

Meeting of the Norfolk and Waveney ICB Primary Care Commissioning Committee
Tuesday 7 May 2024, 13:30 Part 1
Meeting to be held via video conferencing and You Tube

Item	Time	Agenda Item	Lead
1.	13:30	Chair's Introduction and Report on any Chair's Action	Chair
2.		Apologies for Absence	Chair
3.		Declarations of Interest To declare any interests specific to agenda items. Declarations made by members of the Primary Care Committee are listed in the ICB's Register of Interests. <i>For Noting</i>	Chair
4.		Review of Minutes and Action Log from the March 2024 meeting <i>For Approval</i>	Chair
5.		Forward Planner <i>For Noting</i>	SP
Service Development			
6.	13:40	Holt Medical Practice – Application to Close Blakeney Branch Surgery <i>Restricted papers will be published on the ICB website on 30 April with full papers published on 3 May after the pre-election period has concluded</i> <i>For Approval</i> Item format: <ul style="list-style-type: none"> • Presentation of report • Clarification questions from committee • Questions from members of the public • Committee discussion and decision 	SP
7.	14:35	The Norfolk & Waveney Long Term Dental Plan <i>Papers will be published on the ICB website on 3 May after the pre-election period has concluded</i> <i>For Approval</i>	FT
Any Other Business			
8.	14:50	Questions from Members of the Public	Chair
<p>Date, time and venue of next meeting Tuesday 11 June 2024 13:30 – 16:30 – ICB PCCC To be held by videoconference and You Tube</p> <p>Any queries or items for the next agenda please contact: sarah.webb7@nhs.net</p> <p>Questions are welcomed from members of the public. Please send by email: nwicb.contactus@nhs.net For a link to the meeting in real-time, please click here. Glossary of Terms https://improvinglivesnw.org.uk/about-us/website-glossary-of-terms/</p>			

**NHS Norfolk and Waveney Integrated Care Board (ICB)
Register of Interests**

Declared interests of the Primary Care Commissioning Committee

Name	Role	Declared Interest- (Name of the organisation and nature of business)	Type of Interest				Nature of Interest	Date of Interest		Action taken to mitigate risk
			Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests	Is the interest direct or indirect?		From	To	
Debbie Bartlett	Partner Member - Local Authority (Norfolk), Norfolk and Waveney ICB	Norfolk County Council		X		Direct	Interim Executive Director Adult Social Services, Norfolk County Council	Ongoing		In the interests of collaboration and system working, risks will be considered by the ICB Chair, supported by the Conflicts Lead and managed in the public interest.
		Diss Parish Fields			X	Direct	Patient at a Norfolk and Waveney GP Practice	Ongoing		Withdrawal from any discussions and decision making in which the Practice might have an interest
Dr Hilary Byrne	Partner Member - Primary Medical Services	Attleborough Surgeries	X				GP and partner Attleborough Surgeries	2001	Present	
		MPT Healthcare	X				Director MPT Healthcare	2020	Present	
		SNHIP PCN					Clinical Director SNHIP PCN	2023	Present	
		Norfolk Community Health Care					Husband is an employee of NCHC	2021	Present	
Steven Course	Executive Director of Finance, Norfolk and Waveney ICB	March Physiotherapy Clinic Limited				Indirect	Wife is a Physiotherapist for MarchPhysiotherapy Clinic Limited	2015	Present	Will not have an active role in any decision or discussion relating to activity, delivery of services or future provision of services in regards March Physiotherapy Clinic Limited
Patricia D'Orsi	Executive Director of Nursing, Norfolk and Waveney ICB	Royal College of Nursing		X		Direct	Member of Royal College of Nursing	Ongoing		Inform Chair and will not take part in any discussions or decisions relating to RCN
Karen Watts	Director of Nursing and Quality, Norfolk and Waveney ICB	Norfolk and Norwich University Hospital				X	Son-in-law is a Locum Cardiology Consultant at NNUH with sessions at JPUH	Jun-23	Present	I declare this as an indirect interest. I always ensure the chair is aware and withdraw from the meeting if cardiology at the NNUH or JPUH is discussed in terms of benefiting the service
		Royal college of Nursing			X		Member of the RCN	1980	Present	I always ensure the chair is aware if any matters to this arise on the agenda
		Coltishall surgery			X		Patient at a Norfolk and Waveney GP Practice			To be raised at all relevant meetings where discussions/decisions relate to the conflict declared
Hein van den Wildenberg	Non-Executive Member, Norfolk and Waveney ICB	Lakenham Surgery			X	Direct	Registered patient at a Norfolk and Waveney GP Practice	Ongoing		Withdrawal from any discussions and decision making in which the Practice might have an interest

		College of West Anglia			X	Direct	Governor at College of West Anglia (Note: the College hosts the School of Nursing, in partnership with QEHKL and borough council)	2021	Present	Low risk. If there is an issue it will be raised at the time.
Norfolk and Waveney ICB Attendees										
Mark Burgis	Executive Director of Patients and Communities, Norfolk and Waveney ICB	Drayton Medical Practice			X	Direct	Member of a Norfolk and Waveney GP Practice	Ongoing		Withdrawal from any discussions and decision making in which the Practice might have an interest
		Lakenham Practice				X	Wife is Nurse Prescriber who is currently undertaking occasional locum work at Lakenham Practice in Norwich	Aug-21	Present	Declare at any relevant meetings and remove myself from any significant discussions or decisions relating to the practice
Shepherd Ncube	Head of Delegated Commissioning	Nothing to Declare	N/A			N/A	N/A	N/A		N/A
Sadie Parker	Director of Primary Care, Norfolk and Waveney ICB	Active Norfolk Board					Represent N&W ICB as a member of the Active Norfolk Board	2019	Present	Declare interest as applicable at PCCC meetings and agree any action with PCCC chair, and the same for other relevant meetings
		St Stephensgate Medical Practice and One Norwich Practices Ltd					Friendship with Dr Jeanine Smirl who is a GP partner at St Stephensgate Medical Practice and Associate Medical Director of Primary Care	2023	Present	Declare interest as applicable. Ensure no conflicted items are discussed. Ensure line manager has oversight and approves all matters in relation to JS' conflicts
Oliver Loveless	Head of Primary Care Strategic Planning (on secondment until end of March 2024)	Cromer Group Practice			X	Indirect	Partner works for the ICB	Oct-22	Ongoing	Withdrawal from any discussions and decision making in which the Practice might have an interest
Fiona Theadom	Head of Primary Care Commissioning, Norfolk & Waveney ICB	Windmill Surgery			X	Direct	Registered patient at a Norfolk and Waveney GP Practice	Ongoing		Withdrawal from any discussions and decision making in which the Practice might have an interest
Local Medical Committee Attendees										
Mel Benfell	Norfolk & Waveney Local Medical Committee Joint Chief Executive	Norfolk & Waveney Integrated Care Board				X	Close friend is an employee N&W ICB	2015	Mar-24	
		Norfolk & Waveney Integrated Care Board				X	Close relative is an employee of N&W ICB	Dec-22	Mar-24	
		Windmill Surgery			X		Patient at a Norfolk and Waveney GP Practice		Mar-24	To be raised at all relevant meetings where discussions/decisions relate to the conflict declared
Lisa Drewry	Executive Officer, Norfolk & Waveney LMC	Burnham Market			X	Direct	Registered patient at a Norfolk and Waveney GP Practice	Ongoing		Withdrawal from any discussions and decision making in which the Practice might have an interest
Ian Wilson	Executive Officer with Norfolk & Waveney Local Medical Committee	National Health Service England				Indirect	Father-in-Law is member of national NHSE Sounding Board	Ongoing		
		Norfolk and Waveney Enterprise Services				Indirect	Brother – Senior employee (non-Board member) – Norfolk and Waveney Enterprise Services	Ongoing		
		Drayton & St Faiths Medical Practice			X	Direct	Registered patient at a Norfolk and Waveney GP Practice	Ongoing		Withdrawal from any discussions and decision making in which the Practice might have an interest

Joni Graham	Executive Officer Norfolk & Waveney Local Medical Council	Orchard Surgery			X	Direct	Registered patient at a Norfolk and Waveney GP Practice	Ongoing	Withdrawal from any discussions and decision making in which the Practice might have an interest	
Naomi Woodhouse	Norfolk & Waveney Local Medical Committee Joint Chief Executive	Long Stratton Medical Practice			X	Direct	Registered patient at a Norfolk and Waveney GP Practice	Ongoing	Withdrawal from any discussions and decision making in which the Practice might have an interest	
Practice Managers drawn from General Practice Attendees										
Sarah Buchan	Practice Manager Speciality Advisor	Fakenham Medical Practice		X		Direct	CEO at Fakenham Medical Practice	2018	Ongoing	Withdrawal from any discussions and decision making in which the Practice might have an interest.
		NN1		X		Direct	Member of NN1	2019	Ongoing	Withdrawal from any discussions and decision making in which the PCN might have an interest.
		Cromer Group Practice		X		Direct	Registered patient at a Norfolk and Waveney GP Practice	2020	Ongoing	Withdrawal from any discussions and decision making in which the Practice might have an interest.
		NN PM Group		X		Direct	Chair of NN PM Group	2020	Ongoing	Withdrawal from any discussions and decision making in which the Group might have an interest.
Health and Wellbeing Board Attendees (Norfolk and Suffolk)										
Bill Borrett	Norfolk Health & Wellbeing Board Chair	North Elmham Surgery			X	Direct	Registered patient at a Norfolk and Waveney GP Practice	Ongoing	Withdrawal from any discussions and decision making in which the Practice	
		Norfolk County Council	X			Direct	Elected Member of Norfolk County Council, Elmham and Mattishall Division	Ongoing	Low risk. In attendance as a representative of the Local Authority. Chair will have overall responsibility for deciding whether I be excluded from any particular decision or discussion.	
		Norfolk County Council	X			Direct	Cabinet Member for Adult Social Care and Public Health	Ongoing		
		Norfolk County Council	X			Direct	Chair of Norfolk Health and Wellbeing Board	Ongoing		
		Breckland District Council	X			Direct	Elected Member of Breckland District Council, Upper Wensum Ward	Ongoing		
		Norfolk County Council	X			Direct	Chair of Governance and Audit Committee	Ongoing		
		Manor Farm	X			Direct	Farmer within Dereham patch	Ongoing	Low risk. If there is an issue it will be raised at the time.	
James Reeder	Suffolk Health and Wellbeing Board	Suffolk County Council	X			Direct	Cabinet Member for Children and Young People's Services		Feb-24	In the interests of collaboration and system working, risks will be considered by the ICB Chair, supported by the Conflicts Lead and managed in the public interest.
		Suffolk County Council	X			Direct	Children's Services and Education Lead Members Network		Feb-24	
		East of England Government Association	X			Direct	East of England Government Association	Ongoing	Apr-24	
		James Paget University Hospital Trust	X			Direct	James Paget Healthcare NHS Foundation Trust Governors Council	Ongoing	Apr-24	
		Suffolk County Council	X			Direct	Suffolk Safeguarding Children Board	Ongoing	Apr-24	
		Norfolk and Suffolk NHS Foundation Trust	X			Direct	Norfolk and Suffolk Foundation Mental Health Trust – Governors Council	Ongoing	Apr-24	
		Suffolk and North East Essex Integrated Care Partnership	X			Direct	Suffolk County Council representative for Suffolk and North East Essex Integrated Care Partnership	Ongoing	Apr-24	
		Suffolk Chamber of Commerce	X			Direct	Member of the Lowestoft and Waveney Chamber of Commerce board part of Suffolk Chamber of Commerce	Ongoing	Apr-24	

		High Street Surgery, Lowestoft			X	Direct	Patient at a Norfolk and Waveney GP Surgery	Ongoing	Apr-24	Withdrawal from any discussions and decision making in which the Practice might have an interest
		Northfields St Nicholas Primary Academy			X	Direct	Governor of Northfields St Nicholas Primary Academy part of the Reach2 Academy Trust.	Ongoing	Apr-24	Low risk. If there is an issue it will be raised at the time.
Healthwatch Attendees (Norfolk and Suffolk)										
Andrew Hayward	HealthWatch Norfolk Trustee	East Harling GP Practice			X	Direct	Registered patient at a Norfolk and Waveney GP Practice	Ongoing		Withdrawal from any discussions and decision making in which the Practice might have an interest
		HealthWatch Norfolk	X			Direct	Trustee and board member HeathWatch Norfolk	2020	Present	Will not take part in any discussion or decisions relating to the declared interests.
		East Harling Parish Council			X	Direct	Member, East Harling Parish Council	2020	Present	
		NHS England		X		Direct	GP appraiser, NHSE	2015	Present	
Sally Watson	Healthwatch Suffolk (Community & Engagement Manager)	Nothing to Declare	N/A				N/A	N/A		N/A
Other Primary Care Members										
Andrew Bell	Vice-Chairman Norfolk Local Dental Committee General Dental Practitioner in Norfolk and Waveney	Dental Practices	X			Direct	Partner within a group of Dental Practices within Norfolk and Waveney (John G Plummer and Associates)	Ongoing		Non-voting member - risks will be taken in accordance with COI Policy
		General Dental Practice Committee		X		Direct	Vice-Chair Norfolk LDC, General Dental Practice Committee (BDA) Representative for Norfolk	Ongoing		
		Bridge Road Surgery			X	Direct	Registered patient at a Norfolk and Waveney GP Practice	Ongoing		Withdrawal from any discussions and decision making in which the Practice might have an interest
Deborah Daplyn	Chair, Norfolk & Waveney Local Optical Committee Optical Contractor working within ICB boundaries	Integrated Care Board	X			Direct	Receipt of fees and honorarium for attendance at meetings with ICB and other interested parties	Apr-23	Onoing	Non-voting member - risks will be taken in accordance with COI Policy
		General Optical Services	X			Direct	Own a practice which works within primary care and receives money under a General Optical Services Contract	Apr-23	Ongoing	
		Sheringham Medical Practice			X	Direct	Registered patient at a Norfolk and Waveney GP Practice	Ongoing		Withdrawal from any discussions and decision making in which the Practice might have an interest
Tony Dean	Chief Officer, Norfolk Local Pharmaceutical Committee (now known as “Community Pharmacy Norfolk”)	CO of the LPC		x		Direct	CO of the LPC- the statutory representative body for community pharmacy Contractors	2005	Present	Non-voting member - risks will be taken in accordance with COI Policy
		Docking & Great Massingham Surgeries			X	Direct	Registered patient at a Norfolk and Waveney GP Practice	Ongoing		Withdrawal from any discussions and decision making in which the Practice might have an interest

Tania Farrow	Chief Officer of Community Pharmacy Suffolk representing Waveney contractors	Community Pharmacies		X		Direct	Local Representative body for Community Pharmacies involved in negotiation and support for local Community Pharmacy services	Nov-15	Mar-24	Non-voting member - risks will be taken in accordance with COI Policy
Lauren Seamons	Deputy Chief Officer, Norfolk LPC (Community Pharmacy Norfolk)	Norfolk LPC	X			Direct	Employed by Norfolk LPC	Ongoing		Non-voting member - risks will be taken in accordance with COI Policy
		The Hollies, Downham Market			X	Direct	Registered patient at a Norfolk and Waveney GP Practice	Ongoing		Withdrawal from any discussions and decision making in which the Practice might have an interest
Jason Stokes	Secretary Norfolk Local Dental Committee (LDC)	National Health Service	X				I have an NHS GDS Contract	2007	Present	I would exclude myself from any discussions particular to my own GDS contract. I would exclude myself from any section of a meeting that ICB members
		British Dental Association		X			I am a member of the British Dental Association (BDA) Principal Executive Committee (PEC) – board of directors	2015	Present	This is unlikely to impact on working with the ICB. I would exclude myself from any section of a meeting that ICB members felt appropriate.
		Associate Dental Postgraduate		X			I am Associate Dental Postgraduate Dean for Early Years (Health Education England)	2022	Present	This is unlikely to impact on working with the ICB. I would exclude myself from any section of a meeting that ICB members felt appropriate.
		St Stephens Gate, Norwich			X	Direct	Registered patient at a Norfolk and Waveney GP Practice	Ongoing		Withdrawal from any discussions and decision making in which the Practice might have an interest
Nick Stolls	Dental Advisor PCCC	Landlord of Harleston Dental Practice	X				Landlord of Harleston Dental Practice	2001	Ongoing	Declare Conflict of Interest and withdraw from a meeting if discussions take place that might benefit Harleston Practice

Norfolk and Waveney Primary Care Commissioning Committee

Part One

**Minutes of the Meeting held on
Tuesday 12 March 2024
via video conferencing & YouTube**

Voting Members - Attendees

Name	Initials	Position and Organisation
Debbie Bartlett	DB	Chair, Partner Member – Local Authority (Norfolk) Norfolk and Waveney ICB
Steven Course	SC	Executive Director of Finance, Norfolk and Waveney ICB
Patricia D’Orsi	PD’O	Executive Director of Nursing & Quality, Norfolk and Waveney ICB
Hein Van Den Wildenberg	HW	Non Executive Member, Norfolk and Waveney ICB (deputy Chair)

In attendance

Name	Initials	Position and Organisation
Jess Adcock	JA	Head of Pharmacy and Medicines Optimisation, Quality & Safety, Deputy Chief Pharmacist, Norfolk and Waveney ICB
Dr Hilary Byrne	HB	ICB Board Partner Member – Providers of Primary Medical Services, Norfolk and Waveney ICB
Tony Dean	TD	Chief Officer, Community Pharmacy Norfolk
Carl Gosling	CG	Senior Delegated Commissioning Manager – Primary Care, Norfolk and Waveney ICB
James Grainger	JG	Head of Finance Primary Care & Corporate, Norfolk and Waveney ICB
Andrew Hayward	AH	Trustee of Healthwatch Norfolk
William Lee	WL	Senior Primary Care Commissioning Manager – Dental, NHS Norfolk and Waveney ICB
Matthew Lewis	ML	Primary Care Finance Officer, Norfolk and Waveney ICB
Shepherd Ncube	SN	Associate Director of Delegated Commissioning, Norfolk and Waveney ICB
Sadie Parker	SP	Director of Primary Care, Norfolk and Waveney ICB
Jayde Robinson	JRo	Head of Primary Care Workforce, Norfolk and Waveney ICB
Nick Stolls	NS	Speciality Dental Advisor
Fiona Theadom	FT	Head of Primary Care Commissioning, Norfolk and Waveney ICB
Sarah Webb	SW	Primary Care Administrator, Minute Taker, Norfolk and Waveney ICB
Stuart White	SWH	Finance Manager – Delegated Primary Care Norfolk and Waveney ICB
Ian Wilson	IW	Executive Officer, Norfolk and Waveney Local Medical Committee

Apologies received

Name	Initials	Position and Organisation
Mel Benfell	MBe	Joint Chief Executive, Norfolk and Waveney Local Medical Committee
Mark Burgis	MB	Executive Director of Patients and Communities, Norfolk and Waveney ICB
Michael Dennis	MD	Associate Director of Pharmacy and Medicines Optimisation (Chief Pharmacist) Norfolk and Waveney ICB
James Reeder	JR	County Councillor for the Gunton division
Karen Watts	KW	Director of Nursing and Quality, Norfolk and Waveney ICB

No	Item	Action owner
1.	Chair's introduction Chair welcomed attendees to the March 2024 Committee.	Chair
	Matters Arising There were no matters arising.	
2.	Apologies for absence Noted above.	Chair
3.	Declarations of Interest <i>For Noting</i> None received.	Chair
4.	Review of Minutes and Action Log from the February 2024 Committee <i>For Approval</i> The minutes were agreed to be an accurate reflection of the February 2024 Committee and minutes would be sent to the Chair for signing. ACTION: SW to send Chair signed minutes for safekeeping. <u>Action Log</u> None outstanding	Chair SW
5.	Forward Planner <i>For Approval</i> SP presented a simplified version of the forward planner to reflect the new pattern of meetings where business was shared between the new operational delivery groups. An Extraordinary Primary Care Commissioning Committee which was booked for 23 April 2024 had to be moved to 7 May 2024 in line with pre-election guidance received. DB thanked SP for the update and the planner was approved.	SP
6.	Risk Register <i>For Approval</i> SP presented the summary to Committee for approval. Operational risks had been presented to delivery groups for review. SP noted there had been an advisory audit and there had been some recommendations for general practice and dental which highlighted gaps in control and there was a gap for a strategic framework for general practice and	SP

	<p>this was being worked on. The dental strategy would move from a control to a gap until this had been approved. This would be reflected in future reports.</p> <p>The transition cover funding had received a good uptake and the numbers of practices that had taken this had increased. Progress around secondary care interface and primary care access and recovery plan would be on the March ICB Board meeting agenda. Unfortunately, a draft was not ready to be brought here and it would be circulated by the end of the week. The GP contract letter was on the agenda.</p> <p>PT had a question about PC18 as he was conscious the risk had been at 16 for some considerable time and asked if the tolerance should be adapted or the mitigations needed to be stepped up as PT was curious as to the trajectory to resolve this.</p> <p>SP appreciated the challenge and there had previously been a discussion about the tolerated score of 12 but SP thought the risk accurately reflected the current position. The dental risk had a rating of 20 and that had been rated highly for some time. SP had mentioned the GP contract as this would need to be monitored carefully due to the funding increase given to General Practice in 2024/2025 which would make it more challenging for practices going forward. SP did not want to normalise this level of resilience risk to providers but appreciated the point raised.</p> <p>SN confirmed there was a strategic resilience paper in Part 2 and part of this would surface there. PT asked if he and SN would pick up on this separately as PT was not involved in Part 2.</p> <p>ACTION: SN and PT to meet offline and discuss further.</p> <p>FT presented the dental risk to Committee and proposed to close the first two actions for September and December. The workforce plan had been successful and the UDA uplift had been completed with the investment agreed. The National Dental Recovery plan had been included with the initiatives that had been proposed. Some proposals were awaited from the national team and some aligned with the what the ICB had done in terms of resilience and risk and our plans would align with the national recovery plan. FT hoped this would improve resilience in primary care. The survey had closed with over 2000 responses which were being evaluated and would help form the long term plan. There had been an update on the urgent treatment service and the data from the first 3 months of the service, November – end of January showed over 5000 patients seen which showed an average of 1700/1800 patients a month and it was too early to show whether this had an impact on ED and 111. FT responded to PT question around risk. For dentistry, responsibility had only been held for just under a year and the risk remained high and this would remain. FT would consider PT's comments.</p> <p>HW thanked FT for the update and HW asked for the experience of the short term plan to be included in the long term update in early May and the risk to be included.</p> <p>DB was unaware of the geographical spread of the urgent treatment centres. FT confirmed that there were 23 providers across Norfolk and Waveney.</p> <p>DB asked if the milestones to mitigate the risk could be included.</p>	
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	The risk register was approved.	
7.	Strategic Workforce Plan <i>For Noting</i>	JRo
	<p>JRo presented the update in some detail to Committee for noting.</p> <p>PD'O complimented the team with their endeavours. The amount of work, bids, and the support that had been provided was invaluable.</p> <p>PD'O asked if the practices had benefitted from the success and expertise in taking some of their plans forward.</p> <p>JRo confirmed that since the team had sat under the People Directorate that has opened up opportunities for primary care for system wide programmes and initiatives. JRo provided an example around the CPD top slicing process for training and educational pathways, national programmes such as coastal and rural workforce programmes with the voluntary sector. JRo confirmed many of the system programmes had a primary care representative to support primary care resilience.</p> <p>HW asked if JRo was happy and satisfied with the programmes in the field, whether it was primary care, dentistry, pharmacy etc and if there were areas where the availability of some of these programmes had not reached.</p> <p>JRo confirmed that this was an area of work that she would like to expand utilising the support of digital colleagues to build a single platform. Once the platform was available during 2024/25 this would enable all primary care sectors to fully utilise our programmes. In the meantime, JRo would continue to attend practice manager meetings, primary care networks and engage with the local representative committees to make them aware of the various channels.</p> <p>HB thought recruitment was challenging and practices were still carrying vacancies. HB was curious as to how much of the increase were Doctors in training and the trajectory for people retiring.</p> <p>JRo confirmed that there had been an increase of 158 WTE in the last 12 months against planned trajectory. There has been an 2.5% growth increase of GP's and 9.8% growth in GPs trainees. There was a slight decline in nursing numbers of 0.1%. There was a workforce primary care dashboard in place which showed the joiners and leavers rate and there appeared to be an area of concern for nursing professions, which required a further review.</p> <p>PD'O confirmed that the recruitment and retention of nursing colleagues was a high priority and suggested working together on this.</p> <p>AH confirmed he was speaking to members outside a surgery in South Norfolk and conveyed that what patients wanted was stability in their conditions and want to see the same GP/practice nurses. AH asked if there was any way of showing the stability of the workforce as AH was aware from appraisals that younger colleagues wanted locum posts or work for the out of hours system.</p> <p>JRo confirmed one of the programmes introduced over the last 12 months was to retain newly qualified GPs within the area, this had proven successful as Norfolk & Waveney were now second in the country for retention. JRo confirmed that there would be a need to flexible hours/working arrangements</p>	

	<p>as the latest data showed that a flexible working model was the number one highest contributing factor in retention of our primary care staff within the system.</p> <p>HB asked if there was any idea of how many vacancies there were or if there was a GP available to appoint, how many would they appoint, as from the question from AH was there appeared to be a gap and HW asked was the need being met.</p> <p>JRo confirmed that vacancy levels across the system particularly in primary care were being looked at. It was known what the vacancy position was in dentistry and this work would need to be replicated within general practice. This would form part of next years' programme to work as part of the training needs analysis to ensure that vacancy levels were captured as a system.</p> <p>DB thanked JRo and asked if semi structured interview research with GPs and ST3 to obtain qualitative data.</p> <p>JRo confirmed with the programmes there has been a lot of research and co-designed the programmes with practices and staff members to understand what would keep them in the area, piloted and evaluated. There were a number of fellowships in place and they were looking at workforce recruitment and retention and help support programmes and design particularly around the model of GP retention programme. There had been work done with newly qualified foundation dentists and therapists to understand what the drivers were to keep them in Norfolk and Waveney and what would help them in their pathway for professional development.</p> <p>DB confirmed that the report was noted as an updated progress report and thanked JRo.</p>	
8.	<p>GP Contract 2024-2025</p> <p><i>For Noting</i></p>	SP
	<p>SP presented the GP Contract 2024-2025 to members for noting.</p> <p>SP then offered to take comments and questions.</p> <p>IW thanked SP for the brief overview and reinforced the comments that SP made. IW reflected the highlight around the intended reduction in bureaucracy. Over 90% of the contacts in NHS were undertaken by general practice and without an effective front door the system would struggle. IW thought it was a crucial year for general practice and it was important to shore up general practice and reduce bureaucracy.</p> <p>HB reflected the huge disappointment and frustration in the profession as the national 2% uplift did not recognise the pressures in primary care. There had been significant increases in costs for staffing and change in living wage. HB felt it was misjudged and nationally people were frustrated. HB also referred to the work landing in general practice from other sectors, which had worsened recently. Staffing and resources would need to be addressed if the offer stayed at 2%.</p> <p>DB reflected it was a challenging time in the political cycle and public services had seen this and this reinforced the resilience work being done.</p> <p>The paper was duly noted.</p>	

9.	Dental Clawback Repayment Policy <i>For Approval</i>	ML/SWh
	<p>ML presented the dental clawback repayment policy to members for noting and outlined this in some detail for Committee's attention.</p> <p>DB thanked ML for the paper and asked for some brief headlines from the policy and the approach to this.</p> <p>ML responded by saying that it was an exceptional circumstance and it was expected that to be an exception circumstance highlighted. It was expected that providers and practices would come back to us with their proposed repayment. A process had been created around how decisions would be made and what information would be considered if a request were to be rejected. Information would be needed in advance to build a framework to ask the right questions i.e., around current year performance and missing targets as this may expose the ICB to a longer financial risk if an extension to the debt was allowed.</p> <p>FT added that this was trying to find the balance between financial and commissioning risk and to support the resilience and stability of dental practices. This was part of the plan being developed for year end and to try and obtain the balance to support practices whilst retaining financial responsibilities. FT emphasised the point this would be used in exceptional circumstances and would not be applied across the board, cases would be considered individually and carefully.</p> <p>HW was supportive of the policy. HW requested a review in a year to determine how the policy had worked and how many requests had been approved.</p> <p>NS introduced himself as the newly appointed Dental Advisor to Committee and reiterated FT's view that the need would be to approach this delicately as the situation in dental practice was fragile. There had been hope that the dental recovery plan would rapidly improve the situation but it had not and the risk was that some of the practices were faced with clawback which could lead to them handing back their contracts, as others had already done. NS thought the sensible solution was to mitigate instead of taking money back over 3 months and risk losing the contract altogether.</p> <p>DB asked if the clawback was retained by the ICB and not handed back to NHS England.</p> <p>ML confirmed the current year policy was to retain the underperformance as an ICB however this could be subject to change.</p> <p>SC furthered ML comments that from 2024/25 planning guidance does state this may not be retained by the ICB and any funding could be clawed back by NHSE.</p> <p>DB agreed that this was a challenging area and confirmed the policy had been approved.</p>	
10.	Terms of Reference Review <i>For Approval</i>	FT
	FT presented the Terms of Reference Review to Committee members for approval and ran through the proposals in some detail for Committee's attention.	

