

Primary Care Commissioning Committee – 7 May 2024

Questions asked from members of the public in attendance for the Holt Medical Practice – Application to Close Blakeney Branch Surgery

Please note these are a summary of comments and questions raised and the full recording of the meeting can be accessed at [Primary Care Commissioning Committee meetings - Norfolk and Waveney ICS \(improvinglivesnw.org.uk\)](https://www.improvinglivesnw.org.uk)

Tim Ambler (Blakeney resident)

Tim Ambler outlined the NHS principles which was that the patient would be at the heart of everything what the NHS does and should be driven by patients rather than by the bureaucracy of the practice and was unclear as to why the Committee was considering the application as this was not patient driven.

Tim Ambler highlighted the issue of the analysis of elderly patients that were being discriminated against and he thought this was a factor that should not have been dismissed given the rural parishes in North Norfolk.

Tim Ambler discussed the journey times on the Coast Hopper to and from Blakeney to Kelling as this does not run to Kelling and Tim felt this could have been ironed out if they had a joint discussion.

Tim Ambler asked for the Committee to defer the decisions to try and find a least bad solution. Tim Ambler was concerned that there would be a reduction in surgery hours to 3 days a week in the future.

Response:

The ICB carefully reviewed all the data available to it and developed a health profile, which in turn informed an Equalities Impact Assessment to ensure any impact could be understood. In addition, at the previous meeting in February, the decision was deferred to enable further public involvement to be undertaken by the ICB. The committee was satisfied with the process undertaken and that the ICB's statutory duties had been discharged.

At all times, HMP are required to meet the reasonable needs of their patients in delivering their contractual requirements.

Michael Archer (Blakeney resident)

Michael Archer introduced himself as a retired Norfolk GP living in Blakeney.

Michael Archer would have expected health activity for the area to have been lower since face-to-face contacts was stopped because people were unable to get to consultations. If the ICB has only looked at the emergency admissions, they are a very crude measure.

Why does the ICB still accept the practice contention that the cost to run the site is prohibitive. The partners want to sell Blakeney surgery. They could sell it without closing it. Many companies offer sale and lease back on GP premises. Why has the option of sale and leaseback not been explored?

Apart from the duty team at High Kelling, all members of the clinical team can work at Blakeney they don't have to be there at the same time, they can be supervised remotely. Why does the ICB accept the outmoded idea that all members of a multidisciplinary team must be in the same building?

In recent weeks, the ICB has produced a highly inflated figure for the cost of refurbishment of Blakeney surgery using a figure based purely on national average costs and building size, rather than relying on a detailed review commissioned by Norfolk and Waveney CCG. Specific to this building and its needs, which is prepared by a firm of architects and cost consultants with considerable experience of healthcare projects, including several surgeries in Norfolk. Why had the ICB ignored that detailed review in favour of a much higher average cost?

Going on to infection prevention and control, following the publication of new national standards in 2021. In September 2023, the CQC produced a full update of its GP Myth Buster 99 on infection prevention and control and general practice, and it states, for example, that carpets and curtains are allowed. There simply needs to be a protocol for cleaning and for dealing with spillages. There's actually very little that needs to be done at Blakeney surgery to make it fully compliant for infection prevention and control. The cost should actually be less than the Chaplain Farrant report and for rent estimate 2021 because they included replacement of all furnishings, it should not be more as the ICB is now saying. In any case, ensuring the premises meet the required standards is the practice's responsibility. Why does the ICB continue to support the practice's assertion that infection prevention and control are a bar to providing face to face consultation?

Every member of the community who spoke at its recent meeting felt that Blakeney surgery should remain open. Why was the ICB still pushing to close Blakeney surgery?

Response:

The ICB carefully reviewed all the data available to it and developed a health profile, which in turn informed an Equalities Impact Assessment to ensure any impact could be understood. Emergency admissions data can show where there is unmet need not met through routine care, and due to the suspension of face-to-face clinical services in Blakeney Surgery in March 2020, we were able to look back over four years' data. The data didn't show any worsening over and above the general rise in emergency admissions happening across Norfolk and Waveney. The health profile developed included data on many services, as well as just those accessed previously in Blakeney Surgery, such as mental health, A&E attendances and use of secondary care services. Numbers of appointments delivered by HMP have continued to increase.

