

## **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 Sedgfield 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 Harbinson House, Sedgfield 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, Sedgfield, 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

Day	Harbinson House (main site)		Fishburn Surgery	Trimdon Colliery Surgery	Trimdon Village Surgery
	Hours	Extended hours	Hours	Hours	Hours
<b>Mon</b>	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
<b>Tue</b>	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
<b>Wed</b>	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
<b>Thurs</b>	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
<b>Fri</b>	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
<b>Sat</b>	Closed	Closed	Closed	Closed	Closed
<b>Sun</b>	Closed	Closed	Closed	Closed	Closed
<b>Hours</b>	<b>42.5</b>	<b>3.00**</b>	<b>36.00</b>	<b>34.00</b>	<b>20.00</b>

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

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

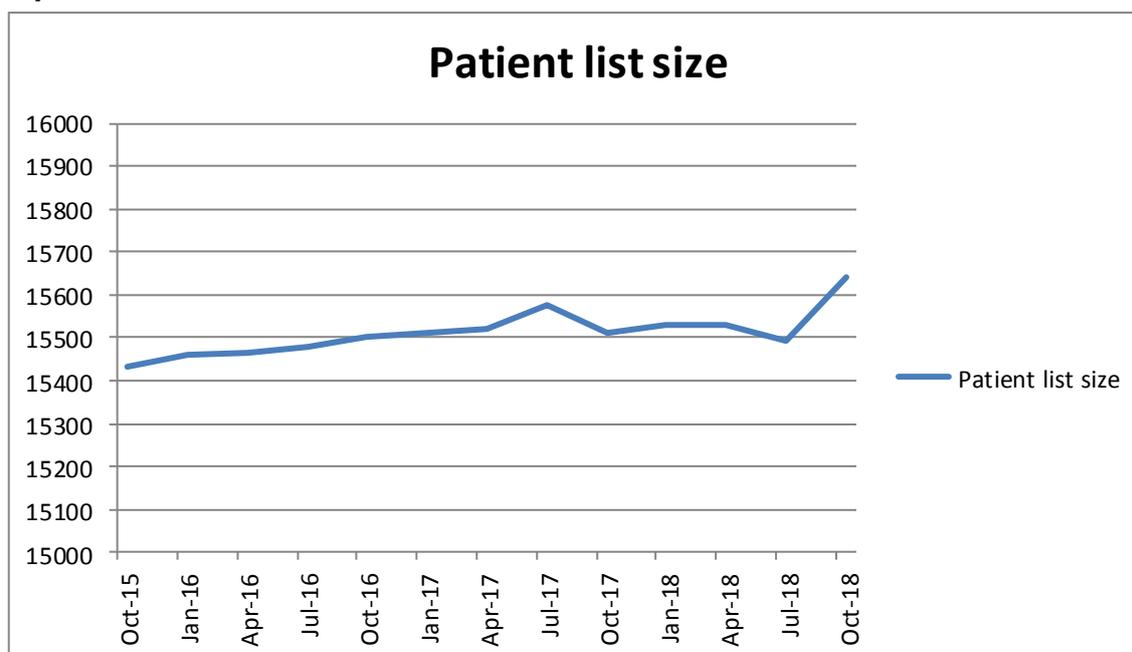
#### 3.3 Patient list size

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**

<b>Date</b>	<b>Oct 15</b>	<b>Jan 16</b>	<b>Apr 16</b>	<b>Jul 16</b>	<b>Oct 16</b>	<b>Jan 17</b>	
<b>Patient list size</b>	15434	15460	15465	15481	15502	15511	
<b>Date</b>	<b>Apr 17</b>	<b>Jul 17</b>	<b>Oct 17</b>	<b>Jan 18</b>	<b>Apr 18</b>	<b>Jul 18</b>	<b>Oct 18</b>
<b>Patient list size</b>	15519	15574	15513	15529	15532	15494	15641

### 3.4 Staffing

Current total staffing levels are shown in the table below;

**Table 3**

<b>Staff</b>	<b>Head count</b>	<b>Whole Time Equivalent</b>
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 Sedgfield, 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 Sedgfield 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 Sedgfield 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, Sedgfield	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 Sedgfield. The first connection starts at approximately 06:35 from Trimdon Colliery (exact time depends on which bus stop is used) and last connection from Sedgfield to Trimdon Colliery ends at approximately 19:30. The journey time from Trimdon Colliery to Sedgfield is approximately 14 minutes.

The Scarlet Brand 113 runs between Fishburn and Sedgfield 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 Harbinson 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	Sedgfield	Land to the west of the junction of the A689 an Stockton Road, Sedgfield, TS21 2AG	Pending construction	February 2018
100 dwellings	Sedgfield	Land at the former Sedgfield Community Hospital, Salter Lane, Sedgfield	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
<b>Skerne Medical Group</b>	78	74	62	78
<b>CCG average</b>	76	71	68	85
<b>National average</b>	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
<b>Skerne Medical Group</b>	430.85	124.0	554.85
<b>CCG average</b>	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 were 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 travels 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:**

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

**1. Introduction**

Please provide comments on the following matters.

<i>Please provide address of all premises sites including in the contract and whether these are privately owned, rented etc?</i>
<p>Skerne Medical Group - Owned                  Harbinson House                  Front Street                  Sedgefield                  Stockton on Tees                  TS21 3BN</p> <p>Skerne Medical Group – Owned                  Beveridge House                  Butterwick Road                  Fishburn                  Stockton on Tees                  TS21 4AP</p> <p>Skerne Medical Group - Rented                  18 Wynyard Road                  Trimdon Village                  Stockton on Tees                  TS29 6JH</p> <p>Skerne Medical Group – On Lease agreement                  Carroll House                  Grosvenor Road                  Trimdon Colliery                  TS29 6DH</p>
<i>Which premises site is the practice requesting to close?</i>
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 Sedgfield. 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 though 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 Sedgfield 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 Sedgfield 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)

	<b>Current Provision – Branch Site Closing</b>	<b>Current Provision – Main Site - Sedgefield</b>	<b>Current Provision – Branch site – Trimdon Colliery</b>	<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	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 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.

