

Agenda item: XX

Subject:	Proposal to Close Toftwood Medical Centre
Presented by:	Sadie Parker, Director – Primary Care
Prepared by:	Sadie Parker, Director – Primary Care
Submitted to:	Primary Care Commissioning Committee
Date:	10 December 2024

Purpose of paper:

This paper is to seek approval for a recommendation on a proposal to close Toftwood Medical Centre, following a period of public consultation undertaken by the ICB.

The Health and Wellbeing Board representative for Norfolk has a conflict of interest for this item. The chair has agreed he should remain present in the meeting but not participate in the discussion.

1. Introduction

The purpose of this paper is to seek approval for a recommendation on a proposal to close Toftwood Medical Centre, following a period of public consultation undertaken by the ICB.

In considering this paper, the Committee is invited to be mindful of the Board Assurance Framework (BAF) risk on the resilience of general practice, and our Joint Forward Plan commitments.

The ICB would like to acknowledge the efforts put into the process by both the Dereham practices (including the Toftwood Medical Centre) and the local community and stakeholders.

2. Background

The Elmham Partnership was awarded the APMS (Alternative Provider of Medical Services) contract to run Toftwood Medical Centre in May 2018, it was previously run

by the Coastal Villages Partnership. An APMS contract was first let in early 2016; previously this was a GMS contract (General Medical Services).

The APMS contract was procured by NHS England before the local NHS became responsible for commissioning services. This was the contract of choice used by NHS England when a commissioning gap or contract handback happened. APMS contracts are time limited (a contract length of over five years must be approved by NHS England) and can be held by any company satisfying the tender requirements. GMS contracts can only be held by GP partnerships, or certain companies limited by shares (where at least one share in the company is legally and beneficially owned by a qualifying general medical practitioner, and any other share or shares in the company that are legally and beneficially owned by a medical practitioner are owned by a qualifying general medical practitioner) and are held in perpetuity. Most of the 105 practices in Norfolk and Waveney are GMS with seven being APMS and therefore time-limited.

The current provider has worked hard to steadily improve primary medical services for patients. There are currently 4,099 registered patients (accurate as at 1 October 2024). It is a small practice in an expanding market town with good local and national transport links. There are no current performance concerns about the provider.

The annual contract value is £586,424 for 2024/25 with a price per Carr-hill weighted patient of £140.00 (weighted list size of 4188.74 at 1 January 2024) – this price per patient is broadly in line with other APMS contracts in Norfolk and Waveney. The average GMS price per weighted patient for 2024/25 is £107.16 (inclusive of out of hours deduction), which would give a total contract value on the same weighted list of £448,865. The APMS contract is time-limited which does not support sustainability or resilience of the practice or the workforce.

GPs from the Elmham Partnership work at the Toftwood Medical Centre and the management of the two practices is also shared. There is a dedicated team of clinical and non-clinical staff employed at the Toftwood Medical Centre.

3. Public consultation

The ICB proposed that the best way to continue to provide general practice services to patients registered with the Toftwood Medical Centre, in suitable facilities and in a more cost-effective way, would be to close Toftwood Medical Centre and to move people's registration to one of Orchard Surgery or Theatre Royal Surgery on 1 April 2025.

This change of registration would be undertaken automatically with no action required by anyone currently registered with the Toftwood Medical Centre. Once they had been moved to one of the two surgeries, people would have the right to choose to register with a different practice if they preferred, as long as they lived within that practice's catchment area.

We proposed to do this because we believed it was the best way to ensure people were cared for in appropriate facilities and in a cost-effective way, while ensuring

none of the people currently registered with the Toftwood Medical Centre were left without GP practice registration.

We embarked on a period of public consultation on 10th October, concluding on 21st November - the [Consultation Document](#) is available via the link and the Consultation Outcome Report can be seen appended to this report. We are grateful to local people and local stakeholders for their participation in the process and the feedback has enabled us to update our Equality Impact Assessment (appended) and to further consider our proposal.

4. Consideration of the proposal and the consultation response

When considering the proposal, the ICB must have regard to its statutory duties, any processes set out in the NHS England Primary Medical Services Policy and Guidance Manual (PGM) and any relevant ICB policies or guidance.

In doing so, the ICB should consider how future arrangements will meet the reasonable needs of patients, as defined in the GMS contract.

Clauses 8.15.13 and 8.15.14 of the NHSE Policy Guidance Manual (NHSE PGM) set out the considerations in assessing applications from practices to close a branch surgery. In the absence of a specific section of the NHSE PGM on main surgeries, this section has been used to structure this report.

- *financial viability;*
- *registered list size and patient demographics;*
- *condition, accessibility and compliance to required standards of the premises;*
- *accessibility of the main surgery premises including transport implications;*
- *the Commissioner's strategic plans for the area;*
- *other primary health care provision within the locality (including other providers and their current list provision, accessibility, dispensaries and rural issues);*
- *dispensing implications (if a dispensing practice);*
- *whether the contractor is currently in receipt of premises costs for the relevant premises;*
- *other payment amendments;*
- *possible co-location of services;*
- *rurality issues;*
- *patient feedback;*
- *any impact on groups protected by the Equality Act 2010 (for further detail see chapter 4 (General duties of NHS England));*
- *the impact on health and health inequalities; and*
- *any other relevant duties under Part 2 of the NHS Act (for further detail see chapter 4 (General duties of NHS England)).*

Chapter 4 of the PGM set out the general duties of NHS England and these are attached in Appendix A. Many of these duties are similar to the ICB's statutory duties, which are listed in Appendix B.

4.1 Financial viability

The Toftwood practice has been provided through an APMS (Alternative Provider of Medical Services) contract, originally let by NHS England, since 2016. This is a time-limited contract and the current price per patient is £140. The equivalent GMS (General Medical Services) price is £107.16 (inclusive of out-of-hours deduction), with GMS contracts being in perpetuity.

In addition to this, GP practices receive rent and rates reimbursement, funding for digital equipment and licences, Quality and Outcomes Framework payments and locally commissioned/ enhanced services payments.

The British Medical Association has called on GP practices to participate in GP collective action, following a vote of all members. The Saving General Practice campaign was launched in the summer following several years of below inflationary uplifts to national contracts. The recent budget announcement increasing employers' national insurance contributions is also causing great concern. It is not yet known if there will be any increase to general practice funding nationally to mitigate the rises.

The ICB understands it is becoming increasingly challenging for all our practices to meet their financial commitments within the national funding provided, and that practices are looking very carefully about how they provide their services within their contractual requirements. This is why the ICB has added a risk on the resilience of general practice to its Board Assurance Framework and monitors it closely through the ICB Board and the Primary Care Commissioning Committee.

