to man the four sites even with the reductions in opening we currently operate.

The remaining partners in the practice have had to face the fact that we cannot deliver the safe quality medical care our patients expect and deserve, as it is not sustainable with our present model of care.

Our current list of 15,500 patients is cared for from 4 sites, currently in Trimdon Colliery, Trimdon Village, Fishburn and Sedgefield. We are struggling to get new GP's to commit to work in our practice and now have fewer partners to absorb the workload and this has taken us to breaking point.

The area we provide care for is experiencing dramatic changes with a number of new housing developments. We anticipate this will lead to a significant rise in our patient list size, and this threatens the GP service we provide even more. Skerne Medical Group have not been consulted when permission was granted to establish if we had capacity to take on these extra patients and no alternative plans have been sourced as part of the process.

General Practice is in a period of unprecedented change. Patients are living longer, and with more complex medical conditions and increasing patient expectations. Hospitals discharge patients home more quickly, and GP teams now provide more extensive management of chronic disease, treat more complex cases and provide a wider range of services for patients previously looked after in hospital. This change requires more equipment, extended staff range etc. and so cannot realistically be provided in smaller premises. GP practices now need a team of staff to meet these needs, and within practices, individual GP's have developed expertise across the range of different conditions to care for patients. A single GP can no longer expect to have the skills to provide care for every type of condition.

At Skerne Medical Group our partnership model developed into 8 GP partners pre 2016 supported by a small number of Salaried GP's. This picture has dramatically changed for us and not only has our partner to salaried GP ratio significantly altered and reduced, we have also suffered significant losses from both these groups of Doctors. Pre-October 2016 we had a GP full time equivalent of 8.62, in February 2019 this will reduce to 5.1, a 40 % reduction. Within this 5.1 full time equivalent there will only be 2.12 Partners. This has been mainly due to natural attrition.

The number of GP sessions we can offer will reduce from 69 sessions to 41 illustrating a 40% reduction.

The reduction from 8 Partners to 4 (November 2018) has placed a huge burden on the remaining partners who face doubled responsibility and workload. This has taken its toll, and as a result a further partner has submitted their resignation since we commenced our engagement process. Another partner is due to take part retirement in 2019; leaving perhaps 2 and a half partners to absorb the workload carried less than 2 years earlier by 8 partners.

We have been working tirelessly in trying to address our GP shortage. Well in advance of the first retirements we implemented actions to attract new GP's to our team. We did recruit 2 fulltime salaried GP's both with a view to becoming partners. However, one of these has resigned to join a partnership operating from a single site in Teesside, and the other has reduced their sessional

commitment and withdrawn their interest in partnership.

We do have a GP returning from maternity leave in December, but only for 2 mornings per week, and we have attracted a new salaried GP for 3 sessions per week who started in November. Another salaried GP (who was on the CCG Career Start Scheme – designed to support newly qualified GPs in practice) resigned earlier in the summer because of the multiple site nature of our practice causing them to feel isolated and unsupported.

We have a permanent advert for a GP on NHS jobs, but there has been no suitable response to this. Our practice has a long term commitment to training new GP's, but we must invest time and resources in them to produce GP's for the future. This does impact on the time our GP Training Partners can put into patient contact, but it is vital to train the GP's who hopefully will join our team in the future.

Change must happen to preserve the future of medical care in our area.

Given our dire situation having lost GP's, we have thought long and hard about how to ensure a safe quality primary health care service for all the patients of Skerne Medical Group.

We have to conclude that continued operation from 4 sites, whilst attractive to patients, and offering them a service close to their homes, is causing existing GP's to leave us, and stopping potential new GP's from joining our team. Instead they are joining practices which offer team based working from a single central site.

In the immediate term, we do not have the capacity to adequately staff our 4 sites with GP's. In the medium to longer term, it seems that a significant reduction in surgery sites will safeguard future medical care across the practice for patients by helping us to recruit the Doctors we need to provide this care for the future and enable continuity of care.

We feel that our chances of recruiting and retaining GP's would be strengthened if we operated from fewer sites. It is the lack of clinical staff to provide GP services that has precipitated this situation. We have consistently lost both Drs and Clinical Practitioners (our highly trained nurse colleagues who see patients alongside GP's) over the last few years.

The complexities of operating from multiple sites have contributed to these losses. Staff have chosen to move away to other locations where their working environment is more often a single site, in the midst of a supportive team, next door, or down the corridor, rather than in a different building a couple of miles away. This distance and division is why we have lost some of our staff, and we struggle to attract replacements.

As longstanding GP Partners at Skerne Medical Group, we fully understand how important it is for all of our patients to have easy access to medical care, in particular those who are disadvantaged through poor health and economic reasons. We have no intention to disadvantage those patients who need our care most.

Issues over transport are always a factor in access to health care, especially in rural communities such as ours.

We hope this helps you to see the difficult situation that we at Skerne Medical Group face? The overarching premise for this business case is to ensure the survival of Skerne Medical Group. We do not want to fragment further the medical service offered to our patients. We are committed to trying to find ways to continue to provide a safe quality service our patients. We will continue to make strenuous efforts to recruit medical staff to fill our vacancies and undertake skill mix across our team.

Has the practice attempted any alternative options to ensure that the premises site remains open? Please provide details, for example, discussion with neighbouring practices regarding shared staffing resource, has the practice looked for alternative premises in the area such as shared premises with neighbouring practices.

We had to temporarily close Trimdon Village in June 2017 due to GP shortages. After a month of

closure we agreed to reopen on reduced operation hours and as a result we needed to slightly reduce hours in our Fishburn and Trimdon Colliery sites to help us provide a limited service at Trimdon Village. However our GP staffing levels have now fallen below the levels of June 2017, this is despite us recruiting 2 full time GPs each with a view to Partnership as one has subsequently resigned and the other reduced their sessional commitment and withdrew interest in Partnership. The arrangement we put in place in September 2017 is no longer a sustainable option.

What would be the impact for the practice if the change was refused?

If the change was refused the practice would have a serious risk of more GP losses. This could be either Partners or salaried GPs through potential stress and sickness therefore making it impossible to provide a clinical service from 4 sites.

The Partners feel very strongly that if a change is not made to our current model there is a serious and highly concerning risk the practice will have an inability to maintain a safe service and this is something they cannot and will not allow to happen. The Partners want our service to be effective, safe and provide a good patient experience.

The Partners have also communicated via the engagement process that if at any point they feel they are unable to offer a safe service, they will have to consider options such as a closure of the patients list or handing back (through formal termination) their GP contract.

3. Patient Access

Please provide comments on the following matters.

<i>What is the identified population of patients living in the area of the practice branch site</i>	1,572 registered patients at Trimdon Village 1,255 0-65yrs 188 66-75yrs 125 76+ years
<i>How many patients regularly attend the practice branch site for appointments</i>	No accurate information available
<i>How many patients regularly attend the practice branch site for other reasons such as collecting prescriptions (note that dispensing is discussed separately in section 4)</i>	No accurate information available
<i>How many patients attend the branch site that also attend the main site</i> Patients have travelled to other sites on an afternoon since Sept 2017 as no clinical service provided. In addition patients registered at Trimdon Village have regularly attended other sites for clinical services including women's health (IUCD/implants), cryotherapy, childhood immunisations, chronic disease management; diabetes.	No accurate information available
<i>Distance from the branch site to the main site (in miles/kilometres).</i>	It is 2 miles to Trimdon Colliery, 3.6 miles to Sedgefield and
<i>Has the practice considered transport implications for patients to access alternative sites? Please provide details</i>	There are two buses per hour using the Arriva X21 and X22 service between all of the sites. In addition the Scarlett Band 57A bus operates on an hourly basis between Trimdon Village and Trimdon Colliery. A volunteer driver scheme is available for the elderly and infirm and can be booked 24 hours in advance. The time from Trimdon Village to Sedgefield by bus on X21 or X22 is 9 minutes.
<i>Has the practice identified any housing development in the area? Please provide details</i>	There is a new housing development on the outskirts of Trimdon Village which has received planning

permission however work on the site has not as yet commenced. We have since heard it no longer has planning permission and this has to be verified.

4. Dispensing

Please provide comments on the following matters.

<i>Does the practice have dispensing approval for the branch site?</i>
NO
<i>Please provide detail of all premises in which the practice has dispensing approval</i>
N/A
<i>How many dispensing patients will be affected if dispensing services will be stopped?</i>
N/A
<i>Why does the practice want to cease dispensing?</i>
N/A
<i>When would the practice want to cease provision? (Please note the regulations state a minimum of 3 months notice is required)</i>
N/A
<i>Has the practice considered the impact on patients as a result of the service stopping? (Provide detail, i.e. alternative provision, distance, transport)</i>
N/A
<i>Is there anything the practice has considered to help those patients that may find it difficult to access services as a result of the stopped service?</i>
N/A
<i>What would be the impact for the practice if the service was to continue?</i>
N/A

5. Services

Please provide a summary of services provided at each site. (add sites as required)

	Current Provision – Branch Site Closing	Current Provision – Main Site - Sedgefield	Current Provision – Branch site – Trimdon Colliery	<i>(Note any differences and actions taken were loss of service identified)*</i>
Site Name	Trimdon Village	Sedgefield	Trimdon Colliery	
Practice Address	18 Wynyard Road Trimdon Village Stockton on Tees TS29 6JH	Harbinson House Front Street Sedgefield Stockton on Tees TS21 3NL	Carroll House Grosvenor Terrace Trimdon Colliery TS29 6DH	
CCG Area	DDES	DDES	DDES	
Dispensing (yes/no)	No	No	No	
Dispensing (list sites)				
Number of GPs and clinical sessions (provide breakdown)	3 GP sessions per week, no other clinical sessions as only one consulting room on premises	<p>Please see embedded slide showing the GP sessions in November 2018 and then in February 2019 which is the reason we need to move to 2 sites.</p> <p>GPs will be rota'd between the sites to maximum room capacity. This is with no GP on annual leave</p>  GP and CP Sessions.pptx	<p>Please see embedded slide showing the GP sessions in November 2018 and then in February 2019 which is the reason we need to move to 2 sites.</p> <p>GPs will be rota'd between the sites to maximum room capacity. This is with no GP on annual leave.</p>	
Number of other practice staff (provide breakdown)	1 reception staff member	Practice Manager x 1 Assistant Practice Manager x 1 Branch Manager Reception Supervisor Reception x 3/4 Administration x 4 Secretaries x 2	Reception Supervisor Reception x 1/2	
Number of hours of nursing time (provide breakdown)	3 practice nurse sessions 2 HCA sessions	Average 16 Practice Nurse sessions 6 HCA sessions Phlebotomy 3	Average 10 Practice Nurse sessions 2 HCA sessions	
Training site	No	Yes	Yes	

(yes/no)				
Opening hours (list days and times)	Mon 0800- 1300 Tue 0800 - 1300 Wed 0800 - 1300 Thu 0800 - 1300 Fri 0800 -1300	Mon 0800 – 1800 Tue 0800 – 1800 Wed 0800 – 1800 Thu 0800 – 1800 Fri 0800 - 1800	Mon 0800 – 1800 Tue 0800 – 1800 Wed 0800 – 1800 Thu 0800 - 1300 Fri 0800 - 1800	
Extended Hours (list days and times)	N/A	Monday 1830 – 2000 Thursday 1830 – 2000 This service does move around our sites at Sedgefield, Fishburn and Trimdon Colliery in order to give all patients an opportunity to access extended appointments		
Enhanced services (list all services delivered)	Alcohol DES Learning Disability DES Influenza Immunisations NHS Health Checks MMR Pertussis Rotavirus Shingles MEN ACWY MEN Freshers Men B HPV Pneumococcal Friends & Family Test	Alcohol DES Learning Disability DES Extended Hours Minor Surgery Influenza Immunisations NHS Health Checks Childhood Immunisations MMR Pertussis Rotavirus Shingles MEN ACWY MEN Freshers Men B HPV Pneumococcal Friends & Family Test	Alcohol DES Learning Disability DES Extended Hours Influenza Immunisations NHS Health Checks Childhood Immunisations MMR Pertussis Rotavirus Shingles MEN ACWY MEN Freshers Men B HPV Pneumococcal Friends & Family Test	
Premises (for each premises listed earlier, indicate whether premises are owned or leased and provide details of the terms of occupation)	Rented, rolling lease No lease implications	Owned	On lease until 2027 through Assura	

*It would be expected that any perceived loss of service would be re-provided at the main site or alternative branch site if applicable, although should dispensing services wish to be relocated, please consult with NHS England Business Manager

6. Patient Implications – [Pre-engagement]

Please provide comments on the following matters.

Please explain below the consequences of the proposed branch closure for patients. You should include comments on any benefits or adverse effects on patients in relation to matters such as access to services and service delivery arrangements.

If the closure of Trimdon Village (and Fishburn on separate application) were approved, patients of Trimdon Village would have their clinical medical services provided at our branch site of Trimdon Colliery or main site at Sedgefield. It would be their choice as to which site they would prefer to use. We will not withdraw access to any service required by any of our patients.

Full services are not currently provided from Trimdon Village therefore patients have to travel to our other sites to access the full range of services the practice offers.

Patients would be able to access a full range of clinical services at the remaining two sites in Sedgefield and Trimdon Colliery

As part of the overall closure proposal we plan to move all attached services for example midwife, health visitor, podiatry, counselling to be provided at our Fishburn site. Patients registered at Trimdon Village currently travel to other sites for these services as they are not available at their branch site.

How does the practice intend to rectify any adverse effects that have been identified?

We will continue to offer flexible appointment times when patients tell us this is needed for transport purposes.

In addition we will continue to offer a home visit service to patients if they are too ill or too frail to visit the surgery. We have employed additional Clinical (Nurse) Practitioners and a Paramedic to help us maintain this service in the absence of GP's.

As part of our need to reduce our number of surgery sites, we will re-design our appointment system to offer appointments right across our opening hours, with earlier and later appointments as well as appointments over lunchtime when traditionally we have been closed. Until recently, all our sites had a half day closing each week. Since June 17 when our clinical staffing issues began, we have had to close branch sites for full days each week. A reduction in the number of sites would enable the remaining site(s) to be fully open.

Patients do not need to come to Trimdon Village surgery to pick up their repeat prescription scripts. We have been set up for Electronic Prescribing Services for some time – meaning scripts are sent electronically to the patient's choice of nominated pharmacy. We offer online access so patients can order repeat prescriptions without the need to visit or telephone any of our sites.

Has the practice identified and any groups of people that may require specific or enhanced forms of involvement? (please provide details)

7. Premises

Please provide comments on the following matters.

Where the practice is applying to close the premises as the building is not fit for purpose, please provide details and actions the practice has taken to resolve the issue. (Please note it is the contractors responsibility to ensure the premises are fit for purpose)

Trimdon Village surgery is located in a converted semi-detached house, which is privately rented. It is not equipped to the same level as the main and other branch sites and is not well suited for wheelchair users or parents with buggies. There is limited space available so we can only accommodate a consulting room and a treatment room plus a small waiting area and Reception. There is no scope to extend the premises in order to accommodate more personnel. Trimdon Village surgery is not the best environment to deliver modern healthcare.

Please provide evidence that the practice can confirm there is enough space in the existing premises if the approval to close the branch site was approved?

We do have sufficient space to provide clinical services in our Sedgefield and Trimdon Colliery sites. We would utilise the Fishburn site to accommodate those AHP's who provide services currently from our Sedgefield, Fishburn and Trimdon Colliery sites e.g. midwife, health visitor, counsellors, mental health workers and podiatrist as the two proposed clinical sites would be unable to accommodate these services in addition to our staff.

By centrally locating these allied health services we ensure they are available locally to patients.

Please provide number of consulting rooms in the remaining practice: (please add additional columns if more than one site remaining)

GP - Sedgefield	10
Practice Nurse/Nurse Practitioner - Sedgefield	Practice nurse use either treatment rooms or GP consulting rooms Nurse Practitioners use GP consulting rooms
Additional consulting rooms - Sedgefield	
Treatment rooms - Sedgefield	3 (4 from December 2018 due to internal works)
GP – Trimdon Colliery	4
Practice Nurse/Nurse Practitioner – Trimdon Colliery	Practice nurse use either treatment rooms or GP consulting rooms Nurse Practitioners use GP consulting rooms
Treatment Rooms – Trimdon Colliery	2

8. Resilience and Quality

Please provide comments on the following matters.

How will the closure of the branch site help the resilience of the practice?

Closing the site will allow for a greater range of clinical expertise to be available in the remaining two sites. Reduced sites will engage our small pool of experienced GPs to provide support and supervision to more junior GP's, GP's in training and Clinical (Nurse) Practitioners who see patients in order to maintain our service and ultimately will enable Skerne Medical Group to attract/retain staff both GPs and Nurse Practitioners in the future. This is key to the resilience and retention of our existing team.

Feedback received from GPs has told us reducing the number of sites will also make our practice more attractive for GPs looking to join us.

Having a larger team in 2 sites will give us the ability to provide essential primary care services more effectively. Male and female clinicians plus a range of nursing team colleagues (Practice Nurse, Health Care Assistant, Phlebotomist) will be available each day for face-to-face and telephone consultations.

With 2 sites there will be enhanced patient safety due to more continuity of care as there will be less movement between sites. This has been expressed as a concern in previous patient surveys.

Reduced clinical risk due to the ability fewer sites will give us conduct all necessary tests due to nurse and GP being on site together – therefore less delayed diagnosis.

The change will also allow us to look at restructuring the reception/administration functions and being able to offer an improved service through specialised teams (for example prescriptions, appointments, test results) rather than all staff doing all roles across 4 sites.

If approved the practice patient list may increase or decrease, how will the practice ensure that it maintains or improves the quality of service offered to patients?

Having staff working across fewer sites will allow us to provide more flexible appointment times (for example from 8am & over lunchtimes), patients would benefit through having services which remain open for longer. This is currently not possible because GPs (& other staff) need to travel between 4 sites which reduces appointment time available for patients.

Continuity of care will improve as patients will find it easier to access the same GP/clinician sooner.

We will be able to effectively carry out cross team learning to improve further the services we offer through regular update meetings, audit reviews, multi-disciplinary team discussions.

Has the practice explored their current performance for QOF and other performance areas and the impact closing the branch site may have on the practice?