<p><i>How will the closure of the branch site help the resilience of the practice?</i></p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>
<p><i>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?</i></p> <p>Having staff working across fewer sites will allow us to provide more flexible appointment times (for example from 8am &amp; over lunchtimes), patients would benefit through having services which remain open for longer. This is currently not possible because GPs (&amp; other staff) need to travel between 4 sites which reduces appointment time available for patients.</p> <p>Continuity of care will improve as patients will find it easier to access the same GP/clinician sooner.</p> <p>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.</p>
<p><i>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?</i></p> <p>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.</p>
<p><i>Does the practice have a plan as to how this will be improved? If applicable</i></p> <p>N/A</p>

## 9. Patient engagement outcome

Please provide comments on the following matters.

<i>When did the engagement period start and end?</i>	22 <sup>nd</sup> October 2018 – 3 <sup>rd</sup> December 2018
<i>Please confirm that engagement plan, letters and FAQs have been attached to the application</i>	Yes
<b>Patient Letters</b>	
<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 Changes (3).docx  Skerne Engagement 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
<b>Other forms of engagement</b>	
<i>What other forms of engagement has the practice done? e.g. drop-in sessions, poster, website, newsletters</i>	<p>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.</p> <p>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.</p> <p>We also contacted by telephone a small number of young mothers to ask specific questions on access.</p> <p>A meeting was held with our Patient Focus Group prior to the launch of the engagement informing them and obtaining feedback on the situation.</p> <p>A pre-engagement stakeholder meeting was held and details are shown later in this report.</p>
<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.

<b>General</b>
<i>What issues did the patients raise in support of the premises closure and or stopping dispensing services? 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? 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>
<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 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>What issues did stakeholders raise in support of the merger, premises closure and or stopping dispensing services? Respond as applicable</i>	
<p>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.</p>	
<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 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>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 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>raised?</i>	
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.

18<sup>th</sup> December - decision from PCC

If approved:

19<sup>th</sup> December 2018 - write closure letter and Q&A

19<sup>th</sup> December 2018 – advise NECS of decision

21<sup>st</sup> December 2018 - letter approval from CCG

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

1<sup>st</sup> January 2019 – site closed to patients

3<sup>rd</sup> 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

Branch Closure – Business Case Application

Practice Details:

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

**1. Introduction**

Please provide comments on the following matters.

<i>Please provide address of all premises sites including in the contract and whether these are privately owned, rented etc?</i>
<p>Skerne Medical Group – Owned Harbinson House Front Street Sedgefield Stockton on Tees TS21 3BN</p> <p>Skerne Medical Group – Owned Beveridge House Butterwick Road Fishburn Stockton on Tees TS21 4AP</p> <p>Skerne Medical Group - Rented 18 Wynyard Road Trimdon Village Stockton on Tees TS29 6JH</p> <p>Skerne Medical Group – On Lease agreement Carroll House Grosvenor Road Trimdon Colliery TS29 6DH</p>
<i>Which premises site is the practice requesting to close?</i>
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 list of 15,500 patients is cared for from 4 sites, currently in Trimdon Colliery, Trimdon Village, Fishburn and Sedgfield. 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 though 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.

<p><i>What is the identified population of patients living in the area of the practice branch site</i></p>	<p>4097 registered patients at Fishburn 3375 0-65yrs 426 66-75yrs 295 76+ years</p>
<p><i>How many patients regularly attend the practice branch site for appointments</i></p>	<p>No accurate information available</p>
<p><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></p>	<p>No accurate information available</p>
<p><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</p> <p>In addition patients registered at Fishburn have regularly attended other sites for clinical services including women's health (IUCD/implants), cryotherapy, minor surgery.</p>	<p>No accurate information available</p>
<p><i>Distance from the branch site to the main site (in miles/kilometres).</i></p>	<p>It is 3 miles to Trimdon Colliery, 1.2 miles to Sedgefield and</p>
<p><i>Has the practice considered transport implications for patients to access alternative sites? Please provide details</i></p>	
<p>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</p>	
<p><i>Has the practice identified any housing development in the area? Please provide details</i></p>	
<p>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.</p>	

#### 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)

	<b>Current Provision – Branch Site Closing</b>	<b>Current Provision – Main Site - Sedgefield</b>	<b>Current Provision – Branch site – Trimdon Colliery</b>	<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 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.

<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>	
N/A	
<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>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.</p> <p>By centrally locating these allied health services we ensure they are available locally to patients.</p>	
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.

<p><i>How will the closure of the branch site help the resilience of the practice?</i></p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>
<p><i>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?</i></p> <p>Having staff working across fewer sites will allow us to provide more flexible appointment times (for example from 8am &amp; over lunchtimes), patients would benefit through having services which remain open for longer. This is currently not possible because GPs (&amp; other staff) need to travel between 4 sites which reduces appointment time available for patients.</p> <p>Continuity of care will improve as patients will find it easier to access the same GP/clinician sooner.</p> <p>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.</p>
<p><i>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?</i></p> <p>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.</p>
<p><i>Does the practice have a plan as to how this will be improved? If applicable</i></p> <p>N/A</p>

## 9. Patient engagement outcome

Please provide comments on the following matters.