4.2 Registered list size and patient demographics

The average list size of a GP practice in Norfolk and Waveney as at 1 October 2024, compared to Toftwood Medical Centre and other comparators is as follows:

Mean list size	10,467
Median list size	8,851
Smallest list size	1,917
Largest list size	30,685
Toftwood Medical Centre	4,099

The viability of a practice is likely to be affected by economies of scale, and it is more difficult to cover unplanned absences from a small team. The ICB has received five applications from practices for section 96 funding over the last 12 months, due to their resilience and requiring support for turnaround plans. Section 96 funding is emergency funding which can be provided to practices to support delivery of specific actions to improve resilience and sustainability when a practice is in crisis. The NHSE Policy and Guidance Manual sets out the conditions and expectations attached to this funding.

Within the ICB the smallest area health activity data and registered population data is available is at lower super output area (LSOA). Registered population data from

NHS Digital highlights the majority of patients registered with Toftwood Medical Centre are from the four LSOAs in south Dereham (see the health profile appended to this paper). These account for about 75% of the registered population at Toftwood Medical Centre. Four other LSOAs to the north of Dereham account for another 20% of the registered population.

Looking at the communities where about 75% of Toftwood Medical Centre patients live, about 7,600 people reside in these communities of which almost 3,000 are registered with Toftwood Medical Centre. The rest of the residents are mostly registered with Orchard Surgery and Theatre Royal Surgery.

Census information for this part of the Toftwood community indicates that the population is about the same as the Norfolk average, is in slightly better health and provides a similar amount of unpaid care.

The general practice profile for Toftwood Medical Centre shows the population is similar to the Norfolk and Waveney ICB average, which is older than England, and as a whole the population experiences lower levels of deprivation. Patient satisfaction is about average and there is a higher prevalence of long standing health conditions compared to the England average.

Local people raised concerns that, by closing Toftwood Medical Centre, demand would increase on other services, and access to care would become more difficult. Local people were also worried about the impact on vulnerable people, such as the frail elderly and those with disabilities. We have updated our Equality Impact Assessment following the public consultation to include the feedback we have received, and we have considered this in our recommendations.

Provisional analysis indicates that for the age/sex distribution of the Toftwood population and given the Norfolk and Waveney average, Toftwood Medical Centre has fewer patients in the frailty segment but more patients in the dominant major chronic condition segment. For other segments Toftwood is about as expected for the age and sex distribution. Provisional analysis also indicates that for the age and sex distribution of the Toftwood population, healthcare activity is generally lower than expected given the Norfolk and Waveney average. This is also the case for other practices in Dereham apart from community services activity. The number of patients at Toftwood with polypharmacy and multi-morbidity are about as expected.

We can use relative change in emergency admissions as one proxy measure to help understand how unmet health need in Toftwood has changed over time compared to other practices in Dereham. We use this because other measures, like GP appointments and community services, might be constrained by supply. The table below shows the rate of emergency admissions in bold, compared to the other Dereham practices and the Elmham Surgery (which currently provides the service at Toftwood Medical Centre). All of these rates are below the Norfolk and Waveney average, note these data are from April 2024.

Area	Average emergency admissions per month	Registered Population April 2024	Crude Rate (not standardised for age and sex)
------	--	----------------------------------	---

Toftwood	27	4,045	6.7
Elmham Surgery	62	9,691	6.4
Theatre Royal	69	9,000	7.6
Orchard	82	11,100	7.4
Norfolk and Waveney	8,533	1,094,600	7.8

4.3 Condition, accessibility and compliance to required standards of the premises

The ICB's infection prevention and control nursing team has undertaken an inspection of the Toftwood Medical Centre premises and have confirmed the level of updating required to ensure current standards are met – there is a significant amount of revision required to ensure compliance. Members of the Committee arranged site visits to Toftwood Medical Centre, Orchard and Theatre Royal Surgeries, and were able to speak with staff, GPs and managers about the challenges faced and the emerging plans for the transition, should the proposal be approved.

The larger premises at Orchard and Theatre Royal Surgeries provide better facilities for patients, the ability to provide a larger range of services and the modern general practice access model. All consulting rooms are on the ground floor. If the Toftwood site was required for longer term use then the property would benefit from significant investment to improve the clinical rooms and general functionality of the building. The building is too small for the size of the registered list and does not lend itself to deliver modern general practice services where a range of clinicians deliver services.

One of the consulting rooms is upstairs, in what was formerly office space. There is no lift in the building and this makes things challenging for the practice operationally. The width of the stairs is narrow which limits to single file access. Practice staff have to ensure patients with mobility issues are not booked into that consulting room meaning staff having to swap rooms during the day to accommodate patient needs, which is not the most efficient use of resources.

Building costs have increased significantly over recent years. Our primary care estates team have provided us with cost estimates to fully refurbish the Toftwood Medical Centre based on a national tool which is widely used by the NHS. Investment of up to £760k excluding VAT would be required to fully refurbish the surgery to bring it up to the required standards, but this would not address the size of the building.

There have been attempts to identify an alternative site for the practice over many years, dating back to the former South Norfolk CCG (clinical commissioning group – the commissioning organisations in place across the country prior to ICBs) and the expiry of the previous lease in 2010. The five CCGs covering Norfolk and Waveney merged to form Norfolk and Waveney CCG in 2020, and the newly created primary care estates team worked with the South Norfolk locality team to seek to resolve the

premises issues with the support of NHS Property Services. In 2021 a preliminary business case to relocate Toftwood Medical Centre to an interim modular building on a new site was approved by NHS England. Unfortunately in 2022 the site became unavailable. Attempts at identifying alternative sites have not been successful with sites either proving unsuitable or becoming unavailable.

In 2022, the ICB was working with the existing landlord to add a temporary extension to the current building in order to prolong the life of the practice while the ICB continued to seek an alternative site. (There had previously been a portakabin on site, however this had rotted through, was no longer safe to use and had to be removed.) The preliminary business case was approved by NHS England and a capital grant was approved. Unfortunately, it was not possible to agree a lease with the landlord and as such the funding for the extension (a grant from NHS England) had to be invested into other areas before it was lost.

Rebuilding the premises on the same footprint, which is too small by modern standards, is estimated to cost in the region of £1.5m excluding VAT, but rebuilding a surgery which met current standards is estimated to cost £2.753m excluding VAT.

The MP for Dereham, George Freeman offered to facilitate meetings between the ICB, the landlord, and local councillors to try to find a solution to the lease issues which have prevented us from securing services in the current premises. The ICB attended two meetings in November where the issues preventing the lease being agreed were discussed. As a result, the ICB provided various documents and our suggested proposal for the priority backlog maintenance work required. Unfortunately, while some progress was made it was not possible to make sufficient progress in negotiations to the extent ICB officers can be confident in securing services in the building past 31 March 2025. We are grateful to George Freeman, MP for facilitating the meetings.