With regards the infection prevention and control (IPAC) measures, the ICB's IPAC team undertook an inspection of the Blakeney surgery and issued a number of recommendations which they believed would need to be addressed in order to operate

safely within the building. The team are aware of the CQC guidance. The estimated refurbishment costs are based on standard NHS costings used nationally and were provided by the ICB's primary care estates team. It should be noted building costs have increased substantially over recent years.

HMP is an independent contractor, and it is for them to determine how to provide clinical supervision for the staff they are responsible for, and to determine the model of delivery of their contracted services to ensure they are sustainable and safe. HMP set out its rationale in their application to the ICB.

Sheelin Cuthbert (Field Dalling resident)

Sheelin Cuthbert outlined the history of Blakeney Surgery and the fact her father bought the Blakeney surgery in 1932 and expressed her concerns about the closure of the surgery especially for residents and patients that do not drive.

Response:

It is acknowledged there are issues with access to transport across north Norfolk and other rural areas in Norfolk and Waveney, albeit the ICB is not responsible for transport provision more generally. The ICB spent time discussing transport issues with Norfolk County Council and local charitable providers to understand the potential impact and areas which may be developed. This included the Holt Caring Society which has a large pool of volunteer drivers. At the Blakeney Parish Council meeting in March, crowd funding was suggested by a member of the local community. This may be something the local community wanted to explore in relation to transport provision.

In reaching its decision, the Committee agreed to review the impact of the closure of Blakeney branch surgery in due course and also asked the Place Board in North Norfolk to review the issue of transport more generally. The committee also agreed with the practice's hope that they would be able to find an alternative local site for the medicines collection service to ensure people could still access their medicines locally.

Rosemary Thew (Chair, Blakeney PC)

Rosemary Thew spoke on behalf of parishioners of Blakeney Parish Council.

The consultation has been about medication and the mitigation proposed continues to be inadequate. Rosemary hoped the Committee has properly read the comments made in the surveys reflecting patient concerns, the difficulty of travelling to High Kelling and the costs that some will bear.

If the ICB accepts the recommendation to close, asking the practice to make best efforts to agree a location for a medication collection service, and to do so within six months, do the ICB intend to review the action taken by the practice, or will they allow closure to happen anyway?

Response:

At the previous meeting in February, the decision was deferred to enable further public involvement to be undertaken by the ICB. The committee was satisfied with the process undertaken and that the ICB's statutory duties had been discharged.

A notice period of up to six months was agreed, to provide a reasonable amount of time for the mobilisation to take place before any closure took place. The ICB will work closely with the practice during this time.

Nigel Sutcliffe (Vice Chair, Blakeney PC)

Nigel Sutcliffe spoke as Vice Chair of Blakeney Parish Council and a patient of Holt Medical Practice.

Nigel Sutcliffe asked why had services been removed? Why can't they be reinstated following COVID.

BPC commenced a dialogue with Holt Medical Practice in November 2021 and stated they had failed to engage in that. He also stated the ICB in a similar way failed to get involved up until very recently about mitigation. Nigel Sutcliffe urged the committee to reject the application outright. It was a bad decision.

Response:

The temporary decision to close the branch surgery was taken at the first Covid lockdown and this was a similar picture across Norfolk and Waveney, and indeed the country. Appointments were provided remotely wherever possible, to protect the safety of patients and staff at an unprecedented time. When services began to recover, a temporary decision not to reintroduce face to face clinical appointments was made by the practice, as explained in documents presented to the committee.

The ICB carefully considered the data available to it along with the health profile of the local communities, undertook an equalities impact assessment and a period of public involvement, in addition to the practice's engagement period. The chair acknowledged this was a difficult decision for the committee to make and understood local people would be disappointed by the outcome.