<i>When did the engagement period start and end?</i>	22 <sup>nd</sup> October 2018 – 3 <sup>rd</sup> December 2018
<i>Please confirm that engagement plan, letters and FAQs have been attached to the application</i>	
<b>Patient Letters</b>	
<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 Changes (3).docx    Skerne Engagement 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
<b>Other forms of engagement</b>	
<i>What other forms of engagement has the practice done? e.g. drop-in sessions, poster, website, newsletters</i>	
<p>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.</p> <p>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.</p> <p>We also contacted by telephone a small number of young mothers to ask specific questions on access.</p> <p>A meeting was held with our Patient Focus Group prior to the launch of the engagement informing them and obtaining feedback on the situation.</p> <p>A pre-engagement stakeholder meeting was held and details are shown later in this report.</p>	
<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.

<b>General</b>
<i>What issues did the patients raise in support of the premises closure and or stopping dispensing services? 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? 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 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>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 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>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.

18<sup>th</sup> December - decision from PCC

If approved:

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

31st December 2018 - letter approval from CCG

3<sup>rd</sup> 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

4<sup>th</sup> February 2019 – All AHP services to operate from Fishburn

4<sup>th</sup> 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 applications)

### Current GP Sessions

Staffing Changes	Pre October 2016	As at October 2016	As at 1st June 2017	As at August 2017	As at Sept 2018	As at Nov 2018	As at Jan 2019	As at Feb 2019
<b>GP Partners</b>	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
<b>Salaried GPs</b>								
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
<b>GPs</b>	<b>69</b>	<b>61</b>	<b>51</b>	<b>63</b>	<b>59</b>	<b>53</b>	<b>47</b>	<b>41</b>

### Current Clinical Practitioner Sessions

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

## **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 manage 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 consultations 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. Sedgfield 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.

### **SEDGFIELD 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 Sedgfield 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 4<sup>th</sup> 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



## Engagement Process



Who did we engage with?