4.4 Accessibility of the main surgery premises including transport implications. Rurality issues.

The ICB's proposal set out the potential transport times for people by either public transport or car. This was done using NHS Digital data and can be seen in the Health Profile appended to this report.

At the present time, looking at the communities where about 75% of Toftwood Medical Centre patients live, about 7,600 people are resident in these communities of which almost 3,000 are registered with Toftwood Medical Centre. The rest of the residents are mostly registered with Orchard Surgery and Theatre Royal Surgery.

Journey time statistics to general practice by public transport indicates that for all the LSOAs around Dereham the proportion of the population able to access general practice within 30 minutes by public transport or walking is in the upper quintile and 100% for most LSOAs. Travel time by public transport for the communities with the most Toftwood patients appears to be consistent between morning and afternoon.

Both Orchard and Theatre Royal Surgeries are accessible by car in around 10 minutes.

During the consultation, some people raised concerns about the level of traffic congestion in Dereham which could cause delays for people accessing appointments. If the proposal is approved, we will work with both surgeries to look at how we can mitigate this risk, for example by trying to offer planned appointments outside of peak travel times, or in the enhanced access service hosted by all surgeries in the Mid Norfolk Primary Care Network (PCN - PCNs are groups of practices that have come together to share staff and offer certain services at scale, such as enhanced health in care homes, enhanced access appointments and social prescribing). Where clinically appropriate, and in line with the national Delivery Plan for Recovering Access to Primary Care, appointments may also be offered digitally or remotely by telephone.

We also heard concerns during the consultation about the ability of the frail elderly or people with disabilities being able to access the surgeries in Dereham. We have updated our Equality Impact Assessment accordingly, and have also been discussing with the local practices what actions we could take to support people if the Toftwood Medical Centre closed. At the time of writing the report, Orchard Surgery has reported they currently have 536 Toftwood residents aged over 65 registered with them, and Theatre Royal Surgery has reported they have 396.

There is a regular bus service running through Toftwood, which stops near to both surgeries, however this may not be suitable for everyone. There is also a community care scheme in Dereham which is jointly subsidised by the Town and Breckland Councils. Those Toftwood residents who are unable to make an essential journey by public or private transport are able to contact the coordinator to see if they can help. Journeys within Dereham, including Toftwood, are charged at £1.80.

We have begun discussions with Toftwood Medical Centre, Orchard and Theatre Royal Surgeries about ensuring people can be supported, if the proposal is approved. We have discussed the support available for individual people through the PCN social prescribing service, care coordinators and health and wellbeing coaches. We have also discussed the potential for an open session at Orchard and Theatre Royal Surgeries for patients to visit at quieter times, to see the surgery before any automatic transfer takes place.

4.5 The Commissioner's strategic plans for the area

The ICB's [Joint Forward Plan](#) ambition for general practice is to support the development of integrated neighbourhood working between primary care networks and other local providers. The ICB's ambition is also to support the provision of services, traditionally provided in hospitals, to be provided closer to communities (sometimes referred to as a left-shift). These form part of a wider ambition to improve the resilience of primary care.

The national guidance – the [Delivery Plan for Recovering Access to Primary Care](#), refreshed on 9 April, requires ICBs to work with practices to continue to implement the national plan. The key areas are set out below:

- Empowering patients
 - Encourage use of the NHS App among patients for ordering prescriptions, booking appointments and viewing medical records
 - Encouraging the uptake in Community Pharmacy of Pharmacy First services for patients
 - Supporting self-referrals
- Implementing Modern General Practice Access
 - Encouraging the use of digital telephony and the use of digital tools to support service provision, triage and streaming into the right service
 - Supporting practices to transform their service models, using data
- Build capacity
 - Workforce programmes, such as recruitment and retention initiatives and training
- Cut bureaucracy
 - Enabling online registration
 - Improving interface issues where care has been inappropriately transferred to general practice from other providers

Officers believe the ICB's proposal is in line with the strategic plans set out in this section.

4.6 Other primary health care provision within the locality (including other providers and their current list provision, accessibility, dispensaries and rural issues)

Toftwood Medical Centre is part of a wider primary care network (Mid Norfolk PCN), including the following practices:

- Mattishall and Lenwade Surgeries
- Elmham Surgery
- Theatre Royal Surgery
- Orchard Surgery
- Shipdham Surgery

Discussions took place with all local surgeries and with the PCN leadership prior to the consultation launch. Ongoing discussions have been taking place with Toftwood Medical Centre, Orchard and Theatre Royal Surgeries to support the consultation and to share feedback and any concerns.

The practice boundaries of both Orchard and Theatre Royal surgeries encompass the Toftwood Medical Centre boundary and between them they have just over half of the residents of Toftwood registered between them. Their list sizes are currently as follows:

Orchard Surgery	11,058
Theatre Royal Surgery	9,029

Both surgeries have significantly more space than the Toftwood Medical Centre. Orchard Surgery was already assessed as having sufficient space for growth, and

the landlord is currently refurbishing and remodelling the internal space to create three more consulting rooms. This would provide Orchard Surgery with the physical capacity to take on a share of the Toftwood Medical Centre patients, while also providing further capacity for the expected housing growth around Dereham in the coming years.

Theatre Royal Surgery has more limited physical capacity, however is currently in early talks with the ICB to further extend its building through a modular extension, which would provide it with sufficient space to accommodate the additional Toftwood patients. It is unlikely this would be in place by 1 April 2025, as such the practice is considering the contingency plans it could put in place if the proposal is approved.

One of the concerns raised in the consultation was about the planned housing growth in Dereham and the ability of local services to be able to absorb the additional patients. Patients of Orchard and Theatre Royal Surgeries were also concerned about the impact on their services from having additional patients from Toftwood. We believe there is capacity in the coming years to do this in the existing premises, however the ICB will be joining the Dereham Action Planning Group so it can consider the longer-term development plans (5-10 years) for primary health care provision in Dereham. The ICB will also provide support to the Dereham practices around recruitment and workforce.

Both Orchard and Theatre Royal Surgeries have agreed to take on the additional Toftwood patients between them with support from the ICB, should the proposal be approved. They have been working up their plans for how they would manage the transition and support the change. They have been supported by their PCN manager in this, and the PCN roles, such as social prescribing, care coordinators and health and wellbeing coaches, are also being considered to support patients with a transition.

4.7 Dispensing implications (if a dispensing practice)

There would be no change to dispensing controlled locations through this application, and those patients who have their medicines dispensed would be able to continue to be dispensed to, or to choose to take their prescriptions to a pharmacy as they can now. The Toftwood Pharmacy has confirmed it is not affected by the ICB's proposal and remains committed to providing pharmaceutical services to the Toftwood community.