The practice does not envisage any impact on performance with closing the site. We fully intend to continue to offer a full range of services to all patients from our remaining sites. QOF is a standing agenda item on practice meetings when discussion depends on areas we need to concentrate on; if performance is low or reducing, in addition we have a clinical lead for QOF.

Does the practice have a plan as to how this will be improved? If applicable

N/A

9. Patient engagement outcome

Please provide comments on the following matters.

<i>When did the engagement period start and end?</i>	22 nd October 2018 – 3 rd December 2018
<i>Please confirm that engagement plan, letters and FAQs have been attached to the application</i>	Yes
Patient Letters	
<i>How many patients did the practice send letters to?</i>	6702 households (one letter per household)
<i>How many responses did the practice receive?</i>	Website – 76 Written - 43
<i>How many responses in support of the branch closure did the practice receive?</i>	See attached summary   Notes SMG Practice Skerne Engagement Changes (3).docx presentation v2.pptx
<i>How many responses were not in favour or raised concern of the branch closure?</i>	See attached summary
<i>How many responses were in support of the dispensing stopping? If applicable</i>	N/A
<i>How many responses were not in favour or raised concern of dispensing stopping? If applicable</i>	N/A
Other forms of engagement	
<i>What other forms of engagement has the practice done? e.g. drop-in sessions, poster, website, newsletters</i>	
All households received an initial letter explaining the practice situation. Information was then posted on the website with an online feedback form and dates for the 6 public engagement meetings. The PowerPoint slides we presented at the public meetings were also available on the website for patients to review. Posters were in every site and local pharmacies advertising the engagement meeting and blank copies of the feedback forms available for patients to complete. We received over 70 responses to the website feedback and 40 completed feedback forms.	
GP Partners have spoken to patients of all ages who attended engagements at the surgery over the time of the engagement and we visited local providers of mental and physical health care and met with our local pharmacies to explain our situation.	
We also contacted by telephone a small number of young mothers to ask specific questions on access.	
A meeting was held with our Patient Focus Group prior to the launch of the engagement informing them and obtaining feedback on the situation.	
A pre-engagement stakeholder meeting was held and details are shown later in this report.	
<i>How many patients attended the drop-in sessions?</i>	
We had over 400 patients attend the 6 public engagement meetings	
<i>How many patients were in support of the premises closure and or stopping dispensing services? Respond as applicable</i>	
Please see attached summary of engagement feedback and thematic PowerPoint slides.	
<i>How many patients raised concern on the premises closure and or stopping dispensing services?</i>	
Please see attached summary of engagement feedback and thematic PowerPoint slides.	

General

*What issues did the patients raise in support of the premises closure and or stopping dispensing services?
Respond as applicable*

See engagement summary and slides

*What issues did the patients raise in concern of the premises closure and or stopping dispensing services?
Respond as applicable*

See engagement summary and slides

What has the practice done or plans to do to address the concerns raised?

How has the practice feedback to patients on the actions it plans to do in response to concerns raised?

We will produce a newsletter and post this on our website and have copies available in all sites. We will also use local media platforms to communicate to patients e.g. Sedgefield and Fishburn News, Chris Lines roundup (a local information email)

If approved, how does the practice intend to engage with patients to inform them of the outcome?

We will write a letter to every household.

10. Stakeholder Engagement outcome

Please provide comments on the following matters.

<i>Please confirm that stakeholder briefing has been attached to the application</i>	Yes
<i>Who has the practice engaged with?</i>	<p>At the pre-engagement meeting representatives attended were:</p> <p>Penny Pearson - Fishburn Parish Cllr Lucy Hovvells - Trimdon Michelle MacCallam – Bishop Middleham Nicola Bailey – CCG Stewart Findlay – CCG Maxine Robinson – Bishop Middleham/Fishburn Cllr Petr Brookes - Fishburn John Burton - Trimdon Brian Avery - Mordon Wendy Sayers - Bradbury Anne Delandre – Trimdon Parish Council Carole Bell – Trimdon Colliery Peter Mennear – Stockton BC Health Scrutiny Lead Officer Chris Lines – Lines Communication Cllr David Brown – Sedgefield Alda Hummelink – Sedgefield Town Council Joan Stevens – Health Scrutiny Lead Officer Joseph Chandy – CCG Phil Wilson - MP</p> <p>In addition follow up meeting on 19.10.18 with</p> <p>Phil Wilson – MP Cllr Jude Grant – Trimdon and Thornley</p>
<i>How many responses did the practice receive and from who?</i>	Verbal briefing
<i>How many responses in support of the merger did the practice receive?</i>	Verbal briefing
<i>How many responses were not in favour or raised concern of the merger?</i>	N/A
<i>Please confirm the practice has attached copy of the responses from Overview and Scrutiny Committee</i>	Attached
<i>Please confirm the practice has attached copy of the responses back from Health and Wellbeing board</i>	N/A
<i>Please confirm the practice has attached copy of the responses back from Healthwatch</i>	N/A
<i>What issues did stakeholders raise in support of the merger, premises closure and or stopping dispensing services? Respond as applicable</i>	In general at the briefing stakeholders were understanding of our situation and supported the actions we need to take. There were some concerns raised regarding Trimdon Village and deprivation, transport issues if patients had to travel. There were also questions regarding the wider issues of recruitment and retention in general practice.
<i>What issues did stakeholders raise in concern of the merger, premises closure and or stopping dispensing services? Respond as applicable</i>	

<i>Please confirm that stakeholder briefing has been attached to the application</i>	Yes
<i>Who has the practice engaged with?</i>	<p>At the pre-engagement meeting representatives attended were:</p> <p>Penny Pearson - Fishburn Parish Cllr Lucy Hovvells - Trimdon Michelle MacCallam – Bishop Middleham Nicola Bailey – CCG Stewart Findlay – CCG Maxine Robinson – Bishop Middleham/Fishburn Cllr Petr Brookes - Fishburn John Burton - Trimdon Brian Avery - Mordon Wendy Sayers - Bradbury Anne Delandre – Trimdon Parish Council Carole Bell – Trimdon Colliery Peter Mennear – Stockton BC Health Scrutiny Lead Officer Chris Lines – Lines Communication Cllr David Brown – Sedgefield Alda Hummelink – Sedgefield Town Council Joan Stevens – Health Scrutiny Lead Officer Joseph Chandy – CCG Phil Wilson - MP</p> <p>In addition follow up meeting on 19.10.18 with</p> <p>Phil Wilson – MP Cllr Jude Grant – Trimdon and Thornley</p>
<i>How many responses did the practice receive and from who?</i>	Verbal briefing
<i>How many responses in support of the merger did the practice receive?</i>	Verbal briefing
<i>How many responses were not in favour or raised concern of the merger?</i>	N/A
<i>Please confirm the practice has attached copy of the responses from Overview and Scrutiny Committee</i>	Attached
<i>Please confirm the practice has attached copy of the responses back from Health and Wellbeing board</i>	N/A
<i>Please confirm the practice has attached copy of the responses back from Healthwatch</i>	N/A
<i>What has the practice done or plans to do to address the concerns raised?</i>	
<p>The practice has taken steps to recruit a paramedic and additional nurse practitioners to ensure we have sufficient clinicians to carry out home visits for the housebound and elderly who are unable to travel to a surgery.</p> <p>The practice are willing with patients and local councils as to how transport could possibly be improved in our catchment area.</p>	
<i>How has the practice feedback to stakeholders on the actions it plans to do in response to concerns</i>	

<i>Please confirm that stakeholder briefing has been attached to the application</i>	Yes
<i>Who has the practice engaged with?</i>	<p>At the pre-engagement meeting representatives attended were:</p> <p>Penny Pearson - Fishburn Parish Cllr Lucy Hovvells - Trimdon Michelle MacCallam – Bishop Middleham Nicola Bailey – CCG Stewart Findlay – CCG Maxine Robinson – Bishop Middleham/Fishburn Cllr Petr Brookes - Fishburn John Burton - Trimdon Brian Avery - Mordon Wendy Sayers - Bradbury Anne Delandre – Trimdon Parish Council Carole Bell – Trimdon Colliery Peter Mennear – Stockton BC Health Scrutiny Lead Officer Chris Lines – Lines Communication Cllr David Brown – Sedgefield Alda Hummelink – Sedgefield Town Council Joan Stevens – Health Scrutiny Lead Officer Joseph Chandy – CCG Phil Wilson - MP</p> <p>In addition follow up meeting on 19.10.18 with</p> <p>Phil Wilson – MP Cllr Jude Grant – Trimdon and Thornley</p>
<i>How many responses did the practice receive and from who?</i>	Verbal briefing
<i>How many responses in support of the merger did the practice receive?</i>	Verbal briefing
<i>How many responses were not in favour or raised concern of the merger?</i>	N/A
<i>Please confirm the practice has attached copy of the responses from Overview and Scrutiny Committee</i>	Attached
<i>Please confirm the practice has attached copy of the responses back from Health and Wellbeing board</i>	N/A
<i>Please confirm the practice has attached copy of the responses back from Healthwatch raised?</i>	N/A
They were answered verbally on the evening	
<i>If approved, how does the practice intend to engage with stakeholders to inform them of the outcome?</i>	

11. Mobilisation

Please set out below a step by step plan to the mobilisation of the premises closure if the business case is approved including what actions are required of the practices and third parties, such as commissioners, the order in which the actions need to be undertaken and timescales for the actions to be completed. A template mobilisation plan that can be used but will need to be amended to fit the proposed practice merger is available.

18th December - decision from PCC

If approved:

19th December 2018 - write closure letter and Q&A

19th December 2018 – advise NECS of decision

21st December 2018 - letter approval from CCG

22nd December 2018 – send letter to patients of Trimdon Village. Information also posted on practice website

1st January 2019 – site closed to patients

3rd January 2019 – advise CQC of changes

12. Additional information

Please provide any additional information that will support the proposed change in boundary

13. Signatures

Please ensure all Contractors under the current practice contracts sign below to indicate they agree with the information provided in this business case.

[name]	[signature]
[name]	[signature]
[name]	[signature]

14. Appendix

The practice should attach the following appendices in this document or include as part of the documentation sent to NHS England

- Engagement Plan
- Final patient letter
- FAQs
- Stakeholder briefing
- Responses from (if applicable)
 - Overview and Scrutiny
 - Health and Wellbeing board
 - Healthwatch

Appendix 1b – Application to close Fishburn Village Surgery



Branch Closure – Business Case Application

Practice Details:

Practice Name	Skerne Medical Group
A Code	A83054
Project Lead	Neil Bunney/Dr C Hearmon
Contact Telephone	01740 620300
Contact Email	neil.bunney@nhs.net

1. Introduction

Please provide comments on the following matters.

Please provide address of all premises sites including in the contract and whether these are privately owned, rented etc?

Skerne Medical Group – Owned
Harbinson House
Front Street
Sedgefield
Stockton on Tees
TS21 3BN

Skerne Medical Group – Owned
Beveridge House
Butterwick Road
Fishburn
Stockton on Tees
TS21 4AP

Skerne Medical Group - Rented
18 Wynyard Road
Trimdon Village
Stockton on Tees
TS29 6JH

Skerne Medical Group – On Lease agreement
Carroll House
Grosvenor Road
Trimdon Colliery
TS29 6DH

Which premises site is the practice requesting to close?

Fishburn

2. Background

The practices should provide a detailed summary of the background, for example:

Are there any specific grounds for the application? Please provide details

Like General Practices around the country, we are facing a crisis. Unable to fill our GP vacancies, caused by retirements, sickness and resignations, our problems have worsened over the last 16 months when we had to temporarily close one of our branches. Since then we have had to reduce services across our-3 branch sites.

The situation has deteriorated further with resignation and immediate sick leave of another GP, and we now face the prospect of having too few GP's to man the four sites even with the reductions in opening we currently operate.

The remaining partners in the practice have had to face the fact that we cannot deliver the safe quality medical care our patients expect and deserve, as it is not sustainable with our present model of care.

Our current lis of 15,500 patients is cared for from 4 sites, currently in Trimdon Colliery, Trimdon Village, Fishburn and Sedgefield. We are struggling to get new GP's to commit to work in our practice and now have fewer partners to absorb the workload and this has taken us to breaking point.

The area we provide care for is experiencing dramatic changes with a number of new housing developments. We anticipate this will lead to a significant rise in our patient list size, and this threatens the GP service we provide even more. Skerne Medical Group have not been consulted when permission was granted to establish if we had capacity to take on these extra patients and no alternative plans have been sourced as part of the process.

General Practice is in a period of unprecedented change. Patients are living longer, and with more complex medical conditions and increasing patient expectations. Hospitals discharge patients home more quickly, and GP teams now provide more extensive management of chronic disease, treat more complex cases and provide a wider range of services for patients previously looked after in hospital. This change requires more equipment, extended staff range etc. and so cannot realistically be provided in smaller premises. GP practices now need a team of staff to meet these needs, and within practices, individual GP's have developed expertise across the range of different conditions to care for patients. A single GP can no longer expect to have the skills to provide care for every type of condition.

At Skerne Medical Group our partnership model developed into 8 GP partners pre 2016 supported by a small number of Salaried GP's. This picture has dramatically changed for us and not only has our partner to salaried GP ratio significantly altered and reduced, we have also suffered significant losses from both these groups of Doctors. Pre-October 2016 we had a GP full time equivalent of 8.62, in February 2019 this will reduce to 5.1, a 40 % reduction. Within this 5.1 full time equivalent there will only be 2.12 Partners. This has been mainly due to natural attrition.

The number of GP sessions we can offer will reduce from 69 sessions to 41 illustrating a 40% reduction.

The reduction from 8 Partners to 4 (November 2018) has placed a huge burden on the remaining partners who face doubled responsibility and workload. This has taken its toll, and as a result a further partner has submitted their resignation since we commenced our engagement process. Another partner is due to take part retirement in 2019; leaving perhaps 2 and a half partners to absorb the workload carried less than 2 years earlier by 8 partners.

We have been working tirelessly in trying to address our GP shortage. Well in advance of the first retirements we implemented actions to attract new GP's to our team. We did recruit 2 fulltime salaried GP's both with a view to becoming partners. However, one of these has resigned to join a partnership operating from a single site in Teesside, and the other has reduced their sessional commitment and withdrawn their interest in partnership.

We do have a GP returning from maternity leave in December, but only for 2 mornings per week, and we have attracted a new salaried GP for 3 sessions per week who started in November. Another salaried GP (who was on the CCG Career Start Scheme – designed to support newly qualified GPs in practice) resigned earlier in the summer because of the multiple site nature of our practice causing them to feel isolated and unsupported.

We have a permanent advert for a GP on NHS jobs, but there has been no suitable response to this. Our practice has a long term commitment to training new GP's, but we must invest time and resources in them to produce GP's for the future. This does impact on the time our GP Training Partners can put into patient contact, but it is vital to train the GP's who hopefully will join our team in the future.

Change must happen to preserve the future of medical care in our area.

Given our dire situation having lost GP's, we have thought long and hard about how to ensure a safe quality primary health care service for all the patients of Skerne Medical Group.

We have to conclude that continued operation from 4 sites, whilst attractive to patients, and offering them a service close to their homes, is causing existing GP's to leave us, and stopping potential new GP's from joining our team. Instead they are joining practices which offer team based working from a single central site.

In the immediate term, we do not have the capacity to adequately staff our 4 sites with GP's. In the medium to longer term, it seems that a significant reduction in surgery sites will safeguard future medical care across the practice for patients by helping us to recruit the Doctors we need to provide this care for the future and enable continuity of care.

We feel that our chances of recruiting and retaining GP's would be strengthened if we operated from fewer sites. It is the lack of clinical staff to provide GP services that has precipitated this situation. We have consistently lost both Drs and Clinical Practitioners (our highly trained nurse colleagues who see patients alongside GP's) over the last few years.

The complexities of operating from multiple sites have contributed to these losses. Staff have chosen to move away to other locations where their working environment is more often a single site, in the midst of a supportive team, next door, or down the corridor, rather than in a different building a couple of miles away. This distance and division is why we have lost some of our staff, and we struggle to attract replacements.

As longstanding GP Partners at Skerne Medical Group, we fully understand how important it is for all of our patients to have easy access to medical care, in particular those who are disadvantaged through poor health and economic reasons. We have no intention to disadvantage those patients who need our care most.

Issues over transport are always a factor in access to health care, especially in rural communities such as ours.

We hope this helps you to see the difficult situation that we at Skerne Medical Group face? The overarching premise for this business case is to ensure the survival of Skerne Medical Group. We do not want to fragment further the medical service offered to our patients. We are committed to trying to find ways to continue to provide a safe quality service our patients. We will continue to make strenuous efforts to recruit medical staff to fill our vacancies and undertake skill mix across our team.

Has the practice attempted any alternative options to ensure that the premises site remains open? Please provide details, for example, discussion with neighbouring practices regarding shared staffing resource, has the practice looked for alternative premises in the area such as shared premises with neighbouring practices.

We had to temporarily close Trimdon Village in June 2017 due to GP shortages. After a month of closure we agreed to reopen on reduced operation hours and as a result we needed to slightly reduce hours in our Fishburn and Trimdon Colliery sites to help us provide a limited service at

Trimdon Village. However our GP staffing levels have now fallen below the levels of June 2017, this is despite us recruiting 2 full time GPs each with a view to Partnership as one has subsequently resigned and the other reduced their sessional commitment and withdrew interest in Partnership. The arrangement we put in place in September 2017 is no longer a sustainable option.

What would be the impact for the practice if the change was refused?

If the change was refused the practice would have a serious risk of more GP losses. This could be either Partners or salaried GPs through potential stress and sickness therefore making it impossible to provide a clinical service from 4 sites.

The Partners feel very strongly that if a change is not made to our current model there is a serious and highly concerning risk the practice will have an inability to maintain a safe service and this is something they cannot and will not allow to happen. The Partners want our service to be effective, safe and provide a good patient experience.

The Partners have also communicated via the engagement process that if at any point they feel they are unable to offer a safe service, they will have to consider options such as a closure of the patients list or handing back (through formal termination) their GP contract.

3. Patient Access

Please provide comments on the following matters.