- Pre-engagement briefing: MP, Councillors, Parish/Town Councillors, OSC



- Patients



- Patient Focus Group

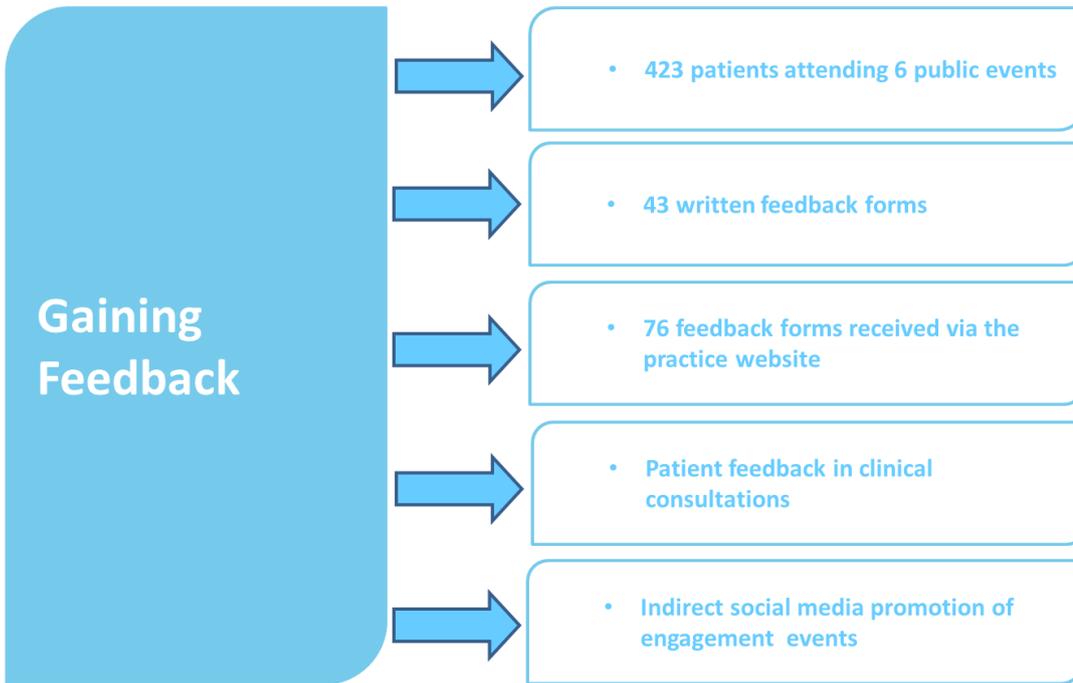


- Mental Health Care Homes



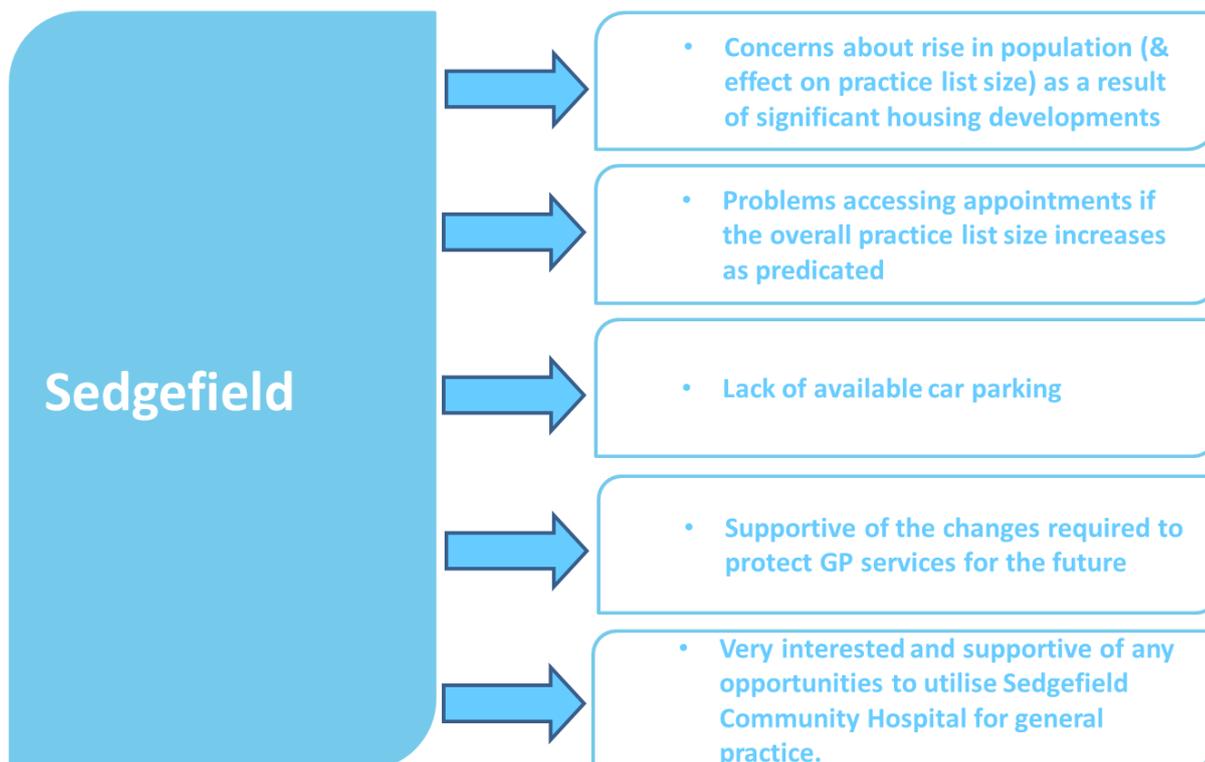
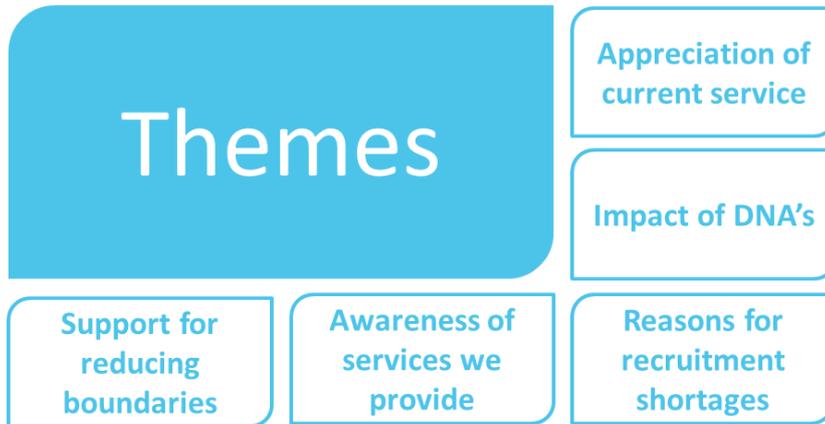
- Local Pharmacies

## Engagement Strategy



## Thematic Feedback – Proposal

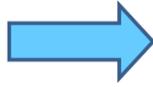




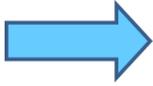
## Feedback - Fishburn



### 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 positive and supportive towards the changes we are proposing
- The majority of patients are in favour of reducing the practice boundary to control patient numbers
- Patients are very appreciated of the service they receive from the practice
- We need to take into consideration elderly patients and parents with young children
- There are concerns regarding the frequency and cost of transport between the sites
- There are concerns regarding car parking at all of our sites especially given the rising population
- 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

## Proposals



Changes to the proposal following feedback

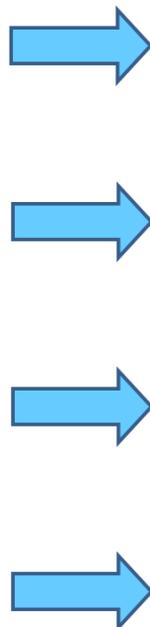


The engagement events were a very useful exercise and helped us understand their concerns and the impact the change would have on our patients

## 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

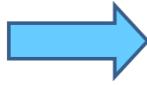
Continue exploring the options to establish alternative accommodation or development of existing premises

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.