As well as over the counter advice and services, and the dispensing of medicines, the Toftwood Pharmacy provides Pharmacy First services. These include seven common conditions and means patients can seek support directly without having to contact their GP practice. The GP practice can also refer patients to the pharmacy following clinical triage. The seven conditions are as follows and we expect this to grow further in the coming years:

- impetigo (aged 1 year and over)
- infected insect bites (aged 1 year and over)
- earache (aged 1 to 17 years)

- sore throat (aged 5 years and over)
- sinusitis (aged 12 years and over)
- urinary tract infections (UTIs) (women aged 16 to 64 years)
- shingles (aged 18 years and over)

4.8 Whether the contractor is currently in receipt of premises costs for the relevant premises

The practice currently receives £27,600 per annum in rent payments from the ICB, which are forwarded to the landlord. This would cease should the surgery be closed.

The practice also receives reimbursement for its business and water rates, and these payments would also cease.

4.9 Other payment amendments

The ICB is not aware of any other payment amendments being required.

4.10 Possible co-location of services

The current building is too small by modern standards to accommodate the current practice list size or to co-locate services.

4.11 Patient feedback

The ICB undertook a period of public consultation to gain feedback about the proposal to close Toftwood Medical Centre. The report can be seen appended to this paper.

The key themes provided in the feedback are listed below. While the mitigations are set out throughout the report in various sections, they are summarised here too for ease.

- Access or quality of care at Toftwood Medical Centre.
All three practices are rated Good by the Care Quality Commission.
- Access or quality of care at Orchard and/ or Theatre Royal Surgeries.
Both Orchard and Theatre Royal Surgeries have been working on their plans to incorporate Toftwood patients should the proposal be approved. They have confirmed they can do this without compromising their contractual requirements. The ICB would work closely with both practices to support the transition.
- Capacity of Orchard and/ or Theatre Royal Surgeries to take on new patients.
There is sufficient physical capacity in the Orchard Surgery building and a

further three consultation rooms are in the process of being created. Theatre Royal Surgery is working with the ICB to plan an extension to its building and is working on contingency plans until this is in place. Both practices are developing their workforce and recruitment plans, and staff from Toftwood Medical Centre may also be TUPE'd.

- **Population growth in and around Dereham**
Orchard Surgery has sufficient physical capacity to take on Toftwood patients and continue to take on more patients in the short to medium term, as housing growth takes place. In addition they have recently added three new consultation rooms to further increase capacity. Theatre Royal Surgery is working with the ICB in planning a modular extension to the premises to enable it to continue to expand. The ICB has agreed to join the Dereham Action Planning Group to consider health care provision in the town in the longer term.
- **Patient experience and health outcomes**
The ICB would work with Toftwood Medical Centre, Orchard and Theatre Royal Surgery throughout the mobilisation and transition period, to support workforce recruitment and any TUPE arrangements and the identification of those individuals likely to be most impacted by the change.
- **Equality Impact**
An EIA was developed and included in the Consultation Document, which has been updated further to the public consultation feedback. The aim is to identify those patients likely to be most affected by the change and offer appropriate support, eg from the social prescribing service or care coordinators. Patients have access to enhanced access appointments at quieter times, and both surgeries are considering holding open mornings for patients to familiarise themselves with the new surgeries.
- **Transport, travel and traffic**
Around half of Toftwood residents are registered with Orchard and Theatre Royal Surgeries. There are good public transport links in place through Toftwood to Dereham with bus stops being nearby both surgeries. For those unable to make essential journeys by public or private transport, there is a community car scheme in place with journeys costing £1.80. There is free parking at Orchard Surgery and nearby to Theatre Royal Surgery, albeit Breckland Council is currently consulting on introducing charges, with no decision yet made.
- **Trust, transparency and the consultation process**
The ICB has listened carefully to all feedback through the consultation and has reconsidered all options. These have informed the report and recommendations.
- **Alternative options**
The ICB has set out the rationale for its proposal in the Consultation document. Alternative options have previously been explored over many years, dating back to the former South Norfolk CCG. Recent discussions

have made insufficient progress to reassure officers a suitable lease can be agreed. The ICB is committed to working with the Dereham Action Planning Group to consider longer term plans for Dereham. The option to expand Toftwood Medical Centre was explored in 2022/23 but failed to make progress. Recent discussions have made insufficient progress to reassure officers a suitable lease can be agreed.

The feedback from the consultation document was reviewed and used to update the draft Equality Impact Assessment. This is appended to this report.

5. The ICB's duties

Appendix A to the paper sets out the NHS England (NHSE) duties which apply to the consideration of applications from practices to close a branch surgery. Many of these duties are replicated for ICBs and the ICB's general duties are listed in Appendix B and set out in brackets in each sub-section below.

Duties are grouped into four distinct groups:

- Duties which must be fulfilled
- The 'regard to' duties
- The 'view to' duties
- The 'promote' duties

These are listed below along with an explanation of how the ICB has fulfilled NHSE's and its own duties through consideration of the proposal to close Toftwood Medical Centre and the recent public consultation period.

5.1 Equality and health inequalities duties (section 149 - Equality Act 2010 Public Sector Equality Duty ('PSED') and section 14Z35 – ICB duties as to reducing inequalities in access and outcomes)

The ICB has undertaken impact assessments to support its decision-making process. This has included developing a health profile for the local population, enabling us to analyse health and care need to contribute to the impact assessments.

An equality impact assessment (EIA) was undertaken, which was reviewed by our quality team and health inequalities leads. This can be seen in the appendices and sought to assess any impact on safety, effectiveness, caring, responsive and well-led domains, as well as considering staff experience and the local economy. This highlighted the issues with infection prevention and control, the issues around the size and configuration of the clinical rooms and the potential impact on registered patients, older and vulnerable people and staff if the surgery was closed.

The EIA identified a number of actions for the ICB and the practices in assessing the practice's registered patient population. These include ensuring staff are aware and trained as appropriate in areas such as those covered by the NHS Accessible Information Standard.

The EIA highlighted, that for the following protected characteristics, there was not thought to be a disproportionate impact if the Toftwood Medical Centre closed:

- Race and culture
- Religion and beliefs
- Marriage and civil partnership
- Sexual orientation
- Gender re-assignment
- Pregnancy and maternity
- Sex

A revised EIA and QIA were drafted following the consultation and this was done on the new ICB template, which looks different to the one originally published with the consultation document. The following protected characteristics have been reviewed in the EIA and actions considered:

- Age

A site closure in Toftwood may impact both the older and younger population without the ability to drive to another site and those with mobility issues not having very local access to a surgery. It was noted that pharmaceutical services were not impacted by this proposal.

Transport links in and around Toftwood and to the other Dereham practices are good. There is a community car scheme in operation which may be suitable for some people.

