

Primary Care Commissioning Committee Tuesday 12 September 2023 – Questions and Responses

No.	Question	Response
1a	<p>I asked about steps to ensure Holt Medical Practice were ensuring active engagement with patients at the last meeting. While I had a response, it was a little disappointing in that it lacked detail. Following on from that response, could you please explain how you are going to ensure that ALL feedback submitted to Holt Medical Practice is shared with the ICB and how you are going to address issues that do not necessarily come as part of the feedback – for example, letters written to Holt Medical Practice from bodies such as Blakeney Parish Council?</p>	<p>As detailed in the Advice Note 3: Procedure for requests to close branch surgeries, at the early stages of the application to close process (stage 2) the Practice was asked to provide communications it had already received. This was provided and reviewed at the Primary Care Commissioning Committee before confirming the Practice could proceed to involvement of patients and key stakeholders (stage 3).</p> <p>Once the consultation stage has concluded, results of the consultation should be provided to the ICB. Then, should the Practice choose to proceed with its application, the formal application letter provided in NHSE's guidance manual requires the Practice to provide evidence of how it has engaged with its patients, a summary of the feedback it has received and confirm it will supply evidence if required.</p> <p>In light of the adherence to the application process that the Practice has demonstrated to date, the ICB does expect to receive a comprehensive summary of the feedback received.</p> <p>In addition, patients and key stakeholders including Blakeney Parish Council have already taken the decision to write directly to the ICB as well to provide feedback both before and during the consultation period, and has included the ICB in its communications with the Practice.</p>
1b	<p>The proposal from Holt Medical Practice seems to be entirely based on a 'business' decision and their representations seem to be requesting a rubber stamping of this decision. How are you going to ensure that this is not the case and that both medical and social needs lead the process and that nothing is actually predetermined? How do you expect to factor in</p>	<p>The guidance document Advice Note 3: Procedure for requests to close branch surgeries sets out that the ICB will make an assessment on its recommendation to approve or reject the application after receiving the formal application from the Practice.</p>

<p>future medial needs, particularly in light of population growth as expected in the North Norfolk local Plan?</p>	<p>That assessment will be made based on the information provided within the application, which must include patient and stakeholder feedback received, and in consideration of a range of factors as outlined in section 8.15.13 of the PGM which may include but is not limited to:</p> <ul style="list-style-type: none"> - 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; <p>Within the application the ICB would expect the Practice to provide detail on ways to mitigate impact on patients and how it expects to continue to look after patients. These considerations would be taken into account as part of the ICB’s strategic plans for the local area at the point of decision making.</p>
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2a	<p>What steps are you actively taking to improve access to dental service in and around NR23? Please can you elaborate on both short and medium term plans and give any key dates for when something is likely to be in place.</p>	<p>The report presented to the Primary Care Commissioning Committee on Tuesday 12 September included details of the ICB's Short Term Dental Plan for the Committee's approval. A copy of the Short Term Dental Plan was appended to the report, which comprises the ICB's plans to improve patient access to dental services across Norfolk and Waveney in the short term.</p> <p>In addition, it was presented to the Committee that the ICB plans to publish its longer-term strategy for dental services and commissioning intentions in March 2024 and is on track to achieve that.</p>
2b	<p>In the meantime, how are you ensuring access to dental services for those without the financial means to pay for private treatment and/or the means to travel large distances to access an NHS dentist?</p>	<p>The ICB acknowledges that access to dental services is challenging across Norfolk and Waveney, and that improvements will take time.</p> <p>The approval by the Committee on 12 September of the ICB's Short Term Dental Plan will enable the ICB to implement programmes of work with local dental providers that will begin to improve access for patients and support retention and resilience in local dental providers.</p> <p>This Short Term Dental Plan includes reviewing UDA rates and providing quality improvement and CQC support, Workforce initiatives to support provider retention, clinical engagement, as well as an Urgent Treatment Service pilot that is being operationalised in September which will have a positive impact on patients requiring urgent access to dental services.</p>
3	<p>This question is in reference to the withdrawal of medical services from Blakeney Surgery prior to Covid. Can you please clarify it is the commissioners who are responsible for determining what services are provided at a branch surgery? This is in line with Para 8.15.9 of the Policy and Guidance Manual which states that " ...unless there are specific reasons for variation, branch surgeries must be held to the same standard of service level as a 'main Surgery', unless there is a specific reason for lesser service provision. An example of this may be in rural</p>	<p>A local commissioning determination has not been made on the services currently provided at Blakeney Surgery. It is the provider's responsibility to determine how to provide services to their entire population under their GMS contract, recognising that the same services cannot be provided in a very small building that are provided in a much larger building.</p>

	areas where the principle is ensuring local access and would be for local commissioning determination'. Has the ICB made a local commissioning determination on the services currently provided at Blakeney Surgery?	
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