<i>What is the identified population of patients living in the area of the practice branch site</i>	4097 registered patients at Fishburn 3375 0-65yrs 426 66-75yrs 295 76+ years
<i>How many patients regularly attend the practice branch site for appointments</i>	No accurate information available
<i>How many patients regularly attend the practice branch site for other reasons such as collecting prescriptions (note that dispensing is discussed separately in section 4)</i>	No accurate information available
<i>How many patients attend the branch site that also attend the main site</i> Patients have travelled to other sites on a Wednesday as the branch is closed on an afternoon. Patients also travel to Sedgefield for appointments if required due to availability and clinicians In addition patients registered at Fishburn have regularly attended other sites for clinical services including women's health (IUCD/implants), cryotherapy, minor surgery.	No accurate information available
<i>Distance from the branch site to the main site (in miles/kilometres).</i>	It is 3 miles to Trimdon Colliery, 1.2 miles to Sedgefield and
<i>Has the practice considered transport implications for patients to access alternative sites? Please provide details</i>	There are two buses per hour using the Arriva X21 and X22 service between all of the sites. In addition the Scarlett Band 113 bus operates on an hourly basis between Sedgefield and Fishburn. A volunteer driver scheme is available for the elderly and infirm and can be booked 24 hours in advance. The time from Fishburn to Sedgefield bus is 6 minutes
<i>Has the practice identified any housing development in the area? Please provide details</i>	There is a new housing development being built half way between Fishburn and Sedgefield with 100 new houses. The site is officially classed as Sedgefield.

4. Dispensing

Please provide comments on the following matters.

<i>Does the practice have dispensing approval for the branch site?</i>
NO
<i>Please provide detail of all premises in which the practice has dispensing approval</i>
N/A
<i>How many dispensing patients will be affected if dispensing services will be stopped?</i>
N/A
<i>Why does the practice want to cease dispensing?</i>
N/A
<i>When would the practice want to cease provision? (Please note the regulations state a minimum of 3 months notice is required)</i>
N/A
<i>Has the practice considered the impact on patients as a result of the service stopping? (Provide detail, i.e. alternative provision, distance, transport)</i>
N/A
<i>Is there anything the practice has considered to help those patients that may find it difficult to access services as a result of the stopped service?</i>
N/A
<i>What would be the impact for the practice if the service was to continue?</i>
N/A

5. Services

Please provide a summary of services provided at each site. (add sites as required)

	Current Provision – Branch Site Closing	Current Provision – Main Site - Sedgefield	Current Provision – Branch site – Trimdon Colliery	<i>(Note any differences and actions taken were loss of service identified)*</i>
Site Name	Fishburn	Sedgefield	Trimdon Colliery	
Practice Address	Beveridge House Buterwick Road Fishburn Stockton on Tees TS21 4AP	Harbinson House Front Street Sedgefield Stockton on Tees TS21 3NL	Carroll House Grosvenor Terrace Trimdon Colliery TS29 6DH	
CCG Area	DDES	DDES	DDES	
Dispensing (yes/no)	No	No	No	
Dispensing (list sites)				
Number of GPs and clinical sessions (provide breakdown)	The number of GP sessions provided varies weekly depending on GP availability and annual leave. An average is 14/15 per week	Please see embedded slide showing the GP sessions in November 2018 and then in February 2019 which is the reason we need to move to 2 sites. GPs will be rota'd between the sites to maximum room capacity. This is with no GP on annual leave  GP and CP Sessions.pptx	Please see embedded slide showing the GP sessions in November 2018 and then in February 2019 which is the reason we need to move to 2 sites. GPs will be rota'd between the sites to maximum room capacity. This is with no GP on annual leave.	
Number of other practice staff (provide breakdown)	1 x branch supervisor Reception x 1/2	Practice Manager x 1 Assistant Practice Manager x 1 Branch Manager Reception Supervisor Reception x 3/4 Administration x 4 Secretaries x 2	Reception Supervisor Reception x 1/2	
Number of hours of nursing time (provide breakdown)	11 practice nurse sessions 8 HCA sessions	Average 16 Practice Nurse sessions 6 HCA sessions	Average 10 Practice Nurse sessions 2 HCA sessions	

	Phlebotomy 3	Phlebotomy 3		
Training site (yes/no)	Yes	Yes	Yes	
Opening hours (list days and times)	Mon 0800- 1800 Tue 0800 - 1800 Wed 0800 - 1300 Thu 0800 - 1800 Fri 0800 -1800	Mon 0800 – 1800 Tue 0800 – 1800 Wed 0800 – 1800 Thu 0800 – 1800 Fri 0800 - 1800	Mon 0800 – 1800 Tue 0800 – 1800 Wed 0800 – 1800 Thu 0800 - 1300 Fri 0800 - 1800	
Extended Hours (list days and times)	As per Sedgefield	Monday 1830 – 2000 Thursday 1830 – 2000 This service does move around our sites at Sedgefield, Fishburn and Trimdon Colliery in order to give all patients an opportunity to access extended appointments		
Enhanced services (list all services delivered)	Alcohol DES Learning Disability DES Extended Hours Influenza Immunisations NHS Health Checks Childhood Immunisations MMR Pertussis Rotavirus Shingles MEN ACWY MEN Freshers Men B HPV Pneumococcal Friends & Family Test	Alcohol DES Learning Disability DES Extended Hours Minor Surgery Influenza Immunisations NHS Health Checks Childhood Immunisations MMR Pertussis Rotavirus Shingles MEN ACWY MEN Freshers Men B HPV Pneumococcal Friends & Family Test	Alcohol DES Learning Disability DES Extended Hours Influenza Immunisations NHS Health Checks Childhood Immunisations MMR Pertussis Rotavirus Shingles MEN ACWY MEN Freshers Men B HPV Pneumococcal Friends & Family Test	
Premises (for each premises listed earlier, indicate whether premises are owned or leased and provide details of the terms of occupation)	Owned by Partners	Owned by Partners	On lease until 2027 through Assura	

*It would be expected that any perceived loss of service would be re-provided at the main site or alternative branch site if applicable, although should dispensing services wish to be relocated, please consult with NHS England Business Manager

6. Patient Implications – [Pre-engagement]

Please provide comments on the following matters.

Please explain below the consequences of the proposed branch closure for patients. You should include comments on any benefits or adverse effects on patients in relation to matters such as access to services and service delivery arrangements.

If the closure of Fishburn (and Trimdon Village on separate application) were approved, patients of Fishburn would have their clinical medical services provided at our branch site of Trimdon Colliery or main site at Sedgefield. It would be their choice as to which site they would prefer to use. We will not withdraw access to any service required by any of our patients.

As part of the overall closure proposal we plan to move all attached services for example midwife, health visitor, podiatry, counselling to be provided at our Fishburn site. Patients registered at Trimdon Village currently travel to other sites for these services as they are not available at their branch site.

How does the practice intend to rectify any adverse effects that have been identified?

We will continue to offer flexible appointment times when patients tell us this is needed for transport purposes.

In addition we will continue to offer a home visit service to patients if they are too ill or too frail to visit the surgery. We have employed additional Clinical (Nurse) Practitioners and a Paramedic to help us maintain this service in the absence of GP's.

As part of our need to reduce our number of surgery sites, we will re-design our appointment system to offer appointments right across our opening hours, with earlier and later appointments as well as appointments over lunchtime when traditionally we have been closed. Until recently, all our sites had a half day closing each week. Since September 17 when our clinical staffing issues began, we have had to close branch sites on occasions for full days each week. A reduction in the number of sites would enable the remaining site(s) to be fully open.

Patients do not need to come to Fishburn surgery to pick up their repeat prescription scripts. We have been set up for Electronic Prescribing Services for some time – meaning scripts are sent electronically to the patient's choice of nominated pharmacy. We offer online access so patients can order repeat prescriptions without the need to visit or telephone any of our sites.

Has the practice identified and any groups of people that may require specific or enhanced forms of involvement? (please provide details)

7. Premises

Please provide comments on the following matters.

<p><i>Where the practice is applying to close the premises as the building is not fit for purpose, please provide details and actions the practice has taken to resolve the issue. (Please note it is the contractors responsibility to ensure the premises are fit for purpose)</i></p>	
N/A	
<p><i>Please provide evidence that the practice can confirm there is enough space in the existing premises if the approval to close the branch site was approved?</i></p>	
<p>We do have sufficient space to provide clinical services in our Sedgefield and Trimdon Colliery sites. We would utilise the Fishburn site to accommodate those AHP's who provide services currently from our Sedgefield, Fishburn and Trimdon Colliery sites e.g. midwife, health visitor, counsellors, mental health workers and podiatrist as the two proposed clinical sites would be unable to accommodate these services in addition to our staff. By centrally locating these allied health services we ensure they are available locally to patients.</p>	
<p>Please provide number of consulting rooms in the remaining practice: (please add additional columns if more than one site remaining)</p>	
GP - Sedgefield	10
Practice Nurse/Nurse Practitioner - Sedgefield	Practice nurse use either treatment rooms or GP consulting rooms Nurse Practitioners use GP consulting rooms
Additional consulting rooms - Sedgefield	
Treatment rooms - Sedgefield	3 (4 from December 2018 due to internal works)
GP – Trimdon Colliery	4
Practice Nurse/Nurse Practitioner – Trimdon Colliery	Practice nurse use either treatment rooms or GP consulting rooms Nurse Practitioners use GP consulting rooms
Treatment Rooms – Trimdon Colliery	2

8. Resilience and Quality

Please provide comments on the following matters.

How will the closure of the branch site help the resilience of the practice?

Closing the site will allow for a greater range of clinical expertise to be available in the remaining two sites. Reduced sites will engage our small pool of experienced GPs to provide support and supervision to more junior GP's, GP's in training and Clinical (Nurse) Practitioners who see patients in order to maintain our service and ultimately will enable Skerne Medical Group to attract/retain staff both GPs and Nurse Practitioners in the future. This is key to the resilience and retention of our existing team.

Feedback received from GPs has told us reducing the number of sites will also make our practice more attractive for GPs looking to join us.

Having a larger team in 2 sites will give us the ability to provide essential primary care services more effectively. Male and female clinicians plus a range of nursing team colleagues (Practice Nurse, Health Care Assistant, Phlebotomist) will be available each day for face-to-face and telephone consultations.

With 2 sites there will be enhanced patient safety due to more continuity of care as there will be less movement between sites. This has been expressed as a concern in previous patient surveys.

Reduced clinical risk due to the ability fewer sites will give us conduct all necessary tests due to nurse and GP being on site together – therefore less delayed diagnosis.

The change will also allow us to look at restructuring the reception/administration functions and being able to offer an improved service through specialised teams (for example prescriptions, appointments, test results) rather than all staff doing all roles across 4 sites.

If approved the practice patient list may increase or decrease, how will the practice ensure that it maintains or improves the quality of service offered to patients?

Having staff working across fewer sites will allow us to provide more flexible appointment times (for example from 8am & over lunchtimes), patients would benefit through having services which remain open for longer. This is currently not possible because GPs (& other staff) need to travel between 4 sites which reduces appointment time available for patients.

Continuity of care will improve as patients will find it easier to access the same GP/clinician sooner.

We will be able to effectively carry out cross team learning to improve further the services we offer through regular update meetings, audit reviews, multi-disciplinary team discussions.

Has the practice explored their current performance for QOF and other performance areas and the impact closing the branch site may have on the practice?

The practice does not envisage any impact on performance with closing the site. We fully intend to continue to offer a full range of services to all patients from our remaining sites. QOF is a standing agenda item on practice meetings when discussion depends on areas we need to concentrate on; if performance is low or reducing, in addition we have a clinical lead for QOF.

Does the practice have a plan as to how this will be improved? If applicable

N/A

9. Patient engagement outcome

Please provide comments on the following matters.

<i>When did the engagement period start and end?</i>	22 nd October 2018 – 3 rd December 2018
<i>Please confirm that engagement plan, letters and FAQs have been attached to the application</i>	
Patient Letters	
<i>How many patients did the practice send letters to?</i>	6702 households (one letter per household)
<i>How many responses did the practice receive?</i>	Website – 76 Written - 43
<i>How many responses in support of the branch closure did the practice receive?</i>	See embedded summary   Notes SMG Practice Skerne Engagement Changes (3).docx presentation v2.pptx
<i>How many responses were not in favour or raised concern of the branch closure?</i>	See embedded summary above
<i>How many responses were in support of the dispensing stopping? If applicable</i>	N/A
<i>How many responses were not in favour or raised concern of dispensing stopping? If applicable</i>	N/A
Other forms of engagement	
<i>What other forms of engagement has the practice done? e.g. drop-in sessions, poster, website, newsletters</i>	
All households received an initial letter explaining the practice situation. Information was then posted on the website with an online feedback form and dates for the 6 public engagement meetings. The PowerPoint slides we presented at the public meetings were also available on the website for patients to review. Posters were in every site and local pharmacies advertising the engagement meeting and blank copies of the feedback forms available for patients to complete. We received over 70 responses to the website feedback and 40 completed feedback forms.	
GP Partners have spoken to patients of all ages who attended engagements at the surgery over the time of the engagement and we visited local providers of mental and physical health care and met with our local pharmacies to explain our situation.	
We also contacted by telephone a small number of young mothers to ask specific questions on access.	
A meeting was held with our Patient Focus Group prior to the launch of the engagement informing them and obtaining feedback on the situation.	
A pre-engagement stakeholder meeting was held and details are shown later in this report.	
<i>How many patients attended the drop-in sessions?</i>	
We had over 400 patients attend the 6 public engagement meetings	
<i>How many patients were in support of the premises closure and or stopping dispensing services? Respond as applicable</i>	
Please see embedded summary of engagement feedback and thematic PowerPoint slides.	
<i>How many patients raised concern on the premises closure and or stopping dispensing services?</i>	
Please see embedded summary of engagement feedback and thematic PowerPoint slides.	

General
<i>What issues did the patients raise in support of the premises closure and or stopping dispensing services?</i> <i>Respond as applicable</i>
See engagement summary and slides
<i>What issues did the patients raise in concern of the premises closure and or stopping dispensing services?</i> <i>Respond as applicable</i>
See engagement summary and slides
<i>What has the practice done or plans to do to address the concerns raised?</i>
See engagement summary and slides
<i>How has the practice feedback to patients on the actions it plans to do in response to concerns raised?</i>
We will produce a newsletter and post this on our website and have copies available in all sites. We will also use local media platforms to communicate to patients e.g. Sedgefield and Fishburn News, Chris Lines roundup (a local information email)
<i>If approved, how does the practice intend to engage with patients to inform them of the outcome?</i>
We will write a letter to every household.

10. Stakeholder Engagement outcome

Please provide comments on the following matters.

<i>Please confirm that stakeholder briefing has been attached to the application</i>	Yes
<i>Who has the practice engaged with?</i>	<p>At the pre-engagement meeting representatives attended were:</p> <p>Penny Pearson - Fishburn Parish Cllr Lucy Hovvells - Trimdon Michelle MacCallam – Bishop Middleham Nicola Bailey – CCG Stewart Findlay – CCG Maxine Robinson – Bishop Middleham/Fishburn Cllr Petr Brookes - Fishburn John Burton - Trimdon Brian Avery - Mordon Wendy Sayers - Bradbury Anne Delandre – Trimdon Parish Council Carole Bell – Trimdon Colliery Peter Mennear – Stockton BC Health Scrutiny Lead Officer Chris Lines – Lines Communication Cllr David Brown – Sedgefield Alda Hummelink – Sedgefield Town Council Joan Stevens – Health Scrutiny Lead Officer Joseph Chandy – CCG Phil Wilson - MP</p> <p>In addition follow up meeting on 19.10.18 with</p> <p>Phil Wilson – MP Cllr Jude Grant – Trimdon and Thornley</p>
<i>How many responses did the practice receive and from who?</i>	Verbal briefing
<i>How many responses in support of the merger did the practice receive?</i>	Verbal briefing
<i>How many responses were not in favour or raised concern of the merger?</i>	N/A
<i>Please confirm the practice has attached copy of the responses from Overview and Scrutiny Committee</i>	Attached
<i>Please confirm the practice has attached copy of the responses back from Health and Wellbeing board</i>	N/A
<i>Please confirm the practice has attached copy of the responses back from Healthwatch</i>	N/A
<i>What issues did stakeholders raise in support of the merger, premises closure and or stopping dispensing services? Respond as applicable</i>	In general at the briefing stakeholders were understanding of our situation and supported the actions we need to take. There were some concerns raised regarding Trimdon Village and deprivation, transport issues if patients had to travel. There were also questions regarding the wider issues of recruitment and retention in general practice.
<i>What issues did stakeholders raise in concern of the merger, premises closure and or stopping dispensing services? Respond as applicable</i>	

<i>Please confirm that stakeholder briefing has been attached to the application</i>	Yes
<i>Who has the practice engaged with?</i>	<p>At the pre-engagement meeting representatives attended were:</p> <p>Penny Pearson - Fishburn Parish Cllr Lucy Hovvells - Trimdon Michelle MacCallam – Bishop Middleham Nicola Bailey – CCG Stewart Findlay – CCG Maxine Robinson – Bishop Middleham/Fishburn Cllr Petr Brookes - Fishburn John Burton - Trimdon Brian Avery - Mordon Wendy Sayers - Bradbury Anne Delandre – Trimdon Parish Council Carole Bell – Trimdon Colliery Peter Mennear – Stockton BC Health Scrutiny Lead Officer Chris Lines – Lines Communication Cllr David Brown – Sedgefield Alda Hummelink – Sedgefield Town Council Joan Stevens – Health Scrutiny Lead Officer Joseph Chandy – CCG Phil Wilson - MP</p> <p>In addition follow up meeting on 19.10.18 with</p> <p>Phil Wilson – MP Cllr Jude Grant – Trimdon and Thornley</p>
<i>How many responses did the practice receive and from who?</i>	Verbal briefing
<i>How many responses in support of the merger did the practice receive?</i>	Verbal briefing
<i>How many responses were not in favour or raised concern of the merger?</i>	N/A
<i>Please confirm the practice has attached copy of the responses from Overview and Scrutiny Committee</i>	Attached
<i>Please confirm the practice has attached copy of the responses back from Health and Wellbeing board</i>	N/A
<i>Please confirm the practice has attached copy of the responses back from Healthwatch</i>	N/A
<i>What has the practice done or plans to do to address the concerns raised?</i>	<p>The practice has taken steps to recruit a paramedic and additional nurse practitioners to ensure we have sufficient clinicians to carry out home visits for the housebound and elderly who are unable to travel to a surgery.</p> <p>The practice are willing to work with patients and local councils as to how transport could possibly be improved in our catchment area.</p>
<i>How has the practice feedback to stakeholders on the actions it plans to do in response to concerns raised?</i>	They were answered verbally on the evening

<i>Please confirm that stakeholder briefing has been attached to the application</i>	Yes
<i>Who has the practice engaged with?</i>	<p>At the pre-engagement meeting representatives attended were:</p> <p>Penny Pearson - Fishburn Parish Cllr Lucy Hovvels - Trimdon Michelle MacCallam – Bishop Middleham Nicola Bailey – CCG Stewart Findlay – CCG Maxine Robinson – Bishop Middleham/Fishburn Cllr Petr Brookes - Fishburn John Burton - Trimdon Brian Avery - Mordon Wendy Sayers - Bradbury Anne Delandre – Trimdon Parish Council Carole Bell – Trimdon Colliery Peter Mennear – Stockton BC Health Scrutiny Lead Officer Chris Lines – Lines Communication Cllr David Brown – Sedgefield Alda Hummelink – Sedgefield Town Council Joan Stevens – Health Scrutiny Lead Officer Joseph Chandy – CCG Phil Wilson - MP</p> <p>In addition follow up meeting on 19.10.18 with</p> <p>Phil Wilson – MP Cllr Jude Grant – Trimdon and Thornley</p>
<i>How many responses did the practice receive and from who?</i>	Verbal briefing
<i>How many responses in support of the merger did the practice receive?</i>	Verbal briefing
<i>How many responses were not in favour or raised concern of the merger?</i>	N/A
<i>Please confirm the practice has attached copy of the responses from Overview and Scrutiny Committee</i>	Attached
<i>Please confirm the practice has attached copy of the responses back from Health and Wellbeing board</i>	N/A
<i>Please confirm the practice has attached copy of the responses back from Healthwatch</i>	N/A
<i>If approved, how does the practice intend to engage with stakeholders to inform them of the outcome?</i>	

11. Mobilisation

Please set out below a step by step plan to the mobilisation of the premises closure if the business case is approved including what actions are required of the practices and third parties, such as commissioners, the order in which the actions need to be undertaken and timescales for the actions to be completed. A template mobilisation plan that can be used but will need to be amended to fit the proposed practice merger is available.