Older patients may not be digitally aware or enabled.

Potential actions would be as follows:

The three practices will work together with the ICB on mobilizing the transition. This would include ensuring patients understand the different types of appointment on offer and taking reasonable preferences into consideration for appointment times, eg in enhanced access appointments at quieter times. All surgeries are considering how they can provide an open morning for patients to familiarise themselves with the new surgeries. Patients who are most likely to be affected by the change will be identified as part of the transition and offered support from care coordinators or community connectors. Patients who are clinically housebound would continue to be able to request home visits.

- Disability

Those with a physical/learning disability or who are neurodivergent who are registered with Toftwood Medical Centre may struggle with a change in location both in terms of distance / travel and a busier environment to navigate. Access to medicines in Toftwood and a pharmacist would be unaffected.

Potential actions would be as follows:

ICB to confirm with Orchard and Theatre Royal Surgeries that all staff are fully trained and aware of how to manage the needs of individual patients with disabilities (physical or other) regardless of which surgery site(s) an individual patient uses. Patient registers should be updated to reflect individual needs and those of their carers where appropriate and agreed with the patient. Patients who are clinically housebound would continue to be able to request home visits.

Ongoing compliance with NHS Accessible Information Standard is a requirement and to ensure any reasonable adjustments are made.

All practices to continue to ensure literature is available in other formats such as Easy Read for any registered patient who will benefit from it.

All practices to continue to offer flexible appointment times for individual patients, for example, those with special educational needs or learning disabilities when waiting areas and surgery premises are quieter.

All surgeries are considering how they can provide an open morning for patients to familiarise themselves with the new surgeries. Patients who are most likely to be affected by the change will be identified as part of the transition and offered support from care coordinators or community connectors.

- Pregnancy and maternity

Pregnant people and new parents may have difficulty travelling to premises some distance from their home, however it should be noted that community midwifery services are already only provided from the Dereham Hospital site. Feedback from the ICB patient/public involvement did not identify any additional impact for reasons of pregnancy and maternity.

Potential actions would be as follows:

All practices have baby changing facilities and private areas for breast feeding. Consider contacting individuals to agree mitigating actions such as local transport, volunteer car schemes, timing of appointments etc.

- Carers

Carers may be impacted by their ability to support people to attend the Dereham practices.

Potential actions would be as follows:

The practices should identify and engage with individual carers who are potentially impacted by a possible closure of Toftwood Medical Centre and understand the impact for them, e.g. making appointments for convenient times. Ensuring carers have sufficient information to enable them to access appropriate voluntary sector services. Patients who are clinically housebound would continue to be able to request home visits.

5.2 The involvement duty (and section 14Z45 - Public involvement and consultation by ICBs)

Following a discussion with the Norfolk County Council Health Overview and Scrutiny Committee chair and officers, the ICB has undertaken a public consultation exercise. This included attendance at a public meeting, two local drop-in sessions and the opportunity for local people to provide feedback to the ICB via a survey. The content of this feedback is considered and discussed earlier in the report and the public consultation report can be found appended to this report.

The ICB has been invited to attend the Norfolk Health Overview and Scrutiny Committee (NHOSC) on 7 December. Members of the public are also able to attend and to speak at this meeting.

5.3 Duty to act fairly and reasonably

The ICB has sought to be as fair and reasonable as possible, prioritising a significant amount of resource and time over many years in trying to find a solution to the issues affecting the ongoing provision of services in Toftwood Medical Centre, before reaching the point of consulting on our proposal. We have since spent time listening to local people considering their feedback and exploring the suggested potential alternative options for the future of Toftwood Medical Centre. The ICB understands the feedback from local people has to be balanced against the ongoing challenges set out in the consultation document, which led to the proposal to close Toftwood Medical Centre.

Unfortunately, while it was possible to make some progress with discussions to resolve the issues with the premises through the two facilitated meetings, it was not possible to resolve them within the time we had available. We have also not managed to identify a provider of services on 1 April 2025.

If the Toftwood Medical Centre closed, it is the view of officers that there are reasonable alternative options with Orchard and Theatre Royal Surgeries, which are around 1.5 miles from the Toftwood Medical Centre and are served by good public transport links and accessible by car in around 10 minutes. There is a community car scheme, which may be suitable for those individuals who are unable to make essential journeys by public or private transport.

There is free parking and disabled parking available on site at Orchard Surgery and next to Theatre Royal Surgery. Breckland Council is consulting on proposals to introduce charges for parking, however no decision has yet been made.

5.4 Duty to obtain advice (and section 14Z38 – ICB duty to obtain appropriate advice)

Duty to exercise functions effectively (and section 14Z33 – ICB duty as to effectiveness, efficiency)

The ICB has sought advice from its business intelligence team, who linked in with and used public health information in developing the health profile of the community local to Toftwood Medical Centre, and comparing it to other communities served by Dereham practices and against the Norfolk and Waveney average.

The ICB has been working closely with Toftwood Medical Centre, Orchard and Theatre Royal Surgeries during this period, as well as the PCN, to ensure any concerns are taken into consideration. Both Orchard and Theatre Royal Surgeries are willing to take on Toftwood patients and have been planning accordingly.

NHS England regional colleagues have been notified and have provided support and advice to the ICB in appropriately managing the process. NHSE regional colleagues have provided advice in respect of the Secretary of State for Health and Care notification provisions, and Norfolk HOSC has also been kept updated, albeit the meeting takes place after this report was written. A verbal update will be provided to the Primary Care Commissioning Committee.

Our estates team and our infection prevention and control nursing team have provided advice in their areas of expertise. The ICB's director of corporate governance and the Communications and Engagement team have been fully involved in overseeing the work, and the ICB's executive team have been kept briefed.

The draft equality impact assessment has been reviewed and commented on by the ICB's internal multi-disciplinary panel, and the revised version following the public consultation, has also been submitted.

5.5 Duty not to prefer one type of provider

The ICB, in delivering its functions, is not aware this duty has been impacted by the consultation or this process.

5.6 The 'regard to' duties

- **Desirability of allowing others to act with autonomy and avoid imposing unnecessary burdens upon them** (note this NHSE duty was revoked under the Health and Care Act 2022 but remains in the PGM, as such we have considered it against guidance and the wider consideration of issues)
- **The need to promote education and training for those working in the health service**
- **The likely impact of commissioning decisions on healthcare delivered close to the border of Wales or Scotland** (this duty is not applicable here)

Toftwood Medical Centre is provided by an independent contractor commissioned to provide primary medical services to its whole registered population. The contract expires on 31 March 2025 and there are issues with the premises which have been set out earlier in this report and in the consultation document. The ICB proposal aims to provide the best quality services to the registered population, while

recognising the changing model of general practice provision and its future challenges, such as the resilience of service provision more generally.