Alex Hooper (Stiffkey Parish Council)

Alex Hooper asked for the recommendation to close Blakeney surgery to be rejected. She believed the ICB had fundamentally failed in its legal obligations to follow due process and the process that had been followed was riddled with flaws, inaccuracies and obfuscation. Much of the information prepared after the fact, the obligations under the NHS Act and the Policy and Guidance Manual to consult with patients has not been undertaken with regard to face to face appointments, the mitigation efforts were focused solely on medicine collection.

The ICB was asked to explain why the NHS Act and Policy and Guidance Manual was not relevant in this circumstance and further, why the ICB felt the patients who use Blakeney surgery are not worthy of a proper and comprehensive consultation with regard to face-to-face appointments.

Should the committee accept the recommendation to close through option 3, how would the ICB ensure mitigation measures were put in place and effectively work, and particularly given the light of the ICB's failure to undertake a proper public consultation and therefore have no real baseline data. How would the ICB measure the true impact of this decision? And redress it if necessary.

Response:

The ICB carefully reviewed all the data available to it and developed a health profile, which in turn informed an Equalities Impact Assessment to ensure any impact could be understood. In addition, at the previous meeting in February, the decision was deferred to enable further public involvement to be undertaken by the ICB. The committee was satisfied with the process undertaken, compliance with the requirements of the NHSE Policy and Guidance Manual, and that the ICB's statutory duties had been discharged.

The ICB was able to look back at data over time, as well as consider current health data relating to the local communities using Blakeney. This information was made available as part of the report to Committee. For example, for emergency admissions data (which can show where there is unmet need not met through routine care) the ICB was able to look back over four years' data since before the Blakeney surgery ceased face to face appointments. The data didn't show any worsening over and above the general rise in emergency admissions happening across Norfolk and Waveney. The health profile developed included data on many services, as well as just those accessed previously in Blakeney Surgery, such as mental health, A&E attendances and use of secondary care services.

As part of reaching its decision, the committee chair has asked for a future report in due course about the impact of the closure of the branch surgery. The health profile and the Equalities Impact Assessment we developed, will be able to be updated to inform this report.

Rob Metcalfe (Morston Parish Council)

Concern was expressed about the use of research data to justify a closure decision. The withdrawal of face-to-face appointments had not been properly considered in this process. There was partial use of misleading statistics to build a case for closure.

How can the practice justify ignoring the needs of a significant minority of the nearly 2000 people who live in Morston, Blakeney and surrounding villages.

Response:

The ICB carefully reviewed all the data available to it and developed a health profile, which in turn informed an Equalities Impact Assessment to ensure any impact could be understood. This was done to ensure we could follow the process set out in the

NHSE Policy Guidance Manual, and by having regard to the statutory duties of the ICB. Data was carefully considered to ensure HMP was continuing to meet the reasonable needs of its patients, as per its contractual requirements.

Both the practice and the ICB undertook periods of public involvement and engagement to provide the opportunity for local people to share their views and concerns to inform the consideration of the practice's application to close Blakeney branch surgery. In doing so, the ICB chose to follow best practice, rather than the statutory minimum for this process.

Chris Gadsby (Chair, Field Dalling Parish Council)

Referral was made to the equality impact assessment carried out as part of this elongated process, which ignored the fact face to face appointments have not happened in Blakeney for a number of years. The decision to cease these appointments was never, therefore subject to that impact assessment. Chris also referred to the journey time from Blakeney and High Kelling on public transport.

Response:

The ICB developed a health profile on the communities local to Blakeney. This and the public involvement work informed the development of an equalities impact assessment. The ICB also reviewed data such as emergency admissions over several years, to determine the impact of the suspension of face-to-face appointments. This was all designed to provide information to support decision-making by assessing what impact, if any, the closure of the surgery would have on health outcomes. As the surgery had not provided face to face appointments for four years in Blakeney, any impact could be seen. It was also noted the practice provides double the number of home visits proportionate to its population than other practices in north Norfolk.