18th December - decision from PCC

If approved:

28th December 2018 - write closure letter and Q&A

31st December 2018 - letter approval from CCG

3rd Jan 2019 send letter to patients of Fishburn. Information also posted on practice website

3rd January 2019 – inform all AHP of decision to centralise services in Fishburn

1st February 2019 – Site closed for clinical services

4th February 2019 – All AHP services to operate from Fishburn

4th February 2019– advise CQC of changes

12. Additional information

Please provide any additional information that will support the proposed change in boundary

13. Signatures

Please ensure all Contractors under the current practice contracts sign below to indicate they agree with the information provided in this business case.

[name] [signature]

[name] [signature]

[name] [signature]

14. Appendix

The practice should attach the following appendices in this document or include as part of the documentation sent to NHS England

- Engagement Plan
- Final patient letter
- FAQs
- Stakeholder briefing
- Responses from (if applicable)
 - Overview and Scrutiny
 - Health and Wellbeing board
 - Healthwatch

Appendix 1c - GP and CP session (embedded in both applicationa)

Staffing Changes			As at						
	Pre	As at	1st	As at		As at		As at	
	October 2016	October 2016	June 2017	August 2017	As at Sept 2018	Nov 2018	Jan 2019	Feb 2019	
GP Partners									
A	4	4	0	0	0	0	0	0	0
B	6	4	4	4	4	0	0	0	0
C	5	5	5	5	5	5	5	5	5
D	6	6	6	6	0	0	0	0	0
E	8	8	8	8	0	0	0	0	0
F	6	6	6	6	6	6	6	6	6
G	8	8	8	8	6	6	6	0	0
H	6	6	6	6	6	6	6	6	6
I	49	47	43	43	27	23	23	17	
Salaried GPs									
A	6	6	0	0	6	6	6	6	6
B	4	4	6	6	6	6	6	6	6
C	4	4	2	2	0	0	2	2	2
D	6	0	0	0	0	0	0	0	0
E	0	0	0	8	8	8	0	0	0
F				4	4	0	0	0	0
G	0	0	0	0	8	7	7	7	7
H	0	0	0	0	0	3	3	3	3
	20	14	8	20	32	30	24	24	
GPs									
	69	61	51	63	59	53	47	41	

Skerne Medical Group
Sedgefield | Farnburn | Trimdon Colliery | Trimdon Village

Current Clinical Practitioner Sessions

Staffing Changes					As at		As at Nov 2018	As at Feb 2019
					Sessions			
A						8	8	
B						5	5	
C						6	6	
D						6	6	
E						6	6	
Total					31		31	
Clinical Pharmacist						3	3	
GPs						53	41	

Appendix 1d - Engagement notes (embedded in both applications)

WHO DID WE ENGAGE WITH?

We started the process with a meeting with key stakeholders – our MP, County Councillors and Town and Parish Council Representatives.

Then during the six week period which ended on 3 December 2018, we had six separate public engagement events around the practice area when we outlined the dramatic shortage of GP's we are facing and the difficulties this is causing us. By February 2019 we will have 40% fewer doctors than 2 ½ years ago. We feel unable to safely man four separate sites.

More than 400 people took the trouble to attend these events. They asked us many questions and offered opinions on how we should proceed. We also received a variety of feedback via the practice website, as well as written feedback left at the meetings or handed in at the surgery. We spoke to patients of all ages who attended the surgery over this time, and also visited local providers of mental and physical health care and our local pharmacies to explain our situation.

HOW EFFECTIVE WAS THE ENGAGEMENT?

We were pleased with the turnout of more than 70 people per event. Over 70 comments were received via the practice website and further written comments were also received. Verbal feedback during consultancies also took place. Many questions were raised at each event. In addition, although the practice does not use social media, there was considerable discussion on social media.

THEMATIC FEEDBACK BY SITE

The feedback from our patients had some common themes, as well as some specific issues from particular sites.

In general patients recognised the significant issues faced by Skerne Medical Group due to shortage of GP's and that changes are necessary. They expressed concern about appointment availability worsening, given the lack of GP's and also the current and future housebuilding. At all sites there was concern about accessing surgeries, both from a public transport availability angle and also the lack of adequate car parking. Particular groups of patients were mentioned eg. those with limited mobility and also mums with small children.

There was significant interest expressed in looking towards relocating the practices given our situation. Sedgefield Community Hospital was favoured by many patients and a new build surgery on the old school site in Trimdon Village was clearly preferred by the people who lived there.

There were suggestions about financial inducements to attract GP's eg "Golden Hello's", provision of a vehicle, and removal expenses. We explained, along with the CCG about such schemes elsewhere but this would not attract GP's to a multiple site practice.

The subject of section 106 money was raised at all meetings both on what has happened with available funds from the numerous building sites currently being constructed and sites with planning permission and work has not as yet commenced.

SEDGEFIELD THEMES

As mentioned these were linked to:

- Shortage of appointments.
- The concern of an increased patient list due to house building.
- Practice boundary change to limit new registrations.
- Lack of significant car parking
- Interest in Sedgefield Community Hospital.

- Concern over DNA's
- Transport

FISHBURN THEMES

Similarly:

- Would prefer to maintain Fishburn site, but felt preservation of whole practice was the greater need and would support this.
- Interest in Sedgefield Community Hospital
- Car Parking Issues
- DNA's
- Impact on local pharmacy
- Transport

TRIMDON COLLIERY THEMES

- Transport concerns to alternative sites
Cost of transport
- Appointment Availability
- GP to travel rather than patients.

TRIMDON VILLAGE THEMES

- Strong feeling of lack of fairness in suggesting closing their site
- Concern over immediacy of changes verses four year implementation
- Access to other sites especially the elderly/young mums. Social demographics a big concern.
- Poorest facilities deserved development
- Recruitment issues note understood as nearby practice has full complement of GP's
- Social

REVIEW SUMMARY

- Patients understand the issues faced by Skerne Medical Group.
- The national and local GP shortages were of great concern
- Much positive feedback about services provided by Skerne Medical Group and recognition that changes are needed to maintain this service with reduced GP numbers.
- New housing – increased list size.
- Public transports issues
- Car Parking
- DNA's
- Trimdon Village to remain GP Services.
- Patients lack of awareness of some services offered eg. text messaging, use of Nurse Practitioners, on-line access to services.

PROPOSAL CHANGES

- Wider education about practice services
- Anticipation of increased use
- Digital technology is future

No change in the need to reduce sites for long term sustainability of service.

HAS ANYTHING CHANGED TO ALTER PLANS?

- Yes, there were 5 partners at the start of the engagement period. A fifth partner has retired as planned however a 4th partner has confirmed their resignation and on sick leave during process. We are now down to 3 from 8.
- Immediate increase in difficulties face by Skerne Medical Group.

PROPOSALS/CONCLUSION

- Engagement exercise was a positive interaction with practice and patients to consider options to move forward.
- Patients recognised the need to change, though no-one relishes change.
- As well as us sharing our challenges we learned clearly about those faced by our patients.
- Some future changes (technology based) will help patients in the future and patients are very interested in progressing these.
- The practice has limited options in the short term to provide safe primary care to all our patients.
- Reduced sites will engage our small pool of experienced GP's to provide support and supervision to more junior GP's, GP's in training and Nurse Practitioners who see patients, in order to maintain our service and ultimately will enable Skerne Medical Group to attract/retain staff both GP's and Nurse Practitioners in the future.

SHORT TERM

We feel that the closure of two of our sites is needed – Fishburn and Trimdon Village leaving clinical services to be provided for patients in the short term from Sedgefield and Trimdon Colliery sites.
Why these two sites – see pages 16 and 17.

This will have financial consequences to the practice who own the Fishburn site.

We would utilise the Fishburn site to accommodate those AHP's who provided services from our building for the whole area eg. Midwife, Health Visitor, counsellors, mental health workers and podiatrist, as the two clinical sites would be unable to accommodate these services. Also some practice admin functions would be Fishburn based.

LONGER TERM

We will continue to explore the options available to establish alternative sites for the practice, or development of existing premises. Medical services have not benefited to any significant degree from Section 106 monies resulting from the widespread development in our area to date. This would be vital for future developments. The practice will continue to work closely with DDES CCG to achieve a sustainable future once viable options have been fully investigated, there will be an implementation plan developed to remodel the practice sites, taking into account the opportunities from both Trimdon and Sedgefield Community Hospital as well as our two current sites. Alongside this, strenuous ongoing efforts to recruit GP's for the future will take place.

SUMMARY

This change in delivery of service is not about people losing access to their GP, it's about ensuring that all the patients can get quality medical service for the longer term. I'm not prepared to see this practice fail due to issues over buildings.

Any change will not reduce the number of appointments, if anything a more efficient operation would result.

Recent graduates going into General Practice have different expectations, this weekend's online Sunday Times has a stark map showing more GPs heading to conurbations, at the expense of rural areas.

Only creating a larger, full service, surgery structure is going to be attractive to this new generation. Two of our recently recruited salaried GPs are leaving us for single site practices. All of our practice area is wonderful countryside, but it's not Jesmond (Newcastle), Hyde Park (Leeds) or Fallowfield (Manchester). Unless we can provide the kind of working environment that recent graduates expect you will only have third rate medical services in ten years' time.

I have talked to recently qualified GPs who say if we had less sites that the practice would be really attractive, so we need to change. *Change always hurts*, but if we work together to consolidate the sites this can be really positive for the future. I'm sure we all want quality medical services across the practice area, I do, as when I retire I plan to be a patient.

Engagement Feedback



Skerne Medical Group

Sedgefield | Fishburn | Trimdon Colliery | Trimdon Village



Engagement Process



Who did we engage with?

- Pre-engagement briefing: MP, Councillors, Parish/Town Councillors, OSC
- Patients
- Patient Focus Group
- Mental Health Care Homes
- Local Pharmacies

Engagement Strategy



Gaining Feedback

- 423 patients attending 6 public events
- 43 written feedback forms
- 76 feedback forms received via the practice website
- Patient feedback in clinical consultations
- Indirect social media promotion of engagement events

Thematic Feedback – Proposal



Themes





Themes

Support for reducing boundaries

Awareness of services we provide

Appreciation of current service

Impact of DNA's

Reasons for recruitment shortages

Feedback - Sedgefield



Sedgefield

- Concerns about rise in population (& effect on practice list size) as a result of significant housing developments
- Problems accessing appointments if the overall practice list size increases as predicated
- Lack of available car parking
- Supportive of the changes required to protect GP services for the future
- Very interested and supportive of any opportunities to utilise Sedgefield Community Hospital for general practice.

Feedback - Fishburn



Fishburn

- Don't want to lose the surgery but would not stand in the way if it had to happen to preserve the practice
- Very interested and supportive of any opportunities to utilise Sedgefield Community Hospital for general practice.
- Frustrated by the volume of DNA appointments and the waste this causes.
- Car parking is a problem
• Would there be any adverse affect on pharmacies?
- What is CCG doing to help GP recruitment

Feedback – Trimdon Colliery



Trimdon Colliery

- How could a single site work for patients in a rural area (transport – availability & cost, adverse weather)
- Hard to get an appointment now
- Why can't one doctor travel between surgeries rather than lots of patients
- What happens if we cannot recruit / retain

Feedback – Trimdon Village



Trimdon Village

- It's not fair to single out Trimdon Village surgery, we want a 4 year review with the other 3
- Concern about housebound / elderly / single parents with young children accessing services especially in winter
- Least equipped surgery giving poor service, consideration should be given to the potential development of a new surgery
- Why haven't we recruited GPs when neighbouring practices have
- Problems around being able to travel; low car ownership, poor public transport

Feedback Summary



- There is a lack of awareness on some of the services we offer e.g. text messaging, on line prescriptions, nurse practitioner appointments
- The majority of patients are in favour of reducing the practice boundary to control patient numbers
- We need to take into consideration elderly patients and parents with young children
- The are concerns regarding car parking at all of our sites especially given the rising population
- The majority of patients are positive and supportive towards the changes we are proposing
- Patients are very appreciated of the service they receive from the practice
- There are concerns regarding the frequency and cost of transport between the sites
- Trimdon Village are very passionate about retaining a GP service in their village

Feedback



Where there
any ideas/
suggestions
we had never
considered

- No major surprises
- Positive suggestions in the use of digital consultations
- Wider education ids required in the services offered by the practice

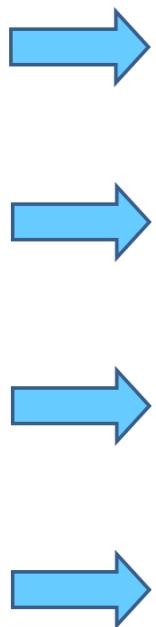
Changes in the practice since proposals were made



Since the proposals were made a further GP has resigned from the partnership



Changes to the proposal following feedback

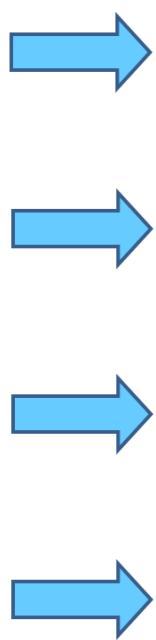


The engagement events were a very useful exercise and helped us understand their concerns and the impact the change would have on our patients

Conclusion



What we have concluded



An immediate closure of two sites providing clinical services is required, we propose Trimdon Village and Fishburn.

In the interim Fishburn will be utilised to accommodate allied health services plus some administrative practice staff

Continue exploring the options to establish alternative accommodation or development of existing premises

An options appraisal at how the practice will be re-modelled looking at opportunities presenting from both Trimdon and SCH and using our 2 current sites

Reasons for selecting Trimdon Village



Trimdon Village

- Our smallest surgery offering only one GP room plus 1 treatment room
- Inability to mentor trainees or support other clinicians
- 1,500 registered patients which represents approx 10% of whole practice list.
- A section Trimdon Village patients have been accessing services at other branches for many years without any formal complaints.
- Since Sept 2017 we have only offered a morning session
- Existing premises are inadequate for modern general practice.