	<p>DB thanked FT for the update and opened for questions.</p> <p>PT had a point on the local authority participation and thought there needed to be some testing on the position of the wider ICS. The local authority commission explicit public health funded services from the same set of providers although small scale, and also the local authority commission directly on behalf of the ICB for some primary care activity. He felt there had never been a resolution on where local authorities sit in terms of membership of the group. PT also reflected that he did not attend Part 2 and therefore wanted to be clear on responsibilities in terms of formal membership and representation.</p> <p>PD'O confirmed KW normally attended the meeting on behalf of the Nursing Directorate which had delegated accountability for quality decisions. She wanted to highlight the co-dependencies between this forum and the Quality and Safety Committee which was focussed on a complete overview of quality across the whole system. If Primary Care Committee meetings were to become less frequent with the only quality oversight through this forum, PD'O thought that held an inherent risk. PD'O asked that there would be more opportunity to think this through to ensure that there is oversight and quality support to primary care as the ICB does for other provider organisations.</p> <p>DB agreed with PD'O's point and reflected on what was covered in the Delivery Groups in terms of quality, suggesting there should be an offline discussion to work through and map the forward planners. It was suggested HW and DB meet offline and discuss this on behalf of the Board.</p> <p>ACTION: HW and DB meet offline to discuss further.</p> <p>SP agreed it was a good challenge. When the Terms of Reference were originally drafted the Director of Corporate Governance was keen to reflect that link with the overall quality approach which also recognised that the Delegation Agreement included the responsibility for primary care in this forum. Hence the reason for inviting PD'O or a nominated deputy to be a voting member of the Committee to ensure there was a link. SP agreed the link could be strengthened and would take this offline and then an updated version of the Terms of Reference would be circulated prior to Board.</p> <p>ACTION: FT to contact PD'O offline, amend the Terms of Reference and ensure they were ready to be approved at ICB Board.</p> <p>DB agreed this would be helpful and in terms of PT question around public health commissioning on behalf of the ICB and the Local Authority, it might be a good opportunity for SP, PT and herself to work through how this would be picked up through the Delivery Groups and to the Committee.</p> <p>ACTION: Consideration would be given to how public health commissioning could feed into the Delivery Groups and Committee.</p> <p>SP reflected on the importance to link public health responsibilities in both the Committee and the Delivery Groups and SP welcomed a joined up conversation on how to reflect how to include that in the future.</p> <p>HB expressed some nervousness as most consultations occurred in primary care and as there was a huge agenda and asked if there was the capacity and</p>	
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	<p>capabilities to undertake Committee responsibilities if the meetings were less frequent.</p> <p>DB thought the intention was to allow the Committee to keep oversight on the more strategic issues and that the Delivery Groups would deal with the operational side. The Committee would act as an escalation point and DB agreed with the points raised.</p> <p>SP confirmed that when the ICB was formed there was a keenness to continue for the meeting to be held in public although there was no requirement for that through the Delegation Agreement.</p> <p>Since the Delivery Groups had been implemented, a report from those Groups was heard at Committee and highlighted through the Committee report to the Board. SP confirmed it was an attempt to manage the responsibilities and workload and remain as transparent as possible.</p> <p>DB confirmed that Committee approved the Terms of Reference and to note the legitimate concerns around whether the new cycle allowed enough capacity as a Committee to deal with all the necessary business.</p>	
11.	<p>Delivery Group Report</p> <ul style="list-style-type: none"> • General Practice • Dental Services 	SP/WL
	<p>SP presented the General Practice Delivery Group report to Committee for noting and provided a brief overview to Committee for their attention.</p> <p>HW thanked SP for the report and referred to the change in the SMI register. He reflected those clinicians had concerns and asked for feedback.</p> <p>SN reflected more information had become available since the meeting. This had now been clarified and people with severe enduring mental illness and schizophrenia would not be removed from the register. The adjustments were being made to patients on lithium with no diagnosis of mental illness and those would not be included, and that was correct.</p> <p>HB was confused as to how a patient would be on lithium if they did not have a diagnosis and noted this was likely an issue with coding. HB asked if there was any work to look at these patients to see if they should have a diagnosis and if therefore they should still be on the register.</p> <p>SN confirmed it was a national process, there would be work done to correct the register and there have been a considerable number of reductions in patient numbers due to the proposed changes. This would be updated through the new reporting cycle.</p> <p>PD'O asked how confident SN was that the 75% target of LD health checks would be achieved by the end of quarter four and what more could the Committee do to support with that.</p> <p>SN confirmed it would be a close call. 50 additional clinical sessions had been added to the overall capacity to boost the capacity available in practices and we had a practice asking for support with complex cases. The level of DNA rates had risen and conversations had been held with the quality team to follow up on these.</p>	

	<p>In January, the uptake was around 54% and it was expected to rise by 10% by the end of February, which left 15% to cover.</p> <p>HB asked for a conversation offline regarding the lithium and the coding of these.</p> <p>ACTION: SN and HB to discuss coding issues offline.</p> <p>WL presented the Dental Services Delivery Group Report to Committee for noting purposes and went through this in some detail for Committee's attention.</p> <p>There were no questions and DB thanked SP and WL for their reports and these were duly noted.</p>	
12.	Prescribing Report <i>For Noting</i>	JA
	<p>JA introduced herself to Committee and presented the prescribing report to Committee for noting, highlighting in the first section of the report there were a number of strategic priorities that NHSE had mandated for the ICB to work on.</p> <p>The ones that related to primary care were:</p> <ul style="list-style-type: none"> • addressing problematic polypharmacy • low priority prescribing • improving valproate safety <p>These would be included in future reports to update Committee.</p> <p>DB had a question on the medication reviews in the context of polypharmacy and JA confirmed polypharmacy used to be defined as more than 4 drugs but now more than 10/15 drugs and deal with the complicated patients with multiple comorbidities.</p> <p>DB asked how structured medication reviews would be undertaken and what they would achieve.</p> <p>JA confirmed structured medication reviews were carried out by a clinical pharmacist in general practice. They would review the whole patient and their medication as a holistic review with the patient.</p> <p>PD'O confirmed reviews were well received by the individual patient. The biggest reason why patients were admitted into hospitals were as a result of a fall which often related to polypharmacy. PD'O referred to point 4.2 of the report with regard to the ongoing work in antibacterial prescribing. PD'O had recently taken over the chair of the Stewardship group and was pleased to note, with support of the Medicines Optimisation team, a downward trend in prescribing had been seen and asked the Committee to note this.</p> <p>JA confirmed she was in conversation with Naomi Fleming, the regional antimicrobial stewardship pharmacist and there would be an event in West Norfolk to help to support change in prescribing behaviours in that area of the county, as the rates were higher than the rest of Norfolk.</p> <p>HB wanted to flag an area of risk when patients' medicines change when they come out of hospital. Sometimes, they did not know what the new drugs were</p>	

	<p>for and continued to take their existing drugs without realising they were meant to stop these when taking the new drugs. HB was concerned as there was more risk in handover of patients' medication and awareness and asked if this could be flagged.</p> <p>JA referred to the discharge medicine service in community pharmacy, which was a service when patients were discharged from hospital their discharge medicines summary was sent to their community pharmacy. The community pharmacist was responsible for reviewing with the patient to ensure they were aware of changes (medicines stopped and started) so their medication was taken safely and appropriately. This had been raised with Frankie Swords as at the moment there was not capacity in our Trusts to send these discharge summaries. There was another East of England Trust where they were undertaking this digitally and the ICB would try to learn from their approach to implement this within the Norfolk & Waveney area.</p> <p>DB asked for clarity - it was the responsibility of the hospital to send something to the community pharmacy who was part of the primary care team and it was their job to contact patients. JA confirmed this and this was not routinely happening.</p> <p>HB asked if the Community Pharmacy had the capacity and if the ICB knew the numbers as it did not appear to have happened.</p> <p>TD confirmed it was an essential service and the capacity would need to find for it as if the referrals come through there is a contractual obligation for this. There were only a small handful of referrals from each Trust currently and as such it had not become business as usual in pharmacies. If the hospitals ramped up those discharge referrals, then another piece of work would need to be done with pharmacies reminding them of the service and process involved. There had been so little of the service seen that pharmacies may well need further training or have old or non relevant medication on the shelf. This was an area of risk for Norfolk and Waveney but was working well in other areas. TD reflected on the workforce issues and this was a major item in NICE guidance which had not been adequately tackled.</p> <p>PD'O confirmed in comparison to 12 months ago, more people being were being discharged in a timely way and their length of stay had been reduced. Work had been done to ensure patients take their medication away with them at the point of discharge. But the whole issue of how a system provokes concordance was missing and PD'O thanked HB for raising it. It had to be captured as an action to think about how this could be done effectively for the benefits of the community pharmacists, patients and families. PD'O confirmed that she would be happy to work with JA, MD and Frankie on this.</p> <p>ACTION: PDO to take forward with colleagues to improve uptake in our system.</p> <p>DB thanked members for a helpful discussion and JA for the report which was which was duly noted.</p>	
13.	Finance Report – Month 10 <i>For Noting</i>	JG
	JG presented the Month 10 finance report to Committee for noting.	

	<p>HW thanked JG for the report and noted the two clear pressure points in prescribing and dentistry. HW had concerns with what SC comments earlier where any unspent money will no longer be within our gift.</p> <p>HB asked if anyone had looked to the care home underspend and why this was.</p> <p>JG confirmed that some practices had been late in claiming for these and there may be a lag in the claims. If there was any particular practice not shown then contact would be made.</p> <p>The report was duly noted.</p>	
14.	Any Other Business	Chair
	<p>Questions from the Public</p> <p>SP confirmed there was one question received which did not relate to an item on the agenda and that had been responded to offline and published on the website.</p> <p>There being no further business or questions from the public, the meeting then closed at 15:05</p>	

Name:	Signature:	Date:
Signed on behalf of NHS Norfolk and Waveney Integrated Care System		

Code

RED Overdue

AMBER Update due for next Committee GREEN Update given

BLUE Action Closed



Norfolk and Waveney
Integrated Care Board

Norfolk & Waveney IBC Primary Care Commissioning Committee - Part One Action Log

7 May 2024

No	Meeting date added	Agenda Item	Owner	Action Required	Action Undertaken / Progress	Due date	Status	Date Closed
0176	13-Feb-24	11	JG	Finance report - JG to provide an update on the LCS activity in respect of diabetes and SMI at a future Committee		11-Jun-24		
0177	12-Mar-24	4	SW	SW to send Chair signed minutes for safekeeping	SW sent these across	07-May-24		13-Mar-24
0178	12-Mar-24	6	SN	Risk Register - SN & PT to meet offline and discuss further around the strategic resilience paper presented in Part 2 which PT was not part of	SN emailed PT on 30.4.24. Response awaited.	07-May-24		
0179	12-Mar-24	10	HW/DB	Terms of Reference Review - HW/DB to meet and discuss the forward planners offline		07-May-24		
0180	12-Mar-24	10	FT	Terms of Reference Review - FT to contact PD'O offline, amend the Terms of Reference and ensure they were ready to be approved at ICB Board (strengthening the quality link)	FT discussed with Corporate Affairs team, agreed amendments which have been approved	07-May-24		25-Mar-24
0181	12-Mar-24	10	SP/PT/DB	Terms of Reference Review - consideration would be given to how public health commissioning could feed into the Delivery Groups and Committee.	Terms of Reference for Delivery Groups updated to reflect PH involvement. To agree how it will work	07-May-24		25-Mar-24
0182	12-Mar-24	11	SN/HB	Delivery Group Report - General Practice SN & HB to discuss coding issues offline (lithium)		07-May-24		
0183	12-Mar-24	12	PD'O	Prescribing Report - raise patient awareness of discharge medication and current medication - PD'O to take forward with colleagues to improve update in our system.		07-May-24		

Norfolk and Waveney Primary Care Commissioning Committee Forward Plan – 2024/2025

Item	7 May 2024 (EPCCC)	11 June 2024	13 September 2024	10 December 2024	11 March 2025	Lead officer	Notes
BAF Risks		Y	Y	Y	Y	SP/FT	
Strategic Finance Report		Y	Y	Y	Y	JG	
Strategic Estates Report			Y		Y	PH	Noting/ assurance
Strategic Digital Report			Y		Y	AH	Noting/ assurance
Strategic Prescribing Report		Y	Y	Y	Y	MD	
Strategic CQC Inspections Report		Y		Y		CG	
Delivery Report		Y	Y	Y	Y	AS/ OL	
General Practice & Community Pharmacy Delivery Group Report		Y	Y	Y	Y	SN/SG	Noting/ assurance
Dental Delivery Group Report		Y	Y	Y	Y	WL	Noting/ assurance
Contract Assurance Framework		Y	Y	Y	Y	SN	
Delivery Plan for Recovering Access to Primary Care		Y			Y	OL/SN	
Complaints and Contacts		Y		Y		JP	
Primary Care Resilience (Strategic Report)			Y		Y	SN/OL/FT/SG	
Terms of Reference Review					Y	FT	
Primary Care & Workforce Recruitment and Retention Programme (strategic report)		Y			Y	JRo	June for approval March update for noting
Optometry Services – contractual changes and other matters			Y		Y	SG	Noting/ assurance
Pharmaceutical Needs Assessment		Y				SG	SG to confirm
Reports from the Pharmaceutical Services Regulations Committee		Y	Y	Y	Y	SG	Noting/ assurance

SEE BELOW

Proposed item (no date assigned)	Lead officer	Notes
Deep Dive Ophthalmology	SG	SG to confirm
Dental year-end report	FT	
Deep Dive Community Pharmacy	SG	SG to confirm
Population Health Strategy	SM	
Health Inequalities Strategy	SA	
Primary Care Principles and Vision	AS	
Framework for Integrated Working	AS	To include community services review
Long Term Plan for Community Pharmacy	SG/AS	
Long Term Plan for General Practice	AS	

Agenda item: 06

Subject:	Holt Medical Practice Application to Close Blakeney Branch Surgery
Presented by:	Sadie Parker, Director – Primary Care
Prepared by:	Sadie Parker, Director – Primary Care
Submitted to:	Primary Care Commissioning Committee
Date:	7 May 2024

Purpose of paper:

This paper follows on from the paper approved at Committee on 25 February. Its purpose is to seek approval for a recommendation on Holt Medical Practice's application to close their branch surgery in Blakeney, following a further period of public involvement undertaken by the ICB.

1. Introduction

The purpose of this paper is to seek approval for a recommendation on Holt Medical Practice's (HMP) application to close their branch surgery in Blakeney, following a further period of public involvement undertaken by the ICB. This paper follows on from the paper considered by the Primary Care Committee in February 2024.

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 practice and the local community and stakeholders.

2. Background

The previous PCCC report can be found [here](#). This provides the background to the application.

In light of the further public involvement undertaken by the ICB, the practice has updated its application. This can be seen at appendix A.

3. Considering the application from HMP

When considering the application, the ICB must have regard to its statutory duties, the process set out in the NHS England Primary Medical Services Policy and Guidance Manual (PGM) and the ICB's Policy Advice Note for Branch Surgery Applications.

In doing so, the ICB should consider how HMP can meet the reasonable needs of its patients, as defined in the GMS contract.

The provisions set out in the PGM are as follows:

Clauses 8.15.13 and 8.15.14 of the NHSE Policy Guidance Manual set out the considerations in assessing applications from practices to close a branch surgery:

- *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 B. Many of these duties are similar to the ICB's statutory duties, which are listed in Appendix C.

3.1 Financial viability

The practice's rationale is set out in their application attached in Appendix A. The practice points to their costs rising by nearly 20% since 2019 and their aim to use their finite resources to the best effect for their whole population.

Some local people have raised concerns about the financial motivation of the practice, and have argued the practice is well-funded comparatively. It should be noted, under the national GP contract with the exception of rent and rates

reimbursement, practices receive no additional funding when they run more than one site to reflect the additional costs of doing so.

Practice core contracts are funded using a national capitation formula and for providing additional services or meeting certain targets under various frameworks, such as the Quality and Outcomes Framework and local enhanced services. North Norfolk practices tend to have a higher weighting under the formula due to their older population and the additional activity this generates. There are two practices in north Norfolk that have a higher weighting than HMP, one which operates two sites and one which operates from a single site.

In addition, rural practices receive additional income for dispensing medicines to their patients according to a nationally negotiated contract, where their patients don't have access to a local pharmacy. All practices in north Norfolk run dispensaries and dispense medicines to their patients, recognising the rurality of the area and therefore the lack of community pharmacies outside of the market towns. There are four north Norfolk practices that dispense to a greater proportion of their patients than HMP and therefore receive a higher income per patient, and there are two practices that receive a similar level of income per patient.

Some practices opt to become training practices and there is additional income attached to this, commensurate to the additional workload being delivered. HMP is a training practice.

The practice has published its average GP earnings on its website for the latest year available (2022/23) as per NHS pay transparency guidelines - £71,608 before tax and NI. This figure is the average for all doctors, regardless of their status in the practice (ie partner or employee) and hours worked. [NHS Digital](#) also publishes information annually. At the time of writing, their last year of data available was 2021/22 and the England average was £118,100 before tax and NI. It is difficult to compare these figures as they are an average of partner, salaried GP, full time and part time workers.

This year, the national price for the GMS contract has only been uplifted to enable a 2% pay uplift. This is after several years of below inflation uplifts to the national contract. In their application, the practice advised in 2023/24 they funded the recommended national 6% in full for their staff. This cost £155,000 but the practice received an uplift to their contract value of £94,500. In 2024/25, the practice has met the increase to the minimum wage and provided pay awards to other staff to maintain role differentials. This has cost the practice £120,000 but the practice received an uplift to their contract value of £35,000.

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 Board and the Primary Care Commissioning Committee.

3.2 Registered list size and patient demographics

The practice's list size is 14,200 and it covers a large and rural area with multiple small villages. There are 72 areas in Norfolk and Waveney which are 'geographically remote' from a GP practice, five of which are within the Holt Medical Practice boundary (including the community local to Blakeney).

The community local to Blakeney is generally older, more likely to be limited in day-to-day activities and their general health is similar to the picture in Norfolk, but their general health is more likely to be fair or good. They are more likely to provide any type of care and more than 50 hours per week. The community local to Melton Constable has a slightly higher proportion of very bad health than Blakeney.

When considering households in the community local to Blakeney compared to Norfolk, one person households are more likely than other geographically remote communities, but are about the same as Norfolk. People are more likely to own their home outright, and less likely to privately rent. They are less likely to be without a car or van, with other geographically remote areas even more so. There is a similar deprivation profile to other geographically remote areas, and it is slightly less deprived than the Norfolk average.

Compared with the rest of the Holt Medical Practice patient population, one person households are about the same, the community local to Blakeney is more likely to own outright, less likely to privately rent, and the community local to Melton Constable is more likely to rent and is more similar to Norfolk average. The Blakeney community is less likely to be without a car or van, Melton Constable even more so. The Blakeney community is slightly less deprived than Melton Constable or Holt.

Given the age and sex distribution of the different communities served by Holt Medical Practice and other areas physically remote from general practice, people local to Blakeney are generally less complex and less likely to be frail compared to the Norfolk and Waveney average. Reflecting the lower complexity of patients, given the age and sex distribution of the different communities served by Holt Medical practice and other areas geographically remote from general practice, health and care activity is generally lower than expected compared to the Norfolk and Waveney average.

Local people raised concerns that, by removing Blakeney surgery, demand would increase on other services, such as hospitals, as individuals would wait until their health had deteriorated to access care. We know that there have been no clinical services provided from Blakeney surgery since the week before the pandemic lock down was announced in March 2020, therefore we reviewed emergency admissions activity as a proxy to determine impact. Areas served by Holt Medical Practice have seen emergency admissions vary over time and are experiencing numbers of emergency admissions similar to numbers seen five years ago in March 2019 when face to face clinical services were still provided in Blakeney. This might imply that unmet need has not changed much over the last few years. It should be noted, emergency admissions across the whole of Norfolk and Waveney appear to have increased during 2023.

At its March meeting, Norfolk Health Overview and Scrutiny Committee (HOSC) members asked the ICB to consider the impact on children, particularly if the closure of the Blakeney branch surgery led to children having to miss school to attend the High Kelling or Melton Constable surgeries. 2022/23 school achievement data indicates that primary school achievement for Blakeney and Holt is better than the Norfolk average and England average. The experimental 2019 school health needs index indicates that, compared to the Norfolk average, the need based on the communities where school pupils are from was relatively low for Blakeney and Astley and Holt (in 2019).

HOSC also asked about the impact on people with mental health needs. The data we reviewed showed lower than expected health activity for mental health wellbeing services for all areas of the HMP population, and particularly the community local to Blakeney. For secondary care services, it showed lower than expected health activity for the community local to Blakeney, but slightly higher than expected for Holt and Melton Constable.

Appendix E shows the health profile of the community local to Blakeney compared to the communities local to Melton Contable and High Kelling surgeries, and compared to the rest of Norfolk and Waveney (including the other geographically remote communities).

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

The ICB's infection prevention and control nurses have undertaken an inspection of the Blakeney 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.

If the site is required for longer term use then the property would benefit from investment to improve the clinical rooms and general functionality of the building. With only two clinical rooms, the site is not able to offer a high volume of appointments. The building does not lend itself to deliver modern general practice services where a range of clinicians deliver services, which has been raised by HMP as part of their rationale for applying to close the surgery. The practice states that many of their practice team cannot provide services independently and remote supervision can't be done safely. They need a GP on site to provide that supervision. HMP have stated the two clinical rooms at Blakeney mean there is less operational flexibility for service provision.

Building costs have increased significantly over recent years. Our primary care estates team have provided us with cost estimates to fully refurbish the Blakeney branch surgery based on a national tool which is widely used by the NHS. Investment in the region of £245k would be required to refurbish the surgery before the site could begin to provide clinical services on its current footprint. It should be noted that local people have challenged these costs.

Should the decision be made to reject the practice's application, the practice would need to bid for capital funding from the ICB through the usual channels and this

would be prioritised as per current processes. Improvement grants cover up to 66% of the cost to the practice, however maintenance work is ineligible.