5.7 The 'view to' duties

- **To act with a view to delivering services in a way that promotes the NHS Constitution**
- **To act with a view to securing continuous improvement in the quality of services in health and public health services (and section 14Z34 – ICB duty as to improvement in quality of services)**
- **To act with a view to enabling patients to make choices about their care (and section 14Z37 – ICB duty as to patient choice)**
- **To act with a view to securing integration where this would improve health services (and section 14Z42 – ICB duty to promote integration)**

The ICB's proposal and the population health profile have been reviewed against the NHS Constitution and its principles, the NHS aims, patient and public rights and NHS pledges, patient and public responsibilities, staff rights and NHS pledges and staff responsibilities.

Officers believe the proposal does not intend to operate contrary to the NHS Constitution, or the other view to duties and the ICB's functions are not believed to be impacted.

The consultation is clear that, should the proposal be approved, patient registrations would be transferred automatically to one of the other two practices (this would be done by the national Primary Care Support England (PCSE) organisation) so that no individual would be left without GP registration. Following this, patients have the right to change their registration to another practice covering where they live, if they prefer.

5.8 The 'promote' duties

- **Awareness of the NHS Constitution (and section 14Z32 – ICB duty to promote NHS Constitution)**
- **Involvement of patients and carers in decisions about their own care**
- **Innovation in the health service (and section 14Z39 – ICB duty to promote innovation)**
- **Research and the use of research on matters relevant to the health service (and section 14Z40 – ICB duty in respect of research)**

The ICB's proposal has been considered against the NHS Constitution and its principles, the NHS aims, patient and public rights and NHS pledges, patient and public responsibilities, staff rights and NHS pledges and staff responsibilities.

ICB officers believe the proposal does not intend to operate contrary to the NHS Constitution, or the other 'promote' duties and the ICB's functions are not believed to be impacted.

The Toftwood Medical Centre has a patient participation group (PPG) and regularly discusses service provision and proposed improvements. The PPG has attended a

meeting of the Theatre Royal Surgery PPG. The Orchard Surgery PPG did not have a meeting scheduled during the consultation.

The Orchard Surgery already participates in the ICB's research programme and plans to become a training practice again in future, following the loss of their GP trainer. The Theatre Royal Surgery is a training practice.

5.9 Considering the wider impact of decisions (and section 14Z43 – ICB duty to have regard to wider effect of decisions (the triple aim))

Section 244 - Requirement to consult with the local authority about service change in certain circumstances. (Regulation 23)1

ICB officers have written to or engaged with neighbouring practices, the PCN clinical director and PCN manager, Local Medical Committee, Local Pharmaceutical Committee, Norfolk County Council, Breckland District Council, Dereham Town Council, Norfolk Primary Care and Healthwatch Norfolk, to understand the potential for impact on the services they provide to patients of the Toftwood Medical Centre, should the surgery close.

Not all organisations responded, however those that did have had their views incorporated into the consultation response document. A meeting with an executive director and portfolio holder at Breckland District Council is due to take place in early December, after this report is submitted.

In making a decision about the exercise of its functions, an ICB must have regard to all likely effects of the decision in relation to:

- the health and well-being of the people of England;
- the quality of services provided to individuals by the NHS or in pursuance of arrangements made by the NHS in connection with the prevention, diagnosis or treatment of illness, as part of the health service in England;
- efficiency and sustainability in relation to the use of resources by relevant bodies for the purposes of the health service in England.

In assessing any wider impact the service change may have on existing services, we have reviewed the health profile of the community local to Toftwood Medical Centre, we have reviewed the CQC ratings of both Theatre Royal and Orchard Surgeries and the GP Patient Survey results. The primary care commissioning team has also been working with the Place team and the PCN on support access improvements in line with the national Delivery Plan for Recovering Access to Primary Care.

Both Orchard and Theatre Royal Surgeries have been considering their mobilisation plans, should the ICB's proposal be approved. If the decision is made to approve the closure, the ICB will work directly with the practices to support the mobilisation plans, including ensuring appropriate resources are assigned to supporting the most vulnerable people registered with the Toftwood Medical Centre, to ongoing communication with local people and to finalise TUPE arrangements and undertake any necessary further recruitment. Both practices have agreed to take on the additional patients from Toftwood, should the proposal be approved.

We have no reason to believe the quality of services will be impacted by the closure of Toftwood Medical Centre, from the data provided in the health profile – both Orchard and Theatre Royal Surgeries have confirmed they can continue to meet their contractual requirements while taking on additional patients. They have been planning in the event the proposal is approved, and the ICB would also be providing support and oversight. Orchard and Theatre Royal Surgeries are around 1.5 miles from Toftwood Medical Centre and around half of people living in Toftwood are already registered with them. There is a good bus service through Toftwood into Dereham, it takes around 10 minutes in the car and there is also a community car scheme which may be suitable for those people who are unable to make essential journeys by public or private transport.

There may be an adverse impact on a minority of individuals in line with our Equality Impact Assessment, however we would seek to mitigate this through the individual support we would seek to offer to support the transition. We accept it may be less convenient to travel to one of the Orchard or Theatre Royal Surgeries should Toftwood Medical Centre close.

As well as an early briefing provided to the Norfolk Health Overview and Scrutiny Committee (NHOSC) chair and lead officer, the ICB will also attend NHOSC on 7 December 2024 to discuss the ICB's consultation, the outcomes and recommendations.

5.10 Section 14Z44 – ICB Duty to have regard to Climate Change

Each ICB must, in the exercise of its functions, have regard to the need to contribute towards compliance with the UK net zero emissions target, and other air quality and species abundance targets under that Act.

Concerns have been raised during the public involvement phase about the potential for further increasing traffic congestion through the closure of the Toftwood Medical Centre. The ICB has agreed to join the Dereham Action Planning Group, and has discussed the potential for offering appointments at quieter times, or by remote methods where clinically suitable. There is also a regular bus service running through Toftwood to Dereham.

It should be noted the Toftwood Medical Centre building itself will have a carbon footprint, and is in need of modernisation. The Orchard Surgery is a modern building which is currently being further refurbished. Operating out of fewer buildings could reduce carbon emissions.

While the effect of patient travel is one of the 'plus' areas currently out of scope of the NHS guidance, it is estimated to form 5% of all NHS emissions. For primary care, the largest proportion of emissions is for medicines and chemicals, followed by metered dose inhalers and business services. Our medicines optimisation team works closely with practices and incentivises switches to more cost effective medicines and the switch to 'green' inhalers is a key part of our work as an ICB.