Why has Fishburn been selected

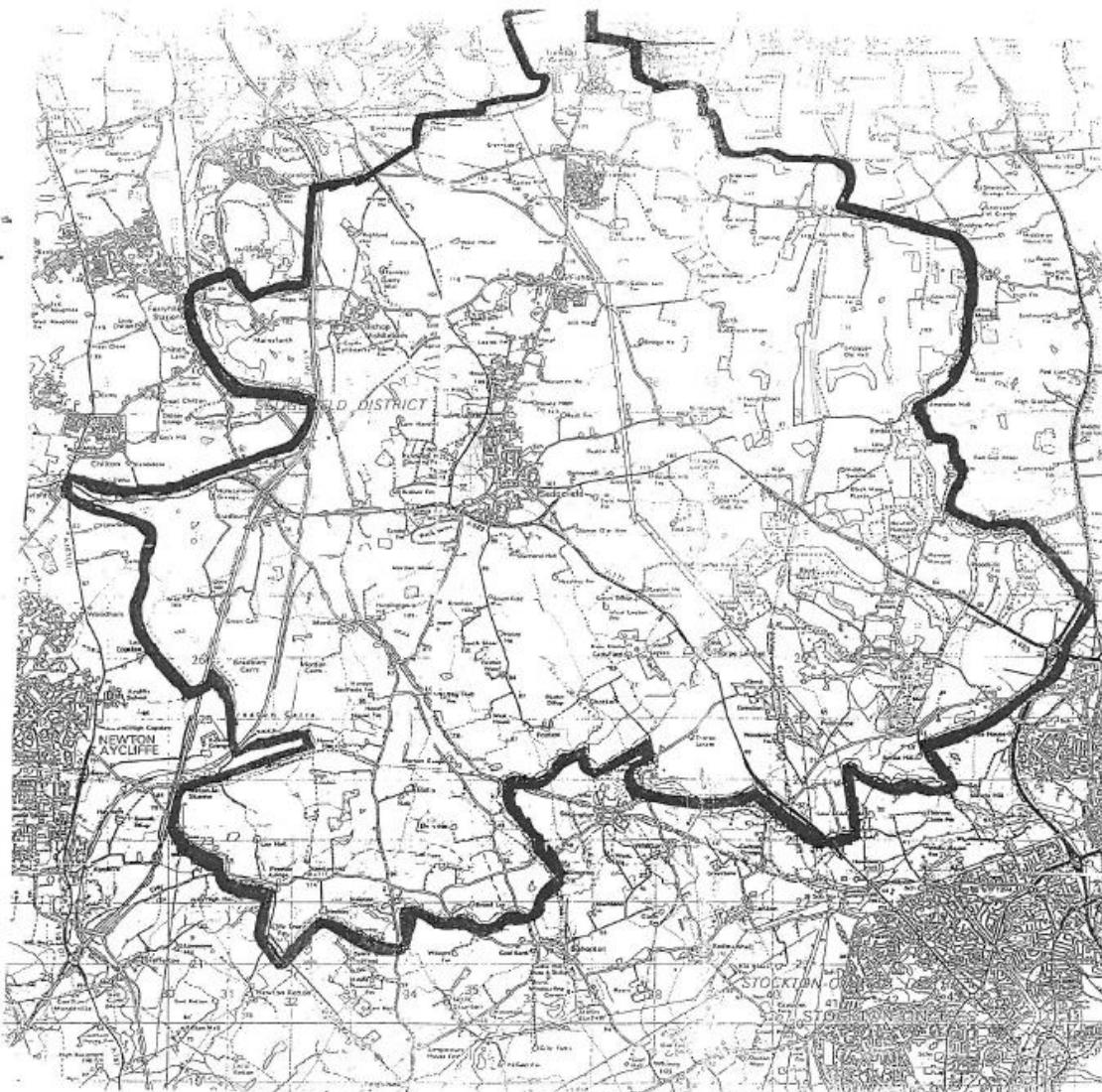


Fishburn

- Inadequate parking facilities for additional patients using this site
- It is closest to Sedgefield(1 mile) which will remain open as it is our largest site.
- Fishburn and Bishop Middleham residents will use Sedgefield. Patients from Trimdons can use Trimdon Colliery reducing travel distance
- Centrally located of offer AHPs services for all patients e.g. midwife, health visitor, counsellors etc

Official

Appendix 2 – Practice boundary



Appendix 3 - Engagement and Communications Plan

Skerne Medical Group

Area	Engagement method	Date	Stakeholder representative	Comments/issues	Conclusion s	Response and supplementary evidence
1. Patients						
Communication Page 127	Patient Letter Sent Posters in Waiting rooms, practice website and local pharmacies advertising engagement events Advertised in local media Further information posted on practice (www.doctorsnhs.co.uk) website with electronic feedback form	18/10/18 22/10/18 22/10/18	Practice Practice Practice	Letter sent to every household across the practice Posers in all sites and local pharmacies. Various local media used to advertise engagement events Additional information and electronic feedback form		 Patient Letter v4.doc  SMG Public Engagement Meeting:  Website information.doc
	Feedback form available electronically on website and available at all sites Dedicated notice board and area	22/10/18	Practice	Patient feedback form		 SMG A5 Comments Card.pdf

Area Page 128	Engagement method	Date	Stakeholder representative	Comments/issues	Conclusion s	Response and supplementary evidence
	for feedback forms					 IMG_1558.JPG
	Formal email inviting key stakeholders to pre-engagement event Stakeholder list invited as provided by OSC Engagement presentation slides made available on practice website and paper copies available on request	12/10/18 16.11.18	Practice Practice	Email sent to all key stakeholders 19 key stakeholders attended the pre-engagement briefing		 Meeting Invitation.msg  THE SKERNE GROUP STAKEHOLDER DATA
Feedback forms	Feedback forms received online during engagement period Written Feedback forms returned either at engagement events or in practice sites	22/10/18 – 3/12/18 22/10/18 – 3/12/18	Patients Patients	Generally very supportive	76 forms submitted 43 forms returned	
Engagement	Patient Focus Group Briefing	3/10/18	PFG Neil Bunney Dr C Hearmon	Fully aware of staffing issues in practice as updated at every meeting Understand reasons for engagement with patients and rationale for change	Supportive	

Area	Engagement method	Date	Stakeholder representative	Comments/issues	Conclusions	Response and supplementary evidence
	Key Stakeholder pre-engagement meeting	18/10/18	19 key stakeholders attended Dr C Hearmon	Generally supportive and understood need to reduce sites Concerns raised around Trimdon Village and deprivation.	Supportive	 Skerne Medical group Update Sept 18 Pre E
	Additional meeting with MP Phil Wilson and Cllr Jude Grant	19/10/18	MP Phil Wilson Cllr Jude Grant Dr C Hearmon Neil Bunney Helen Letts	MP Phil Wilson wanted to understand wider issues of GP recruitment and agreed to raise in Parliament Although understanding the situation, Cllr Grant raised concerns re the potential loss of the surgery in Trimdon Village and implications for elderly patients.		
	Informal Meeting with local Pharmacy	29.10.18	Colin Vallance Allan Phillips Dr C Hearmon Dr D Anderson Dr H Taylor Dr D Robinson	Pharmacy understand rationale and issues facing practice Concerned use of local pharmacy may decline if sites closed Keen to promote use of pharmacies for minor ailments and emergency prescriptions	Mixed views due to impact on their business	

Page Area 130	Engagement method	Date	Stakeholder representative	Comments/issues	Conclusion s	Response and supplementary evidence
			Neil Bunney			
	Sedgefield Public Engagement Event - Tuesday 7pm-8.30pm	6/11/18	Dr C Hearmon Dr D Anderson Dr D Robinson Dr H Taylor Neil Bunney Joseph Chandy Chris Lines (Chair) Helen Letts	93 Patients attended Engagement Presentation attached See attached summary of engagement feedback from all meetings and more detailed information on slides.	Supportive	 Skerne Medical Group Update - Public  Skerne Engagement presentation v2.pptx  Notes SMG Practice Changes (3).docx
	Trimdon Colliery Public Engagement Event - Friday 7pm-8.30pm	9/11/18	Dr C Hearmon Dr D Anderson Dr D Robinson Dr H Taylor Neil Bunney Chris Lines (Chair) Helen Letts	26 patients attended	Supportive	
	Trimdon Village Public	15/11/18	Dr C Hearmon	87 patients attended	Mixed views.	

Area	Engagement method	Date	Stakeholder representative	Comments/issues	Conclusions	Response and supplementary evidence
	Engagement Event – Thursday 7pm-8.30pm		Dr D Anderson Dr H Taylor Neil Bunney Joseph Chandy Chris Lines (Chair) Helen Letts	Concerns over the proposed closure particularly raised by local councillors Transport issues raised Some supportive comments from patients and want continued access to a GP service		
	Sedgefield Public Engagement Event – Sunday 2pm-3.30pm	18.11.18	Dr H Taylor Dr D Robinson Neil Bunney Chris Lines (Chair) Helen Letts	76 patients attended	Supportive	
	Fishburn Public Engagement Event – Thursday 7pm-8.30pm	22.11.18	Dr C Hearmon Dr D Anderson Dr H Taylor Neil Bunney Joseph Chandy Chris Lines (Chair)	78 patients attended	Supportive	

Part Area 132	Engagement method	Date	Stakeholder representative	Comments/issues	Conclusion s	Response and supplementary evidence
			Helen Letts			
	Sedgefield Public Engagement Event – Thursday 1.30pm-2.30pm	29.11.18	Dr C Hearmon Dr H Taylor Neil Bunney Chris Lines Helen Letts		Supportive	
	Presented at Adults Wellbeing and Health OSC	15.11.18	Dr C Hearmon Neil Bunney	Commentary from presentation attached and follow up letter from OSC	Letter attached from OSC	 OSC Document.docx  OSC Response.doc
	Informal meeting with Jill Bunty, Mental Health Care Home Manager The Grange, Maple House, Woodlea Bungalow	19.11.18	Neil Bunney Jill Bunty	Fully understands situation as same issues in Care Homes Commented our service is second to none Was concerned her patients may have to travel much further, no issues using any Skerne site. Seeing familiar Dr faces is priority, not the building Home would transport patients to appointments	Supportive	Agreed that the new practice had more opportunity to recruit

Area	Engagement method	Date	Stakeholder representative	Comments/issues	Conclusion s	Response and supplementary evidence
	Care Home	6.12.18	Dr D Anderson	Fully understand practice situation. No concerns as they have a daily ANP service and patients requiring a GP are home visits.	Supportive	
	Presented at Adults Wellbeing and Health OSC	4.12.18	Dr C Hearmon Neil Bunney Helen Letts	Presentation attached, no formal feedback received as yet from OSC Discussion as to whether this case should be called in and referred to Health Secretary. Decided against and will attend PCC meeting on 18.12.18	No formal feedback received from OSC as yet	 Notes SMG Practice Changes (3).docx
	Informal feedback received from patients in GP consultations and telephone calls particularly from mothers with young children	22/10/18 – 3/12/18	GPs Lynne Miles	No issues raised by mothers with children regarding having to travel Comments that bus service is OK One parent commented would not be great if she had to travel but manageable	Supportive	
Staff Page 136	Staff Meeting to brief on practice situation and engagement process	17.10.18	All staff and Partners	Staff fully supportive of the practice proposals Very keen to reduce sites as better team working and patient care Many volunteered and attend the patient engagement events Discussed potential new ways of working	Supportive	

Page 134	Engagement method	Date	Stakeholder representative	Comments/issues	Conclusion s	Response and supplementary evidence
	Communication to staff on OSC presentation and proposal	4.12.18	All staff	both clinical and administrative Staff advised many comments on social media		

Appendix 4 – Patient letter



Dear Head of Household

The Partners of Skerne Medical Group feel it is necessary to share with you the serious GP recruitment and retention crisis facing our practice. For several months the practice has experienced a significant reduction in both GP Partner and Salaried GP sessions. We have to talk to you urgently as changes have to be made to secure the practice's ability to provide services.

The Partners must now take decisions about how we develop and remodel the way we care for all our patients for the practice to survive in the future and maintain safe and high standards of healthcare.

This will involve a review of all Skerne Medical Group sites over the next four years. We can no longer provide services in the current way indefinitely and the future of the practice is dependent on you helping us to modernise.

The first stage is we will have to review over the coming weeks whether Trimdon Village can remain open from 2019 on the current and projected staffing levels and we will make this decision at the end of the engagement period after listening to all your views.

We appreciate the contents of this letter will cause concern for patients registered at this Practice, not only the Trimdon Village site but all our other sites too. We would invite you to come along to our public engagement events over the next 6 weeks to hear what we propose to do and so we can hear your views on this.

Dates, times and venues are detailed on our website and on posters in all of our sites.

Further information on the engagement, including a 'comments and suggestions card' is available at any of Skerne Medical Group sites or via the surgery website at www.doctorsnhs.co.uk

Yours sincerely
The Partners



Skerne Medical Group

PUBLIC ENGAGEMENT MEETINGS

We welcome you to come along to hear your views on working together to secure our ability to provide medical services in the future.

Sedgefield Parish Hall
Tuesday 6th November
7pm - 8.30pm

Trimdon Station Community Centre
Friday 9th November
7pm - 8.30pm

Trimdon Village Hall
Thursday 15th November
7pm - 8.30pm

Sedgefield Parish Hall
Sunday 18th November
2pm - 3.30pm

Fishburn Community Centre
Thursday 22nd November
7pm - 8.30pm

Sedgefield Parish Hall
Thursday 29th November
1.30pm - 2.30pm

Help us to help you.

Appendix 6 – Information added to practice web site

SERIOUS GP RECRUITMENT & RETENTION CRISIS AFFECTING SKERNE MEDICAL GROUP

Despite our best efforts in recruitment of GPs, Skerne Medical Group face a reduction of 35% in GP manpower compared to October 2016 due to resignations, retirements and sickness. This will reduce GP available appointment time by 40% in February 2019.

There is a national GP recruitment crisis, so we urgently need to restructure and change the way we work to secure the practice's ability to provide healthcare services for all our patients.

We are beginning a review of all four surgeries from which we currently provide services; Sedgefield, Fishburn, Trimdon Village and Trimdon Colliery, commencing with a review of whether Trimdon Village surgery and one additional site, to be determined after the engagement period, can remain open from 2019 on the current and projected staffing levels.

After much consideration it is our preferred option that we reduce from four surgeries currently to two in the short to medium term and then potentially to one site in the longer term.

This review will ensure continued quality patient care given the reduced availability of GPs, ensuring we can maintain safe and high standards of healthcare, now and in the future. It is important to reassure our patients that whatever the outcome is, everyone who is registered with Skerne Medical group will still have access to GP services.

The practice is also facing the challenge of significant housing development within its boundary, potentially increasing patient numbers further aggravating the current situation. These additional pressures on the current GP workforce could potentially lead to further GP losses in resignation or sickness.

We would encourage you to come along to our public engagement events over the next 6 weeks where we can explain our current position and future options in greater detail and receive your views. Dates, times and venues are detailed on our website and on posters in all of our sites.

We welcome comments & suggestions and there are a variety of ways you can provide these;

- Complete a 'comments and suggestions card', these are available at any of Skerne Medical Group surgeries
- Visit our website www.doctorsnhs.co.uk and submit comments electronically using the link available.

Continued overleaf

Your views are very important to the Partners and they would encourage you to use one of the methods available to feedback your comments and help to secure the practices ability to provide high quality and safe GP services now and in the future.

We will continue to keep you informed on the website as plans progress.

How you can help us to help you

We would appreciate if patients could consider some ways in which you can help us to help you, in order to give you the best care:

- Attend appointments or cancel if no longer needed – don't be a DNA (Missed appointment = wasted appointment)
- Seek advice from Pharmacies (& other alternatives) for common ailments
- Be willing to tell our Receptionist the nature of your problem so correct advice/appointment can be given (we call this Care Navigation)
- Accept you might not see a doctor first (but if the clinician you see thinks you need to see a doctor then an appointment will be made)
- If you are eligible, ask us for your Flu vaccination
- Request online access so you can order medication and make appointments online
- Order medication in plenty of time

Skerne Medical Group Update October 2018

Strictly Private and Confidential
Not to be discussed with any 3rd party



Skerne Medical Group

Sedgefield | Fishburn | Trimdon Colliery | Trimdon Village



Background

Background

- Quality of care and safety is paramount
- Increased workload and pressures on General Practice
- National GP recruitment crisis
- Losses of medical staff both Partners and Salaried GPs through retirement, sickness and resignation

Current GP Sessions

Staffing Changes	Pre	As at	As at			As at Nov 2018	As at Jan 2019	As at Feb 2019
	October 2016	October 2016	1st June 2017	As at August 2017	As at Sept 2018			
GP Partners	Sessions	Sessions	Sessions	Sessions	Sessions	Sessions	Sessions	Sessions
A	4	4	0	0	0	0	0	0
B	6	4	4	4	4	0	0	0
C	5	5	5	5	5	5	5	5
D	6	6	6	6	0	0	0	0
E	8	8	8	8	0	0	0	0
F	6	6	6	6	6	6	6	6
G	8	8	8	8	6	6	6	0
H	6	6	6	6	6	6	6	6
I	49	47	43	43	27	23	23	17
Salaried GPs								
A	6	6	0	0	6	6	6	6
B	4	4	6	6	6	6	6	6
C	4	4	2	2	0	0	2	2
D	6	0	0	0	0	0	0	0
E	0	0	0	8	8	8	0	0
F				4	4	0	0	0
G	0	0	0	0	8	7	7	7
H	0	0	0	0	0	3	3	3
	20	14	8	20	32	30	24	24
GPs	69	61	51	63	59	53	47	41



GP FTE

GP Full Time Equivalent (FTE)

- GP hours are measured in full time equivalent
- Pre October 2016 the practice GP FTE was 8.62.
- In February 2019 the potential practice GP FTE could be 5.61
- This is a 35% loss in our GP FTE

GP Sessions

Partners

- 2 retirements 2016/17
- A partner on long term sick, currently reviewing options
- A partner retiring November 2018
- Partner currently reviewing options, potentially leaving Feb 2019
- A partner taking 24 hour retirement in May 2019, currently reviewing options

Salaried GPs

- A salaried GP resigned due to multiple sites and isolation
- A salaried GP returning from one year maternity leave in December 2018
- Full time Salaried GP reduced 1 session due to health
- Full time salaried GP has resigned in last 2 weeks leaving in January 2019
- A new part time (3 sessions) salaried GP starting in November 2018

Skerne Medical Group - Recruitment/Retention

Issues with recruitment/retention

- Multiple Sites
- Isolation
- Finance for Partnership
- Stability of Practice
- Lack of mentorship for all non GP clinical staff
- Increased workload on GPs

Skerne Medical Group - Recruitment

Recruitment

- Permanent advert on NHS jobs
- Phlebotomy and Practice Nursing hours increased
- 2 new part time clinical practitioners starting November
- Part time Salaried GP in November
- Part time Paramedic recruited to do home visits
- CP and Paramedic roles to assist in managing appropriate work previously done by Doctors
- Continue to train, teach and mentor Junior Doctors to encourage future recruitment

Additional Challenges

Additional Challenges

- Rapid housing development in Sedgefield and Wynyard
- Burn out of existing team/sickness levels
- Patient Safety
- Inability to cover 4 sites with clinical staff available
- Increased work load on reduced number of Partners: clinical, administrative, leadership , representation
- No quality time to progress the practice due to constant fire fighting