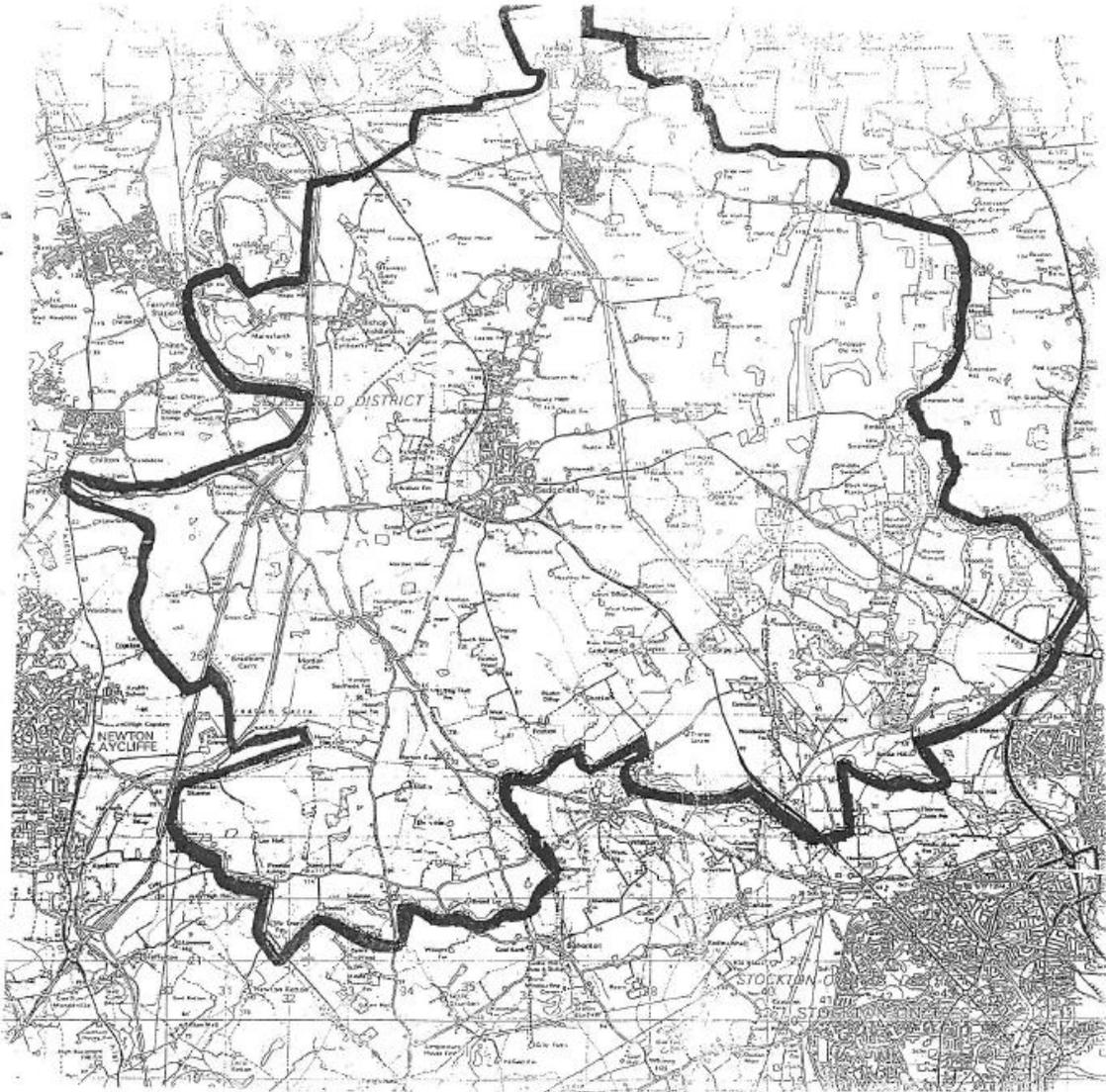


Fishburn and Bishop Middleham residents will use Sedgefield. Patients from Trimdons can use Trimdon Colliery reducing travel distance



Centrally located of offer AHPs services for all patients e.g. midwife, health visitor, counsellors etc

Appendix 2 – Practice boundary



01 MAR 2024

**Official**

**Appendix 3 - Engagement and Communications Plan**

Skerne Medical Group

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

Area	Engagement method	Date	Stakeholder representative	Comments/issues	Conclusions	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	<b>Practice</b>  <b>Practice</b>	Email sent to all key stakeholders  19 key stakeholders attended the pre-engagement briefing		 Meeting Invitation.msg   THE SKERNE GROUP STAKEHOLDER DETA
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	<b>Patients</b>  <b>Patients</b>	Generally very supportive	76 forms submitted  43 forms returned	
Engagement	Patient Focus Group Briefing	3/10/18	<b>PFG</b> <b>Neil Bunney</b> <b>Dr C Hearmon</b>	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	<b>19 key stakeholders attended</b> <b>Dr C Hearmon</b> <b>Dr H Taylor</b> <b>Dr D Robinson</b> <b>Neil Bunney</b> <b>Helen Letts</b>	Generally supportive and understood need to reduce sites  Concerns raised around Trimdon Village and deprivation.  Public transport issues raised  Questions around wider strategy for GP recruitment	Supportive	 Skerne Medical group Update Sept 18 Pre E
	Additional meeting with MP Phil Wilson and Cllr Jude Grant	19/10/18	<b>MP Phil Wilson</b> <b>Cllr Jude Grant</b> <b>Dr C Hearmon</b> <b>Neil Bunney</b> <b>Helen Letts</b>	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	<b>Colin Vallance</b> <b>Allan Phillips</b> <b>Dr C Hearmon</b> <b>Dr D Anderson</b> <b>Dr H Taylor</b> <b>Dr D Robinson</b>	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	

Area	Engagement method	Date	Stakeholder representative	Comments/issues	Conclusions	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		<b>Dr D Anderson</b> <b>Dr H Taylor</b> <b>Neil Bunney</b> <b>Joseph Chandy</b> <b>Chris Lines (Chair)</b> <b>Helen Letts</b>	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	<b>Dr H Taylor</b> <b>Dr D Robinson</b> <b>Neil Bunney</b> <b>Chris Lines (Chair)</b> <b>Helen Letts</b>	76 patients attended	Supportive	
	Fishburn Public Engagement Event – Thursday  7pm-8.30pm	22.11.18	<b>Dr C Hearmon</b> <b>Dr D Anderson</b> <b>Dr H Taylor</b> <b>Neil Bunney</b> <b>Joseph Chandy</b> <b>Chris Lines (Chair)</b>	78 patients attended	Supportive	

Area	Engagement method	Date	Stakeholder representative	Comments/issues	Conclusions	Response and supplementary evidence
			<b>Helen Letts</b>			
	Sedgefield Public Engagement Event – Thursday 1.30pm-2.30pm	29.11.18	<b>Dr C Hearmon</b> <b>Dr H Taylor</b> <b>Neil Bunney</b> <b>Chris Lines</b> <b>Helen Letts</b>		Supportive	
	Presented at Adults Wellbeing and Health OSC	15.11.18	<b>Dr C Hearmon</b> <b>Neil Bunney</b>	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	<b>Neil Bunney</b> <b>Jill Bunty</b>	<p>Fully understands situation as same issues in Care Homes</p> <p>Commented our service is second to none</p> <p>Was concerned her patients may have to travel much further, no issues using any Skerne site.</p> <p>Seeing familiar Dr faces is priority, not the building</p> <p>Home would transport patients to appointments</p>	Supportive	Agreed that the new practice had more opportunity to recruit