There is no space within the existing site that could be expanded onto nor is the local parking suitable to manage an increase in patients attending the facility. The car park is gravelled and unsuitable for wheelchairs. With limitations of the existing building and the capacity available within other sites, capital investment into the Blakeney site from the ICB would not be guaranteed, compared to alternative schemes across the ICB footprint where there is existing capacity shortfall.

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

The Blakeney site is not easily accessible to those with limited mobility or who use a wheelchair and the entrance corridor is narrow. There is one shared toilet which is not large enough to be suitable for a wheelchair user.

It is acknowledged that public transport is limited serving the community local to Blakeney. There is a coast hopper bus route which runs between Wells-next-the-Sea and Sheringham, however this doesn't run to the Melton Constable or High Kelling sites. People who rely on public transport would have a long journey to either of these surgeries, which is worse or non-existent in the mornings. Maps can be seen in the health profile in Appendix E.

The ICB contacted local transport providers serving the local area. Sanders Coaches, which runs the coast hopper service confirmed there were no plans to run a route from Blakeney to High Kelling. It was confirmed the coast hopper route runs half-hourly from May to October and hourly from November to April. The 44 route runs half-hourly from Sheringham to High Kelling.

The ICB met with Norfolk County Council colleagues who worked with community car schemes. They confirmed they have few volunteer drivers covering the Blakeney area, require three days' notice to source a driver, and the driver would be funded for the round trip from their home. Transport Plus charges 45p per mile.

At the Blakeney Parish Council meeting on 7 March, the Holt Caring Society confirmed they had recruited additional drivers. People using the service are advised of a rough cost per journey of £6 with a contribution advised of around 50p per mile with a minimum of £4, although this can be waived in exceptional circumstances. The ICB spoke further with the Holt Caring Society, and they shared more detail on the service they offer. They have 50 volunteer drivers registered and undertake around 50 journeys a week. They confirmed they already support people living in the Blakeney area and this has pre-dated the removal of face-to-face appointments in March 2020. Previously they also conveyed patients from other parts of the practice area to Blakeney branch surgery for appointments. It is more challenging for them to provide short notice journeys, although they help where they can. They do transport people in wheelchairs, however due to safety and vehicle constraints, there are limits to the level of disability the volunteers can support.

The ICB met with North Norfolk Community Transport. Their depot is in North Walsham and as such all journeys are chargeable from there and the price is 60p per mile including up to two hours' waiting time. The service receives only about 10-15% of its funding through passenger fares with the rest from donations/ grants and subsidies. They run three wheelchair accessible vehicles. They may be willing to discuss a dedicated service and they would have to recruit an additional driver which would require £28k recurrent funding, however they would not be keen to do this if the driver could not be fully utilised.

NHOSC members raised concerns about access and the level of transport, and it was suggested they might review the transport issues in north Norfolk in the context of enabling access to health and care services. The commissioning of transport is not the responsibility of the ICB, unless for transport for those with a specialist medical need for appointments such as dialysis or oncology. Social need (due to location, access to transport or finances) comes under a national Healthcare Travel Costs Scheme which funds transport for specialist appointments (not primary care), and it applies means testing based on savings, property and investments (broadly the same as means-tested benefits).

The HMP practice area is rural and includes five of the 72 geographically remote areas in Norfolk and Waveney, which includes the community local to Blakeney. The community local to Blakeney is less likely to be without a car and a van than the Norfolk average but fewer houses in the Blakeney parish have a car. The community local to Blakeney is less complex and less likely to be frail. One of the maps in Appendix E shows the areas of HMP boundary that can reach the practice in 10, 15 and 20 minutes by car.

For the whole of the HMP practice population, the proportion of people able to access general practice within 30 minutes by public transport or walking is in the lowest 20% in Norfolk and Waveney. The villages of Cley, Wiverton and Salhouse (about 660 people) are only in the catchment area of HMP, and it would take in excess of 60 minutes to travel to the High Kelling site by public transport. In addition to these villages, there are other villages in the HMP boundary which have no other choice of practice and are geographically remote. These can be seen on slide 33 in Appendix E and, with the community local to Blakeney, total 2,500 people and about 18% of the HMP population.

3.5 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 do not believe the practice's application is affected by the strategic plans set out in this section.

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

HMP is part of a wider primary care network (PCN), including practices in Sheringham and Fakenham. Sheringham was asked to consider if it would extend its boundary to include the three villages of Cley, Wiverton and Salthouse, however have declined to do so because of the resilience pressures they are facing already.

Neighbouring practices (including Wells) and the PCN lead were contacted for their views on HMP's application previously, and have either stated their support or had no comment to make. The Local Medical Committee are in support of the application.

One local practice representative raised concerns about the potential impact to the quality of care at the sites and to services at High Kelling and Melton Constable, should the Blakeney site remain open and/ or be required to provide clinical services again. There was also concern expressed about diverting limited premises funding away from other practice sites serving larger populations, should investment be prioritised in Blakeney.

The PCN lead confirmed their belief there had been no negative impact on the functioning of PCN services, and noted practices were required to work at scale through PCNs, which could not be achieved through the Blakeney surgery.

3.7 Dispensing implications (if a dispensing practice)

The practice has offered to continue to provide a medicines collection service local to Blakeney, and has stated they will be able to progress exploring this, should a decision be made to approve the application.

There would be no change to dispensing controlled locations through this application, and the local community would be able to continue to be dispensed to, or to choose to take their prescriptions to a pharmacy as they can now.

Through its public involvement work, the ICB sought to hear more information on the potential medicines collection service and what was important to local people, particularly those that are vulnerable. This is discussed later in the Patient Feedback and Public Involvement sections and can be seen in the report at Appendix D.

Appendix D has been removed due to the ICB observing the Pre-Election Period NHS England guidance. It will be published on 3 May on the ICB's website.

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

The practice currently receives £9000 per annum in notional rent payments from the ICB. This would cease should the surgery be closed, however it may be available to invest in renting alternative premises for a medicines collection service, should this be agreed.

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

3.9 Other payment amendments

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

3.10 Possible co-location of services

From the local health provider organisations we contacted, none expressed an interest in using the Blakeney surgery.

Should the application be approved and the practice is able to progress an agreement for its potential medicines collection service, co-location with the voluntary sector or other local community organisations would be in line with the ICS vision and values.

3.11 Patient feedback

The ICB undertook a period of public involvement to gain further feedback to add to that collected during the practice's consultation period. The report can be seen at Appendix D. Appendix D has been removed due to the ICB observing the Pre-Election Period NHS England guidance. It will be published on 3 May on the ICB's website.

The ICB had already collected a large amount of public feedback through the HMP engagement process. The vast majority of the feedback received objected to the proposed closure of the Blakeney branch surgery. The ICB's additional public involvement period sought to add to this feedback and tried to gain more information on the practice's proposed mitigation of a local medicines collection service. We chose not to proceed with a survey, following feedback from Blakeney Parish Council, and, due to the amount of feedback already received, we did not repeat the questions set out in the HMP process.

The ICB received 34 responses in total between 7 March and 2 April. 12 of the responses (35%) used a template letter provided by Blakeney Parish Council (BPC) in the [March issue of the Glaven Valley Newsletter](#) which was issued before the ICB attended the BPC annual parish meeting on 7 March.

The feedback provided to the ICB did not directly address the questions we put to the community and parish councils.

A summary of the feedback received is provided below, and a copy of the verbatim feedback received is provided in the report.

This section has been removed due to the ICB observing the Pre-Election Period NHS England guidance. It will be published on 3 May on the ICB's website.

The ICB was invited to attend the BPC annual parish meeting on Thursday 7 March. A copy of the presentation given to attendees is provided in the report.

No recording of the meeting was made, however a transcript was taken to capture comments and questions from attendees and local representatives. The ICB took note of the questions asked and provided responses to BPC which were then posted on the parish council's website. A copy of the transcript and questions posed to the ICB, and the ICB's replies, is provided in the report.

Following the BPC meeting and publication of the ICB's responses to the questions asked, the ICB received further feedback and questions relating to the ICB's cost calculations for refurbishment of the Blakeney Surgery premises and further feedback and queries on the information provided in HMP's application to close the Blakeney Surgery. Information and responses have been provided directly to the enquirers.

4. The ICB's duties

Appendix B 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 C 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 application from HMP.

4.1 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.

A clinical quality risk assessment was undertaken, which was reviewed by our quality team. This can be seen at Appendix F 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 proposals for medicines collection to remain in Blakeney. As well as considering the potential impact on registered patients, older and vulnerable people and staff if the surgery was closed, risks were also noted if the surgery to remain open.

Both the practice and the ICB have undertaken an equality impact assessment of the application to close the premises in Blakeney and the practice's proposal to provide a residual medicines collection service. In doing its EIA (please see Appendix G), the ICB is aware the practice's population is rural and many patients live in areas which make travel to one of the surgery sites more challenging. 18% of the practice's population lives in an area which is geographically remote from a general practice and do not have a choice of GP practice (2500 people of which 660 live in the community local to Blakeney). While the practice population is not deprived overall, the data may mask pockets of rural deprivation. The ICB's EIA has been updated following the public involvement exercise.

It is noted the practice already provides the following services to meet the reasonable needs of its population and seek to improve access:

- Dedicated early visits GP – a GP based at High Kelling who travels across the practice's area for patients who need to be seen face to face but are housebound. (It is noted the practice provides 2.2% of its appointments as home visits, compared to the Norfolk and Waveney average of 1.1% and the north Norfolk average of 1.3%.)
- Online consultations and telephone consultations where clinically appropriate and to meet patient preference.

- Medicines home delivery for housebound dispensing and pharmacy patients, with the costs met by the practice.
- 2 duty GPs at all times for urgent clinical needs, and in order to clinically supervise the multi-disciplinary team.
- Texting patients when their medicines are ready for collection, to avoid wasted journeys.

The EIA identified a number of actions for the ICB and the practice 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 and understanding people's cultural needs.

The EIA highlighted, that for the following protected characteristics, there was not thought to be a disproportionate impact if the branch surgery at Blakeney closed:

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

The EIA also noted that the practice, following a temporary decision to close the Blakeney branch surgery at the beginning of the pandemic, has not provided face to face appointments in Blakeney since March 2020. In effect this means the view on any inequality is that it already exists and a permanent decision to close the branch surgery would not have any further impact, unless there was a withdrawal of the proposed medicines collection service. Notwithstanding this, the proposed actions set out below seek to minimise impact on the local population.

The following protected characteristics have been reviewed in the EIA and actions considered:

- Age

A branch site closure in Blakeney may impact both the older and younger population who may only use Blakeney, without the ability to drive to another site and those with mobility issues not having local access to medicine and prescription deliveries/pick up.

Blakeney may be regarded as a community site by some patients who drop in to speak to a receptionist or to pick up medicines/drop off prescriptions. Blakeney Parish Council nominated the branch surgery as a community asset in 2023, however this was rejected by North Norfolk District Council in May 2023 due to insufficient evidence that it promoted and furthered the social wellbeing or social interests of the local community.

Transport links in and around Blakeney and to the other sites are limited. Cycle routes may be busy particularly in summer and a longer distance to travel.

Older patients may not be digitally aware or enabled.

Blakeney has an older population than some other areas served by Holt Medical Practice and a higher than average number of people with long term conditions.

Potential actions would be as follows:

HMP to understand which registered patients are only able to access Blakeney surgery, their ages and what their individual needs may be and any support to access other sites and to confirm mitigating arrangements planned in their application for closure. This includes patients who do not use technology for any reason or who have mobility issues.

Noting the practice's proposal to provide a medicines collection service at an alternative venue, HMP to consider opportunities for a staff member to use other premises in Blakeney village and to arrange for prescription drop off and pick up arrangements to be put in place for all residents to access. If the closure is approved, plans would need to be put in place for any individual patients who are unable to access other sites, so they or their carer who collects medication or orders prescriptions from the Blakeney site has an alternative plan in place prior to closure.

The practice to continue to use digital technology to support access for patients who are digitally enabled, such as telephone and video appointments, use of NHS app. The practice should continue to link with voluntary organisations who can provide local transport between Blakeney and other practice sites and inform patients through multiple mediums and where appropriate, advise individual patients.

The ICB to ensure the practice confirms they will continue to undertake visits to clinically housebound patients, and socially housebound where appropriate and that they have recognised there may be a greater need for visits. HMP to understand the impact of house visits from clinicians on availability of appointments for whole patient population and clinician time spent at other sites to see and treat patients. (It is noted face to face appointments have not been provided at Blakeney since March 2020.)

As at December 2023, HMP provided 2.2% of their appointments as home visits compared to 1.1% for N&W and higher than average for North Norfolk (1.3%). They also provided a higher number of face to face appointments (77.6%) compared to North Norfolk (74.7%). Their early visits duty GP service is also noted.

Should the proposal not be approved, the ICB will need to discuss mitigating actions to address the limitations of the Blakeney site particularly accessibility.

- Disability

Those with a physical/learning disability who only use Blakeney surgery may struggle with a change in location both in terms of distance / travel and a busier environment to navigate. Access to medicines delivery/prescription drop in Blakeney and the chance to speak to a member of staff may cease. Current physical access to the Blakeney surgery is not good for those with mobility issues or physical disabilities.

Potential actions would be as follows:

ICB to confirm with HMP 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.

The practice to ensure both Melton Constable and High Kelling sites are accessible for both staff and patients with disabilities – ICB has confirmed this. Ongoing compliance with NHS Accessible Information Standard is a requirement and to ensure any reasonable adjustments are made.

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

Practice 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.

- 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 Fakenham surgery. 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:

ICB have confirmed with HMP that Melton Constable and High Kelling sites have baby changing facilities and private areas for breast feeding. ICB to ask HMP to identify if any pregnant mothers and new parents only access the Blakeney site and to consider contacting the individuals to agree mitigating actions such as local transport, volunteer car schemes etc.

- Gender/ sex

Blakeney site is unable to accommodate gender neutral toilets for staff without significant financial investment and reconfiguration of the premises. There is one toilet for patients. Staff have no access to changing facilities at Blakeney. Feedback from the ICB patient/public involvement did not identify any additional impact for reasons of gender or sex.

Potential actions would be as follows:

ICB has confirmed with the practice all practice staff have received training about how to treat staff and patients respectfully.

- Carers

Carers may be impacted by their ability to drop off prescriptions/pick up medicines for patients if using the Blakeney surgery for this.

Potential actions would be as follows:

The practice should identify and engage with individual carers who are potentially impacted by a possible closure of Blakeney site and understand the impact for them, e.g. dropping off prescriptions and collecting medicines for patients, making appointments, and necessary mitigating actions agreed. It is noted the practice has proposed a local medicines collection service should the Blakeney surgery site close.

It is noted any individual in receipt of dispensed medicines can opt to sign on with a community pharmacy or a distance selling pharmacy to enable medicines to be delivered to their home.

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

As well as the advice and support the ICB provided to the practice throughout its patient consultation work in August and September 2023, noting the assistance provided by Healthwatch Norfolk, the ICB has undertaken its own public involvement exercise. This included attendance at a public meeting of the parish in Blakeney on 7 March, and the opportunity for local people to provide feedback to the ICB. The content of this feedback is considered and discussed earlier in the report (see section 3.11) and the public involvement report can be found at Appendix D.

Appendix D has been removed due to the ICB observing the Pre-Election Period NHS England guidance. It will be published on 3 May on the ICB's website.

The ICB was invited to attend the Norfolk Health Overview and Scrutiny Committee (NHOSC) in March to respond to governance concerns raised by a councillor. Members of the public local to Blakeney were also in attendance at this meeting and were given time on the agenda to raise their concerns, which informed the questioning by NHOSC members. This, in turn, has informed the drafting of this report and the areas included in the health profile document. Please see section 4.9 later in the report for further considerations.

All letters and emails received directly by the ICB during the public involvement period have been responded to with individual replies.

4.3 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 Committee time to considering the application from HMP and in listening to local people. The ICB understands the feedback from local people has to be balanced against the real challenges facing general practice with workforce and funding challenges, which has led them to apply to close their branch surgery in Blakeney.

4.4 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 Blakeney, and comparing it to other communities served by HMP and against the Norfolk and Waveney average.

Legal advice has also been sought to ensure the ICB follows the processes set out in national guidance, while complying with its statutory duties and delegated responsibilities from NHS England. NHS England regional colleagues have been notified and have provided support and advice to the ICB in appropriately managing the process. National and regional NHSE advice has been sought in relation to the requirements of the Pre-election Period guidance. NHSE regional colleagues have provided advice in respect of the new Secretary of State for Health and Care notification provisions, and Norfolk HOSC has also been kept updated, with their feedback and questions informing this report.

Our estates team and our infection prevention and control team have provided advice in their areas of expertise. Healthwatch Norfolk has provided advice and support to HMP in carrying out its patient engagement exercise.

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.

4.5 Duty not to prefer one type of provider

The ICB, in delivering its functions, is not aware this duty has been impacted by the application from HMP to close its branch surgery in Blakeney.

4.6 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)

HMP is an independent contractor commissioned to provide general medical services to its whole registered population. Their population covers a large and rural

area and contains five of the 72 areas which are geographically remote from a general practice. The practice has set out its rationale for closing Blakeney Surgery, which centres on continuing to provide the best quality services to its whole population within its resources, while recognising the changing model of general practice provision and its future challenges, such as the loss of GP partners to retirement.

The practice is a training practice, and there is also increased clinical supervision required for the multi-disciplinary team of clinical and non-clinical workforce the practice employs, and for which the GP partners are responsible. The practice has explained in its application why the Blakeney Surgery site is no longer suitable for the modern general practice access model.

4.7 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 practice's application to close its branch surgery in Blakeney, its proposed medicines collection service, its current service provision for its elderly population and its outcomes 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.

It is noted the practice's application 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 practice population covers a large and rural area and contains five of the 72 areas which are geographically remote from a general practice. The practice has set out its rationale for closing Blakeney Surgery, which centres on continuing to provide the best quality services to its whole population within its resources, while recognising the changing model of general practice provision and its future challenges, such as the loss of GP partners to retirement. The practice already provides additional duty GPs to provide early visits and a significantly higher proportion of its appointments face to face.

While the ICB duty as to choice refers to choice when being referred, the application from the practice does not have any impact on the choice of GP practice registration. There remains 18% of the practice's list, including Salthouse, Wiverton and Cley, which does not have another practice covering their address.

The ICB notes the PCN leads have no objection to the application and the local Trusts were also given the opportunity to comment.

4.8 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 practice's application to close its branch surgery in Blakeney, its proposed medicines collection service, its current service provision for its elderly population and its outcomes 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.

It is noted the practice's application 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 practice has a patient participation group (PPG) and regularly discusses service provision and proposed improvements. It is noted the practice has also regularly discussed its proposal to close the Blakeney branch surgery and kept the PPG updated.

Like most practices in Norfolk and Waveney, HMP participates in research and promotes opportunities to its patient population. The practice is also a training practice.

4.9 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 wrote to neighbouring practices, the PCN clinical director, Local Medical Committee, Local Pharmaceutical Committee, Norfolk County Council, Norfolk and Suffolk Foundation Trust, Norfolk and Norwich University Hospital Trust, Norfolk Community Health and Care Foundation Trust, North Norfolk Primary Care and North Norfolk District Council, to understand the potential for impact on the services they provide to patients of the Holt Medical Practice, should the Blakeney branch surgery close.

Not all organisations responded, however those that did were either neutral or in support of the practice's application. In the practice's patient consultation phase in August and September 2023, North Norfolk District Council wrote to the ICB to oppose the practice's application. The district councillor for the Blakeney area has

also been actively opposing the practice's application throughout our public involvement phase, as has the local MP.

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 Blakeney and we have used emergency admissions as a proxy indicator to assess if outcomes have deteriorated over the last five years, including the period since March 2020 where there have been no face to face appointments available in Blakeney. There is no evidence they have.

We have no reason to believe the quality of services will be impacted by the closure of Blakeney branch surgery, from the data provided in the health profile. There may be an adverse impact in line with our Equality Impact Assessment, if the practice is unable to identify a suitable site and implement its proposed medicines collection service site in the local area.

We understand that some patients have chosen to move from HMP to register with neighbouring practices which cover their home address, however this has not been reported as an issue by those local practices. No practice has confirmed it is in the position to extend their practice area to cover the approximately 660 patients living in areas in the community local to Blakeney only covered by HMP.

The practice has set out in its application how it intends to operate more efficiently and sustainably by reducing to two sites.

As well as an early briefing provided to the Norfolk Health Overview and Scrutiny Committee (NHOSC) by HMP in 2023, the ICB also attended NHOSC in March 2024 to respond to concerns about the ICB process and governance, raised by the district councillor covering the Blakeney area. At this meeting, the practice's application was also discussed, with members asking for certain areas to be reviewed through the ICB's process, and are included in this report.

NHOSC responded to requests from local representatives for NHOSC to refer the matter to the Secretary of State for Health and Social Care that they could, themselves, refer the matter directly under the new call-in powers. NHOSC has not informed the ICB they view this matter as a substantial change which requires notification. Throughout this matter, the ICB has sought to adopt best practice rather than just meeting the legal threshold for consultation with the local authority.

4.10 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.

It should be noted that, following the temporary closure of the Blakeney branch surgery in March 2020, face to face appointments have not been resumed and patients travel to either the High Kelling or Melton Constable surgeries. The practice have stated that an average of 37 patients collected their medication from the site on a daily basis during February and March 2023. The practice has set out its intentions to seek to provide an ongoing medicines collection service local to Blakeney, should their application to close the branch surgery be approved.

Prior to its ceasing of face to face appointments in Blakeney, the practice reports it provided approximately 5% of its total appointments there. Patients were not registered to a particular site so travelled to any of the three sites, and some services, such as on the day appointments, were only available at the main High Kelling site. The practice's postcode data showed that patients travelled from all over their catchment area to attend face to face appointments in Blakeney. The practice has also confirmed the community local to Blakeney have always had to travel to the High Kelling site for many of their appointments, and they have always provided home visits for those that are clinically unable to do so.

HMP covers a rural area in North Norfolk, and there are challenges for many of its communities in accessing public transport, which has been covered earlier in this report. 18% of its practice list live in geographically remote areas and don't have an alternative choice of practice, like some of the community local to Blakeney, the map of which can be seen on slide 33 in the health profile at Appendix E.

Concerns have been raised during the public involvement phase about the potential for increasing carbon emissions through the closure of the Blakeney branch surgery. There are multiple factors to consider with this, notwithstanding that clinical appointments have not been resumed at the Blakeney surgery since the temporary closure due to Covid in March 2020. Our estates team estimates the carbon output of the Blakeney surgery building is likely to be between six and nine tonnes using Government conversion factors (DESNZ) but comparing to a similar local surgery for size and age. Both the High Kelling and Melton Constable Surgeries have been recently improved to modern day standards, including a new roof at the latter. If the practice operates out of fewer buildings, and shares an existing building to deliver its proposed medicines collection service, this could reduce carbon emissions.

Feedback from local people during the BPC public meeting we attended suggested up to 17 tonnes per year could be generated in increased carbon due to the effect of patient travel should the Blakeney surgery close. While the effect of patient travel is one of the 'plus' areas currently out of scope of the NHS guidance, this figure may assume nearly all of the people in the Blakeney coast hopper community will travel by car (32 miles per annum for each of 2000 patients), when in actual fact the conversion factor used is based on an 'unknown' average car, so it is likely to be lower if you factor in hybrid and electric vehicles, and is therefore a worst case scenario (it is noted one of the largest planned interventions in the national guidance for reducing carbon from patient journeys is the electrification of patient vehicles). It

would decrease further when considering use of public transport (the conversion factor for local bus is 0.118363 kg CO₂e per mile). It also does not take into account the travel from other areas covered by HMP should patients travel to the Blakeney surgery for appointments, as they have historically done.

Patient travel 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 High Kelling, Wells and Holt pharmacies.

5. Options for committee to consider

1. To reject the application to close the Blakeney branch surgery.
2. To agree the application to close the Blakeney branch surgery.
3. To agree the application to close the Blakeney branch surgery with a request to ensure a local medicines collection service.

6. Conclusions

This section has been removed due to the ICB observing the Pre-Election Period NHS England guidance. It will be published on 3 May on the ICB's website.

7. Recommendation to Committee:

This section has been removed due to the ICB observing the Pre-Election Period NHS England guidance. It will be published on 3 May on the ICB's website.

Key Risks	
Clinical and Quality:	Primary care resilience has a significant impact on service provision to patients across all parts of the system. HMP has highlighted their application is designed to maintain their resilience and sustainability in future, while maintaining the quality of services for their whole population. Infection and prevention control issues have been identified at the Blakeney site, which would need to be addressed before any face to face clinical services could be resumed.
Finance and Performance:	The ICB has no concerns about the performance of HMP and patient feedback about their experience of using their services is generally good. There would be a negligible saving in rent and rates reimbursement should Blakeney surgery closure be approved, however this could be made available to support any residual service estates costs should the application be approved.
Impact Assessment (environmental and equalities):	Both the practice and the ICB have undertaken an EIA and a health profile has been developed. Concern about carbon footprint 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 particularly in regard to rural areas. The practice boundary covers a wide geographical rural area with many small villages where transport and travel are issues for the whole registered population, if they have to travel to one of the practice sites. It is also an issue in North Norfolk generally. The practice already has a free medicines delivery service for eligible housebound patients, which reduces patient travel for this reason. Community transport options could also be explored. The Holt Caring Society is a local charity which covers the whole practice area and seeks to provide journeys to one of the practice surgeries for those that need it.
Reputation:	There is significant local, political and media interest in the practice's application.
Legal:	Formal delegation agreement with NHSE, delegation assurance framework, NHSE 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 due to vacancy controls.
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	BAF16 – the resilience of general practice

Governance

Process/Committee approval with date(s) (as appropriate)	
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Appendix B

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 health care 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; 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 C

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

Holt Medical Practice – Application to Close a Branch Surgery: Blakeney Surgery

Appendix A

Introduction

Holt Medical Practice (“**HMP**”) consists of 14,300 patients across a large practice area.¹ We have three sites: Holt, Melton, and Blakeney Surgeries. We are based in a very rural area.