Actions to secure the future of Skerne Medical Group

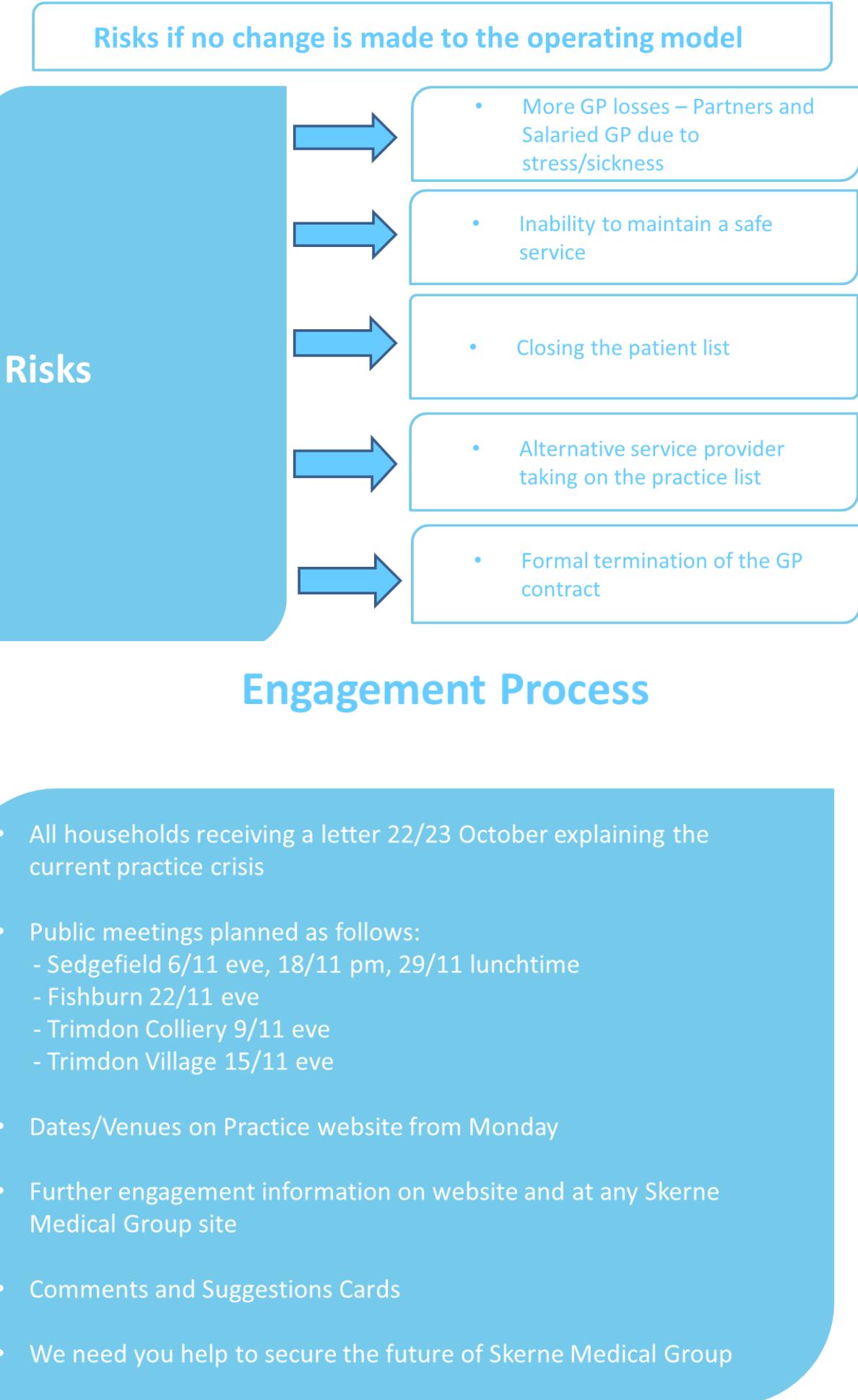
Actions

- Six week patient and key stakeholder engagement from 22nd October 2018
- Review and rationalisation of all Skerne Medical group sites
- Review if Trimdon Village can remain open in 2019. Decision at the end of engagement period
- Consideration in reducing the practice boundary to control patient numbers

Premises Review and Rationalisation

Premises

- Trimdon Colliery Lease until 2027
- Land availability for single site/cost
- Land availability to build second site/cost
- Other local sites that could accommodate the practice e.g. Sedgefield Community Hospital
- Any further opportunities with current sites



Appendix 8 – Patient feedback form

What are your thoughts on the proposed reduction in sites, in order to secure our ability to continue providing GP services in the short and long term?

Do you have any suggestions as to what changes could be made, given the challenges we face, to sustain a safe medical service for all patients?



Skerne Medical Group

Help us to help you.

Appendix 9 – information from feedback forms

Website Feedback from the Engagement Period

Thoughts

Supportive

- A reduction to two sites would be acceptable
- To travel across sites currently this would not concern me
- I am happy for you to make the changes needed to continue
- I propose closing Fishburn and Trimdon Village owing to the poor parking facilities
- I agree cuts need to be done
- I agree, keep Trimdon Colliery and Sedgefield and work on a three shift basis of early, late and evenings
- Change has to happen
- I think it is a good solution
- In the long term if the only way of offering GP services I would imagine larger premises may be needed in Sedgefield
- If it is the best solution it appears we have no choice
- If it means a better service I am all for it
- It its necessary then yes, do it
- If this helps then we have no choice
- If you must reduce sites then as long as this secures our services then so be it
- It seems a sensible option
- This would seem a sensible thing to do then your Doctors are more able to give a better service
- Such revisions of medical services are inevitable, the full provision of full surgeries in four villages was superb but also very wasteful of resources
- This is necessary to ensure the high quality care you provide continues

Disagree

- I have to say if this transpires lives will be lost
- I would have concerns for elderly or people with mobility problems accessing the GP services
- Reducing the number of sites makes it more difficult for patients to attend
- I am concerned about the difficulty with being able to access a timely appointment
- Would be a massive blow to an already faltering community
- I disagree that the reduction in sites would make it better
- I think it would be a devastating move for some practices to close
- I am all for streamlining and making better use of practices but I find the idea of closing several of these practices and possibly moving to Sedgefield as stupid and unrealistic
- There should be no less than 3 sites
- Very sad to hear this as it will be harder for everyone to see a Doctor and having to wait longer periods before getting an appointment
- It would be foolish to ignore the issue that there is an increasingly aging population across the Skerne Medical practice patch

General

- Patient transport should be considered eg minibus
- Not ideal but the council should be involved in trying to rectify the situation

- Use community hospital
- I am angry not at you but us voters who have supported these cuts and taken NHS for granted
- As a disabled patient I would think that Trimdon Colliery and Sedgefield should definitely stay open and possibly one of the others in the middle
- Public transport is patchy in this area
- Parking at some of your surgeries is incredibly poor
- I do hope you will be able to continue providing a service
- Everything possible should be considered to continue medical support of the residents in the Sedgefield area

Suggestions

Premises

- Make Fishburn the central hub for the GPs and other sites open on a part time basis
- I see the way forward is to invest in the surgeries, especially Trimdon Village
- I would suggest that instead of closing all the centres and leaving just Sedgefield open , the practice take the opportunity that a brand new medical centre in Trimdon Village could bring
- Why don't you close all the surgeries and put them all together in t e community hospital which is massively underused
- 1 supersite with pharmacy and physiotherapy on site
- Trimdon Colliery and Sedgefield should be left open. Trimdon Village is an old small run down building and Fishburn is located in a poor location

Transport

- Volunteers drivers to take GPs etc for the carless elderly patients
- Volunteer driver scheme to help set up less able patients across remaining surgeries

Appointments

- Could any more use of nurses or nurse practitioners be made
- Could use technology such as Skype
- Employ 2/3 experienced emergency nurse practitioners
- Give nurses more duties where no availability of GPs
- Is it possible to go back to no appointments, just turn up and wait
- What about offering different types of appointments at alternative times so the surgeries aren't full
- Would an email system instead of phone calls from the GP be practical

General

- All GPs do be on duty 5 days a week
- Charge patients who don't attend
- Impose a fee for missed appointments
- More funding from the government
- Refuse new patients
- Serious discussion with the council needs to be had
- The key word in the question is safe

Skerne Medical Group Engagement Meeting

Engagement Period October
22.10.18 - 3.12.18



Skerne Medical Group

Sedgefield | Fishburn | Trimdon Colliery | Trimdon Village



National Crisis impacting locally

We are at
breaking point

- Unable to fill vacancies caused by retirement, sickness and resignations
- • Situation has worsened in last 16 months despite reducing services across 4 sites
- • 15500 patients spread over 4 sites is no longer sustainable
- • Lack of new GP's and fewer partners to absorb workload

Practice Area

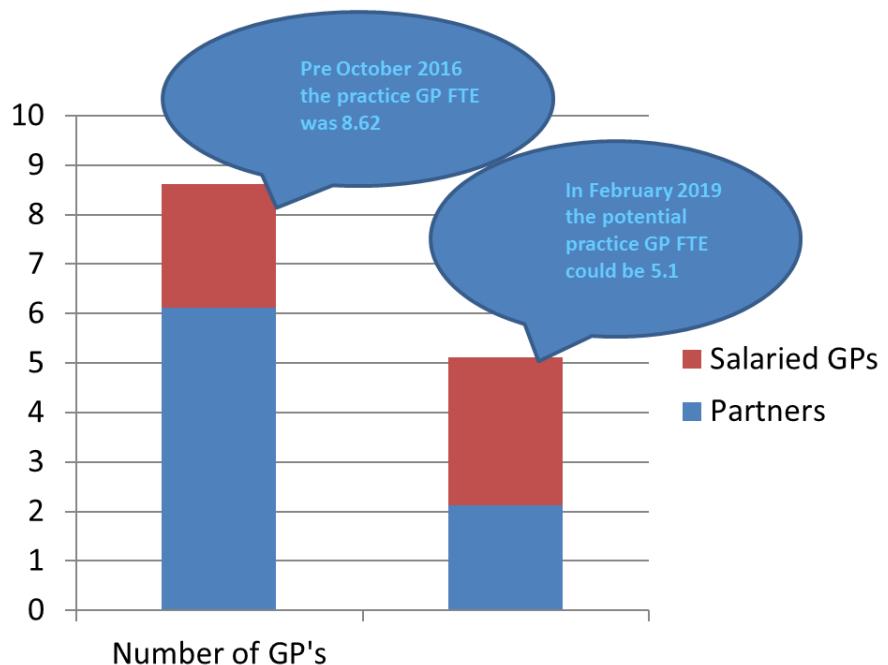


Background

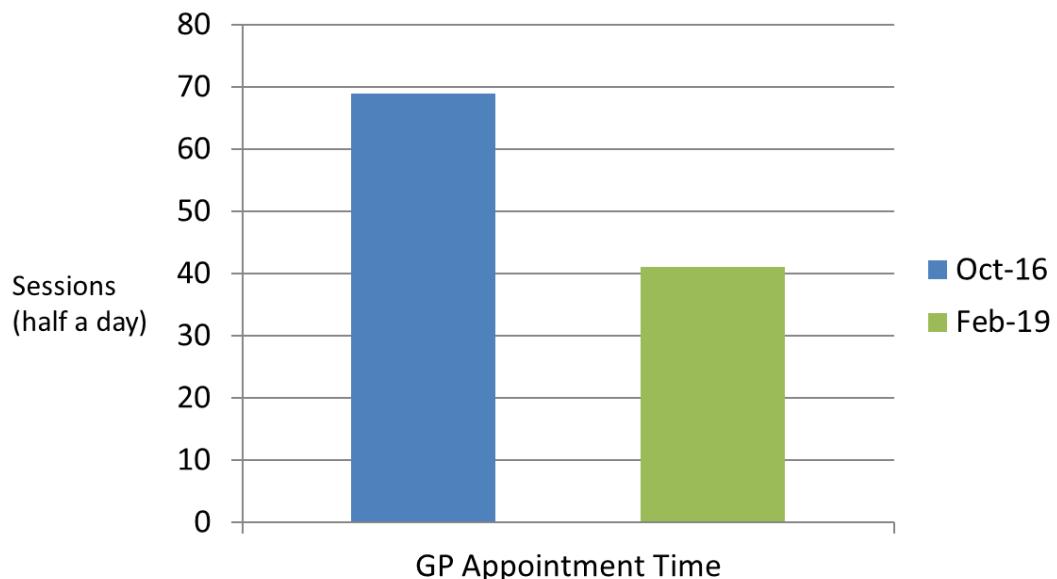
**Changing face
of Primary
care in Skerne
area**

- Grew to a team of 8 Partners from 5 and employed salaried GPs to assist providing medical care however times have changed
- Significant rise in patient numbers due to housing developments across our practice area
- We are living longer and have more complex medical conditions
- A single GP can no longer expect to have skills to provide care for all conditions
- Practices now require a complex mix of clinical skills

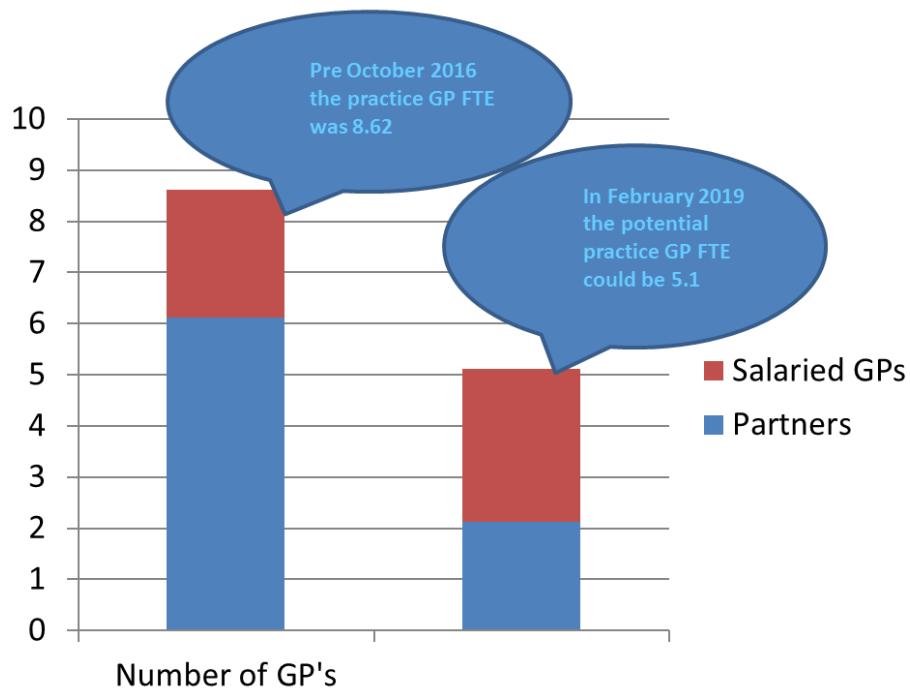
GP FTE - Reduction of 40%



GP Appointment Time – Reduction of 40%



GP FTE - Reduction of 40%



Reduction in Partners and Salaried GPs



We have to rethink how we provide our medical services to all patients

- Our practice of 8 partners has halved to 4 and still reducing to a potential 2.5
- The Partners remain committed to providing primary care to all of our patient list
- We are struggling with the current situation and the workload effect across all of the practice team
- This cannot be sustained and we have to rethink how we provide medical services to all of you

Current Situation

It is for this reason we are engaging with you, our patients across the practice, to seek your views and ideas as to how best to shape our GP services in the short, medium and long term

Actions already taken



We have been working hard to address the issues

- 2 full time salaried GPs recruited with a view to Partnership.
- 1 has resigned for single site Partnership and 1 reduced sessional commitment
- Part time GP returning from maternity leave in Dec and new part time salaried GP starting in Nov
- Salaried GP resigned earlier in summer because of multiple sites and isolation
- Permanent GP advert on NHS jobs however no suitable response
- Continue to train, teach and mentor Junior Doctors to secure future recruitment



Change must happen to preserve the future of medical care in our area

- Continued operation from 4 sites is causing GPs to leave us and stopping new GPs from joining us
- In the short term we do not have the capacity to adequately staff our 4 sites with GPs
- In the medium to longer term, it seems a significant reduction in surgery sites will safeguard future medical care
- Options could be single site, 2 sites or shared site?
- The lack of clinical staff to provide GP services has precipitated this situation

Access to care



Safe quality primary care for all of our patients

- Transport in rural communities. Hourly bus service running across the practice
- Volunteer Driver Schemes
- Appointment times suited to transport/continue to offer home visit service to housebound patients
- Increased appointment time availability e.g. lunchtime, no half day closing
- Any further opportunities with current sites

Summary

We need your help to work towards a future proof medical service

- We do not want to fragment further the medical service offered to our patients
- We are committed to trying to find ways to continue providing a safe quality service to our patients
- We will continue to make strenuous efforts to recruit medical staff
- The remaining Partners want to ensure there is a robust service provided for patients after we too have retired
- We feel strongly that our present model of care is not fit for the future

Short Term Options

Short Term Options

- Consider providing clinical services from only 2 sites
- Consider using a 3rd site for 'community services'
- Review if Trimdon Village can remain open from January 2019. Decision to be made at the end of the engagement period
- Consideration in reducing the practice boundary to control patient numbers

Medium to Long Term Options

Medium to Long term Options

- Review all property options for the long term sustainability of the practice
- Land availability for single site – where would this ideally be
- Land availability to build second site/cost
- Other local sites that could accommodate the practice e.g. Sedgefield Community Hospital
- Any further opportunities with current sites

Risks if no change is made to the operating model

Risks

- More GP losses – Partners and Salaried GP due to stress/sickness
- Inability to maintain a safe service
- Closing the patient list
- Alternative service provider taking on the practice list
- Formal termination of the GP contract

6 easy ways to help us to help you

**Help us to
help you**

- Attend appointments or cancel if no longer required
- Seek advice from Pharmacies for common ailments
- Be willing to tell our receptionists the nature of your problem, to help us guide you to the most relevant person to help
- Accept you may not see a Doctor on every occasion.
- Request on line access for ordering medication and booking appointments
- Order your medication in plenty of time

Appendix 11 – Information provided at Durham County Council’s Adult Wellbeing and Health Overview and Scrutiny Committee, 15 November 2018

Thank you for the invitation to attend today to explain the current crisis that is facing the Skerne Medical Group.

We, like General Practices around the country, are facing a crisis. We are unable to fill our GP vacancies, caused by retirements, sickness and resignations. Our problems have worsened over the last 16 months when we had to temporarily close one of our branches, and ever since then we have had to reduce services across all of our 4 sites.

Our situation has deteriorated further and we now face the prospect of having too few GP's to man these four sites even with the reductions in opening we currently offer. The remaining partners in charge of the practice have had to face the fact that we cannot continue to offer the safe quality medical care our patients expect and deserve, with our present model of care.

We look after 15,500 patients currently from our 4 sites in Trimdon Colliery, Trimdon Village, Fishburn and Sedgefield. It is the exception, rather than the rule now for GP practices to operate over this many sites. We are struggling to get new GP's to commit to work in our area and have fewer partners to absorb the workload which has taken us to breaking point.