Area	Engagement method	Date	Stakeholder representative	Comments/issues	Conclusions	Response and supplementary evidence
	Care Home	6.12.18	<b>Dr D Anderson</b>	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	<b>Dr C Hearmon</b> <b>Neil Bunney</b> <b>Helen Letts</b>	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	<b>GPs</b> <b>Lynne Miles</b>	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	
<b>Staff</b>	Staff Meeting to brief on practice situation and engagement process	17.10.18	<b>All staff and Partners</b>	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	

Area	Engagement method	Date	Stakeholder representative	Comments/issues	Conclusions	Response and supplementary evidence
	Communication to staff on OSC presentation and proposal	4.12.18	<b>All staff</b>	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](http://www.doctorsnhs.co.uk)

Yours sincerely  
The Partners



# 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](http://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 3<sup>rd</sup> party



## Background

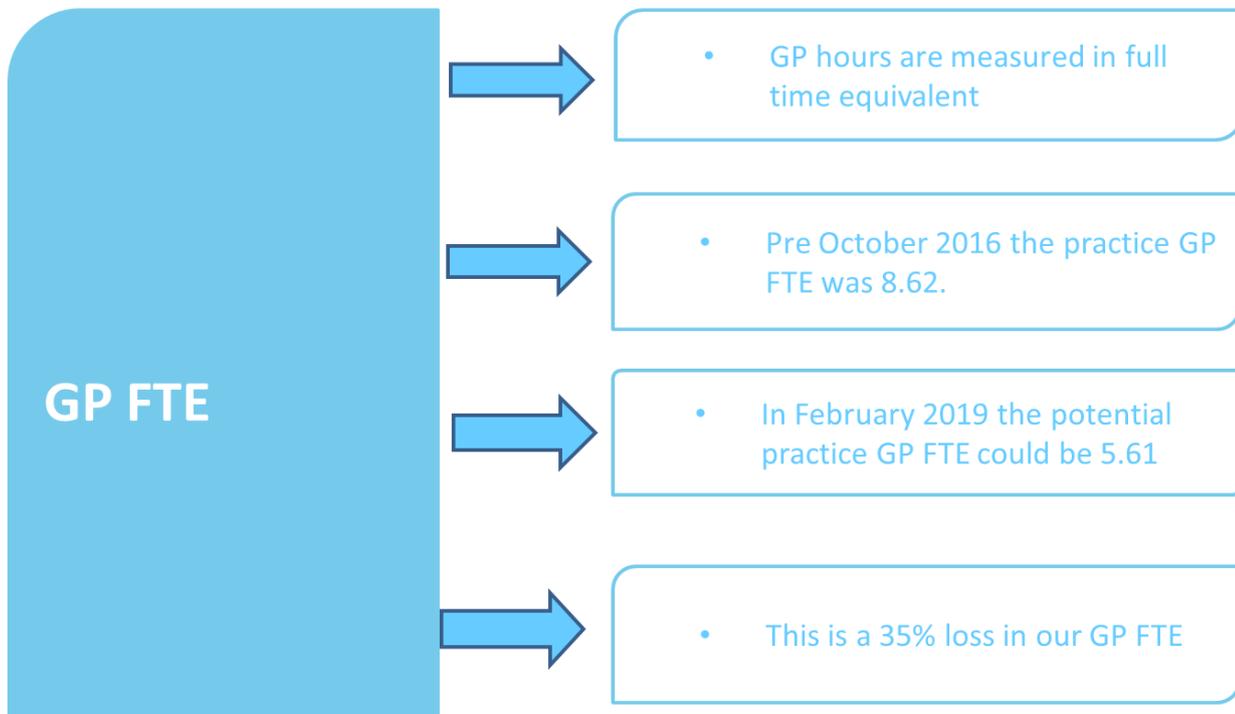
### Background

- 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 October 2016	As at October 2016	As at 1st June 2017	As at August 2017	As at Sept 2018	As at Nov 2018	As at Jan 2019	As at Feb 2019
<b>GP Partners</b>	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	<b>49</b>	<b>47</b>	<b>43</b>	<b>43</b>	<b>27</b>	<b>23</b>	<b>23</b>	<b>17</b>
<b>Salaried GPs</b>								
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
	<b>20</b>	<b>14</b>	<b>8</b>	<b>20</b>	<b>32</b>	<b>30</b>	<b>24</b>	<b>24</b>
<b>GPs</b>	<b>69</b>	<b>61</b>	<b>51</b>	<b>63</b>	<b>59</b>	<b>53</b>	<b>47</b>	<b>41</b>

## GP Full Time Equivalent (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 22<sup>nd</sup> 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