Our patients are registered centrally with HMP and then access services or appointments from any of our sites where they are being offered. Many services are only offered at our main site, Holt Surgery, located in High Kelling. We have always offered a more limited range of services from our branch sites.

Since March 2020 there have been no appointments at all available from Blakeney Surgery (“**BS**”). Currently, BS operates as a drop in reception and medication collections hub only and patients travel to Melton or Holt for their appointments.

Over the last few years, we have seen a significant increase in demand for appointments and the complexity of the patients we are caring for has increased. This, running alongside workforce challenges and rising costs means our resources are more stretched.

The main funding we receive from NHS England is per patient, not per site. It is unusual for a medical practice to run three sites as it costs significantly more money and carries with it many more operational challenges. With our population on the rise, and a responsibility to plan for the future we feel we need to make certain our finite resources are working as hard as possible for the widest benefit of all our patients.

Towards the end of 2022 we met with Blakeney Parish Council (“**BPC**”) to discuss the future of BS. BPC informed us that there was a formal process we should follow if we were considering closing BS. We therefore held initial conversations with Norfolk & Waveney Integrated Care Board (“**ICB**”) in January 2023 and formally applied to close BS in March 2023.

We understand our application to close one of our branch surgeries comes at a time when the number of similar applications across the country are at an all-time high as many services are feeling stretched and threatened by the uncertain landscape of healthcare. We are aware that two other branch surgeries have recently been permitted to close and there is currently one other active application within Norfolk and Waveney ICB.

By making this application we are trying to be responsibly proactive so we can preserve the good service that we provide for our patients and the future of HMP and the Partnership. We are committed to finding a suitable alternative local medications collection solution should BS close.

The purpose of this paper is to provide the ICB with a reminder of our reasons for this application, an update on the patient engagement activity and to present our conclusions.

¹ [Practice Boundary | Holt Medical Practice \(holt-practice.nhs.uk\)](https://www.holt-practice.nhs.uk/)

Holt Medical Practice – Application to Close a Branch Surgery: Blakeney Surgery

Section A

Main Reasons why HMP applied to Close Blakeney Surgery

Most of these reasons have been discussed at length with the community. First through correspondence with local parishes back in 2021, then towards the end of 2022 with the assistance of Duncan Baker. This was then reinforced within our consultation document² and the presentation³ we gave at the Public Meeting on 1st August 2023.

In summary:

1) General HMP Misc

- a) **HMPs Catchment Area** - neighbours 7 other GP Surgery catchment areas.⁴ There is some overlap in certain areas within our catchment meaning that some patients have a choice of where they are registered. The majority of our population live *only* within Holt Medical Practice's catchment area. However, for some Blakeney residents and those that live to the Northwest and West of BS (those that are furthest away from Melton or Holt Surgeries), there is overlap with Wells Surgery's catchment area and therefore a choice of which practice to register with.⁵
- b) **Population Local to BS** – HMP has approximately 14,200 patients across a large practice area.⁶ Postcode data from our clinical system shows that approximately 1950 patients live in Blakeney and the surrounding villages of Cley, Morston, Langham, Cockthorpe, Kelling, Wiveton and Salhouse.⁷ This amounts to 14% of our population. 625 of these patients live in Blakeney, which is just 4.5% of our total practice population.
- c) **Holt Surgery is purpose built** – Holt Surgery, located in High Kelling, is by far the largest of our three sites, and was purpose built in 2003 to be a GP Surgery. It had a further extension in 2021 and now has 21 clinical rooms based off 4 waiting rooms.⁸ It also houses our administration teams upstairs, along with our meeting/training rooms and staff room.⁹ There is a dispensary and pharmacy on site and free parking for approx. 40 cars (plus the same for staff parking). It allows for a full healthcare service to be provided to patients in a safe, clean, and professional environment. Its layout lends itself to multidisciplinary team working. Melton is our next largest site with 6 consultation rooms,¹⁰ and then BS with its 2 consultation rooms.¹¹

² Appendix A1 – main consultation document

³ Appendix A2 – public meeting presentation and notes

⁴ Appendix A3 – neighbouring catchment areas

⁵ Appendix A4 – catchment area overlaps - (between the red boundary line of HMP and the green boundary line of Wells)

⁶ Appendix A5 – where our population lives

⁷ Appendix A6 – split of the 14% local to Blakeney

⁸ Appendix A7 – Holt Surgery Ground Floor Plan

⁹ Appendix A8 – Holt Surgery First Floor Plan

¹⁰ Appendix A9 – Melton Surgery Plan

¹¹ Appendix A10 – Blakeney Surgery Plan

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- d) **Historical Access** - Patients have always travelled to Holt Medical Practice for much of their care (even if they have not needed to attend any routine appts at our branch sites). Below are some of the reasons for this:
- i) **The Duty Team** - urgent/acute on the day care has only ever been offered out of Holt Surgery (save for a handful of exceptional circumstances where, because of a power cut or a flu clinic, for example) we have temporarily moved it to Melton Surgery with its 6 clinical rooms. The duty team consists of 2 duty doctors, nurse practitioners, paramedics, physician associates and a minor illness nurse. All of these on the day (or short notice, acute) appointments are only offered at Holt Surgery.
- Demand for acute appointments has steadily increased over the last 5 years. In 2018, we offered 29000 acute appointments and in 2022 this has increased by nearly 3000 appointments to 31900.
 - Historically duty used to be run by just 1 GP, now we need 2 doctors (3 on a Monday morning) all day. This creates a minimum of 80 acute, on the day appointments with a GP who simultaneously provides essential supervision to the wider duty and dispensing teams. This much needed, but location specific use of two GPs has reduced the number of GPs available to work from our branch surgeries. This allows us to meet the increased demand and the national access targets.
 - We also have a dedicated Early Visits GP who is part of the Duty Team. They are also based out of Holt for centrality and ease of access to the whole catchment area. This effective, location specific use of another GP further reduced those available to work at branch surgeries. Given the demographics of our patients and the rurality of our area, this role is much valued and enhances our on the day care for our patients when they need it most.
- ii) In addition to the Duty Team, there are **many other appointments and services that are only available at Holt Surgery** for a variety of reasons:
- Equipment – some equipment is only found at Holt – the spirometer, the ECG machine, the Doppler, the electronic health pod. Any patient requiring this equipment as part of their care will be required to attend Holt Surgery.
 - Minor Operations – these are only performed at Holt where there is a dedicated room compliant with the corresponding infection control standards and where the specialist equipment and trolley are kept. An HCA assists the GP with these operations and so both staff must be located at Holt.
 - Chronic Disease Management – these appointments have always predominantly been offered out of Holt Surgery (with small number of clinics run out of our branch sites).
 - Pharmacist led services – our clinical pharmacists are based solely at Holt. Not only do they support the medicines management team (based entirely at Holt Surgery) but they provide additional on the day acute care, alongside the Duty

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Team and some access to routine services (such as smoking cessation, blood pressure monitoring, pill checks).

- PCN / Enhanced Access appointments – these are our late night, early morning, and Saturday appointments. These are only available from Holt due to supervisory, operational, and geographical reasons. Holt Surgery is the most central surgery to our PCN area. These appointments are also available to other patients within our PCN.
 - COVID and Flu clinics – a handful of flu clinics used to be held at our branch surgeries, but since the introduction of the COVID vaccination and the different clinical restrictions regarding its administration, these are always held at Holt Surgery where appropriate clinicians can work in a safe, socially distanced manner and parking and queue control can be efficiently managed.
- iii) **Operationally** – much of our business function and non-clinical workforce are based at Holt Surgery. Holt Surgery houses our centralised business management team, IT function and support, our centralised telephones (all calls are directed to Holt) and is where the reception team, medical secretaries, nurse administrators, prescription and dispensing team and post room functions are based. These staff need to be grouped together, and able to access clinical support/supervision when needed.
- This model exists not just due to HMP believing this is an efficient way to operate, but it is in line with the model of working that is recommended by the ICB and Arden & Gem – enabling better future functionality and joined up working as PCN work increases and technology advances. You cannot work out of branch sites in this way.
- iv) **Third party services** – many other providers have relocated to central hubs, away from GP Surgeries. For example, maternity services – these used to visit Melton and Holt Surgeries and now are based solely out of Fakenham and Cromer, where this cohort of patients are expected to travel to.

2) Historic Usage of Blakeney Surgery

- a) **Opening Times** – Holt Surgery is open 07.30 – 13.00 and 14.00 – 18.30, 5 days a week. Currently BS is open 08.00 – 13.00, five days a week.¹² The opening times of all our three sites have changed and evolved over time with the needs of the business. The opening times of Blakeney have never mirrored those of the main site at Holt Surgery.
- b) **Range of Services** - There has been misunderstanding and often misrepresentation about the range of services that were historically provided from BS (or indeed from our other branch surgery at Melton). As you can see from the data¹³, of the 20,000 appointments that were offered out of Blakeney between 2015 and 2019, 24% of them were with an HCA, and 72% were with a GP. This accounted for 96% of the total appointments available from Blakeney and would predominately have been for blood tests or routine GP appointments. It would not have included chronic disease management, child immunisations, vaccinations, NHS Health Checks, minor surgery, complex dressings etc. This difference is highlighted by

¹² [Opening Hours | Holt Medical Practice \(holt-practice.nhs.uk\)](https://www.holt-practice.nhs.uk)

¹³ Appendix A11 – appt data H, M & B 2015 – 2019 (tab, Blakeney Jan 15 - 19)

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the spreadsheet (see separate tabs for Holt and Blakeney) showing the contrast in range of services across the two sites over the same period of time.¹⁴ This is the way that HMP has (and many other Practices with a main site and a branch site have) always operated.

- c) **Frequency of Services** – the total number of BS appointments held during 2015 – 2019 consisted of only 5% if the total number of appointments offered across the whole of HMP.¹⁵ This equates to an average of 2 or 3 clinical sessions per week held out of BS during this period.
- d) **Dispensing at Blakeney** – historically each of our three sites stocked and dispensed a full range of medication. Back in April 2019 it was decided to relocate the routine medicines stock from BS to Melton Surgery. The Blakeney scripts were then prepared from the combined stock held in the better equipped and larger space at Melton Surgery and transported back to Blakeney for patients to collect. This assisted with efficiencies, quality and staffing. In 2021 all dispensing activity was moved from Melton Surgery to Holt Surgery where we now dispense medication for all of our patients and operate on a hub and spoke model. In February and March 2023, an average of 37 patients per day (Monday to Friday) collected their pre-prepared medication from BS.¹⁶

3) Appointment Usage at BS

We have investigated where patients had travelled from to access the appointments at our sites.

- a) Between 2018 and 2019 there were approx. 6700 appointments in BS, 17,200 in Melton Surgery and 128,200 at Holt Surgery. We have analysed the postcode data of the patients that attended those appointments. You would expect the data to show that patients travelled from all over to attend the appointments at Holt Surgery, however, the data also shows that **patients travelled from all over the catchment area to attend the appointments at BS and Melton Surgery** as well.¹⁷
- b) Between 2018 – 2019, **over 3,000 different patients attended the appointments available at BS.**¹⁸ This is an average rate of 1 patient to 2 appointments.
- 545 of these patients (18%) were from Blakeney or Morston.
 - 447 of these patients (15%) were from Melton Constable & Briston.

Many of these 3000 patients were only seen once, and some patients were seen over 10 times, however, the data supports the fact that there was a wide range of different patients, from a wide area, using the BS appointments. This search data contains patient identifiable data and so has not been included for review in our final report. It is available for inspection.

- c) **Reintroduction of f2f appointments at BS** - If appointments were made available at BS in the future, there would have to be a **corresponding reduction in available services and appointments from Holt and Melton Surgeries**. Staff would need to be diverted from Holt

¹⁴ Appendix A11 – appt data H, M & B 2015 – 2019 (tab, Holt Appts Jan 15-Dec 19)

¹⁵ Appendix A11 – appt data H, M & B 2015 – 2019 (tab, Summary 15 – 19)

¹⁶ Appendix B2 – Blakeney data capture – Activity from 09.02 – 31.03

¹⁷ Appendix A12 – Map of postcodes of appts 2018 – 2019

¹⁸ Appendix A11 – appt data H, M & B 2015 – 2019 (tab, All 3 Sites 18 - 19)

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and Melton Surgeries to provide for this; there are no additional staff ready and waiting to be placed at Blakeney.

- d) **Conclusion** - Postcode data shows patients regularly travelled all over our catchment area, between sites, to attend appointments. Patients often followed their preferred clinician or were prepared to travel to secure an appointment. If appointments are reintroduced at BS, there will be less available to be offered at Melton and Holt Surgeries.

4) **Workforce – Current**

- a) **National shortage of GPs & Modern General Practice Access Model** - this has led to a wider multidisciplinary team being utilised in primary care to meet patient demand, mandated by the Government, and tied to redirected funding, that cannot be used for the recruitment of GPs. The profile of our clinical staffing has changed with a decreased proportion of our total appointments being GP appointments.
- b) **Increased GP Led Clinical Supervision** - these additional, wider clinical roles are rarely independent practitioners and therefore need to work on site, alongside GPs who can supervise. Operationally, this means HMP has less flexibility about where GPs can be located during the working day as many of our wider clinical team cannot work independently. Remote supervision is not safe or recommended for these roles. However, at Melton, where there are six clinical rooms, a single GP can supervise numerous members of staff. BS only has 2 clinical rooms.

The BMA¹⁹ and NHSE²⁰ have recently released guidance on working with such medical associate professionals that clarifies the safe scope of practice and in particular the role of the GP in supervising these roles and the limitations of the same.

- c) **Increased Demand & Complexity of Appointments in Primary Care** – the demand for appointments has risen significantly in the last 5 years. The only way we have been able to meet this demand has been to recruit a wider clinical team (requiring more GP led supervision, based at Holt Surgery) and utilise another GP as our second Duty Doctor (meaning one less GP available to work flexibly).
- d) **Other GP Led Commitments at Holt Surgery Reducing Operational Flexibility** – as an established training practice we continually host students from the UEA and GP Registrars. The student groups are large requiring access to the seminar rooms (exclusively located at Holt Surgery) and simultaneous use of 3 clinical rooms. GP Registrars are not allowed to work independently at any site.
- e) **Staff Retention & Recruitment** – in the last five years HMP has seen a noticeable change in staff retention; 61 of our 93 staff have joined us since Jan 2019 – this equates to a 66% turnover. This is reflected nationally, with an exodus of staff from the NHS. In addition, our rurality is a challenge. We have less of a population pool to recruit from and staff we do recruit, need to travel longer distances to reach us. Most staff are reluctant to work over

¹⁹ [BMA Guidance on Safe Scope of Practice for Medical Associate Professionals \(MAPs\)](#)

²⁰ [NHS E Guidance on ensuring safe and effective integration of physician associates into departmental multidisciplinary teams through good practice](#)

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three different sites. It increases travel costs. BS is further away from most staff than Holt or Melton Surgery.

- f) **Conclusion** – We are operationally stretched over 3 sites with less flexibility than we previously had. Considering the workforce issues, we would be safer and more resilient over 2 sites.

5) BS Premises – Current Footprint

- a) **Estates** – Blakeney at 76m² is one of the smallest premises within the Norfolk & Waveney ICB. There are only 5 (out of the total 155) other sites within Norfolk & Waveney which are smaller than the BS, and all of these operate on part-time hours.²¹ Of the 5 that are smaller, only 3 still function as branch sites. We are unsure of the range or frequency of services provided from these sites during their opening times. It is very unusual to run a GP Practice across all three sites. We understand from the ICB Estates Team that there are only 11 practices that have more than 2 sites.²²
- b) **Surveyors Report** - The ICB asked Chaplain Farrant to undertake a survey of all branch surgeries in 2021.²³ The report on BS identified the need for £41,000 + VAT to be spent on physical improvements to the bricks and mortar (to bring the building up to RAG rating B) and £75,000 + VAT internally, to make it “functionally suitable” and “to comply with minimum building standards” for a GP site. The report highlighted the need for investment in a building that is not currently deemed fit for purpose.

The ICB have since provided further estimates of refurbishments costs based on the national Building Cost Information Service calculations and via discussions with an architect practice. The ICB now estimate the cost to refurbish the current site, on its existing footprint, at £245,000.²⁴

- c) **Investment** – the ICB’s investigations suggest a minimum investment of £245,000 is needed to bring BS (on its existing footprint) up to acceptable standards.
- i) **NHS Estates Funding?** If eligible, NHS England could reimburse up to a maximum of 66% of the costs of any capital improvements made to BS. Whether or not any such NHS Estates funding would be available, or at what reimbursable rate, is assessed on a case-by-case basis against a set of national criteria. In the case of Blakeney, we understand from the ICB Estates Team that, it would need to be prioritised against circa 150 other requests from Practices across the ICB for capital funding. We are informed that schemes for 24/25 have already been agreed.
- ii) **Partnership Investment?** If NHS England funding is available, it will only be up to a maximum of 66% of the total cost of the project. This means that a minimum of £83,300 would need to be invested by the Partners of HMP. This amount would, in reality, be much greater as we are led to believe the likelihood of any NHS Estates funding being available to be low and/or at a lower rate. This would increase the amount of investment required from the Partners of HMP.

²¹ Appendix A13 – Sites in N&W Smaller than BS

²² Appendix A14 – N&W Surgeries with 2 or More Sites

²³ Appendix A15 - Chaplain Farrant Report on BS

²⁴ Appendix A15a – IPAC Visit Blakeney Medical Practice 25.03.24

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- iii) **Other Recent Investments.** The Partnership has recently made significant investments and improvements at Holt and Melton Surgery. Whilst some of the costs of these improvements were covered by funding from NHS England and our Landlord (at Holt Surgery) there was a significant investment from the Partners. This amounted to approximately £83,000 at Melton Surgery and £55,000 at Holt Surgery.
- iv) **Existing Increased Running Costs Following Recent Investments.** Alongside any investment resulting in expansion or improvement at our sites has come an increase in associated costs. At Holt Surgery, since the extension and expansion, the running costs have increased to reflect the increased space that needs heating, lighting, and maintaining. If Blakeney were also to increase in size, as well as the significant capital investment required to expand the current footprint, there would be a significant increase to its running costs.
- d) **Running Costs** – the cost of running three sites is expensive. Utilities have increased at a much higher percentage than any reimbursements we receive from NHS England. Surgeries running multiple sites do not receive any additional funding (other than rent and domestic rates) to reflect the additional costs of three sites, despite these costs being proportionately greater. Our rental income for BS is currently £9000 per annum. Our running costs in 22/23 (attached solely to the premises) came to £10,100. This included utilities and building maintenance etc but excluded staff. Then, on top of *expected* costs associated with running premises, there are *unexpected* costs – such as the roof at Melton Surgery needing replacing in December 2023 at a significant cost to the partnership of £25,000. Running and maintaining buildings is expensive.
- e) **Staff Facilities** – there is no space for a staff room or kitchen, as recommended in the report. This makes for less comfortable working conditions for staff at a time when it is important to do what we can to support them.
- f) **Infection, Prevention and Control** – the current standards fall below those that are now routinely expected. As part of any refurbishment, we would need to: replace the carpets, fabrics, furnishings, sinks, and create a clean and dirty utility. The ICB's Infection Prevention and Control Team recently conducted an inspection of BS. The overall impression of BS noted in the report was that "furnishings and fittings need to be upgraded and replaced in many instances" and stated that "fixtures and fittings are very old and not fit for purpose. If patients were to be seen here the whole site would need upgrading in terms of fixtures and fittings alongside new patient equipment."²⁵ In the earlier report by Chaplain Farrant, it was recommended that BS should have a clean and dirty sluice. On the site's current footprint, this could only be created by further reducing the space in the clinical rooms or the already minimal storage.

We were last inspected by the CQC in 2016 and again in 2018. It is not clear from the 2016 report whether the inspectors visited either of our branch sites. In 2018 the inspectors visited Melton Surgery (not BS). We do not believe BS would now pass as compliant for infection, prevention, and control standards, on re-inspection; confirmed by the recent ICB's Infection Prevention and Control Team's report.

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- g) **Layout of Clinical Rooms** – whilst one of the clinical rooms hits the required minimum 15m², the patient couch is located within an alcove (previously used for a cupboard). This causes issues with access to the patient during examinations. The other room has equally prohibitive but different, design issues with its layout. Both rooms need gutting and redesigning to improve the clinical and patient experience. Even the report highlights the need to redesign the layout.
- h) **Accessibility** – neither of the two toilets are compliant with accessibility standards. This is the same for the reception desk. One suggestion is to make the current patient toilet larger to enable disabled access, which would reduce the space in the waiting room. There is not currently a suitable disabled parking space as the car park's surface would need relaying due to issues caused by the gravel.
- i) **Availability of a chaperone** – we are noticing many more requests for chaperones (from patients and staff). Under the current footprint, you would only ever have a maximum of three people in the building, which could mean the receptionist needing to lock the front door to be able to be a chaperone for one of the two clinicians who cannot leave their clinics. This is not workable.
- j) **Lone working** – as evidenced during the recent incident during the engagement period, staff have valid concerns about lone working. There is no operational need (and it is operationally inefficient and difficult, causing further fragmentation of the centralised reception team located at Holt Surgery) to have two members of administrative staff in BS meaning the receptionist would, at times, be working on their own. We have a duty to ensure our staff are safe (lone working is not an issue at Melton or Holt Surgeries as there are always more staff) and we must ensure the working environment is attractive to encourage staff retention.
- k) **Asset of Community Value** – in April 2023 BPC applied to register BS as an Asset of Community Value.^{26, 27} HMP objected²⁸ and North Norfolk District Council (“NNDC”) ultimately rejected the application in May 2023.²⁹ Blakeney has a range of other community buildings, many of which are in better condition than BS and underutilised. The response from NNDC indicated other existing options within Blakeney as premises where community initiatives could be located or co-located.
- l) **Conclusion:** any investment in BS needs to be proportionate to the benefits that it will bring. With regards to the future viability of the site (see below) the investment and future ongoing associated costs seem at odds with the reasonable needs of the population and future viability of the site.

6) Operational Futureproofing

- a) **PCN Model of General Practice** – PCNs were first introduced by the Government in 2019 to help enhance and share the provision of general practice services within a local area. HMP is in a PCN with Sheringham and Fakenham Medical Practices.³⁰ PCNs are focused on hub-

²⁶ Appendix A16 – BPC Ltr to NNDC Applying to register BS as an ACV

²⁷ Appendix A16a – BPC Application FORM to NNDC to register BS as an ACV

²⁸ Appendix A17 – Ltr from HMP to NNDC Objecting to Registering BS as an ACV

²⁹ Appendix A18 – Ltr from NNDC to BPC rejecting application to register BS as a ACV

³⁰ [North Norfolk PCN - Norfolk & Waveney Integrated Care System \(ICS \(improvinglivesnw.org.uk\)\)](https://www.norfolkandwaveney.nhs.uk/improvinglivesnw.org.uk)

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based, multidisciplinary team working. Blakeney's geographical location (on the periphery of our PCN boundary), small size (and all issues identified in the Premises and Workforce sections) makes it unsuitable for use as a PCN Hub.

- b) **Future PCN Based Funding** – we are already seeing a focus on PCN based working and many funding streams are attached to this type of joined up working. We can only offer these services at Holt Surgery, or we risk losing that funding. This means we must make sure we are operationally able to bid for/deliver these services (from PCN suitable premises) with a workforce based at those PCN suitable sites. Creating further inflexibility in our workforce to work from branch sites.
- c) **The Future of General Practice and the Wider NHS** – the direction of travel for Primary Care (driven by the current Conservative government) has been to hub-based working with multidisciplinary teams, within the PCN.³¹ With the uncertainty of future governments and policy (for example, Labour most recently suggesting they wish to focus on hub-based urgent primary care services), we need to focus our business development on sites that can operate in these ways.
- d) **Future Population Growth** – x660 houses have recently been built or are soon to be built in or around Holt.³² We also know that there are approx. 100 new dwellings planned at Melton Constable. There is also a newly opened x66 bed care home and a new x66 bed nursing home opening early next year, both in Holt. The ICB Estates Team have assumed a population growth of 1,243 patients over the next 15 years based on *approved* planning permissions. Taking into account the *pending* (yet established) plans as well, this figure is more likely to be in the region of 1650 - 2000 patients.
- e) **Adequate Space at Holt and Melton Surgery?** - Blakeney at 76m2 is one of the smallest premises within the Norfolk & Waveney ICB. There are only 5 (out of the total 155) other sites within this area which are smaller than the Blakeney. With reference to the ICB Estate Team's Capacity and Growth Chart we can look at the historical, existing, and future estates capacity at HMP.³³

In Jan 2020, the m² of HMP was as follows:

- Holt - 900m² (open 8 – 6.30, 5 days a week)
- Melton - 185m² (open 8.30 – 6, 5 days a week)
- Blakeney - 76m² (open 8 – 1, 5 days a week)
- Total = **1161m²** (3 sites, all open 5 days a week).

14000 registered patients

23 clinical rooms (16 at Holt, 5 at Melton, 2 at Blakeney).