In the past it was never difficult to recruit GP's, but times have changed and it is now exceedingly difficult to recruit and retain GP's. Like the rest of the world, being a GP is no longer seen as a "job for life".

Our area is experiencing dramatic changes with new housing developments everywhere you look. We anticipate this will lead to a significant rise in our patient numbers, and this threatens the GP service we provide even more. No-one ever asked Skerne Medical Group if they had capacity to take on these extra patients!

Over the years, General Practice has seen many changes. Patients are living longer, and with more complex medical conditions. Hospitals discharge patients home more quickly, and GP teams now care for patients with a vast range of conditions previously looked after in hospital. GP practices now need a team of staff to meet these needs, and within practices, individual GP's have developed expertise across the range of different conditions to care for patients. A single GP can no longer expect to have the skills to provide care for every type of condition.

We have evolved from a group of Doctors supported by a District nursing team, to a complex mix of GP's, practice Nurses, Health Care Assistants, Clinical Practitioners, phlebotomists, paramedic and Pharmacist. We work alongside other Allied Health Professionals to look after our patients in the community.

Traditionally GP partners have invested in premises and services to carry out the business of General Practice. In recent years there has been a dramatic change with far more Salaried GP's employed by practices, and fewer GP partners, reducing the long term commitment in practices by the medical staff.

At Skerne Medical Group our partnership model developed into 8 GP partners, supported by a small number of Salaried GP's. This picture has dramatically changed for us- we now have a vastly diminished number of partners and a higher number of salaried GP's.

However we have suffered significant losses from both these groups of Doctors and with the lack of GP's to fill these vacancies we face the disturbing prospect of being unable to continue to provide the quality medical service our patients should expect.

Pre-October 2016 we had a GP full time equivalent of 8.62, in February 2019 this will potentially be reducing to 5.1, a 40 % reduction. Within this 5.1 full time equivalent there will only be 2.12 Partners.

The number of sessions we can offer (a morning and afternoon for a GP) could also be reducing from 69 sessions to 41, again a 40% reduction. So why have lost Partner and salaried GP session?

Retirements- 2 of our partners retired in 2017, and a further partner has retired in 2018.
Sickness- a partner has been absent since June 2018 and may not return. This has placed a huge burden on the remaining partners who face doubled responsibility and workload. This has taken its toll, and a further partner has submitted their resignation. Another partner is due to take part retirement in 2019, leaving perhaps 2 and a half partners to absorb the workload carried less than 2 years earlier by 8 partners.

The remaining partners want to strongly reassure our patients that we remain committed to providing primary care to our patient list. However, I hope you can appreciate the situation we are struggling with, and the workload effect it is causing across all of our practice team. This cannot be sustained forever and the situation forces us to rethink how we provide our medical services to all of our patients.

We have not been idle in trying to address our GP shortage. Well before the 1st retirements we worked hard to attract new GP's to our team. We did recruit 2 fulltime salaried GP's both with a view to becoming partners. However one of these has resigned to join a partnership operating from a single site in Teesside, and the other has reduced their sessional commitment and withdrawn their interest in partnership.

We do have a GP returning from maternity leave in December, but only for 2 mornings per week, and we have attracted a new salaried GP for 3 sessions per week who starts in November. Another salaried GP resigned earlier in the summer because of the multiple site nature of our practice causing isolation.

We have a permanent advert for a GP on NHS jobs, but there has been no suitable response to this. Our practice has a long term commitment to training new GP's, but we must invest time and resources in them to produce GP's for the future. This does impact on the time our GP Training Partners can put into patient contact now, but it is vital to train the GP's who hopefully will join our team in the future.

We do hope that our current GP registrars will chose to stay with us after qualification, but we need to ensure our practice is more attractive to them than the many other local practices with GP vacancies with whom we are in competition. In terms of GP numbers it seems as if we have taken 2 steps back for every 1 step forward. Change must happen to preserve the future of medical care in our area.

Given our dire situation having lost GP's, we have thought long and hard about how to ensure a safe quality primary health care service for all the patients of Skerne Medical Group.

We have to conclude that continued operation from 4 sites, whilst attractive to patients, and offering them a service close to their homes, is causing existing GP's to leave us, and stopping potential new GP's from joining our team. Instead they are joining practices which offer team based working from a single central site. We are holding engagement meetings to seek patient ideas and support on how we can provide a safe service to our patients and ultimately recruit and retain enough GP's to ensure primary care services for the future.

In the short term, we do not have the capacity to adequately staff our 4 sites with GP's. In the medium to longer term, it seems that a significant reduction in surgery sites will safeguard future medical care across the practice for patients by helping us to recruit the Doctors we need to provide this care for the future and enable continuity of care.

Whether we take the brave decision to develop a single site, strategically located to serve our entire patient population, or perhaps 2 separate sites is the decision which faces our practice and we need your help to decide how best this should be done? Fewer sites would of course allow some economies of scale, but we have given strong assurance to our staff that their jobs are safe. Perhaps the future is in a site with other appropriate services co-located? Where should that be? What else should be provided? How do patients access alternative locations?

We feel that our chances of recruiting and retaining GP's would be strengthened if we operated from fewer sites. It is the lack of clinical staff to provide GP services that has precipitated this situation. We have consistently lost both Drs and Clinical Practitioners (our highly trained nurse colleagues who see patients alongside GP's) over the last few years. The complexities of operating from multiple sites has contributed to these losses. Staff have chosen to move away to other locations where their working environment is more often a single site, in the midst of a supportive team, next door, or down the corridor, rather than in a different building a couple of miles away. This distance and division is why we have lost some of our staff, and we struggle to attract replacements.

As longstanding GP's at Skerne Medical Group, we fully understand how important it is for all of our patients to have easy access to medical care, in particular those who are disadvantaged through poor health and economic reasons. We have no intention to disadvantage those patients who need our care most.

Issues over transport are always a factor in access to health care, especially in rural communities such as ours. We are fully aware that access to a car is not available to all, and that our public transport services are far from ideal. There are buses running across the practice between the villages on an hourly basis.

There are also volunteer driver schemes available for patients with transport difficulties. We will continue to offer flexible appointment times when patients tell us this is needed for transport purposes. In addition we will continue to offer a home visit service to the housebound. We have taken on extra clinical practitioners and a Paramedic to help us maintain this service in the absence of GP's.

As part of our need to reduce our number of surgery sites, we will aim to offer appointments right across our opening hours, with earlier and later appointments as well as appointments over lunchtime when traditionally we have been closed. Until recently, all our sites had a half day closing each week. Since June 16 when our clinical staffing issues began, we have had to close sites for full days each week. A reduction in the number of sites would enable the remaining site(s) to be fully open.

I hope this helps you to see the difficult situation that we at Skerne Medical Group face? We do not want to fragment further the medical service offered to our patients. We are committed to trying to find ways to continue to provide a safe quality service our patients. We will continue to make strenuous efforts to recruit medical staff to fill our vacancies and undertake skill mix across our team. The remaining partners want to ensure there is a robust service provided for the patients after we too have retired. We feel strongly that our present model of care is not fit for the future.

Slide 15- Short Term Options

Slide 16 - Medium to Long term Options

Slide 17 – Risks if no change

Appendix 12 - Durham County Council's Adult Wellbeing and Health Overview and Scrutiny Committee, 21 November 2018

Contact: Cllr John Robinson
Direct Tel: 03000 268140
e-mail:
Your ref:
Our ref:



Neil Bunney,
Practice Manager,
Skerne Medical Group,
Harbinson House,
Sedgefield,
Stockton-on-Tees
TS21 3BN

21 November 2018

Dear Neil,

Future of Skerne Medical Group

I would like to thank Dr Hearman and yourself for attending the County Council's Adults Wellbeing and Health Overview and Scrutiny Committee to advise members of the problems facing the Skerne Medical Group and your proposed public engagement activity regarding this issue and the potential future options for the group moving forward.

The Committee noted Dr Hearman's comments that despite the practice's best efforts in respect of the recruitment of GPs, it faces a reduction of 35% in GP manpower compared to October 2016 due to resignations, retirements and sickness which will reduce GP available appointment time by 40% in February 2019.

The Committee has been made aware of the national GP recruitment crisis to the extent that it is setting up a cross party review group to examine the issues of GP Services across County Durham in greater detail.

Whilst acknowledging the issues facing Skerne Group, the Committee feels strongly that no option should be discounted within the proposed service review that the Skerne Group plan to undertake. To this end, the Committee recommended that the potential for continued GP provision within Trimdon Village should form a key part of your proposed review and any option for future services developed as part of the review.

The Adults Wellbeing and Health Overview and Scrutiny Committee would also request that you attend a special meeting scheduled for Tuesday 4 December 2018 at County Hall, Durham commencing at 9.30 a.m. to update members on the feedback received to date as part of the current consultation.

Yours sincerely,



Cllr John Robinson
Chair of the Adults, Wellbeing and Health Overview and Scrutiny Committee
Durham County Council

c.c.

Stewart Findlay, Chief Clinical Officer, Durham Dales, Easington and Sedgefield CCG

Nicola Bailey, Chief Operating Officer, Durham Dales, Easington and Sedgefield CCG

Appendix 13 - Information provided at Durham County Council's Adult Wellbeing and Health Overview and Scrutiny Committee, 04 December 2018

WHO DID WE ENGAGE WITH?

We started the process with a meeting with key stakeholders – our MP, County Councillors and Town and Parish Council Representatives.

Then during the six week period which ended on 3 December 2018, we had six separate public engagement events around the practice area when we outlined the dramatic shortage of GP's we are facing and the difficulties this is causing us. By February 2019 we will have 40% fewer doctors than 2 ½ years ago. We feel unable to safely man four separate sites.

More than 400 people took the trouble to attend these events. They asked us many questions and offered opinions on how we should proceed. We also received a variety of feedback via the practice website, as well as written feedback left at the meetings or handed in at the surgery. We spoke to patients of all ages who attended the surgery over this time, and also visited local providers of mental and physical health care and our local pharmacies to explain our situation.

HOW EFFECTIVE WAS THE ENGAGEMENT?

We were pleased with the turnout of more than 70 people per event. Over 70 comments were received via the practice website and further written comments were also received. Verbal feedback during consultancies also took place. Many questions were raised at each event. In addition, although the practice does not use social media, there was considerable discussion on social media.

THEMATIC FEEDBACK BY SITE

The feedback from our patients had some common themes, as well as some specific issues from particular sites.

In general patients recognised the significant issues faced by Skerne Medical Group due to shortage of GP's and that changes are necessary. They expressed concern about appointment availability worsening, given the lack of GP's and also the current and future housebuilding. At all sites there was concern about accessing surgeries, both from a public transport availability angle and also the lack of adequate car parking. Particular groups of patients were mentioned eg. those with limited mobility and also mums with small children.

There was significant interest expressed in looking towards relocating the practices given our situation. Sedgefield Community Hospital was favoured by many patients and a new build surgery on the old school site in Trimdon Village was clearly preferred by the people who lived there.

There were suggestions about financial inducements to attract GP's eg "Golden Hello's", provision of a vehicle, and removal expenses. We explained, along with the CCG about such schemes elsewhere but this would not attract GP's to a multiple site practice.

The subject of section 106 money was raised at all meetings both on what has happened with available funds from the numerous building sites currently being constructed and sites with planning permission and work has not as yet commenced.

SEDGEFIELD THEMES

As mentioned these were linked to:

- Shortage of appointments.

- The concern of an increased patient list due to house building.
- Practice boundary change to limit new registrations.
- Lack of significant car parking
- Interest in Sedgefield Community Hospital.
- Concern over DNA's
- Transport

FISHBURN THEMES

Similarly:

- Would prefer to maintain Fishburn site, but felt preservation of whole practice was the greater need and would support this.
- Interest in Sedgefield Community Hospital
- Car Parking Issues
- DNA's
- Impact on local pharmacy
- Transport

TRIMDON COLLIERY THEMES

- Transport concerns to alternative sites
- Cost of transport
- Appointment Availability
- GP to travel rather than patients.

TRIMDON VILLAGE THEMES

- Strong feeling of lack of fairness in suggesting closing their site
- Concern over immediacy of changes verses four year implementation
- Access to other sites especially the elderly/young mums. Social demographics a big concern.
- Poorest facilities deserved development
- Recruitment issues note understood as nearby practice has full complement of GP's
- Social

REVIEW SUMMARY

- Patients understand the issues faced by Skerne Medical Group.
- The national and local GP shortages were of great concern
- Much positive feedback about services provided by Skerne Medical Group and recognition that changes are needed to maintain this service with reduced GP numbers.
- New housing – increased list size.
- Public transports issues
- Car Parking
- DNA's
- Trimdon Village to remain GP Services.
- Patients lack of awareness of some services offered eg. text messaging, use of Nurse Practitioners, on-line access to services.

PROPOSAL CHANGES

- Wider education about practice services
- Anticipation of increased use
- Digital technology is future

No change in the need to reduce sites for long term sustainability of service.

HAS ANYTHING CHANGED TO ALTER PLANS?

- Yes, there were 5 partners at the start of the engagement period. A fifth partner has retired as planned however a 4th partner has confirmed their resignation and on sick leave during process. We are now down to 3 from 8.
- Immediate increase in difficulties face by Skerne Medical Group.

PROPOSALS/CONCLUSION

- Engagement exercise was a positive interaction with practice and patients to consider options to move forward.
- Patients recognised the need to change, though no-one relishes change.
- As well as us sharing our challenges we learned clearly about those faced by our patients.
- Some future changes (technology based) will help patients in the future and patients are very interested in progressing these.
- The practice has limited options in the short term to provide safe primary care to all our patients.
- Reduced sites will engage our small pool of experienced GP's to provide support and supervision to more junior GP's, GP's in training and Nurse Practitioners who see patients, in order to maintain our service and ultimately will enable Skerne Medical Group to attract/retain staff both GP's and Nurse Practitioners in the future.

SHORT TERM

We feel that the closure of two of our sites is needed – Fishburn and Trimdon Village leaving clinical services to be provided for patients in the short term from Sedgefield and Trimdon Colliery sites.

Why these two sites – see pages 16 and 17.

This will have financial consequences to the practice who own the Fishburn site.

We would utilise the Fishburn site to accommodate those AHP's who provided services from our building for the whole area eg. Midwife, Health Visitor, counsellors, mental health workers and podiatrist, as the two clinical sites would be unable to accommodate these services. Also some practice admin functions would be Fishburn based.

LONGER TERM

We will continue to explore the options available to establish alternative sites for the practice, or development of existing premises. Medical services have not benefited to any significant degree from Section 106 monies resulting from the widespread development in our area to date. This would be vital for future developments. The practice will continue to work closely with DDES CCG to achieve a sustainable future once viable options have been fully investigated, there will be an implementation plan developed to remodel the practice sites, taking into account the opportunities from both Trimdon and Sedgefield Community Hospital as well as our two current sites. Alongside this, strenuous ongoing efforts to recruit GP's for the future will take place.

SUMMARY

This change in delivery of service is not about people losing access to their GP, it's about ensuring that all the patients can get quality medical service for the longer term. I'm not prepared to see this practice fail due to issues over buildings.

Any change will not reduce the number of appointments, if anything a more efficient operation would result.

Recent graduates going into General Practice have different expectations, this weekend's online Sunday Times has a stark map showing more GPs heading to conurbations, at the expense of rural areas.

Only creating a larger, full service, surgery structure is going to be attractive to this new generation. Two of our recently recruited salaried GPs are leaving us for single site practices.

All of our practice area is wonderful countryside, but it's not Jesmond (Newcastle), Hyde Park (Leeds) or Fallowfield (Manchester). Unless we can provide the kind of working environment that recent graduates expect you will only have third rate medical services in ten years' time.

I have talked to recently qualified GPs who say if we had less sites that the practice would be really attractive, so we need to change. *Change always hurts*, but if we work together to consolidate the sites this can be really positive for the future. I'm sure we all want quality medical services across the practice area, I do, as when I retire I plan to be a patient.

Appendix 14 - Response from Durham County Council's Adult Wellbeing and Health Overview and Scrutiny Committee, 06 December 2018

Contact: Cllr John Robinson
Direct Tel: 03000 268140
e-mail:
Your ref:
Our ref:



Neil Bunney,
Practice Manager,
Skerne Medical Group,
Harbinson House,
Sedgefield,
Stockton-on-Tees
TS21 3BN

6 December 2018

Dear Neil,

Future of Skerne Medical Group

I would again like to thank Dr Hearman and yourself for attending the County Council's special Adults Wellbeing and Health Overview and Scrutiny Committee on 4 December 2018.

The Committee considered the verbal update report from Dr Christine Hearmon, GP at Skerne Medical Group following the conclusion of patient and stakeholder engagement activity regarding the review of how GP services are provided in the Trimdon Village/Trimdon Station/Fishburn and Sedgefield localities.

Members noted the difficulties experienced by the practice in terms of the dramatic shortage of GPs the practice faces and that by February 2019 the practice will have 40% fewer doctors than 2½ years ago and feels unable to safely staff four separate sites.

Members noted the response rates and levels of engagement in the process with over 400 people attending the engagement events and the 70 comments received via the practice website. The practice then reported on the generic issues raised during the engagement process as well as specific issues regarding each individual site.

The Committee acknowledge that the GP resource now available at the Skerne Medical Group has reduced since the initial report to Committee on 15 November from 5 GPs to 3 which has compounded the problems.

Following consideration of the engagement feedback and responses made members are aware that the practice are proposing to close the Fishburn and Trimdon Village sites and retain the Sedgefield and Trimdon Colliery sites.

The Committee are concerned that one of the sites to close actually had the second largest practice list (Fishburn) and which included half of the registered patients from Trimdon Village who had previously been encouraged to use the Fishburn site. Members are also concerned at the limited evidence to explain the rationale for closing the two sites from a patient perspective.

The Committee are concerned at the absence of any detailed medical needs assessment having been carried out across the 4 sites based upon patient contacts and any associated risk assessments regarding the proposed change including accessibility, car parking and availability of public transport as part of the options appraisal process.

The Committee wish to reaffirm its previous recommendation to the Skerne Medical Group that the potential for continued GP provision within Trimdon Village should form a key part of your proposed review and any option for future services developed as part of the review.