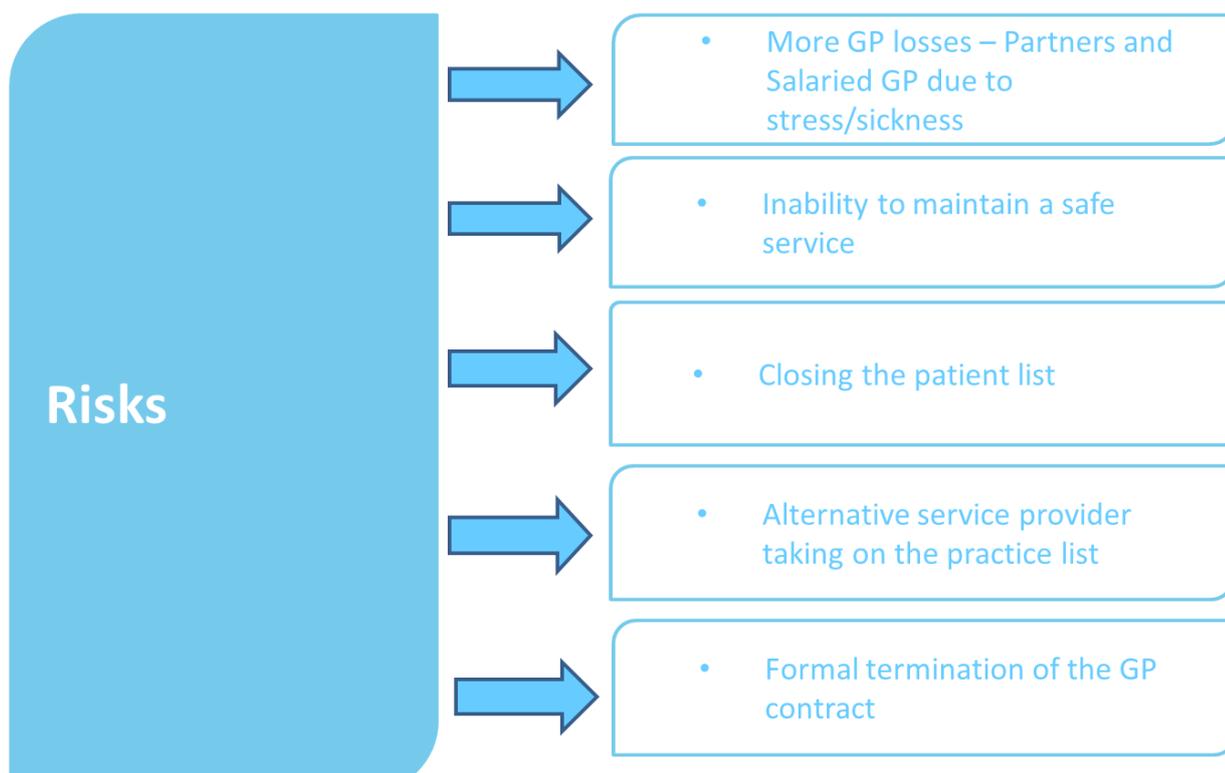
- Land availability for single site/cost

- 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

## Risks if no change is made to the operating model



## Engagement Process

- All households receiving a letter 22/23 October explaining the current practice crisis
- Public meetings planned as follows:
  - Sedgefield 6/11 eve, 18/11 pm, 29/11 lunchtime
  - Fishburn 22/11 eve
  - Trimdon Colliery 9/11 eve
  - Trimdon Village 15/11 eve
- Dates/Venues on Practice website from Monday
- Further engagement information on website and at any Skerne Medical Group site
- Comments and Suggestions Cards
- We need you help to secure the future of Skerne Medical Group

**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?**

.....

.....

.....



**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
- If 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 loaction

### **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



## 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

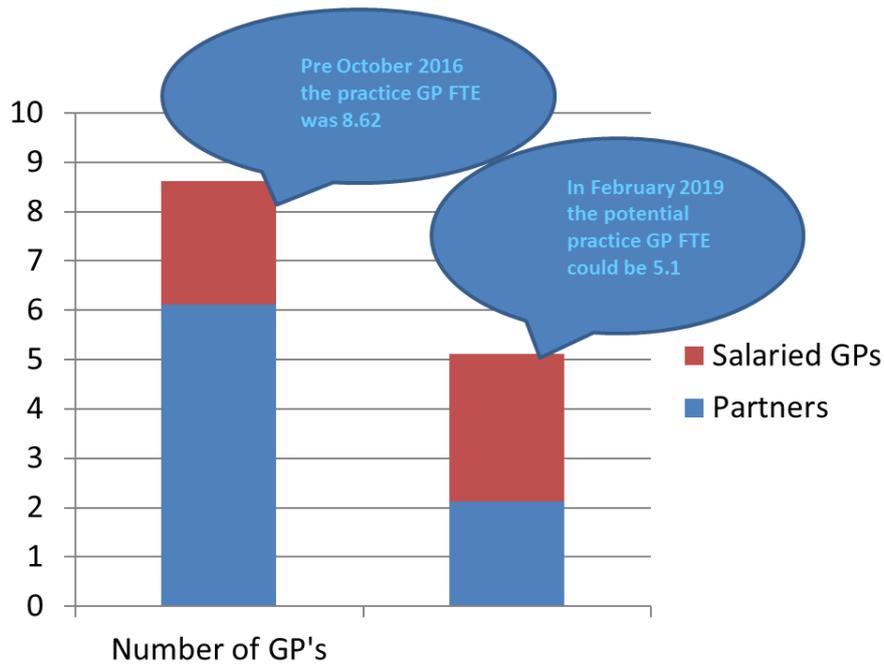


## Background

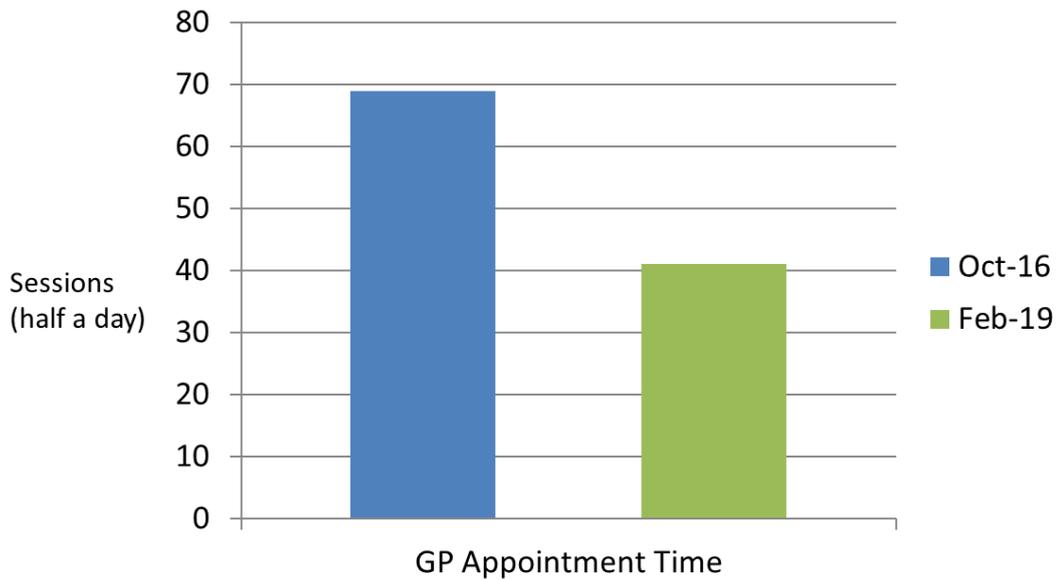
### Changing face of Primary care in Skerne area