If HMP were now to close BS, taking into consideration the new extension at Holt Surgery and the recent improvements at Melton Surgery, HMP would look as follows:

- Holt - 1186m² (open 8 – 6.30, 5 days p/w PLUS extended PCN hrs)
- Melton - 185m² (now open longer hours: 8 – 6.30, 5 days a week).
- Total = **1371m²** (210m² more than in 2020)

³¹ The future of general practice (parliament.uk)

³² [North Norfolk Site Allocations \(north-norfolk.gov.uk\)](#) & [Proposed Submission Version \(Regulation 19 Publication\) Local Plan \(north-norfolk.gov.uk\)](#)

³³ Appendix A19 – N&W ICB Estates Capacity and Growth Chart

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14250 registered patients
27 clinical rooms (21 at Holt, 6 at Melton)

This shows a net increase of 4 additional clinical rooms. In addition, we also now have 6 new admin rooms and a large multifunctional meeting room.

The data also shows that our patient population has increased, and we know that it is due to increase further due to the approved and planned housing developments in Holt (660 dwellings + 120 care home beds), Melton (100 dwellings) and Blakeney (27 dwellings).

The ICB Estates Team have modelled this predicted growth³⁴ (both on HMP's predicted growth of 2,000 weighted patients, and on their more conservative growth of 1,234 weighted patients). The data shows that, based solely on Holt and Melton Surgeries' footprints, that HMP could still offer more than the required m² per patient, as recommended by NHS England, even taking into account the expected population growth.

Conclusion – a lot of thought, operational resources, finances and effort has gone into ensuring that HMP's sites are able to service our population now and into the future. We have a finite amount of resources and we must make sure they are used wisely for the widest benefit of our entire population.

7) Partnership Finances/Future

a. Global Sum and Staff Wages

- The majority of income for most GP surgeries comes by way of our Global Sum. It is calculated at a rate per patient and that rate is the same irrespective of the number of sites you operate from or the number of times those patients visit or use the GP Surgery. NHS England publicises that any uplifts they give to the Global Sum should cover uplifts to staff costs and other expenses.³⁵
- In 23/24 NHS England released guidance that all NHS staff (including those employed by GP partnerships) should get a 6% pay rise. HMPs global sum was increased by £94,500. The cost of awarding a 6% pay rise to all our staff (not partners) actually cost HMP £155,000 (including 30% oncosts). This meant there was a shortfall of £60,500 in what this cost the partners vs the funding that was received. In reality the shortfall was much greater as there were other running costs (in addition to staff wages) that continued to increase, in the absence of any matched funding.
- For 24/25, HMP's Global Sum has been increased by £35,000. In the same year the government has increased the National Minimum Wage by 11%; £1.02. To ensure we meet our national minimum wage obligations AND maintain adequate differentials between different roles and responsibilities throughout HMP, we have needed to award pay rises that have cost the business a further to £120,000 (including oncosts). This

³⁴ Appendix A20 – N&W Estates Future Capacity without BS

³⁵ [NHS England » Implementing the 2023/24 GP Contract changes to Personal Medical Services and Alternative Provider Medical Services contracts](#)

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meant there was a shortfall of £85,000 in what this cost the partners vs the funding that was received. And, as with every year, other costs have continued to rise.

- Therefore, in the last 2 years alone, our staff wage bill has increased by £145,000 ON TOP of any funding we may have received. This additional (and now repeating) wage bill is accompanied by many other increased costs. This is an unsustainable model of business in an industry where on the one hand you are modelled to be an independent business yet on the other hand you have an inability to generate more business or put your prices up. It will be extremely challenging if the government and NHS England continue to allow for such situations where GP Practices are obliged to meet increased costs that are unmatched by additional funding.
 - The alternative is that we don't award the recommended pay rises and our excellent staff leave, we are understaffed, and we struggle even more than we do now to recruit. We are proud to be a surgery that stands out as employing high numbers of staff vs the local and national averages (as we KNOW this means we can offer a better service to our patients as a result) BUT we will not be able to carry this additional cost into the future unless we make some changes and try to reduce costs and streamline services where we can.
 - In situations where costs continue to escalate and there is no additional income available, the only place where this money can come from is the Partners of the business and by reducing their earnings. Unlike NHS bodies, GP Practices are unable to run with deficits. And the more you reduce the potential earnings of GP partners, the less attractive the position becomes, and we find ourselves in the situation we are in now, nationally, where the recruitment of Partners is more challenging than ever.
- b. **Recruitment of GP Partners** – there is currently a national shortage of GPs. Newly qualified GPs rarely look for the responsibility, commitment and financial constraints associated with Partnership. More GPs choose to work as salaried or portfolio GPs than ever before, so the remaining pool is further reduced. More than ever the reward for Partnership needs to be as attractive as possible otherwise there will be even less incentive for GPs to look for partnership roles and there is a chance that the existing partners will leave in search of alternative roles within the NHS. GP Partners ensure continuity and stability within a GP practice – for staff and importantly patients – the alternative model of an increased reliance on locum GPs or higher numbers of medical associate professional roles will drastically alter the service we currently offer our patients and that we are trying very hard to maintain and preserve into the future. In 2023 Holt failed to recruit for an additional salaried GP role when we advertised, which has never happened before.
- c. **Succession Planning** – we are very mindful that within the next 6 years, we have 5 of our current 7 GP partners wishing to retire. Without active measures to recruit for future GP Partners, the Partnership would be unsustainable on these numbers. This is of concern for two main reasons:
- Operationally – it would be extremely undesirable (and potentially unsafe) for a practice the size of HMP to run on just two GP Partners. There would be a significant resilience risk and the quality of care to our patients and the support we offer to our staff would be negatively affected. Furthermore, those two GP Partners are unlikely to wish to remain in that situation and so the future of the business would be fragile. We are a well

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led practice, with the numerous business and clinical roles and responsibilities divided between the partners; we have never operated at less than six GP partners.

- Financially – outgoing partners need to be bought out of their investment. Without the introduction of new investment from new partners buying into the Partnership, it would become insolvent.
 - Nationally – it is hard to find GPs to work in rural areas. The day after the public meeting in Blakeney, Farming Today featured a piece on the issues a rural practice in Wales were facing recruiting a GP, despite offering a golden hello. Then, at 12 noon later that day, You and Yours also ran a piece on this topic. There are less GPs wanting to work in general practice, and even less wanting to be Partners. This, coupled with our rurality, makes recruitment a challenge and retention a priority.
- d. **Property Portfolio** – our current property portfolio is approximately £375,000. In 2019, BS was valued at £101,500 and Melton Surgery was valued at £260,000.³⁶ Partners must buy into their *equal* share of the property (irrespective of the number of sessions they work) *and* their working capital, currently set at approximately £40,000. Our newest 6 session partner was required to invest £85,000 to buy into the Partnership. And this is at a time when loan rates are at an all-time high and the pool of GPs wishing to become Partners is shallow. By reducing our property portfolio, we are taking proactive measure to make the buy-in to the Partnership more achievable, more attractive and less daunting and the buy-out of retiring partners is more affordable.
- e. **Sensible Investment** – not only does the amount of investment matter to new Partners, but also the commerciality of that investment must stack up. Asking people to invest in bricks and mortar that might not retain their future value (see issues identified under Premises and Operational Futureproofing above) is not viable.
- f. **Conclusion** – the proposal to close BS will help in a small way protect the future of the partnership and thus the future of the healthcare we can continue to provide for all our patients.

³⁶ Appendix A21 – Blakeney and Melton Valuation September 2019

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Section B

Patient Consultation and Engagement Phase

In accordance with national guidance³⁷, HMP ran a public consultation and engagement exercise between August - September 2023 to gain the feedback of patients, partner organisations and wider stakeholders in the community on proposed options for BS and how HMP might continue to provide the reasonable healthcare needs of its population.

Pre-engagement Activity

Before the formal engagement phase commenced, there had been some written communications between HMP and key stakeholders in the community regarding the changes in service levels at BS and what the future of BS might look like. Then in December 2022 a meeting was held between HMP, BPC and Duncan Baker.

In addition to communications that HMP were directly involved in, in early 2023 the “Save Blakeney Surgery” campaign had gained political support via Duncan Baker which was promoted through local media and social media channels.

The future of BS was the topic of two surveys conducted in February and May 2023, one led by Duncan Baker and the other by BPC in conjunction with Healthwatch. The future of BS was also the main topic of BPC’s AGM in March 2023.

For 7.5 weeks, from 15 February to 31 March 2023, HMP ran a data collection exercise from BS noting down the number of prescriptions that were collected daily and the number of in person queries raised with the receptionist. The average number of prescriptions collected each day were 37, with the number of queries averaging approximately 10 per day.³⁸

Prior to the formal commencement of the application to close BS, there had been several articles about BS featured in the local publication, *The Glaven Valley* newsletter, and via other local articles/flyers. BPC’s website regularly posted updates on the matter and circulated minutes of their meetings. These raised awareness of the topic across the local community prior to the commencement of HMP’s application to close BS and throughout the engagement period.

The Engagement Plan

HMPs proposed plan and timeline for its patient engagement phase³⁹ was agreed in advance with Healthwatch and shared for final approval with the ICB and with Norfolk Health Overview and Scrutiny Committee in advance of commencement.

HMP’s official patient engagement period ran for a period of approximately 9 weeks from 1st August to 30th September to allow sufficient time for the community to engage over the summer period. The public, patients, and wider stakeholders were invited to provide feedback through an online survey and in writing.

³⁷ Appendix B1 – ICB Advice Note 3 on Branch Closures

³⁸ Appendix B2 – Blakeney data capture – Activity from 09.02 – 31.03

³⁹ Appendix B3 – Plan for Patient engagement

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During this period, HMP used a range of methods and formats to raise awareness of the engagement opportunity with our patient population and the wider community (not just with those patients local to BS) and to seek feedback, ensuring that all patients and stakeholders had the opportunity to contribute meaningfully to this process.

This incorporated a mix of face-to-face, digital, and postal engagement opportunities. This multifaceted approach ensured the process was as accessible as possible for local people during the consultation period. A summary of the communication and engagement activities is outlined below.

HMP's Communication and Engagement Activity

An integrated and accessible programme of face to face, digital, and print communications and engagement activities were developed to raise awareness of the engagement opportunity and support local people and organisations to take part in the process.

Healthwatch Norfolk were regularly consulted both at the planning phase and throughout the engagement period. This provided useful guidance to HMP and reassurance to patients and stakeholders that HMP were conducting this phase objectively, with transparency and in a professional manner.

The opportunities to engage included:

- A **public meeting** was held in Blakeney Village Hall on 1 August 2023. It was independently chaired by Healthwatch Norfolk and hosted by two panels from BPC and HMP. It was widely publicised. The **presentation** (see Appendix A) provided at that meeting was then widely shared in printed and electronic form (and available for collection at the end of the meeting). This meeting was covered by BBC Look East.
- Paper copies of HMPs **consultation document** (see Appendix A) and **survey**⁴⁰ were available for collection at all three sites. Both documents were also available to collect in **Easy Read** format. **Braille, translated and large print** copies were available on request. Copies could be requested to be posted to patients via a **dedicated phone line**.
- **Comments boxes**⁴¹ were available at feedback stations all three sites with **comment cards**⁴² for patients to share their feedback easily and anonymously.
- Feedback and comments could be provided by email to a **dedicated email address** (nwicb.blakeneypatientengagement@nhs).
- A specific page was created on our **website**⁴³ detailing the reasons and background behind HMPs application and the various ways patients could engage. It also contained links to the consultation document, survey, and public presentation.
- HMP's **survey** was live from 14th August – 30th September. It was advertised widely via the website, **QR codes**⁴⁴ on **posters** at our sites, via **medication bag flyers**, through **letters, texts** and **emails** to patients and through third party posts or articles on community **Facebook** pages, **local websites, and publications**.⁴⁵

⁴⁰Appendix B4 – HMPs Blakeney Survey

⁴¹Appendix B5 – Photos of Comments Box Stations

⁴²Appendix B6 – Comments card template

⁴³Appendix B7 – Website landing page

⁴⁴Appendix B8 – QR Code Poster

⁴⁵Appendix B9, B10, B11 – FB posts Blakeney Parish Council, Steffan Aquarone, Martin Batey

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- **Drop-in sessions** at Holt Surgery, Melton Surgery, Blakeney Village Hall, and Holt Library were organised and run by Healthwatch. They provided an opportunity to receive assistance to complete the survey or provide comments via an independent third party. They were run at various times of days/early evening (details are provided in the Summary of Patient Engagement Feedback section) and widely advertised via **posters**⁴⁶ and on the website.

Communication activities to raise awareness of the engagement opportunities included:

- Early updates and ongoing communications were sent to **Parish Councils, County Councillors, District Councillors, key local organisations (like Holt Caring Society), the ICB, the Local Medical Council, Healthwatch and the Health Overview and Scrutiny Committee** to ensure early notification of key dates and to ensure widespread awareness to encourage the sharing of engagement opportunities through their communication channels. A **communications toolkit** containing promotional materials was provided.
- **All registered patients** were **text**⁴⁷, **emailed**⁴⁸ or **written**⁴⁹ to, to make sure they were aware of the consultation and the range of engagement opportunities.
- **Patients with Learning Difficulties** were **written to individually**⁵⁰ and provided with an Easy Read copy of the consultation document⁵¹ and survey⁵² along with a pre-paid return envelope.
- **Care home residents and housebound patients** were **written to individually**⁵³ and provided with a copy of the survey, consultation document and pre-paid return envelope. **Care home managers** were also **written to**⁵⁴, encouraging them to support their residents with the opportunity.
- Our **PCN** remained fully apprised of our application. **Neighbouring practices** were informed of the proposal and encouraged to engage if they had any concerns. All **Practices in North Norfolk** were updated at the monthly practice managers' meeting.
- Our **Patient Participation Group** was regularly updated to ensure awareness and understanding of the evolving situation. A member of our PPG attended the Public Meeting and all members have reviewed the patient communications we received during the engagement phase.
- Promotional **posters**⁵⁵ were put up at all three sites and on our reception display screens. These were sent electronically to interested parties for further distribution. The posters advertised the consultation topic and engagement phase generally, the public meeting, and the drop-in sessions run by Healthwatch.
- **The right-hand side of our prescriptions**⁵⁶ were updated twice with relevant information about the consultation, engagement and when the survey went live. **Flyers**⁵⁷ were placed in bags of medication collected in the lead up to the consultation and the survey.

⁴⁶ Appendix B12 – Poster - A3 - Healthwatch Drop In Sessions

⁴⁷ Appendix B13 – Text message to patients

⁴⁸ Appendix B14 – Email to patients (with no mobile)

⁴⁹ Appendix B15 – Letter to patients (with no email or mobile)

⁵⁰ Appendix B16 – Easy Read Letter

⁵¹ Appendix B17 – Easy Read Consultation Document

⁵² Appendix B18 – Easy Read Survey

⁵³ Appendix B19 – Letter to care home resident

⁵⁴ Appendix B20 – Letter to Care Home Managers

⁵⁵ Appendix B21 & B22 – Posters: Save the Date Public Meeting & General Blakeney Surgery

⁵⁶ Appendix B23 & B24 – RHS Script Update & RHS Script Update 2; Live Survey

⁵⁷ Appendix B25 – Flyers in Medication Bags

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Press and 3rd party coverage included:

- **Third party media articles and campaigns** further raised awareness of this topic and the opportunities to engage. There were articles in the Eastern Daily Press, on BBC Radio Norfolk, in the North Norfolk News and the Public Meeting was covered on BBC Look East.
- The topic has received **political interest** and been promoted locally by Duncan Baker, Conservative MP via letters, survey and by his Facebook page. Steffan Aquarone (Liberal Democrat Parliamentary Candidate for North Norfolk), produced an insert for his summer circular that was widely distributed within our catchment area.
- The Save Blakeney Surgery Campaign has done a lot of work locally to raise awareness of the consultation and ran a **petition** (hosted both online and on paper) that received 100s of signatures.
- [An original song](#) was penned about the potential closure that was sung by local shantymen at several public events over the summer, the recording of which was widely shared via local websites and is available on you tube.
- **Healthwatch Norfolk** shared information about the engagement on its website and through its social media channels.

3rd Party Engagement Activities

Duncan Baker conducted a survey back in early April 2023 via his website. The report⁵⁸ compiled by his office detailed that 434 surveys were completed following a mail drop of over 1700 letters to households in the villages of Blakeney, Langham, Kelling, Morston, Salhouse, Stiffkey, Wiveton, Cley and Weybourne. This amounted to 3% of our patient population.

BPC conducted a survey⁵⁹ (with the assistance of Healthwatch) that ran from 5th May to 16th June 2023. The report⁶⁰, compiled by Healthwatch, showed that 270 surveys were completed either online or in hard copy. This amounted to 1.8% of our patient population.

Local groups have continued to raise awareness of the topic and provided **pro forma letters**⁶¹ and wording in both local publications (to be torn out or copied) and online (to be printed or copied). We have received multiple copies of these letters, re written, or topped and tailed with senders' names.

Save Blakeney Surgery campaigners ran a **petition** that garnered approx. 1500 signatures (approx. 370 of which were obtained online, and 1130 in person).⁶² A full copy of the petition and signatures is available for inspection on demand.

The focus of these third-party engagement activities was very much around BS remaining open and a wish for a return of more services to BS. The themes from these third-party engagement exercises have been included alongside those obtained during HMP's formal engagement period, to ensure a full picture is given to the reader.

⁵⁸ Appendix B26 – Duncan Baker Blakeney Surgery Survey Report 2023

⁵⁹ Appendix B27 – BPC Survey Results

⁶⁰ Appendix B28 – Healthwatch Report on BPC Survey

⁶¹ Appendix B29 & B30 – First Proforma Letter & Second Proforma Letter

⁶² Appendix B31 – Save Blakeney Surgery Petition Letter & Summary of Results

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Overview of the Options Discussed and Raised within the Engagement Period

The options outlined in HMPs consultation document were:

- **Close Blakeney Surgery** (and relocate current reception and medication collection services)
- **Maintain and Invest** – keep Blakeney Surgery open (maintain current service levels and invest in the premises (on the building's existing footprint))
- **Improve and Invest** – keep Blakeney Surgery open (increase range of services *and* invest in the premises on the building's existing footprint)
- **Rebuild and Invest** – keep Blakeney Surgery open (make a significant investment in premises by way of a larger, improved footprint allowing for an increased range of services)

These options were discussed at the Public Meeting and contained within the supporting presentation.

HMP's consultation document outlined the evolution of services provided at BS and the possible options (together with their pros and cons) for the future. People were invited to share their thoughts on the whole range of possibilities for the future use of BS: ranging from investment and through to closure.

The consultation document provided the reader with information designed to allow a better understanding of why HMP was proposing closure "option 1" (above) and the various ways HMP may be able to mitigate any resulting impact, should BS close.

We explored the pros and cons of the various options at the public meeting intended to enable the public a better platform of understanding from which to share their views during the following engagement period.

By the time the *formal* engagement period began, there had already been two local surveys (one from Duncan Baker and the other from BPO), together with many letters, emails and conversations direct with HMP indicating many wished for Blakeney Surgery to remain open, along with their reasoning and concerns.

At the point HMPs survey was designed, we had the benefit of two previous surveys and multiple media and local campaigns supporting the wish for BS to remain open, and concerns about its proposed closure. Through discussion with Healthwatch, HMPs survey was designed to ask questions to gain information and data that would help complement that which had already been collated.

It asked questions on transport and access, medication collections and more general questions asking the respondent to identify the factors important to them when accessing general practice services. HMPs survey provided free text areas and two questions allowing respondents to provide their feedback on the possible impact of and concerns about the proposed closure of BS.

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Responses and Communications Received by HMP/Healthwatch

HMP started a period of public engagement from 1st August to 30th September 2023. During this approx. 9-week period of engagement many patients took the opportunity to share their views and comments with the practice in a variety of ways. No requests for hard copy documents to be posted to patients or for the consultation document or survey to be provided in alternative formats, braille or to be translated were received.

- **A total of 675 HMP surveys were completed** (either online or in hard copy, some of which were in Easy Read format). 656 of these were completed by registered patients which amounts to **4.6% of our patient population**. A full breakdown of the responses to the survey (compiled by Healthwatch) and all hard copies received are available for inspection. Here is a more detailed breakdown of the surveys completed:
 - 584 surveys were completed online.
 - 20 Easy Read surveys were received in hard copy and then manually entered online.
 - 71 surveys were received in hard copy and then manually entered online.
- **Written feedback** was also sought and gained via letters, the dedicated email address, online forms and comment cards. Copies of all correspondence received have been kept and are available for inspection. In summary we received:
 - 60 letters/emails/online forms before the engagement phase commenced.
 - 140 letters/emails/online forms during the engagement phase
 - 155 comments cards⁶³ were completed across the three sites during the engagement phase;
 - Holt x44
 - Melton x38
 - Blakeney x53
- The **Public Meeting** held at the start of the engagement period allowed many people an opportunity to hear the information first hand and listen to questions and themes raised therein. It was the first opportunity that HMP had had to share its reasoning for making its application. Approximately 200 people attended. Presentations were given by 3 BPC members and HMP. Questions were taken from attendees in the second half of the meeting.
- Healthwatch ran **5 drop-in sessions** at Melton Surgery, Holt Surgery, Holt Library and Blakeney Village Hall. The content of the interactions at the drop-in sessions were captured by Healthwatch and a report of the discussions provided to HMP⁶⁴. The number of interactions were as follows:
 - 5 people attended and 2 surveys were completed at the session between 10.30 and 12.30 on Wednesday 16th August @ Holt Surgery
 - 5 people attended and 0 surveys were completed between 10.30 and 12.30 on Thursday 31st August @ Melton Surgery

⁶³ Appendix B32 – Comment Card Responses and Locations

⁶⁴ Appendix B33 – HW Report on Drop-in Sessions

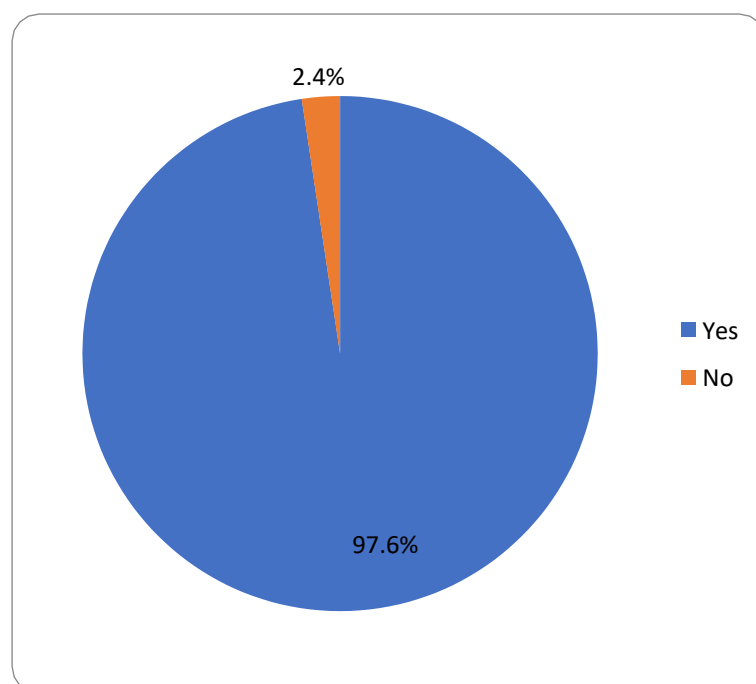
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- 8 people were spoken to at the session and 0 surveys were completed between 10.30 and 12.30 on Tuesday 29th August @ Holt Library
- 34 people were spoken to, 4 surveys were completed, and 6 comments cards were completed between 10 and 12noon on Thursday 7th September @ Blakeney Village Hall
- 1 person attended and 0 surveys were completed between 6 and 7.30 pm on Tuesday 12th August @ Holt Surgery

Responses to HMPs Survey Questions

A total of 675 HMP surveys were completed (either online or in hard copy, some of which were in Easy Read format). 656 of these were completed by registered patients which amounts to **4.6% of our patient population**. A full breakdown of the responses to the survey was compiled by Healthwatch.⁶⁵ Here is a summary of those responses:

1. Are you a registered patient at Holt Medical Practice?















The data show that 97.6% of respondents who completed the HMP survey were registered patients of HMP.

⁶⁵ Appendix B34 – HMP Survey Results RAW (from Healthwatch)

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2. What are the first 5 digits of your postcode?