The Committee also contests the adequacy of the consultation as the letter sent to all patients on the practice lists contained conflicting information regarding lack of mention of a second potential site closure which was publicised on the Practice website and provided at the engagement meetings.

The Committee have copied in representatives of Durham Dales Easington and Sedgefield CCG to this correspondence to ensure that the views of the Adults Wellbeing and Health Overview and Scrutiny Committee are communicated to the Primary Care Committee when it meets on 18 December 2018.

Yours sincerely,



Cllr John Robinson
Chair of the Adults, Wellbeing and Health Overview and Scrutiny Committee
Durham County Council

c.c.

Stewart Findlay, Chief Clinical Officer, Durham Dales, Easington and Sedgefield CCG

Nicola Bailey, Chief Operating Officer, Durham Dales, Easington and Sedgefield CCG

Appendix 15: Special Adults Wellbeing and Health Overview and Scrutiny Committee

4 December 2018

Skerne Medical Group

Report of Corporate Management Team

Lorraine O'Donnell, Director of Transformation and Partnerships

Electoral division(s) affected:

Bishop Middleham and Cornforth; Sedgefield; Trimdon and Thornley

Purpose of the Report

1 To update the Adults Wellbeing and Health Overview and Scrutiny Committee in respect of the initial findings and feedback from the patient and stakeholder engagement undertaken by the Skerne Medical Group regarding future service provision across the practice locality.

Executive summary

2 At its meeting held on 15 November 2018 the Adults Wellbeing and Health Overview and Scrutiny Committee receive a report from representatives of the Skerne Medical Group detailing problems facing the group in respect of the recruitment, retention and current GP staffing capacity.

3 The Committee were advised that the practice had commenced a patient and stakeholder engagement process on 5 November 2018 and written to all patients advising them of the problems facing Skerne Medical Group and plans for a series of public meetings to enable patients to discuss these issues.

4 The Committee indicated that no option should be discounted within the proposed service review that the Skerne Group propose to undertake. To this end, the Committee recommended that the potential for continued GP provision within Trimdon Village should form a key part of the practice's proposed review and any option for future services developed as part of the review.

5 The Committee also asked the group to report back to the Committee with the initial findings from the engagement activity prior to any decision being made.

Recommendation

6 Members of the Adults Wellbeing and Health Overview and Scrutiny Committee are requested to receive this report and consider and comment on the report and the information gathered from the patient and stakeholder engagement activity.

Background

7 At its meeting held on 15 November 2018 the Adults Wellbeing and Health Overview and Scrutiny Committee during consideration of media relations items members noted recent press coverage of plans to reduce service provision across the Skerne Medical Group, specifically the potential reduction in the number of branch sites served by the practice.

8 The Committee receive a report from representatives of the Skerne Medical Group detailing problems facing the group in respect of the recruitment, retention and current GP staffing capacity.

9 The Committee were advised by Dr Hearman, one of the practice GPs, that despite the practice's best efforts in respect of the recruitment of GPs, it faces a reduction of 35% in GP manpower compared to October 2016 due to resignations, retirements and sickness which will reduce GP available appointment time by 40% in February 2019.

10 The practice commenced a patient and stakeholder engagement process on 5 November 2018 and have written to all patients advising them of the problems facing Skerne Medical Group and have held a series of public meetings to enable patients to discuss these issues.

11 The Committee heard representations from a number of local Councillors which expressed concerns at the public engagement process, especially the lack of detail in respect of the dates, times and locations of the public meetings in the letter sent to patients.

12 The practice has declared its intention to start a review of all four surgeries from which they currently provide services; Sedgefield, Fishburn, Trimdon Village and Trimdon Colliery, commencing with a review of whether Trimdon Village surgery and one additional site, to be determined after the engagement period, can remain open from 2019 on the current and projected staffing levels.

13 In view of this the Committee at its meeting on 15 November 2018 recommended that the potential for continued GP provision within Trimdon Village should form a key part of this proposed review and any option for future services developed as part of the review.

Considerations

14 Representatives of Skerne Group will report to the Committee upon the initial findings of the patient and stakeholder engagement activity.

15 A special meeting of the Durham Dales, Easington and Sedgefield Clinical Commissioning Group Primary Care Commissioning Committee is scheduled for 19 December 2018 to discuss the Skerne Group and the Committee may wish to submit representations to that meeting following today's meeting.

Main implications

Consultation

16 Skerne Medical Group has undertaken formal patient and stakeholder engagement and the practice will report the findings from that process.

Legal

17 This report has been produced in accordance with the Local Authority (Public Health, Health and wellbeing boards and Health Scrutiny) Regulations 2013 as they relate to the National Health Service Act 2006 governing the local authority health scrutiny function.

Conclusion

18 The press articles published in the Northern Echo have raised considerable concerns amongst local residents and Durham County Councillors regarding the future of GP services across the Skerne Group locality and the threat of service reductions.

19 In view of the Committee's previous concerns detailed above Skerne Medical Group have been requested to attend the Adults Wellbeing and Health Overview and Scrutiny Committee to report upon the initial findings from the engagement exercise.

Background papers

None

Appendix 16: Equality Impact Assessment

STEP 1 - EVIDENCE GATHERING

Name of person(s) completing EIA:	Kate Harrington
Title of service/policy/process:	Skerne Medical Group
Existing / New / Proposed / Changed	Proposed
What are the intended outcomes of this policy/service/process? Include outline of objectives and aims	
<p>Despite best efforts in recruitment of GPs, Skerne Medical Group faces a reduction of 35% in GP manpower compared to October 2016 due to resignations, retirements and sickness. This will reduce GP available appointment time by 40% in February 2019.</p> <p>The practice is also facing the challenge of significant housing development within its boundary, potentially increasing patient numbers further aggravating the current situation. These additional pressures on the current GP workforce could potentially lead to further GP losses in resignation or sickness.</p> <p>After stakeholder engagement commissioned by the practice, focusing on how the practice can remodel provision of care. It has been proposed that the practice undertakes a review of all four surgeries from which services are currently provided (i.e. Sedgefield, Fishburn, Trimdon Village and Trimdon Colliery); commencing with a review of whether Trimdon Village surgery and one additional site, to be determined after the engagement period, can remain open from 2019 on the current and projected staffing levels.</p> <p>After much consideration the practice has expressed a preferred option to reduce from the current four surgeries to two in the short to medium term and then potentially to one site in the longer term.</p>	
Who will be affected by this policy/service /process?	
<p>Patients registered with the practice which currently provides a service to residents of Sedgefield, Fishburn, Trimdon Village and Trimdon Colliery. As at 1 November 2018, there were 15,472 patients registered with Skerne Medical Group (7,803 females and 7,669 males); spread over four surgery sites.</p> <p>The review will ensure continued quality patient care given the reduced availability of GPs, ensuring the practice can maintain safe and high standards of healthcare, now and in the future. The practice wants to reassure patients that whatever the outcome is, everyone who is registered with Skerne Medical Group will still have access to GP services.</p> <p>Depending on the outcome of the review, patients currently access the Trimdon Village surgery and one other branch surgery will be affected by the proposed change.</p>	

Evidence - What is the source of feedback / existing evidence?	What does it tell me? (About the existing service/policy/process?) Is there anything suggest there may be challenges when designing something new?)
National Reports	<ul style="list-style-type: none"> General Practice Forward View (2016) acknowledges workforce challenges. Kings Fund Innovative Models in General Practice (2018) also recognises workforce recruitment and retention crisis in primary care.
Patient Surveys	<p>Patients were given the opportunity to respond to the following questions, either online or via written comment cards.</p> <ul style="list-style-type: none"> <i>What are your thoughts on the proposed reduction in sites, in order to secure our ability to continue providing GP services in the short and long term?</i> <i>Do you have any suggestions as to what changes could be made, given the challenges we face, to sustain a safe medical service for all patients?</i> <p>76 online forms were submitted and 43 written responses were returned. Feedback is incorporated into section on result of consultation below.</p>
Staff Surveys	<p>Staff briefings have taken place. Staff are fully supportive of the practice proposals and are keen to reduce sites, as will foster better team working and patient care. Many staff volunteered and attended the patient engagement events. Potential new ways of working have been discussed with both clinical and administrative staff.</p>
Complaints and Incidents	None received
Results of consultations with different stakeholder groups – staff/local community groups	<p>The practice started the process with a meeting with key stakeholders – the local MP, County Councillors and Town and Parish Council representatives. During the six week period which ended on 3 December 2018, six separate public engagement events over the geography of practice where held. Attendees asked questions and offered opinions on how the practice should proceed. The practice also received a variety of feedback via the practice website, as well as written feedback left at the meetings or handed in at the surgery. The practice engaged with patients of all ages who attended the surgery over this time, and also visited local providers of mental and physical health care and local pharmacies to explain the situation.</p> <p>More than 400 people attended engagement events. Over 70 comments were received via the practice website and further written comments were also received. Verbal feedback was also sought during patient visits to the practice. Many questions were raised at each event. In addition, although the practice does not use social media, there was considerable</p>

discussion on social media.

THEMATIC FEEDBACK

The feedback from patients had some common themes, as well as some specific issues from particular sites.

In general patients recognised the significant issues faced by Skerne Medical Group due to shortage of GP's and that changes are necessary. They expressed concern about appointment availability worsening, given the lack of GP's and also the current and future housing developments.

At all sites there was concern about accessing surgeries, both from a public transport availability angle and also the lack of adequate car parking. Particular groups of patients were mentioned e.g. those with limited mobility and also mums with small children.

There was significant interest expressed in looking towards relocating the practices given the situation. Sedgefield Community Hospital was favoured by many patients and a new build surgery on the old school site in Trimdon Village was clearly preferred by the people who lived there.

There were suggestions about financial inducements to attract GP's e.g. "Golden Hello's", provision of a vehicle, and removal expenses.

The subject of section 106 money was raised at all meetings both on what has happened with available funds from the numerous building sites currently being constructed and sites with planning permission and where work has not as yet commenced.

SEDGEFIELD THEMES

As mentioned these were linked to:

- Shortage of appointments
- The concern of an increased patient list due to housing development
- Practice boundary change to limit new registrations
- Lack of significant car parking
- Interest in Sedgefield Community Hospital
- Concern over DNA's
- Transport

FISHBURN THEMES

Similarly:

- Would prefer to maintain Fishburn site, but felt preservation of whole practice was the greater need and would support this
- Interest in Sedgefield Community Hospital
- Car Parking Issues
- DNA's
- Impact on local pharmacy

	<ul style="list-style-type: none"> • Transport <p>TRIMDON COLLIERY THEMES</p> <ul style="list-style-type: none"> • Transport concerns to alternative sites • Cost of transport • Appointment Availability • GP to travel rather than patients <p>TRIMDON VILLAGE THEMES</p> <ul style="list-style-type: none"> • Strong feeling of lack of fairness in suggesting closing their site • Concern over immediacy of changes verses four year implementation • Access to other sites especially the elderly/young mums • Social demographics a big concern • Poorest facilities deserved development • Recruitment issues note understood as nearby practice has full complement of GP's <p>CARE HOME FEEDBACK</p> <p>No concerns have been raised about the potential change. The care home has access a proactive Advanced Nurse Practitioner service for residents and if a GP is required, the GP will visit the care home.</p> <p>Mental health care home manager expressed concerned that her patients may have to travel much further, but had no issues using any Skerne site.</p> <p>Seeing familiar Doctor faces is priority, not the building. The home would transport patients to appointments.</p>
Patient Focus Groups	Briefings have been held with patient focus groups to make them fully aware of staffing issues in practice. Patients have been supportive and understand the reasons for engagement and the rationale for change.
Other evidence (please describe)	

STEP 2 - IMPACT ASSESSMENT

**What impact will the new policy/system/process have on the following:
(Please refer to the 'EIA Impact Questions to Ask' document for reference)**

Age A person belonging to a particular age

It is generally accepted that people are living longer, with complex conditions, and having to travel to another surgery may be an issue, if there is a reduction in the number of surgeries. The practice has given assurance that home visits would still be available for vulnerable housebound patients; and has employed additional staff to address any increase in home visits. This includes a paramedic and two clinical (nurse) practitioners. There are two buses per hour using the Arriva X21 and X22 service between all of the sites. In addition the Scarlett Band 57A bus operates on an hourly basis

between Trimdon Village and Trimdon Colliery. A volunteer driver scheme is available for the frail elderly and can be booked 24 hours in advance. The time from Trimdon Village to Sedgefield by bus on X21 or X22 is 9 minutes.

Disability A person who has a physical or mental impairment, which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities

Depending on the outcome of the review, there may be an impact on patient's ability to travel to another surgery location. There are two buses per hour using the Arriva X21 and X22 service between all of the sites. In addition the Scarlett Band 57A bus operates on an hourly basis between Trimdon Village and Trimdon Colliery. A volunteer driver scheme is available for the frail elderly and can be booked 24 hours in advance. The time from Trimdon Village to Sedgefield by bus on X21 or X22 is 9 minutes.

For planned appointments, patients who meet the criteria can access travel support through the Help to Health Scheme. The practice has employed additional staff to address any increase in home visits. This includes a paramedic and two clinical (nurse) practitioners

Gender reassignment (including transgender) Medical term for what transgender people often call gender-confirmation surgery; surgery to bring the primary and secondary sex characteristics of a transgender person's body into alignment with his or her internal self-perception.

There will be no restriction on patients who have undergone gender reassignment.

Marriage and civil partnership Marriage is defined as a union of a man and a woman (or, in some jurisdictions, two people of the same sex) as partners in a relationship. Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must be treated the same as married couples on a wide range of legal matters

No negative consequences are anticipated.

Pregnancy and maternity Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context.

Access to services will be made as easy as possible and travel options are being explored.

Race It refers to a group of people defined by their race, colour, and nationality, ethnic or national origins, including travelling communities.

There are no foreseen negative consequences related to race.

Religion or belief Religion is defined as a particular system of faith and worship but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

There are no foreseen negative consequences for people accessing the service, based on religion/belief.

Sex/Gender A man or a woman.

There will be no restriction on gender, in regard to accessing future service provision.

Sexual orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes

There will be no restriction on sexual orientation, in regard to accessing future service provision.

Carers A family member or paid helper who regularly looks after a child or a sick, elderly, or disabled person

There are currently 393 registered carers across 4 sites. Any access issues raised by carers should be addressed through the appointment of additional practice staff, paramedic and clinical (nurse) practitioners.

Other identified groups such as deprived socio-economic groups, substance/alcohol abuse and sex workers

Dependent on the outcome for the review, a reduction in the number of surgeries may have a negative impact on patients living in rural communities, where public transport may be an issue. However, alternative travel options are currently being explored. There are two buses per hour using the Arriva X21 and X22 service between all of the sites. In addition the Scarlett Band 57A bus operates on an hourly basis between Trimdon Village and Trimdon Colliery. The time from Trimdon Village to Sedgefield by bus on X21 or X22 is 9 minutes. For planned appointments, patients who meet the criteria can access travel support through the Help to Health Scheme

STEP 3 - ENGAGEMENT AND INVOLVEMENT

How have you engaged stakeholders in testing the policy or process proposals including the impact on protected characteristics?

The consultation finished on the 3 December 2018 – the practice will complete further work and provide a ‘Question and Answers’ document for patients and carers.

Please list the stakeholders engaged:

Patients
 NHS Durham Dales, Easington and Sedgefield Clinical Commissioning Group Executive
 NHS Durham Dales, Easington and Sedgefield Clinical Commissioning Group Primary Care
 Commissioning Committee
 NHS England
 Adult Wellbeing and Health Overview & Scrutiny Committee
 County Councillors x7
 MP for Sedgefield
 Parish Clerks
 East Durham Rural AAP /AAP Co-ordinator
 Stockton BC – Health Scrutiny Lead Officer
 Hartlepool BC – Health Scrutiny Lead Officer
 Local pharmacy
 Local care homes

STEP 4 - METHODS OF COMMUNICATION

What methods of communication do you plan to use to inform service users of the policy?

The communication and engagement plan is included in **appendix 3**.

ACCESSIBLE INFORMATION STANDARD

The Accessible Information Standard directs and defines a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of service users.

Confirm you have considered an agreed process for:	Yes
Sending out correspondence in alternative formats	✓
Sending out correspondence in alternative languages	✓
Producing / obtaining information in alternative formats	✓
Arranging / booking professional communication support	✓
Booking / arranging longer appointments for patients / service users with communication needs.	✓
If any of the above have not been considered, please state the reason:	

STEP 5 - SUMMARY OF POTENTIAL CHALLENGES

Having considered the potential impact on the people accessing the service, policy or process please summarise the areas have been identified as needing action to avoid discrimination.

Potential Challenge	What problems/issues may this cause?
Vulnerable patients requiring home visits	Increase in the need for home visits
Patients required to travel further to access services	Increase in DNA's, patients arriving late for appointments

STEP 6- ACTION PLAN

PRACTICE WORKING ON THIS FOLLOWING END OF CONSULTATION PERIOD

Ref no.	Potential Challenge/ Negative Impact	Protected Group Impacted (Age, Race etc.)	Action(s) required	Expected Outcome	Owner	Timescale/ completion date
01	Increase need to travel to access services	Age, Disability, Carers, Pregnancy and Maternity, Other identified groups	Clear communication on travel options including public transport and patient support through the Help to Health scheme	Clear patient information on travel options available	Skerne GP Practice	3 rd December
02	Patients may delay seeking treatment if access is perceived as a problem	All patient groups	Clear communication on how patients can access services. Including access to all sites. Flexibility of appointments and introduction of multi skilled clinics and home visits.	Patients have confidence is seeing the most appropriate health care professional at the most appropriate time	Skerne GP Practice	3 rd December

Ref no.	Who have you consulted with for a solution? (users, other services, etc.)	Person/people to inform	How will you monitor and review whether the action is effective?
01	Practice staff, patients and wider stakeholders	Practice staff, patients and wider stakeholders	Practice meetings, Patient Reference Groups, Monitoring of any

			complaints/concerns
02	Practice staff, patients and wider stakeholders	Practice staff, patients and wider stakeholders	Practice meetings, Patient Reference Groups, Monitoring of any complaints/concerns

Appendix 17: Letter from Phil Wilson MP



MP Letter.pdf

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