- 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

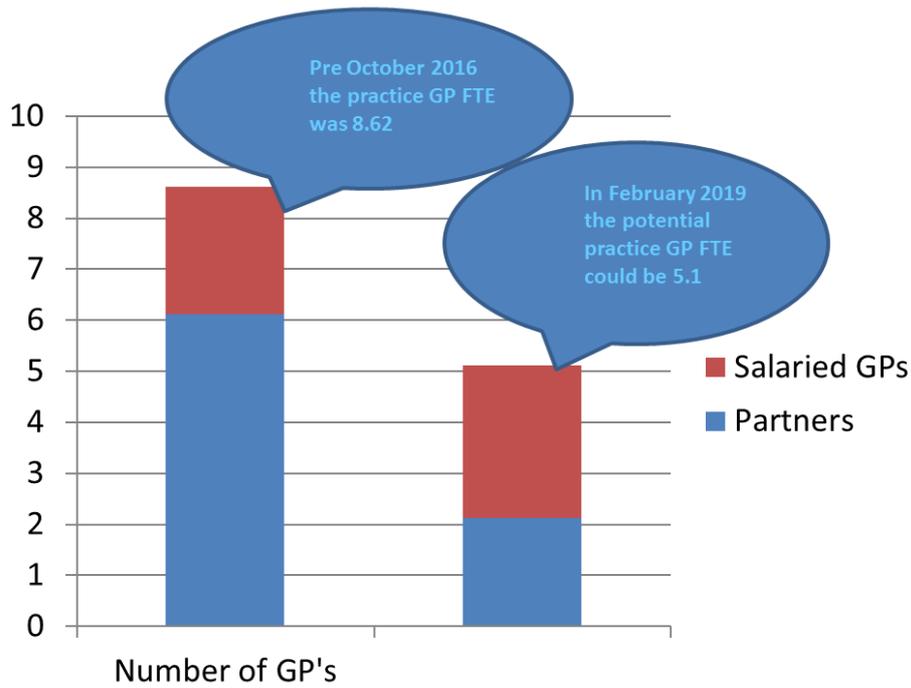
## GP FTE - Reduction of 40%



## 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



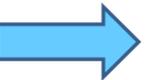
- Part time GP returning from maternity leave in Dec and new part time salaried GP starting in Nov



- Salaried GP resigned earlier in summer because of multiple sites and isolation



- Permanent GP advert on NHS jobs however no suitable response

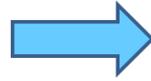


- Continue to train, teach and mentor Junior Doctors to secure future recruitment

## The need for change



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



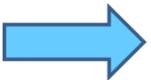
- In the short term we do not have the capacity to adequately staff our 4 sites with GPs



- 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 3<sup>rd</sup> 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 1<sup>st</sup> 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 though 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% few 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 consultations 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. Sedgfield 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.

### **SEDGFIELD 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 4<sup>th</sup> 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 Sedgfield 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 Sedgfield 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 Sedgfield 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,

A handwritten signature in black ink, appearing to be 'John Robinson', written over a faint dotted line.

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 Sedgfield CCG

Nicola Bailey, Chief Operating Officer, Durham Dales, Easington and Sedgfield 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

<b>Name of person(s) completing EIA:</b>	Kate Harrington
<b>Title of service/policy/process:</b>	Skerne Medical Group
<b>Existing / New / Proposed / Changed</b>	Proposed
<b>What are the intended outcomes of this policy/service/process? Include outline of objectives and aims</b>	
<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>	
<b>Who will be affected by this policy/service /process?</b>	
<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"> <li>• General Practice Forward View (2016) acknowledges workforce challenges.</li> <li>• Kings Fund Innovative Models in General Practice (2018) also recognises workforce recruitment and retention crisis in primary care.</li> </ul>
Patient Surveys	<p><b>Patients were given the opportunity to respond to the following questions, either online or via written comment cards.</b></p> <ul style="list-style-type: none"> <li>• <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></li> <li>• <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></li> </ul> <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

- 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

**CARE HOME FEEDBACK**

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.

Mental health care home manager expressed concerned that her patients may have to travel much further, but had no issues using any Skerne site.

Seeing familiar Doctor faces is priority, not the building. The home would transport patients to appointments.

<b>Patient Focus Groups</b>	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.
<b>Other evidence (please describe)</b>	

**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 Sedgfield 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 Sedgfield 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.

<b>Confirm you have you considered an agreed process for:</b>	<b>Yes</b>
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.

<b>Potential Challenge</b>	<b>What problems/issues may this cause?</b>
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 CONSULATION 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 <sup>rd</sup> 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 <sup>rd</sup> 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

			<b>complaints/concerns</b>
<b>02</b>	<b>Practice staff, patients and wider stakeholders</b>	<b>Practice staff, patients and wider stakeholders</b>	<b>Practice meetings, Patient Reference Groups, Monitoring of any complaints/concerns</b>

## Appendix 17: Letter from Phil Wilson MP



MP Letter.pdf