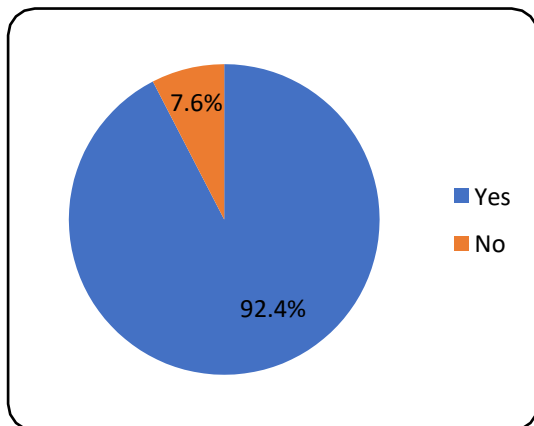
The data shows that over half of responses came from the NR25 7 postcode area. BS is within this area. Almost a quarter of responses came from the NR25 6 area, which includes Holt Surgery. 12% of responses came from the NR24 2 area, which includes Melton Constable Surgery. Maps showing these areas have been generated for the reader's ease of reference.⁶⁶

Answer Choices			Response Percent	Response Total
1	NR11 6		1.04%	7
2	NR11 7		1.19%	8
3	NR11 8		0.30%	2
4	NR20 5		1.94%	13
5	NR21 0		2.53%	17
6	NR23 1		0.89%	6
7	NR24 2		12.67%	85
8	NR24 8		1.19%	8
9	NR25 6		22.06%	148
10	NR25 7		55.14%	370
11	NR26 8		0.15%	1
12	NR27 9		0.00%	0
13	Other (please specify):		0.89%	6
			answered	671
			skipped	1

⁶⁶ Appendix B35 – Maps of 3 Main Postcode Areas of Survey Respondents

Holt Medical Practice – Application to Close a Branch Surgery: Blakeney Surgery

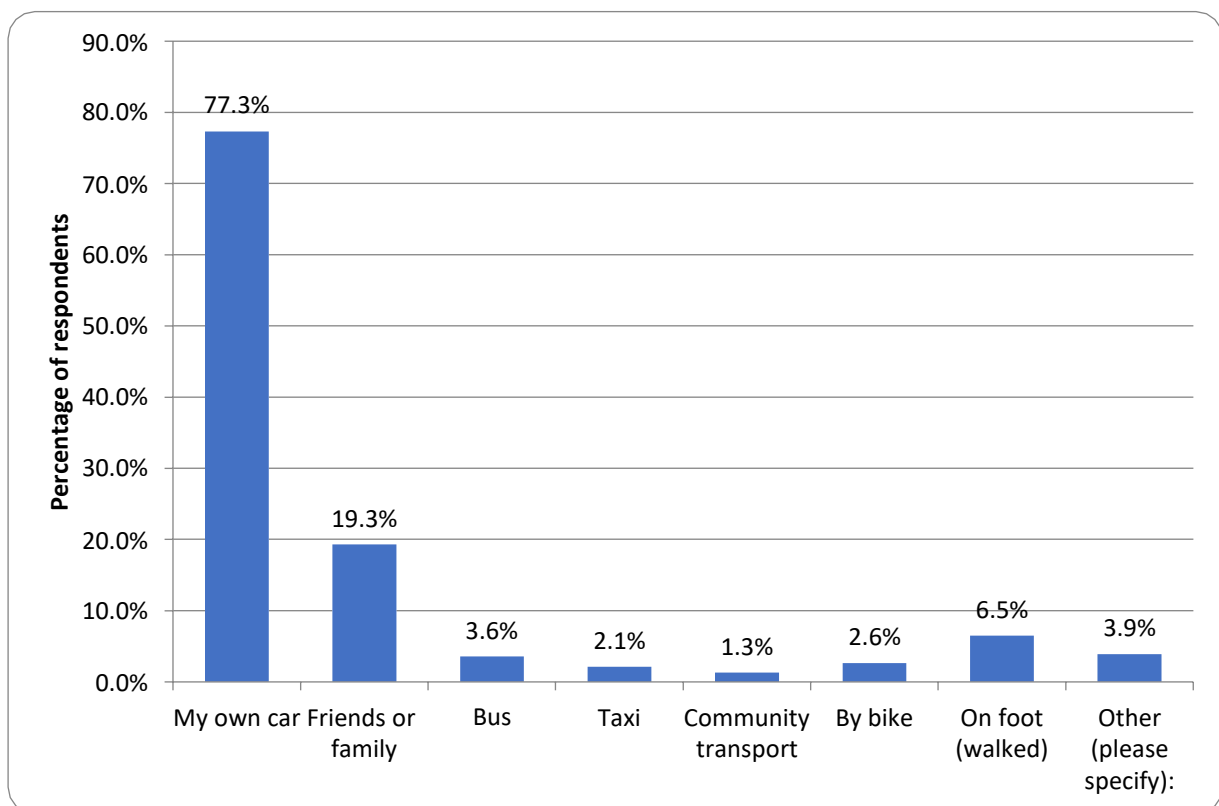
3. In the last 3 years have you gone to either Holt or Melton Surgery for an appointment?



The data shows that of the respondents that submitted a survey, 92% of them had travelled to Holt or Melton Surgeries for an appointment in the last 3 years.

If yes to Question 3, how did you travel to Holt or Melton Surgery for an appointment?

The data further shows that of the 92.4% who had travelled to Holt or Melton for an appointment in the last 3 years, 77% had travelled to that appointment using their own car, with nearly 20% having been taken by friends or family. Over 8% of survey respondents declined to answer this question.



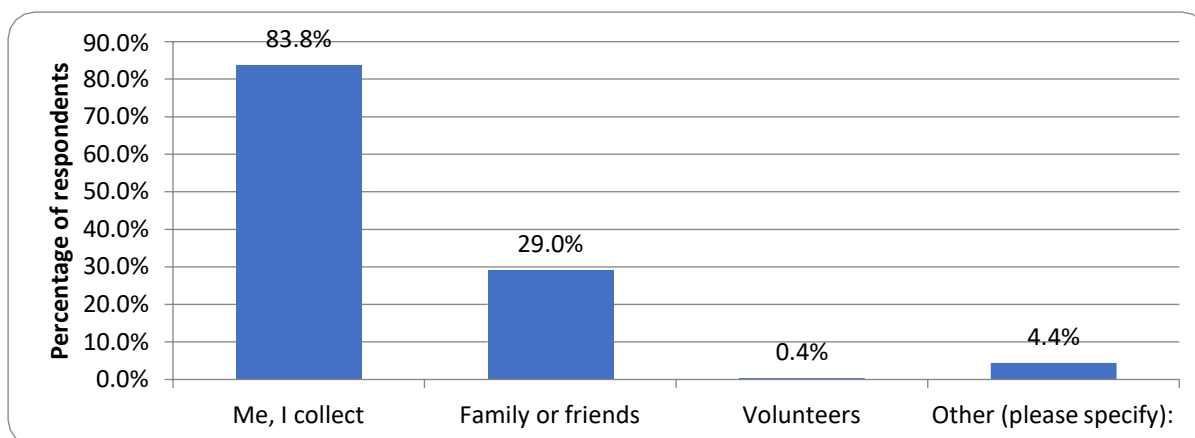
Holt Medical Practice – Application to Close a Branch Surgery: Blakeney Surgery

4. Do you have regular medication delivered to and collected from Blakeney Surgery?

Answer Choice		Response Percent	Response Total
1	Yes	41.2%	277
2	No	58.8%	395
answered			672
skipped			0

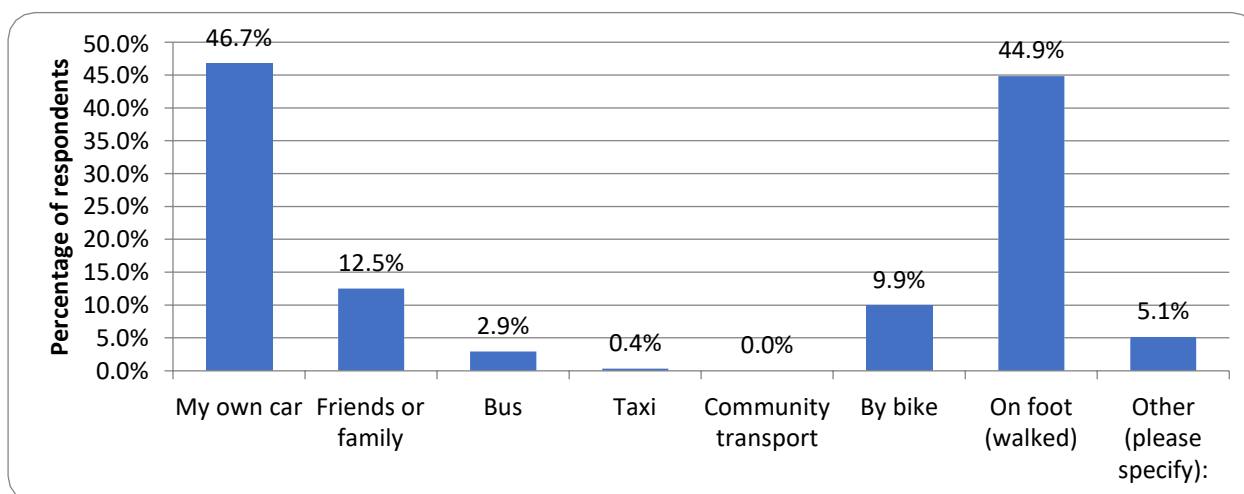
The data showed that approximately 2/5ths collected regular medication from Blakeney Surgery, with the other 3/5ths confirming that they did not.

If yes to Question 4, who collects your medication from Blakeney Surgery?



The data showed that most patients collected their own medication. Carers were also cited in responses to “other” as collecting medication on behalf of respondents.

If yes to Question 4, how do you/they travel to collect your medication from Blakeney Surgery?



The data showed that 127 respondents collected their own medication using their own car, and another 122 walked to collect theirs. Carers’ vehicles were cited under several responses to “other”.

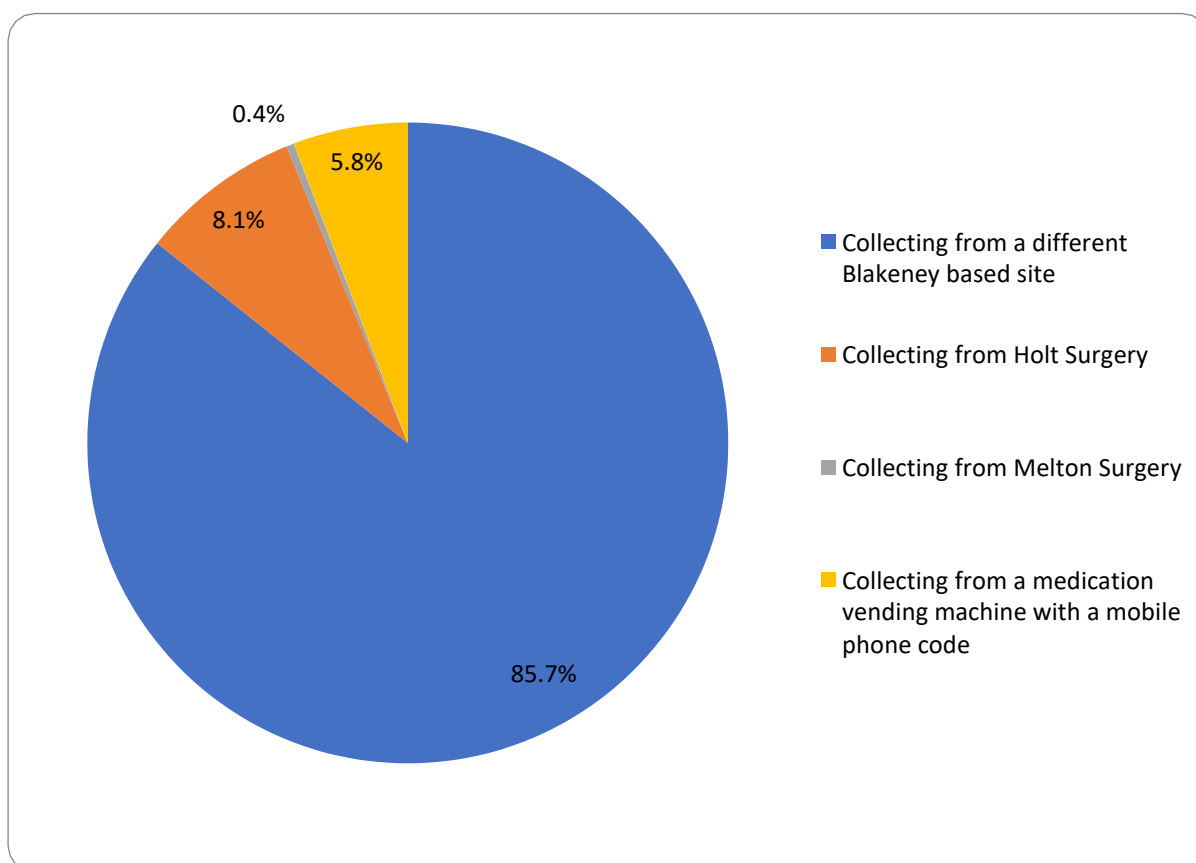
Holt Medical Practice – Application to Close a Branch Surgery: Blakeney Surgery

5. What impact would the closure of Blakeney Surgery have on you as a patient of Holt Medical Practice?

Answer Choice		Response Percent	Response Total
1		100.0%	635
		answered	635
		skipped	37

The detailed free text responses to this question are contained in the Healthwatch breakdown.

6. If Blakeney Surgery closes and patients can no longer collect their routine medication from the site, what other alternatives do you think would be most suitable?



In this situation, the data shows an overwhelming majority of respondents would wish to be able to continue to collect their medication from an alternative Blakeney site.

The report shows that 154 patients did not answer this question.

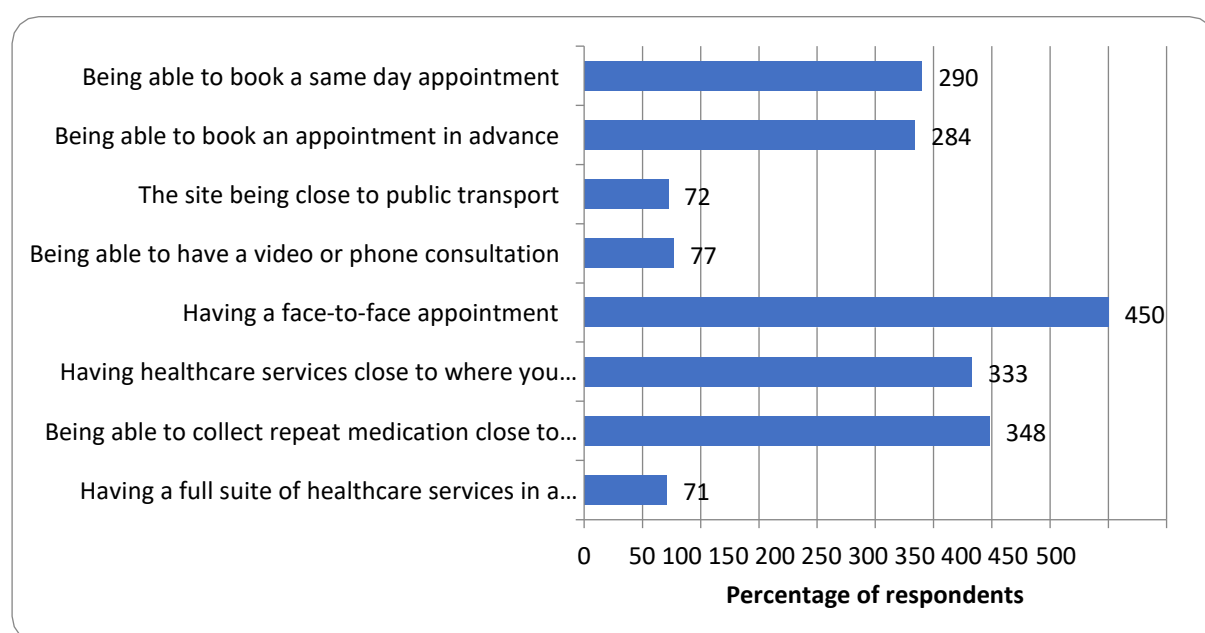
Holt Medical Practice – Application to Close a Branch Surgery: Blakeney Surgery

7. There are lots of important factors that influence your preferences for accessing general practice services. Please tick the top 3 most important factors to you from the list below.

Answer Choice		Response Percent	Response Total
1	Being able to book a same day appointment	44.1%	290
2	Being able to book an appointment in advance	43.2%	284
3	The site being close to public transport	10.9%	72
4	Being able to have a video or phone consultation	11.7%	77
5	Having a face-to-face appointment	68.4%	450
6	Having healthcare services close to where you live (within 2-3 miles)	50.6%	333
7	Being able to collect repeat medication close to where you live (within 2-3 miles)	52.9%	348
8	Having a full suite of healthcare services in a single centralised location (no matter the distance you must travel)	10.8%	71
		answered	658
		skipped	14

The data shows that the most important factor to those that responded was the ability to have a face-to-face appointment. The second most important factor was to be able to collect repeat medication close to where the respondents lived.

Only 10.9% of respondents thought that the site being close to public transport was in their top 3 important factors.



Holt Medical Practice – Application to Close a Branch Surgery: Blakeney Surgery

8. Please share any other comments about the proposed closure of Blakeney Surgery.

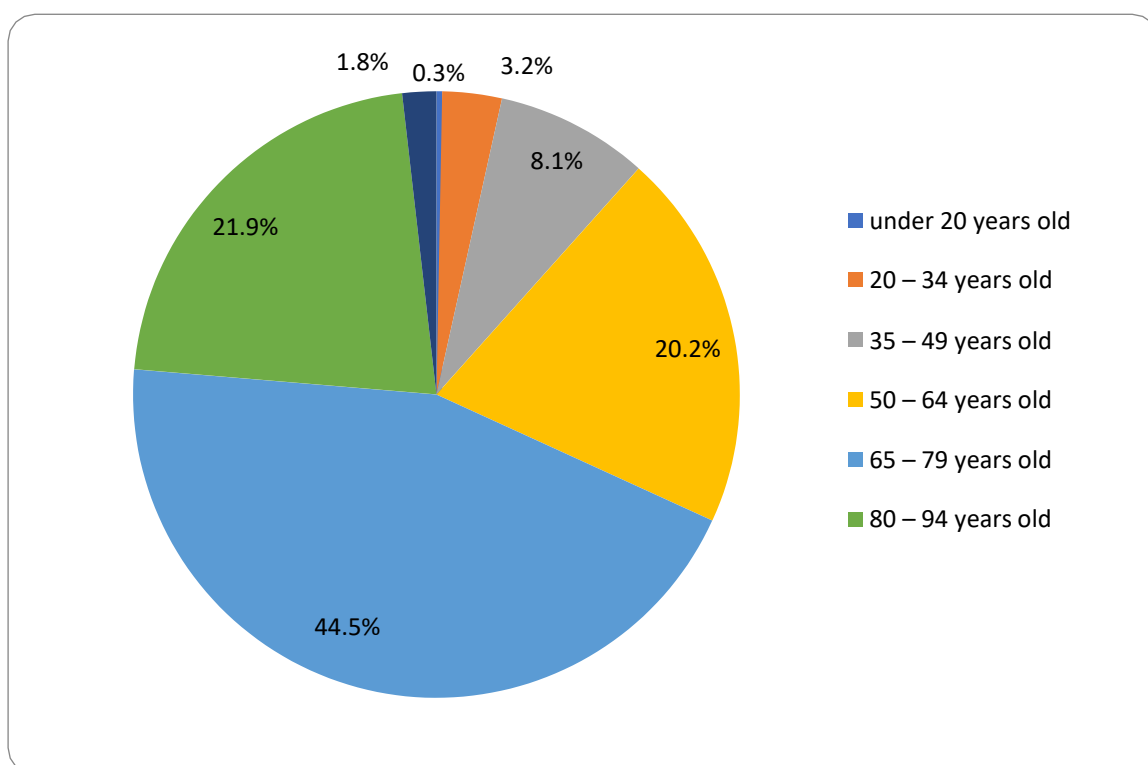
Answer Choice		Response Percent	Response Total
1		100.0%	418
		answered	418
		skipped	254

The detailed free text responses to this question are contained in the Healthwatch breakdown.

9. How old are you?

Of the 663 respondents that answered this question, nearly half were between 65-79 years old.

Only 77 responses were received from respondents under the age of 50. This is just 11% of those that responded.

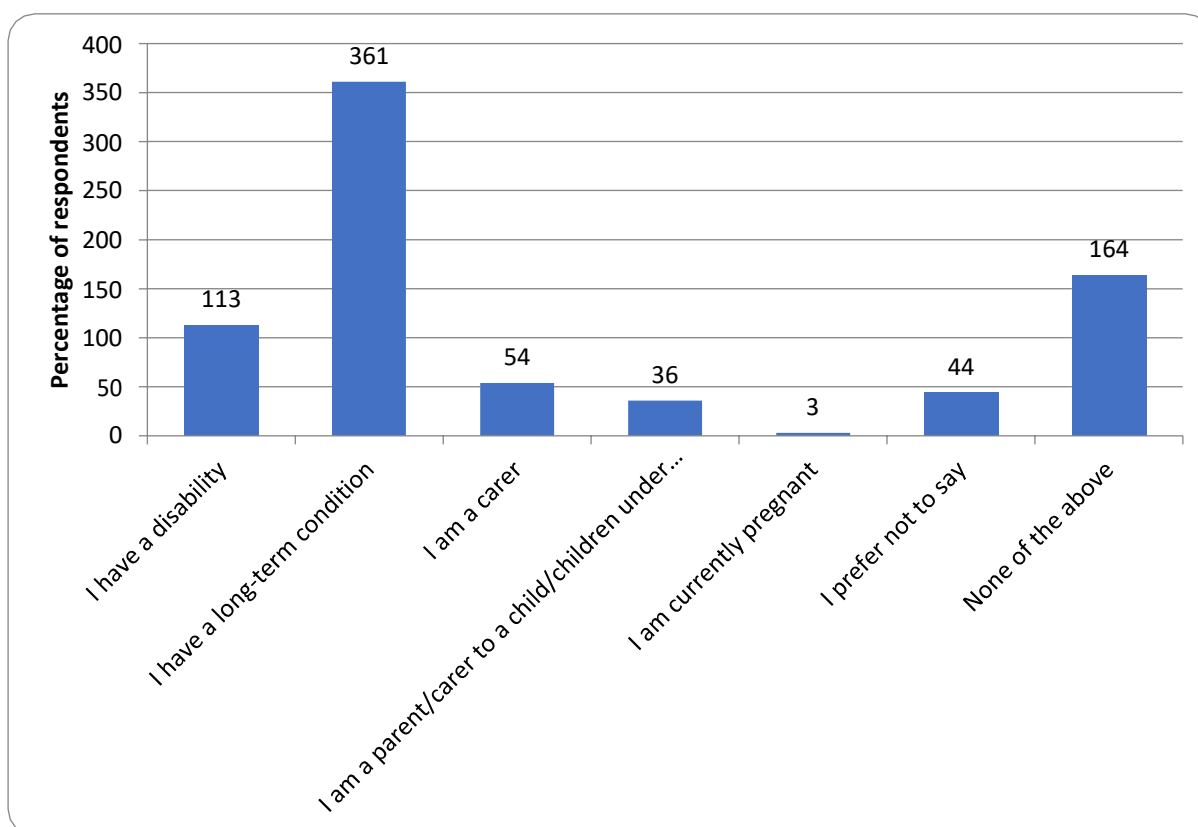


Holt Medical Practice – Application to Close a Branch Surgery: Blakeney Surgery

10. Please identify any of the following that apply to you.

Answer Choice		Response Percent	Response Total
1	I have a disability	17.4%	113
2	I have a long-term condition	55.6%	361
3	I am a carer	8.3%	54
4	I am a parent/carers to a child / children under 16	5.5%	36
5	I am currently pregnant	0.5%	3
6	I prefer not to say	6.8%	44
7	None of the above	25.3%	164
		answered	649
		skipped	23

The data shows that 361 respondents ticked that they had a long-term condition; that is over 50% of those that responded. Over 1/4 of those that responded, confirmed that none of the options applied to them.



Holt Medical Practice – Application to Close a Branch Surgery: Blakeney Surgery

Key Themes from All Communications Received

HMP have carefully and diligently considered all feedback, reports and correspondence it has been sent, both before HMP's formal engagement period, and during. From that data and correspondence, we have highlighted the key trends and themes that arose. Healthwatch have reviewed this section and have confirmed that they are happy they represent a true and fair summary of the key themes from the engagement.⁶⁷

1. **Keep Blakeney Surgery Open** – most respondents wished for BS to remain open. Most communications we received urged us to:

"SAVE BLAKENEY"

"DO NOT CLOSE"

"Ensure Blakeney Surgery remains open and returns to providing a full range of medical services to the community..."

2. **Valued Community Asset** – BS is a much-valued service, and the community would like it to remain open. If it is unable to be used as a GP Surgery, patients have asked for it to remain as a building serving the community in an alternative way.

"It is an essential local service that is needed."

"I would like it to become a multi-service health hub, with nurse services, a fully functioning dispensary, appointments person to person on care, care homes, age uk, community connectors, etc. A strong focus on older persons' current and future needs. A "one step ahead" approach for locals. "

"...extra funding to finance a loan could be obtained by making a room or rooms available for ancillary medical services such as foot clinics, ear clinics, eye examinations for which a rent would be charged."

"I also encourage you to be progressive and revolutionary in your thinking to consider how Blakeney Surgery could evolve to become a medical hub in providing a GP and nurse appointed service that is fit for the current demands and needs of your patients but also in contributing to solve the wider challenges of the failing and deficient ambulance emergency response critical care provision."

3. **Return to wide ranging, pre-Covid Services** – many respondents wish to see a return of GP and nurse led appointments from BS and a return to services *"As it was before COVID."*

Some respondents feel that BS should operate as a *"mini Holt"* and wish it to run a *full* suite of services, as occurs at HMP's main site.

In BPC's published article in the November 2022 issue of the Glaven Valley News that provided a tear off section for respondents to sign one paragraph stated *"I would urge you*

⁶⁷ Appendix B36 – HW Report on Patient Engagement Phase

Holt Medical Practice – Application to Close a Branch Surgery: Blakeney Surgery

to ensure that Blakeney Surgery returns to providing a full range of medical services to the community as it used to."

4. **Local Medication Collection** – maintaining this service was important for many respondents. Many patients collect prescriptions not just for themselves but for family members or other members of the community and to have to travel further (to Holt or Melton Surgery) would be more inconvenient and costly.

"It will be really difficult to collect prescriptions. I work all week and don't have the opportunity to make 50 minute round trip to Holt, Boots is closed on a Saturday so that's no help. It's a valuable local service."

"The ordering and collection of prescriptions, however, remains a problem. I feel that this should be addressed as soon as possible, because it is one of the main causes of bad feeling."

"The Glaven.....has spare capacity and would be very suitable for the placing and collection of prescriptions....It is a great opportunity for Glaven Caring to expand its activities..."

"I collect pills for 3 sometimes 4 people who is going to help with the cost of this if we have to go to Holt each time?"