The NHS guidance planned interventions for primary care include:

- Replacing primary care estate with new builds where appropriate
- Upgrading existing buildings
- Optimising building usage
- On-site generation of renewable energy and heat
- National electricity decarbonisation
- Research, innovation and off-setting

In addition to these actions, with the introduction of the modern general practice access model and the developments since the Covid pandemic, patients have the option of contacting the practice online or by telephone, and appointments can also be offered remotely when clinically appropriate. Pharmacy First services are being rolled out in line with national guidance and are available from the Toftwood pharmacy.

6. Options for committee to consider

1. To approve the proposal to close Toftwood Medical Centre, when the contract expires on 31 March 2025, and to transfer registered patients to both Orchard and Theatre Royal Surgeries.
2. To defer a decision on the proposal to enable the ICB to take more time to attempt to seek an alternative short term provider, and to continue to negotiate with the landlord.

7. Conclusions

ICB officers have carefully reviewed the consultation feedback, the impact assessments, other relevant information set out in this report, and the health profile of the community local to Toftwood Medical Centre, against the ICB's legal obligations under national guidance and its statutory duties. Officers have also spent time exploring with various providers the possibility of providing services from 1 April 2025 under a new contract and to resolve the longstanding premises issues following attendance at two facilitated meetings with the landlord. Unfortunately we have not made the progress we would need to be able to recommend a deferral of a decision (option 2).

ICB officers have concluded there is likely to be minimal health impact for the majority of people in closing the Toftwood Medical Centre. A minority of people may be affected by the change of practice, particularly in the short-term, for example the frail elderly and those with disabilities, and they will be identified and offered support through the transition; all patients will be able to access a new patient check appointment with their new practice, and we will work together with Toftwood Medical Centre, Orchard and Theatre Royal Surgeries to target those who may be most affected. The ICB will work closely with all three practices to plan the mobilisation of the transfer and the transition, including the transfer of and recruitment of staff, as appropriate.

It is accepted accessing primary medical services may become less convenient for patients registered with the Toftwood Medical Centre, however this should be balanced against the ability for the ICB to continue to commission high quality,

resilient and sustainable services in suitable premises for its entire patient population and for the staff that work there. Both Orchard and Theatre Royal Surgeries are located around 1.5 miles away from the Toftwood Medical Centre, there are good public transport links and they are easily reachable by car. A local community car scheme is in operation, which may be suitable for those who are unable to make essential journeys by public or private transport. There is currently free parking, including disabled parking, at the Orchard Surgery, and nearby to the Theatre Royal Surgery. Breckland Council is currently consulting on whether to introduced parking charges however a final decision has not yet been made.

The ICB has been invited to join the Dereham Action Planning Group and this will enable us to consider the longer term healthcare provision for the growing population of Dereham and Toftwood. In the meantime, there will be sufficient physical capacity within the two surgeries with the current and planned expansion, to both expand to include the Toftwood Medical Centre patients, and to accommodate growth in the short to medium term.

The practices and the PCN are continuing to develop their offer of remote appointments and digital access through the implementation of the national modern general practice model and how this can benefit patients living across their patient areas.

8. Recommendation to Committee and next steps:

PCCC members are invited to approve a recommendation to close the Toftwood Medical Centre when the contract expires on 31 March 2025.

If this recommendation is approved, the ICB will continue to work closely with the Toftwood Medical Centre, Orchard and Theatre Royal Surgeries and the PCN leadership, with a focus on mobilising transition plans, including workforce and recruitment plans. Patients will be informed about the decision, and in due course patients will be informed about their new GP surgery, with their registration being moved automatically. PCSE will ensure families in the same house are registered with the same surgery, and they will use postcode data to identify the most suitable surgery.

Health and wellbeing support will also be made available to staff affected. ICB officers will work with and support the practices to engage with the actions identified as part of the Equality Impact Assessment. The ICB communications and engagement team will support all three practices in their communications with patients.

While not required due to the lack of lease for the Toftwood Medical Centre premises, the ICB will provide reasonable notice to the landlord and will continue to reimburse rental payments accordingly. Sufficient time will be provided to the provider and the ICB Digital team to enable the building to be cleared of practice and ICB-owned assets, before it is handed back.

The ICB will support the transition by continuing to facilitate meetings with the three practices until the point of transition, and with the two practices post transition for a period of 12 months, to monitor the impact of the change and any required actions accordingly.

Key Risks	
Clinical and Quality:	Primary care resilience has a significant impact on service provision to patients across all parts of the system. The ICB's proposal will indirectly support the resilience and sustainability of Orchard and Theatre Royal Surgeries in future, while maintaining the quality of services for the whole population. Infection and prevention control issues have been identified at the Toftwood Medical Centre, as well as priority backlog maintenance works which could have enabled the surgery to continue until an alternative site was found.
Finance and Performance:	The ICB has no concerns about the performance of Toftwood Medical Centre and patient feedback about their experience of using their services is generally good. There would be a small saving in rent and rates reimbursement should the Toftwood Medical Centre closure be approved, and the GMS capitation fee will provide better value for the NHS than the current APMS capitation fee.
Impact Assessment (environmental and equalities):	The ICB has undertaken an EIA and a health profile has been developed. Concern about further traffic congestion was raised in the public involvement period. The NHS aim for delivering a net zero greener NHS was published in 2020 setting out aims over which the NHS has direct control and those it can influence. The ICB's EIA takes into consideration health inequalities and provides mitigating actions. Toftwood is served by a regular bus service which stops nearby to both Orchard and Theatre Royal Surgeries. Community transport options are available to those people who are unable to make essential journeys by private or public transport and costs £1.80.
Reputation:	There is significant local, political and media interest in the ICB's proposal.
Legal:	Formal delegation agreement with NHSE, delegation assurance framework, NHSE Primary Medical Services Policy Guidance Manual, Advice Note 3: Branch Closures
Information Governance:	Not identified

Resource Required:	Primary care, quality, finance, comms teams, noting the capacity issues being experienced.
Reference document(s):	Formal delegation agreement with NHSE, delegation assurance framework, NHSE Policy Guidance Manual, Advice Note 3: Branch Closures, primary care assurance framework
NHS Constitution:	None identified, consideration set out in the report
Conflicts of Interest:	None identified
Reference to relevant risk on the Board Assurance Framework	The resilience of general practice

Governance

Process/Committee approval with date(s) (as appropriate)	
---	--

Appendix A

Extract from the NHS England Primary Medical Services Policy and Guidance Manual – chapter 4 (correct and the time of writing this report)

Summary of duties covered by this chapter:

Equality and Health Inequalities duties

a) Equality Act 2010

- 1.1.1** The Equality Act 2010 prohibits unlawful discrimination in the provision of services on the grounds of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. These are the "protected characteristics".
- 1.1.2** As well as these prohibitions against unlawful discrimination, the Equality Act 2010 requires commissioners to have "due regard" to the need to:
- 1.1.2.1** eliminate discrimination that is unlawful under the Equality Act;
 - 1.1.2.2** advance equality of opportunity between people who share a relevant protected characteristic and people who do not share it; and
 - 1.1.2.3** foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