It is acknowledged there are issues with access to transport across north Norfolk and other rural areas in Norfolk and Waveney, albeit neither the ICB nor HMP are responsible for transport provision more generally. The ICB spent time discussing transport issues with Norfolk County Council and local charitable providers to understand the potential impact and areas which may be developed. This included the Holt Caring Society which has a large pool of volunteer drivers. At the Blakeney Parish Council meeting in March, crowd funding was suggested by a member of the local community. This may be something the local community wanted to explore in relation to transport provision.

In reaching its decision, the Committee agreed to review the impact of the closure of Blakeney branch surgery in due course and also asked the Place Board in north Norfolk to review the issue of transport more generally.

Victoria Holliday (District Councillor and Chair of Cley Parish Council)

Feedback from the public engagement on the proposed closure shows an overwhelming demand to keep Blakeney surgery open and to return to face to face appointments.

Cllr Holliday reflected on the reports and asked if patients with more than one long term condition had been considered and the movement of care away from patients. She quoted research which showed the association between travel time to healthcare services.

Mindful of all the research was the ICB assured the health of Blakeney surgery patients will not be adversely impacted by the closure of Blakeney surgery and the withdrawal of face-to-face appointments from Blakeney?

Response:

There is a slide in the health profile, which considers health activity from patients with multi-morbidity, whether that be high, medium or low complexity. When comparing the communities local to Blakeney, to those local to the High Kelling and Melton Constable surgeries, we see slightly higher than expected activity for high and low complexity for all communities, but with the lowest proportional numbers for the Blakeney communities. For medium complexity, we see slightly higher than expected activity for High Kelling and Melton Constable communities and lower than expected for Blakeney communities.

This and the fact that face to face appointments have not been provided in Blakeney for some four years enabled the committee to be satisfied with the recommendation from officers.

Steve Blatch (Chief Executive, North Norfolk District Council)

Steve Blatch read a statement on behalf of North Norfolk District Council, which wishes to record its concern and disappointment over the recommendation made to the ICB to confirm the permanent closure of the Blakeney Surgery. North Norfolk District Council objects to the proposed closure on the basis of rural disadvantage and equality of access to primary care services based on an older demographic with higher incidence of long-term chronic conditions and poor public transport services to allow independent access to the Holt Practice at Kelling Hospital.

Response:

The ICB carefully reviewed all the data available to it and developed a health profile, which in turn informed an Equalities Impact Assessment to ensure any impact could be understood.

The health profile included consideration of health activity from patients with multi-morbidity, whether that be high, medium or low complexity. When comparing the communities local to Blakeney, to those local to the High Kelling and Melton Constable surgeries, there is slightly higher than expected activity for high and low complexity for all communities, but with the lowest proportional numbers for the Blakeney communities. For medium complexity, there is slightly higher than expected activity for High Kelling and Melton Constable communities and lower than expected for Blakeney communities.

It is acknowledged there are issues with access to transport across north Norfolk and other rural areas in Norfolk and Waveney, albeit neither the ICB nor HMP are responsible for transport provision more generally. The ICB spent time discussing transport issues with Norfolk County Council and local charitable providers to understand the potential impact and areas which may be developed. This included the Holt Caring Society which has a large pool of volunteer drivers. At the Blakeney Parish Council meeting in March, crowd funding was suggested by a member of the local community. This may be something the local community wanted to explore in relation to transport provision.

In reaching its decision, the Committee agreed to review the impact of the closure of Blakeney branch surgery in due course and also asked the Place Board in north Norfolk to review the issue of transport more generally.

Duncan Baker (MP)

Duncan Baker confirmed he had brought the issue to the attention of the Health Secretary and NHSE were supporting the preparation of information - there was no decision yet. He asked for the committee to wait for this process to conclude before making a decision.

Duncan Baker also asked for the issue around transport or ability for elderly people to see a nurse, doctor to be brought together with the review by the Health Secretary before the committee makes a final decision.

Response:

The ICB has sought legal advice around the process, has liaised with the Norfolk County Council Health Overview and Scrutiny Committee and has sought advice from NHS England regional team about the new Secretary of State call in powers which came into effect at the end of January. With all of this in mind, officers made a recommendation to committee having followed the process set out in the NHS England Policy and Guidance Manual and having had regard to the ICB's statutory duties.