5. **Transport** – respondents felt that closing BS would result in patients having to travel further and that this would be less convenient for them. Many patients noted the lack of public transport, their inability to drive or cost and availability of taxis to Holt Surgery as a concern should BS close. It was also regularly noted that Holt Surgery is not in Holt itself, but on the edge of High Kelling which is harder to get to than Holt.

"Buses are hard to get to High Kelling."

"Public transport is almost non existent to surrounding villages. Getting from Cley to Blakeney is relatively easy using the Coasthopper."

"We are a massive community compared to some villages, and the effect of travel is a greatly underestimated downfall to care."

"The current and future public connectivity should be considered, a decision to close Blakeney Surgery would result in the community suffering and falling into a situation of public health poverty, which is unacceptable."

"For patients who do not drive, who do not have help from family or friends or whom would find paying for a taxi too costly, the alternative of using public transport is not a viable option....Using public transport would take a number of hours and especially in winter weather, would create serious problems for the increasingly large number of elderly and/or disabled patients."

"Holt Medical Practice is not in Holt, but in High Kelling. It is disingenuous and the surgery should be called High Kelling Surgery. It is much harder to get to High Kelling than it is to get to Holt from Blakeney."

Holt Medical Practice – Application to Close a Branch Surgery: Blakeney Surgery

6. **Carbon footprint** – concerns were raised about the increased journey from Blakeney to Holt and the negative impact this would have on the environment due to the accompanying increased carbon footprint.

“Climate change – how does it make any sense to have people drive over to Holt?”

“my carbon footprint would increase by driving to Holt”

7. **Vulnerable Patients (social and physical)** – widespread concerns were raised that the elderly, immobile, disabled and our most socially and physically vulnerable patients would find it very difficult to get to Holt should BS close and therefore be disadvantaged in terms of their care.

“Please reconsider the closure as it will impact this community in so many ways and the elderly and disabled and poor disproportionately.”

“I suffer with anxiety and the easiness and familiarity of being able to go [to BS] really helps.”

“it would make it very difficult for me to collect meds or to get to appointments independently.”

“As I get older I might find it increasingly difficult.”

“I am registered blind, there is no direct bus that would get to Holt Surgery.”

8. **Crowd funding** – in response to HMP sharing the level of capital investment that was required to improve the current footprint and/or rebuilt BS on a larger footprint, several respondents suggested we look to secure grant funding and/or that the community would consider contributing by way of crowd funding.

“I presume that the trust that runs the practice is looking for extra funds and may be planning to sell Blakeney Surgery and its land....the villagers might be prepared to contribute to a maintenance fund.”

“HMP claim they cannot afford the cost of enlarging or re-building the surgery to bring it up to date. We understand that half this cost is provided by the National Health Service and it is highly likely that much of the remainder could be covered by grant aid from charities devoted to community assistance, the County or District Councils or bodies such as the offshore wind farms who provide financial help to local communities.”

9. **Is Melton Next?** Several respondents were concerned that the closure of one branch surgery would inevitably lead to our closure of another.

“I’m worried that it wont end with Blakeney, they’ll want to close down our Melton surgery next.”

“I suppose Melton Constable will be next to close...”

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- 10. Further engagement** – several respondents have criticised the extent of the engagement period and that HMP should have done more.

“HMP should have done their presentation on more than one occasion as the public meeting in Blakeney was oversubscribed.”

“If there was a more meaningful consultation and engagement exercise of the current service provision at Blakeney Surgery then Holt Medical Practice would adopt a more holistic view of the wider challenges that our rural community and geographical isolation to professional health care currently experiences, which I would suggest is in a distressed position.”

- 11. Better understanding of direction of travel** – many respondents have fed back that the engagement process has helped them gain a better understanding of why HMP is applying to close BS and the wider operational and financial implications in play. Some have complimented the content of the literature and the meeting.

“I am, of course, well aware that all Medical Practices like Holt are under huge financial pressure and staff shortages.”

“I thought the slides were really clear and well delivered. If I could have stayed I would have spoken in support of the difficulties in the NHS...I completely emphasise with the challenges you are facing as a practice and on a personal level, would accept the reasons to close, however difficult that may be for some patients.”

“I now have a better understanding of your financial and staffing constraints and do sympathise with that.”

“....my friends and I came away [from the meeting] saying how interesting the evening was and that we learnt a lot.”

“I was unable to attend the recent meeting but have read the arguments in favour of the closure of Blakeney Surgery. I am most impressed by the leaflet. It is clear, very well argued and well illustrated. Having read it, I can see no argument for the retention of Blakeney Surgery. I believe that everyone, patients and medical staff alike, will benefit from the concentration of scarce resources in two, rather than three, centres.”

“I recognise that no one affected is actively going to support removal of a greatly valued local facility but in the real world one should consider the wider picture rather than have selfish aspirations. I have no wish to see Blakeney Surgery closed but I recognise that the practice works hard to give the best possible service to all its patients and then need to play their part in achieving an outcome acceptable to both practice provider and beneficiaries.”

“Funds should not be spent on practice buildings which are empty most of the week, better to spend funds on providing transport to those unable to travel, or provide medication delivery services or collection points.”

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“Having listened to the (very good) presentation at Blakeney village hall, I can now understand your decision to close the surgery. I can appreciate it will be very hard for the patients who have used it for years, but the other villages have always had to travel somewhere, I’m sure Blakeney residents will soon get used to it – they have had four years to practice!”

“I appreciate all the efforts which have been made to obtain opinions from all patients throughout the Holt Medical Practice.”

“Having read your proposal I am struck by the fact that only 545 patients from Morston and Blakeney attended Blakeney Surgery [appointments during 2018 and 2019]I support closing Blakeney Surgery and providing resources/places for medication pickup at Blakeney and subsidising community transport to help patients who are disabled, attend Holt Surgery. Invest in staff not buildings.”

- 12. No concerns about the quality of healthcare from HMP.** Throughout the process, we have received almost exclusively positive comments and compliments about the care provided to HMP’s patients.

One patient was kind enough to make this point, openly, at the Public Meeting and another wrote to say *“I will continue to campaign for the Blakeney Surgery to continue, but....we do not doubt your continuing clinical care for us....”*.

A 90yr old patient wrote to us after the public meeting to say *“thank you for giving us, the patients, the opportunity to discuss the closure. It is at one with the courtesy, respect and care with which we are always treated.”*

Another said *“Clinical expertise in the Holt Medical Practice is exemplary and we are very fortunate to have excellent doctors available.”*

Concerns about Data and the Data Controller

Data Quality

Some concerns have been noted about the quality and reliability of some of the data collected during this engagement (both before and during HMPs official period). There were also concerns about the tone and conduct of the engagement exercise. Healthwatch have provided some further comments on this in their report on the engagement.

Scrutiny of HMP

HMPs management has been criticised. One respondent stating that *“it is clear from the presentation, the increasing population of the current catchment area has simply outgrown the management capabilities of the practice....”*

HMP has come under scrutiny with some survey respondents believing that *“HMP are being economical with the truth”* and *“questioning the methods used by HMP in regard to the survey and data collection.”* Some patients are *“really unhappy about the lack of candour and consultation.”*

Some people felt that *“the survey and consultation have been poorly thought out and executed”* and some have concerns that *“the Survey by the Practice is designed to give them the answer that they*

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want.” One patient had concerns that *“the easy read statement about closing Blakeney Surgery is extremely biased.”*

More generally, there have been suggestions that *“HMP are not following NHS Guidelines in relation to the attempted closure of Blakeney Surgery.”* We have been criticised for not knowing the formal procedure to close a branch surgery.

In a letter from BPC to HMP they say *“Holt Medical Practice lacked the credibility to undertake the consultation process in an independent and impartial way...”*

We have been criticised for not using the Media, and our failure to attend the Parish Meeting on 16th March, where the main topic was BS.

Conversely, we have had several pieces of correspondence (see above) from patients thanking us for the information we provided and the approach we have taken to the engagement phase.

To provide further reassurance to the reader:

- Process - At the start of this process we were provided with a document from the Primary Care Estates Team at the ICB entitled Advice Note 3: Procedure for requests to close branch surgeries. We have taken advice and guidance at each stage from the ICB and Healthwatch to ensure we have followed it properly and carefully.
- Engagement Phase – we had a longer than required period of engagement to ensure everyone had an opportunity to engage should they wish. However, all communications received (both before, during and after this official period) have been considered and made available for review.
- Variety – we offered many ways, at different times, via different mediums to ensure that patients could meaningfully engage in a way that best suited them.
- Inclusivity – we tailored our promotional material to ensure we reached all patients, through numerous ways, and ensured the possibility of engagement for those who would find it the most difficult was made as easy as possible.
- Accessibility – documents were available in hard copy, by post, in easy read (compiled by a third-party, specialist company) and in different languages, text sizes and braille.
- Survey Questions – these were compiled with the assistance and approval of Healthwatch.
- Data Collection – the surveys were collected and summarised by Healthwatch. All other correspondence and material received before, during and after the official engagement period have been retained and made available for inspection by Healthwatch and the ICB.
- Media - the application has been widely covered by local newspapers, local publications, radio, television, social media, and flyers/letters. We were advised by the ICB not to attend the Parish meeting on 16th March as this would not have been in line with the timelines and guidance contained in Advice Note 3.
- Oversight – Healthwatch have provided a supplementary report on the engagement process in support of the methods and approach taken by HMP during the engagement exercise.

Holt Medical Practice – Application to Close a Branch Surgery: Blakeney Surgery

Additional Period of ICB Led Engagement

At a meeting of the PCCC on 13th February 2024 the ICB recommended that the PCCC consider a period of further public engagement (led by the ICB) to enable a better understanding of patient views on HMPs proposal to provide a residual medication collection service in Blakeney.⁶⁸ The ICB noted that due to the local community's principle wish for a return to consultations out of BS, the public's focus has remained strongly on this outcome. And as a result, there was less detail than the ICB would have liked to be able to take into consideration about the possibility of closure and potential mitigation. The PCCC agreed to this recommendation and the final decision on HMP's application deferred.

Section C

Conclusions & Mitigation

It has been a long and difficult journey to get to this point. The discussions and proposed closure of BS has caused uncertainty with some of our population and been difficult for our Partners and staff with the unusually public cross-over of business and healthcare.

We have been impressed by the local communities' efforts, commitment, and spirit for this cause. We really do empathise completely at a rural community's concerns surrounding the proposed closure of BS. Our GPs liked working from BS and miss the historic, simple and traditional model of General Practice that allowed small, branch site working.

However, we cannot ignore change and the impact this is having on the way primary care is provided. Not just within the landscape of healthcare and politics but within technology and workforce. We have a responsibility to look at the bigger picture, across the whole practice area and have a duty to all our patients to do the best that we can, with the resources that we have.

This has been a very tricky period for HMP, for both Partners and staff. We try not to consciously disappoint patients, however, our application to close Blakeney Surgery has had that effect on some and caused unease amongst many. It has been an unsettling dynamic between healthcare provider and patient.

The Partners are not trying to disadvantage a section of our patients, they are trying to make hard decisions now that protect the future healthcare we can provide. Discussing business and finance alongside people's health is always tough for everyone involved. But sometimes you have to make hard decisions, designed to have the least impact, for the greatest good. Our priority remains as it always has; ensuring that we continue to meet the reasonable health needs of our current and future population. We must do this objectively and commercially and we cannot base these decisions on unsustainable or undeliverable wishes of a minority.

BS feels unsuitable as a site for modern general practice. It is operationally deficient. Any form of continued service from the site requires investment and ongoing costs with questionable justification and uncertainty of the future. A return to services at BS would see a reduction in services at Holt and Melton Surgery.

⁶⁸ [Agenda \(Item 7\) PCC Meeting Tuesday 13th February 2024](#)

Holt Medical Practice – Application to Close a Branch Surgery: Blakeney Surgery

HMP are proud of the level of services that we offer to our patients, and the working environment we try to offer to our staff. We dedicate a large amount of time to running HMP responsibly and safely. Sometimes this means making proactive and difficult decisions for its future – and the future care of its patients.

This autonomy is invaluable to a private business such as a GP Surgery. HMP (like all other GP Surgeries that we know of) have always determined the levels of service offered from our sites and the corresponding opening times of the same. These have naturally evolved over time along with our healthcare provision. This approach has never previously been questioned by NHS England or the ICB. A private business must be able to shape itself, its staff, its finances, its buildings how it sees fit and to enable it to best meet the reasonable needs of its population.

As far as HMP is aware, it continues to meet these needs to the reasonable satisfaction of the commissioners, NHS England and the CQC.

Summary of HMPs Reasons in Support of Closure

The local community would like to see BS remain open and ideally, a return to face to face clinical appointments from the site.

We have detailed how any option associated with keeping BS open requires financial investment, the appetite for which is limited and the commercial viability of which is questionable.

The minimum investment required to maintain the status quo at BS (same footprint and same services) would be approximately £240,000. The investment required to rebuild on a larger footprint, would be hundreds of thousands of pounds more. Even if the capital investment is found from willing third parties, there will be ongoing costs associated with running, maintaining, and staffing this 3rd site that will fall to HMP that we feel we cannot justify.

There are so many other operational reasons why we feel the best option for HMP and its whole population is to close BS. These have already been highlighted within section A of this document, but the following summarises the main points:

- **Holt Surgery** – patients local to BS have always travelled to Holt Surgery as many appointments and services have only ever been available at this main site.
- **Flexibility** - with many services only provided from Holt Surgery, there is less flexibility within our staffing pool to provide senior, autonomous clinicians to work at our branch sites.
- **Appointments** – there has only ever been a very limited range of appointments available at BS and in the 5 years before the pandemic (2015 – 2019), only 5% of HMPs total appointments were offered from BS.
- **Appointments** – postcode data for all appointments, at all 3 sites, during 2018 and 2019 show people travelled from all over the catchment to attend those appointments, they were not just utilised by patients local to those branch surgeries.
- **Training & Supervision** – with higher turnover of staff and increased numbers of new and evolving healthcare professionals, we need space and peer support for senior clinicians to be able to train and supervise these staff. This can only be done at Holt, creating further inflexibility of workforce at branch sites. These new healthcare professionals are often part of the Duty Team based solely at Holt so unavailable for branch site working.

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- **Non-Clinical Staff** – for operational efficiency, these should be based more centrally, in suitably equipped premises, with no lone working and less travel between sites. The closure of BS would increase staff satisfaction and improve chances of retention.
- **Rurality and Transport** – access to public transport and difficulties with travelling to and from our sites are a reality shared by many patients across our entire catchment area. It is not just an issue for those patients living close to BS.
- **Local Population** – only 14% of our population reside in the villages surrounding BS with only 627 residing in Blakeney itself. Patients furthest away from Holt or Melton Surgeries (to the Northwest or West of BS) are within Wells' catchment area and so do have choice of GP Surgery.
- **Population Density** – the areas where the greatest density of our patients resides (and will reside in the future) are condensed around Holt and Melton Surgeries. With finite resources, it is logical to focus these resources in these locations.
- **Cost** – the ongoing costs and time associated with running 3 sites is large and not proportionally funded.
- **Operational hurdles** – these are increased by running 3 sites and we are less resilient and more inefficient.
- **BS Premises** - BS is very small and not fit for purpose. It needs investment to bring its structure (internally and externally) up to required standards but without a rebuild remains too small to operate in line with modern general practice and for multi-disciplinary team working.
- **Funding & Investment** – there is no appetite from the Partners or the NHS to invest in BS. If third party funding could be raised, there will still be future and ongoing maintenance and running costs that will fall to HMP.
- **Not an ACV** – BPC recently tried to list BS as an ACV. This was rejected by NNDC who cited other existing community buildings in better standing and that would be suitable for co-location of community services if there was a need.
- **PCN Working** – even if improvements were made to bring the premises up to acceptable standards, BS is not located geographically sympathetically within our PCN to enable it to be easily used for PCN work.
- **Succession Planning** - the required financial buy-in to HMP for new partners would be reduced so become more attractive to new partners in a market where few GPs now wish to become partners. If we cannot attract new partners, the partnership will fail.
- **The Future** – the Government and NHS England have clearly indicated its move towards Hub-based and multidisciplinary team working. We do not want to be in a position where our business and investments are focused on redundant assets.
- **Other Branch Closures** – others have recently been permitted to close their branch sites with lower thresholds and less scrutiny.

One key point that is often misunderstood by those local to BS, and by our larger population, is that if we returned to face-to-face appointments at BS, there would be a corresponding reduction in the availability of appointments at Holt and Melton Surgeries. Inevitably, Melton Surgery would need to reduce its hours and operate on a part-time basis to allow us to divert staff and resources to BS.

But it is not just the staff - HMP would still have 100% of the costs associated with running three sites, with two of those sites open, perhaps, only 50% of the time: full-time costs and part-time utilisation.

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Furthermore, NHS England would need to continue to fund the full-time rent for both sites, that were occupied only on a part-time basis. This feels increasingly hard to justify, and even harder if the site had an increased footprint, with increased rent, yet is still operated on a part-time basis.

Bespoke Blakeney

It is worth noting that there are many things that make this consultation about the potential closure of this branch site different to others.

In many other situations where a practice is seeking to close a branch site, they will be asking to cease the provision of clinical services if their application to close is permitted. In HMPs situation, these face-to-face services ceased at the start of COVID and for the last 4 years have remained dormant. Therefore, the last 4 years have allowed all parties to reflect on any issues or considerations that have arisen during this significant “trial” period relating to a lack of clinical appointments out of BS.

To this end we would like the ICB and PCCC to note the following points, bespoke to this application:

- HMP has 3 sites, which is unusual. There are only 11 practices in Norfolk & Waveney with 3 or more sites. The costs and operational issues associated with running 3 sites (as opposed to 2 or even just the one) are many – as noted in Section A.
- There are only 5 other sites in the whole of Norfolk & Waveney that are smaller than BS and only 3 of them are operational. Of those 3, none of them are open full-time hours.
- Prior to March 2020, patients have always needed to travel to Holt Surgery for many appointments or services only offered from Holt Surgery.
- There have been no appointments at BS since March 2020; almost 4 years ago. During this period patients have been travelling to Holt and Melton Surgery for their routine and acute appointments. Therefore, if BS were now to close, the only services that would “stop” are the medicines ordering and collections and the drop in reception.
- Since the cessation of clinical services from BS, HMP have extended Holt Surgery by 286m² (nearly 4 times the footprint of BS) and added a further 6 clinical rooms to Holt and Melton Surgeries.

More generally, it has felt that HMP and this application has come under an unusual amount of attention and scrutiny for the closure of a very small, rural branch surgery that hasn’t hosted any clinical appointments since March 2020, and prior to that a very limited number and range. This is despite the national direction (from the NHS and Government) promoting (and funding) the modern model of general practice and hub based multidisciplinary team working is impossible to deliver from BS in its current form. Any investment in expanding the BS footprint fraught with issues.

It feels that the thresholds being applied to HMP are higher than have been for others and the approach to our application is being managed differently.

The management time and cost that it has taken to achieve these thresholds, respond to the vast amount of correspondence and extract the levels of data and reporting that has been asked, has been significant.

Holt Medical Practice – Application to Close a Branch Surgery: Blakeney Surgery

Reasonable Healthcare Needs of our Population (Over the Last 4 Years)

Over the last 4 years (where there have been no face-to-face appointments offered from BS) HMP feels that it has continued to meet the reasonable healthcare needs of its population.

For example, over the last 4 years HMP has:

- Increased its capacity for appointments across its other 2 sites by approximately 12% since 2019.
- Where possible enabled patient choice to switch the mode of that appointment from face to face to telephone if it suited the patient better.
- Had no known Significant Events or concerns raised by any individual patients that they were unable to access the healthcare they needed.
- The ICB's data shows that emergency admissions by our patients have continued at an expected rate when compared to our historic data and with local trends.
- Increased our capacity for home visits should the demand have arisen. This was achieved through continuing to run a dedicated, daily, early visiting GP whose sole role between 8am and 1pm is to make home visits to those patients who are clinically or socially housebound. And then enhancing this offering through the recruitment of Paramedics and Physician Associates who are also able to visit. Interestingly, our data would appear to show the demand for home visits has decreased slightly over the last few years.
- Embraced online development of clinical forms and queries (allowing another mode of communication and consultation for patients if they would prefer) and promoted the benefits of the NHS App and online ordering of medication.
- HMP receives many compliments from its patients about the quality of care they have received. Sometimes this is from temporary patients who have become poorly during their stay who are so complimentary of HMP when comparing us to their local surgery.
- Our metrics, collated centrally by the ICB, show we are a high performing practice when positioned within our PCN, North Norfolk and the wider Norfolk & Waveney:
 - Since July 2022 (the earliest data available on the PowerBI website, containing data collated by the ICB) HMP has maintained an average of at least 85% of all its appointments being face to face. This is significantly higher than some surgeries and noticeably higher than the other 2 surgeries within our PCN. The availability of face-to-face appointments was identified as the most important factor to our patients who responded to Question 7 on HMPs survey.
 - Between 43% and 48% of ALL our appointments are with a GP. This is a significantly higher percentage than the other surgeries within our PCN and the highest average rate (often by a significant amount) than all other surgeries in North Norfolk. This high number of GPs comes at a financial cost to HMP but ensures excellent service.

Holt Medical Practice – Application to Close a Branch Surgery: Blakeney Surgery

- As at the end of November 2023, HMP was seeing 96% of patients within 2 weeks of booking their unplanned appointment (as per the PCN Directly Enhanced Service specification). A significantly higher rate than other Surgeries within our PCN and North Norfolk averages.

We would suggest the data supports the fact that HMP is providing an excellent service to its patients and more than meeting their healthcare needs, despite only offering appointments across two of its sites.

NEW Mitigation if BS Closes

The predominant concern should HMPs application for the closure of BS be approved is, in our opinion, the maintenance of the medicines ordering and collection service from a local site.

We know that from the data we collected during February and March 2023 and the questions posed in HMP's survey that people really value the ability to collect their regular medication from a local site. We know that patients are concerned about the viability, cost and environmental impact on needing to regularly travel to Holt or Melton Surgery to collect their medication and secondary factors such as capacity and queuing at the same.

HMP were aware that this would be a concern of many and so, at the start of the application process, contacted three local community sites to enquire if they would be interested in supporting continued medication collection from a different local site, should BS close. Initially all three sites seemed receptive to the possibility, however as the consultation evolved these sites indicated a preference to wait until the outcome of the application process was known before confirming whether or not they would be able to help mitigate any future impact. It appeared they did not wish to be seen to be connected to any kind of discussions around a potential solution, which made any responsible planning discussions challenging.

That said, HMP have continued to give this area a great deal of thought and have summarised below the possible mitigations that we could look at were BS to close and the current medication collection and ordering service and drop in reception be removed.

- **Working with local sites to explore whether it would be possible to host medication collections from an alternative site.** This would involve considering things such as space, parking, staffing, training, rent, secure storage etc.
 - This model has been tried and tested in many other rural areas with great success.⁶⁹
 - **More locally**, Cromer Surgery use two non-medical sites where their patients can collect their medications: East Runton and Overstrand stores. Cromer Surgery deliver the medication to these 2 locations and then the store personnel hand out the medication as part of their usual duties. They have received minimal training, there is no fee charged and the patients benefit from this more local service, closer to their homes.
 - **Alternative Site** – at the outset of our application process we approached The Glaven, Blakeney Garage and the Harbour Rooms to see if they had any interest or

⁶⁹ [Prescriptions at the Village Shop - The Wilbrahams, Great Wilbraham, Little Wilbraham and Six Mile Bottom](#)

Holt Medical Practice – Application to Close a Branch Surgery: Blakeney Surgery

capacity to work with HMP on this project. There may be other sites in Blakeney or Cley or along the Coasthopper route that we haven't spoken to yet that would also be suitable.

- **Staffing** – initially we would look to provide HMP staff to assist with the establishment and evolution of this service from its new site. We would then look to hand it over to trained, non HMP volunteers – either employed by the new site or staffed on rotation by a team of volunteers from the community.
 - **Training** – we would provide initial and refresher training for any people involved in assisting with the manning of this service.
 - **Hours** – currently BS is open for meds collections and ordering 5 mornings a week. However, these timings do not suit everyone, and we would need to work with any new site to agree opening hours and times that worked for them and the community.
 - **Funding** – the ICB have stated that funding would be available towards rent and set-up costs of any new alternative site.
 - **Equipment** – HMP would provide safe storage, fridge items, shelving, phone or IT equipment as necessary.
 - **Patient Enquiries** – we would provide a direct method of communication to HMP for any patients collecting their medications who had any concerns about the content (for example if something was missing).
 - **Confidentiality** – anyone agreeing to collect their medication from an alternative site would sign a short agreement showing their consent to this process. Any volunteers assisting in manning the service would also sign a confidentiality agreement. The green slips usually stapled to the outside of medication bags would be placed inside the bag – leaving just the patients name and address showing.
- If no other suitable local location can be found, we could consider temporarily **running the service from a container** located at the far end of the site on part-time hours.

There are other NEW mitigations that we can put in place that will support the above and improve our medication collection and ordering service generally across the area which will see to benefit everyone and ultimately free up some capacity and streamline our existing processes that should go some way to mitigate the loss of the BS collection site by providing small benefits elsewhere:

- We have some **capacity within our free home delivery medication service** that would be able to assist those most vulnerable patients who were negatively impacted by the cessation of this service from BS.
- We would consider the purchase of an **electronic dispensing machine** that would be located in the wall of the dispensary at Holt Surgery. This would allow collections outside of core opening hours and help reduce queues. It would also assist those patients that have been negatively impacted on the closure of Boots, Holt on Saturdays.