This can require NHS England to take positive steps to reduce inequalities

- 1.1.3** The duty is known as the public sector equality duty or PSED (see section 149 of the Equality Act 2010). The Equality Act 2010 also imposes (through Regulations made under the Act) particular inequality related duties on commissioners. Failure to comply with these specific duties will be unlawful.

b) NHS Act 2006 (as amended by the Health and Social Care Act 2012)

- 1.1.4** Under the NHS Act 2006 (as amended by the Health and Social Care Act 2012) commissioners also have a duty to have regard to the need to:-
- 1.1.4.1** reduce inequalities between patients with respect to their ability to access health services; and
 - 1.1.4.2** reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services
 - 1.1.4.3** (in respect of NHS England, see section 13G of the NHS Act 2006; and, in respect of CCG/ICB, see section 14T of the NHS Act 2006)

Other non-equality and health inequalities related duties

The "Regard Duties"

- 1.1.5** In addition to the above, there are other obligations on commissioners to "have regard" to particular factors. These are set out in the NHS Act 2006 (as amended by the Health and Social Care Act 2012). The other "Regard Duties" are:
- 1.1.5.1** the duty to have regard to the desirability of allowing others in the healthcare system to act with autonomy and avoid imposing unnecessary burdens upon them, so far as this is consistent with the interests of the health service (in respect of NHS England, see section 13F of the NHS Act 2006)
 - 1.1.5.2** the duty to have regard to the need to promote education and training of those working within (or intending to work within) the health service (in respect of NHS England, see section 13M of the NHS Act 2006; and, in respect of CCG/ICBs, see section 14Z of the NHS Act 2006)
 - 1.1.5.3** the duty to have regard to the likely impact of commissioning decisions on healthcare delivered in areas of Wales or Scotland close to the border with England (in respect of NHS England, see section 13O of the NHS Act 2006)

The "View To Duties"

- 1.1.6** The "View To Duties" are:
- 1.1.6.1** the duty to act with a view to delivering services in a way that promotes the NHS constitution (in respect of NHS England, see section 13C(1)(a) of the NHS Act 2006; and, in respect of CCG/ICBs, see section 14P of the NHS Act 2006)
 - 1.1.6.2** the duty to act with a view to securing continuous improvement in the quality of services in health and public health services (in respect of NHS England, see section 13E of the NHS Act 2006; and, in respect of CCGs, see section 14R of the NHS Act 2006)
 - 1.1.6.3** the duty to act with a view to enabling patients to make choices about their care (in respect of NHS England, see section 13I of the NHS Act 2006)

2006; and, in respect of CCG/ICBCCGs/ICBs, see section 14R of the NHS Act 2006)

- 1.1.6.4 the duty to act with a view to securing integration, including between health and other public services that impact on health, where this would improve health services (in respect of NHS England, see section 13N of the NHS Act 2006; and, in respect of CCG/ICBCCGs/ICBs, see section 14Z1 of the NHS Act 2006)

The "Promote Duties"

- 1.1.7 The "Promote Duties" are:

- 1.1.7.1 the duty to promote awareness of the NHS Constitution among patients, staff and members of the public (in respect of NHS England, see section 13C(1)(b) of the NHS Act 2006; and, in respect of CCG/ICBCCGs/ICBs, see section 14P(1)(b) of the NHS Act 2006)
- 1.1.7.2 the duty to promote the involvement of patients and carers in decisions about their own care (in respect of NHS England, see section 13H of the NHS Act 2006; and, in respect of CCG/ICB, see section 14U of the NHS Act 2006)
- 1.1.7.3 the duty to promote innovation in the health service (in respect of NHS England, see section 13K of the NHS Act 2006; and, in respect of CCG/ICBCCGs/ICBs, see section 14X of the NHS Act 2006)
- 1.1.7.4 the duty to promote research and the use of research on matters relevant to the health service (in respect of NHS England, see section 13L of the NHS Act 2006; and, in respect of CCG/ICBCCGs/ICBs, see section 14Y of the NHS Act 2006)

The "Involvement Duty"

- 1.1.8 Commissioners have a duty to make arrangements to secure that service users and potential service users are involved in:
- 1.1.8.1 the planning of commissioning arrangements by commissioners;
- 1.1.8.2 the commissioners' development and consideration of proposals for changes to commissioning arrangements, if the implementation of the proposals would impact on the range of health services available to service users or the manner in which they are delivered; and

1.1.8.3 the commissioners' decisions affecting the operation of commissioning arrangements, if those decisions would have such an impact.

(in respect of NHS England, see section 13Q of the NHS Act 2006; in respect of CCG/ICBCCGs/ICBs, see section 14Z2 of the NHS Act 2006)

Duty to act fairly & reasonably

1.1.9 Commissioners have a duty to act fairly and reasonably when making its decisions. These duties come from case law that applies to all public bodies.

Duty to obtain advice

1.1.10 Commissioners have a duty to "obtain appropriate advice" from persons with a broad range of professional expertise (in respect of NHS England, see section 13J of the NHS Act 2006; and, in respect of CCG/ICBCCGs/ICBs, see section 14W of the NHS Act 2006)

Duty to exercise functions effectively

1.1.11 Commissioners have a duty to exercise their functions effectively, efficiently and economically (in respect of NHS England, see section 13D of the NHS Act 2006; and, in respect of CCG/ICBCCGs/ICBs, see section 14Q of the NHS Act 2006)

Duty not to prefer one type of provider

1.1.12 Commissioners must not try to vary the proportion of services delivered by providers according to whether the provider is in the public or private sector, or some other aspect of their status.

Appendix B

Key general duties of an ICB arising from the National Health Service Act 2006

- Section 14Z32 - Duty to promote NHS Constitution
- Section 14Z33 - Duty as to effectiveness, efficiency
- Section 14Z34 - Duty as to improvement in quality of services
- Section 14Z35 - Duties as to reducing inequalities in access and outcomes
- Section 14Z37 - Duty as to patient choice
- Section 14Z38 - Duty to obtain appropriate advice
- Section 14Z39 - Duty to promote innovation
- Section 14Z40 - Duty in respect of research
- Section 14Z42 - Duty to promote integration
- Section 14Z43 - Duty to have regard to wider effect of decisions (the triple aim)
- Section 14Z44 – Duty to have regard to Climate Change
- Section 149 - Equality Act 2010 Public Sector Equality Duty ('PSED')
- Section 14Z45 - Public involvement and consultation by ICBs
- Section 244 - Requirement to consult with the local authority about service change in certain circumstances. (Regulation 23)1