Holt Medical Practice – Application to Close a Branch Surgery: Blakeney Surgery

- We would consider **extending the sheltered canopy** outside the Holt Pharmacy. This would mean that even in inclement weather, anyone waiting outside the building would be sheltered from the weather.
- We could better promote the use of our **buzzer system at Holt** that allows vulnerable patients or patients with mobility issues to bypass the queue and collect a buzzer allowing them to return to their car and wait for their medication to be ready. This would then be taken out to them in the car park.
- We have recently begun **texting patients when their medication is ready** to collect. This has been extremely well received and reduced unnecessary queuing.
- We would run a campaign on the **benefits of ordering prescriptions via the NHS App**, which since COVID, many patients now have. We would assist in supporting and training patients on this new technology – which is very straight forward to use, once installed.

Once a formal decision on this application has been made, we are hopeful the local community will be open to working with us to find the best way forwards and to help minimise any impact the potential closure of BS may have.

In Summary

We are proud to be Partners at HMP. We work really hard to provide excellent clinical care to our patients, and this is a priority. But to do this (now and on into the future) we must run our business in a safe, sustainable, and financially viable way.

We appreciate that local residents to Blakeney feel very strongly about the potential loss of their local service, however, we are asking the commissioners to consider making this difficult decision because we feel it is in the best interests of all our patients across our whole area.

Residents of Blakeney and surrounding villages are not being abandoned or forgotten by HMP. We are going to continue providing healthcare for them, as we have done for the last 4 years via appointments at Holt or Melton and care at home when needed. We remain committed to finding an alternative (but local) medication collections site which should mean the healthcare experience of those local to Blakeney should be unaffected to how it has been for the last 4 years.

We understand that many locally and politically would prefer to see Blakeney Branch Surgery remain open, but we do not feel it is sustainable. We are asking to close Blakeney Surgery so we can continue to offer the high level of care enabling us to meet the health *needs* of our entire population and not the health wants of a minority.

Having given everything a huge amount of consideration and thought, our application is being made because we are trying to act in a way that we feel is responsible and proactive within what is an accepted tough financial climate and ever-changing landscape of healthcare in a way we believe will carry the widest benefit and protect the ongoing quality of the healthcare we provide to ALL our current and future patients.

***The Partners,
Holt Medical Practice,
22nd April 2024***

Comparing communities served by Holt Medical Practice to similar communities and the rest of Norfolk and Waveney

- Defining the communities
- Access and travel times to GP practice
- Publicly available information from census
 - Age, general health and disability
 - Households, accommodation and access
- Health and care activity information from Data Hub
- Educational achievement and school health need index

Insight and analytics, BI and Norfolk County Council Public Health Information Team

Contact: Tim Winters

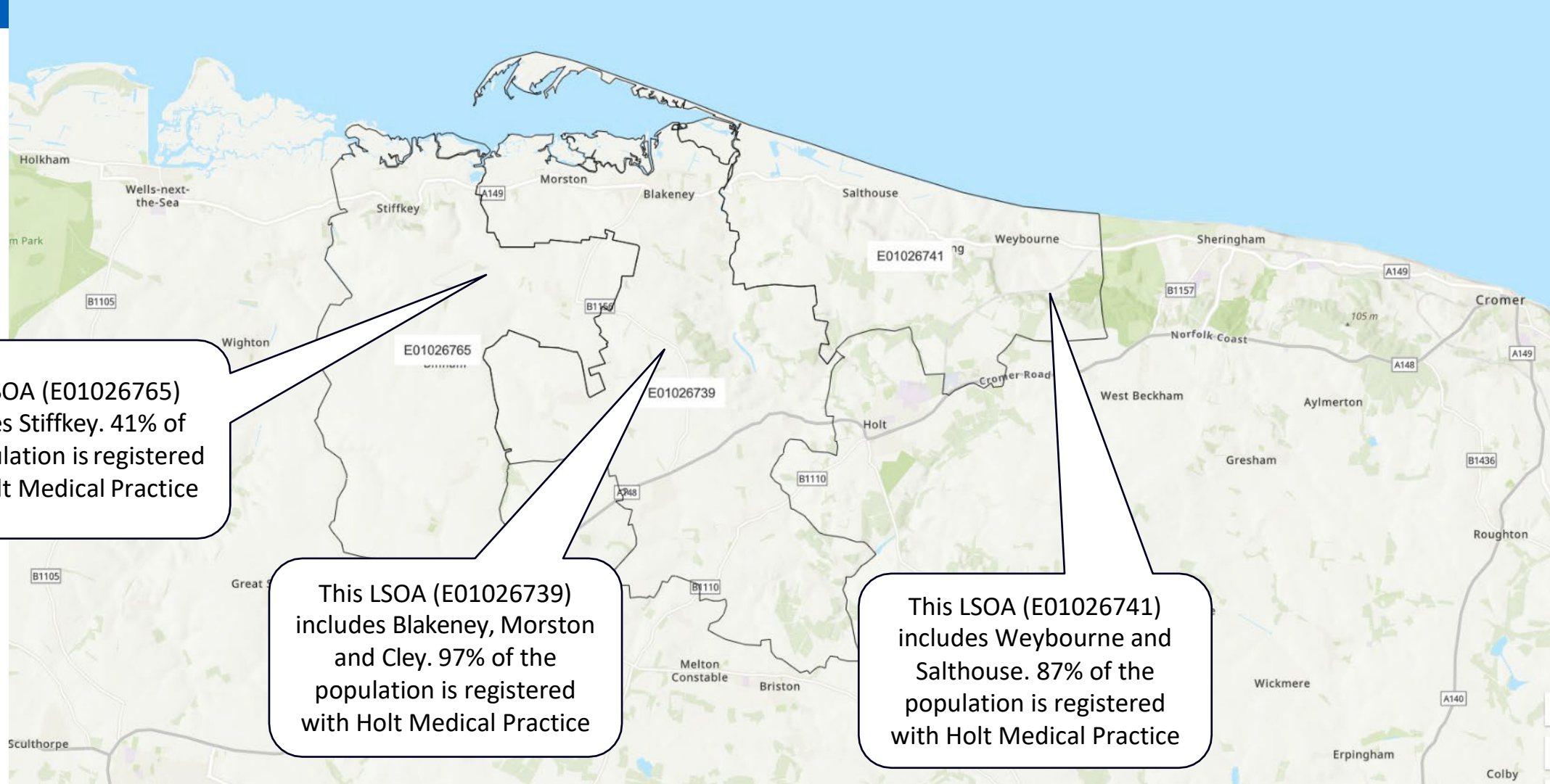
29/04/2024



Summary

- Within the ICB the smallest area that health activity data and registered population data is available is at lower super output area (LSOA). Registered population data from NHS Digital highlights that there are three LSOAs along the North Norfolk Coast where a significant proportion of the population are registered with Holt Medical Practice. These three LSOAs we might define as the “Blakeney Coast Hopper” community
- For the three LSOAs journey time to a general practice by public transport indicates that the % of households able to access a general practice within 30 minutes by public transport or walking is less than 60% and this in the lowest 20% of areas across Norfolk and Waveney. In total, there are 72 out of 611 communities across Norfolk and Waveney. We might define these communities as “geographically remote communities” The Blakeney Coast Hopper community is part of this wider geographically remote community.
- Travel time analysis indicates that for the villages such as Blakeney, Cley-next-the-sea, Morston, Langham, Salhouse and Stiffkey the time taken to access Holt Medical Practice is 60 minutes or more. However, the majority of the villages are able to access Wells Health Centre, Holt Medical Practice main site or Melton Constable branch within 30 to 45 minutes using public transport.
- Census information shows that the Blakeney Coast Hopper community:
 - Is generally older, more likely to be limited in day-to-day activities, general health is less likely to be very good (but more likely to be more likely to be fair or good), and more likely to provide any type of care and more than 50 hours per week.
 - One person households are more likely than other areas which are physically remote from general practice, about the same as Norfolk, are more likely to own their home outright, less likely to privately rent, less likely to be without a car or van, more likely to have electric or oil as only central heating source, are similar to other areas for no central heating and is slightly less deprived than the Norfolk average
 - Blakeney Parish is similar to others on the coast hopper route, but fewer households have a car
- Provisional analysis of health and care data indicates that for the Blakeney Coast Hopper community :
 - Given the age and sex distribution of the different communities served by Holt Medical practice and other areas physically remote from general practice, people are generally less complex and less likely to be frail compared to the Norfolk and Waveney average
 - Reflecting the lower complexity of patients, given the age and sex distribution of the different communities served by Holt Medical practice and other areas geographically remote from general practice, health and care activity is generally lower than expected compared to the Norfolk and Waveney average
- Areas served by Holt Medical Practice have seen emergency admissions vary over time and are experiencing numbers of emergency admissions similar to numbers seen four years ago in March 2019. This might imply that unmet need has not changed much over the last few years. However, like the rest of Norfolk and Waveney emergency admissions appear to have increased during 2023.
- 2022/23 school achievement data indicates that primary school achievement for Blakeney and Holt is better than the Norfolk average and England average. The experimental 2019 school health needs index indicates that, compared to the Norfolk average, the need based on the communities where school pupils are from was relatively low for Blakeney and Astley and Holt (in 2019).
- National workforce data indicates that Holt Medical Practice has lower nurses per 100,000 population than the Norfolk and Waveney average. However, Holt Medical Practice has higher numbers of GP and other direct patient care staff per 100,000 patients compared to the Norfolk and Waveney average and England average.
- National General Practice profiles indicate that the Holt Medical Practice population has lower smoking prevalence, average obesity, higher prevalence of long-standing health conditions, good cancer screening coverage and uptake, generally good secondary prevention for those with QOF conditions.
- The overall summary is that the Blakeney Coast Hopper community is generally healthier than the Norfolk and Waveney average. However, of the communities served by Holt Medical Practice, Blakeney Coast Hopper community is generally older and physical access to health and care services is relatively poor. Older populations are more likely to have higher needs in the future.

Within the ICB the smallest area that health activity data and registered population data is available is at lower super output area (LSOA). Registered population data from NHS Digital highlights that there are three LSOAs along the North Norfolk coast where a significant proportion of the population are registered with Holt Medical Practice



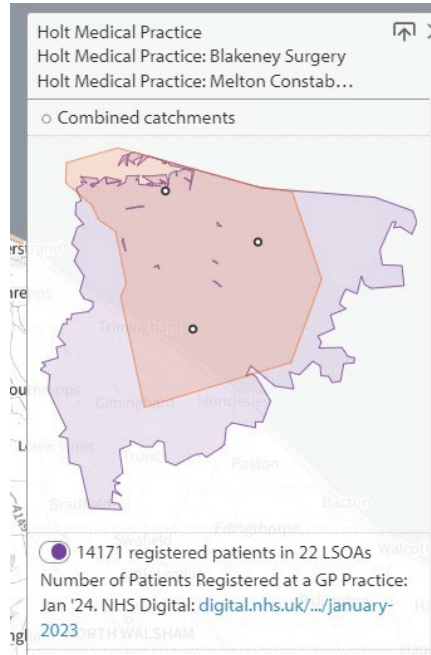
Bus routes along North Norfolk coast



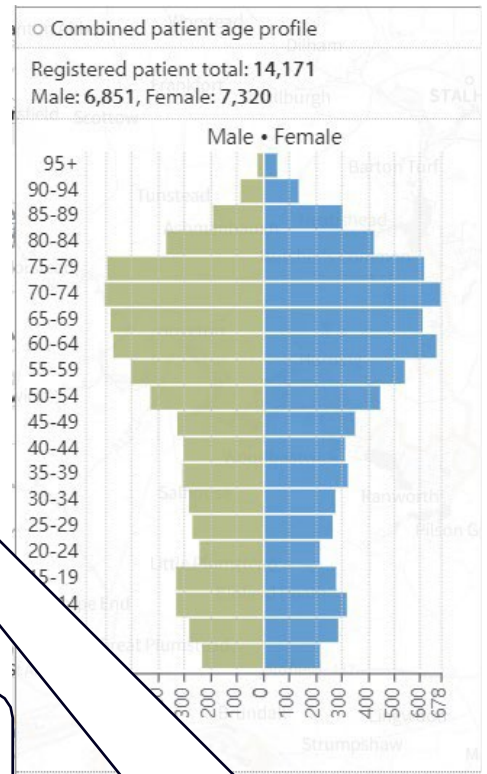
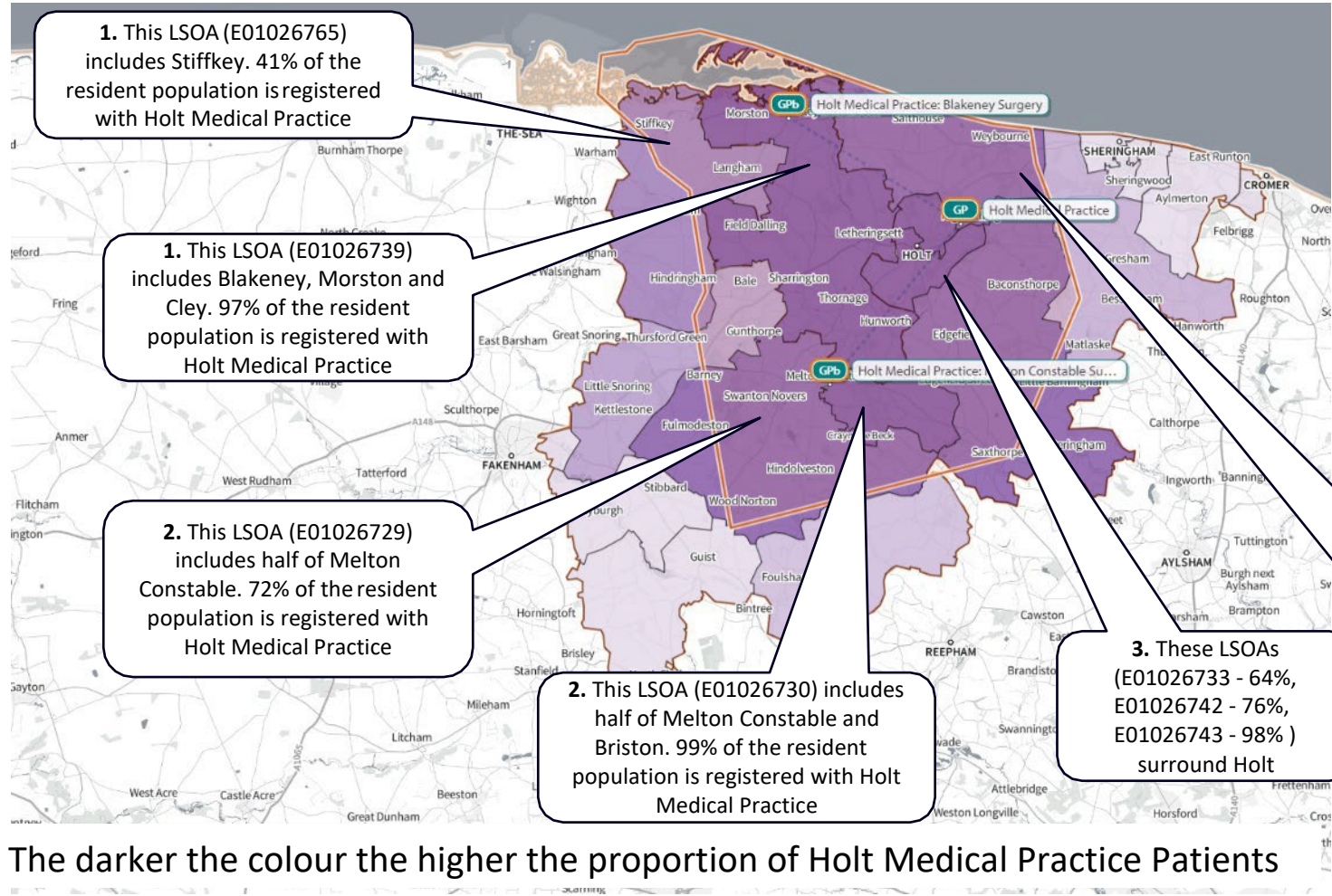
[Route map | Sanders Coaches](#)

- Blakeney – Holt 20+mins on [line 46](#) (but takes much longer to get to the medical practice in High Kelling)
- Blakeney – Wells-next-the-Sea 15-20min on [line CH1](#)
- Blakeney – Sheringham 25-30min on [line CH1](#)

Within the ICB the smallest area that health activity data and registered population data is available is at lower super output area (LSOA). Registered population data from NHS Digital highlights that there are three LSOAs along the North Norfolk Coast where a significant proportion of the population are registered with Holt Medical Practice. These three LSOAs we might define as the “Blakeney Coast Hopper” community



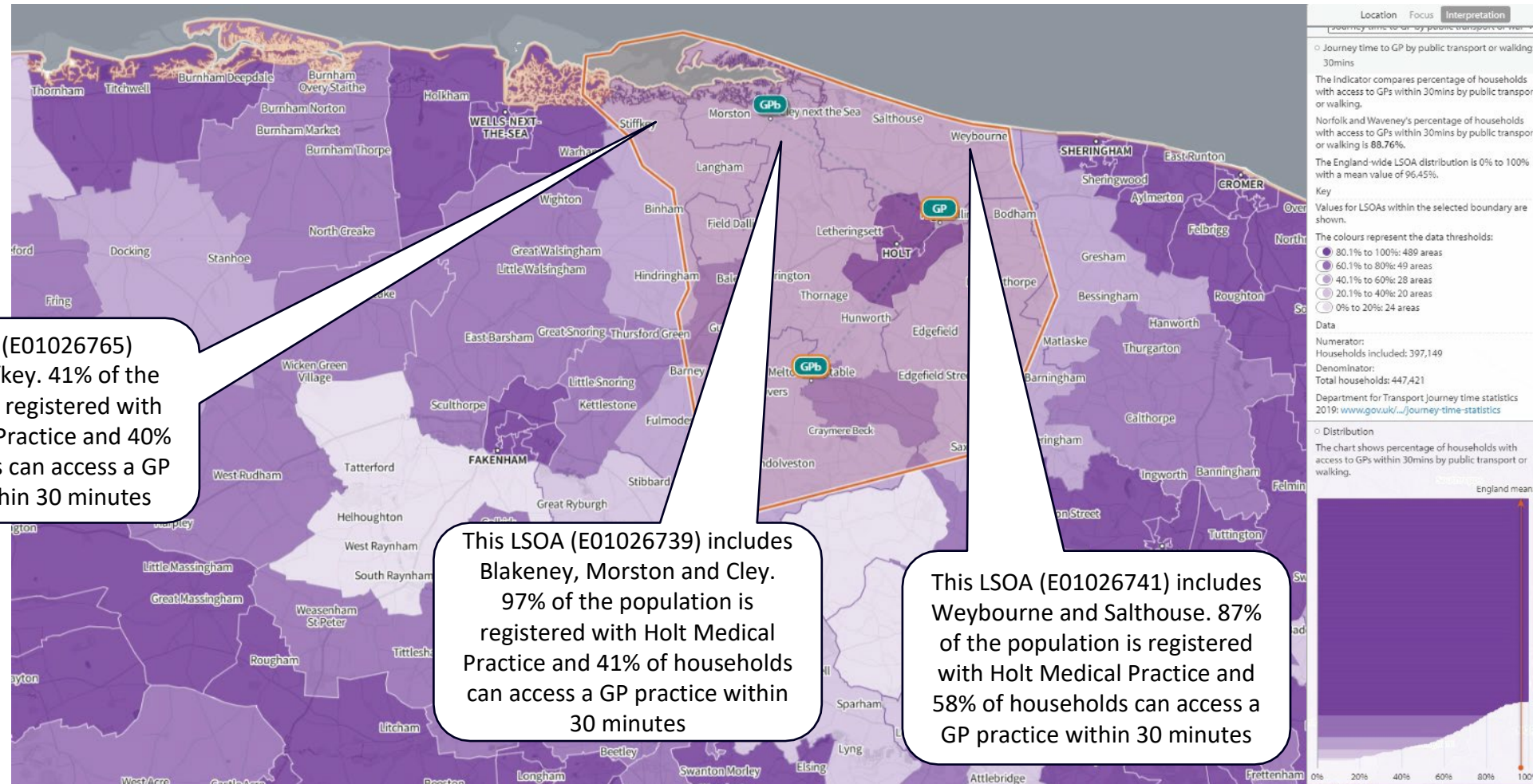
1 = Blakeney Coast Hopper community
2 = Melton Constable
3 = Holt



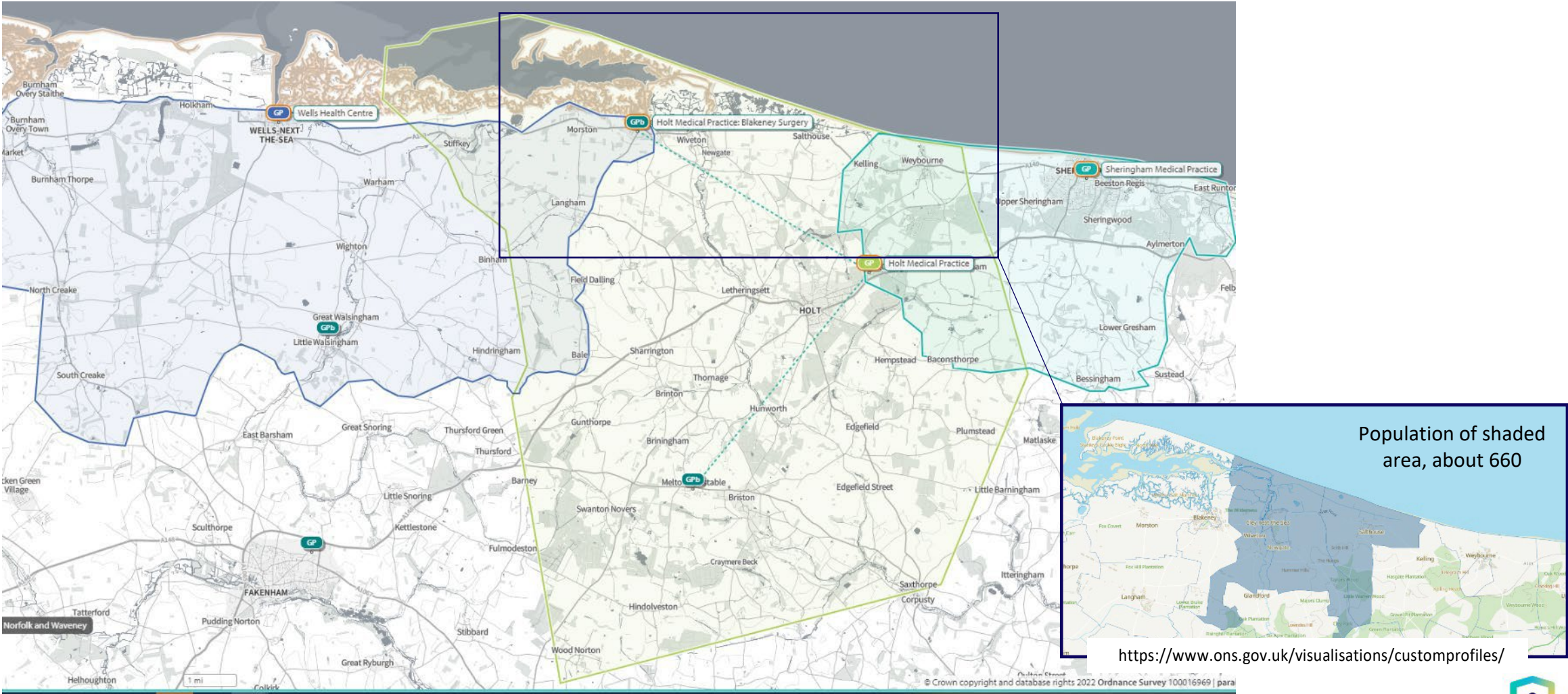
1. This LSOA (E01026741) includes Weybourne and Salthouse. 87% of the resident population is registered with Holt Medical Practice

The darker the colour the higher the proportion of Holt Medical Practice Patients

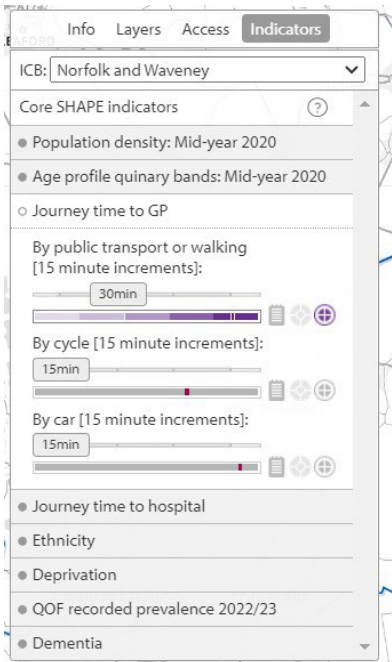
For the three LSOAs journey time statistics to general practice by public transport indicates that the proportion of the population able to access general practice within 30 minutes by public transport or walking is in the lowest 20% of areas across Norfolk and Waveney



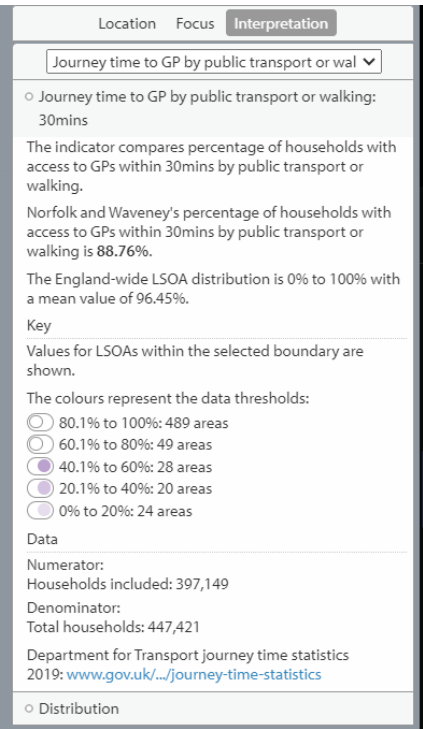
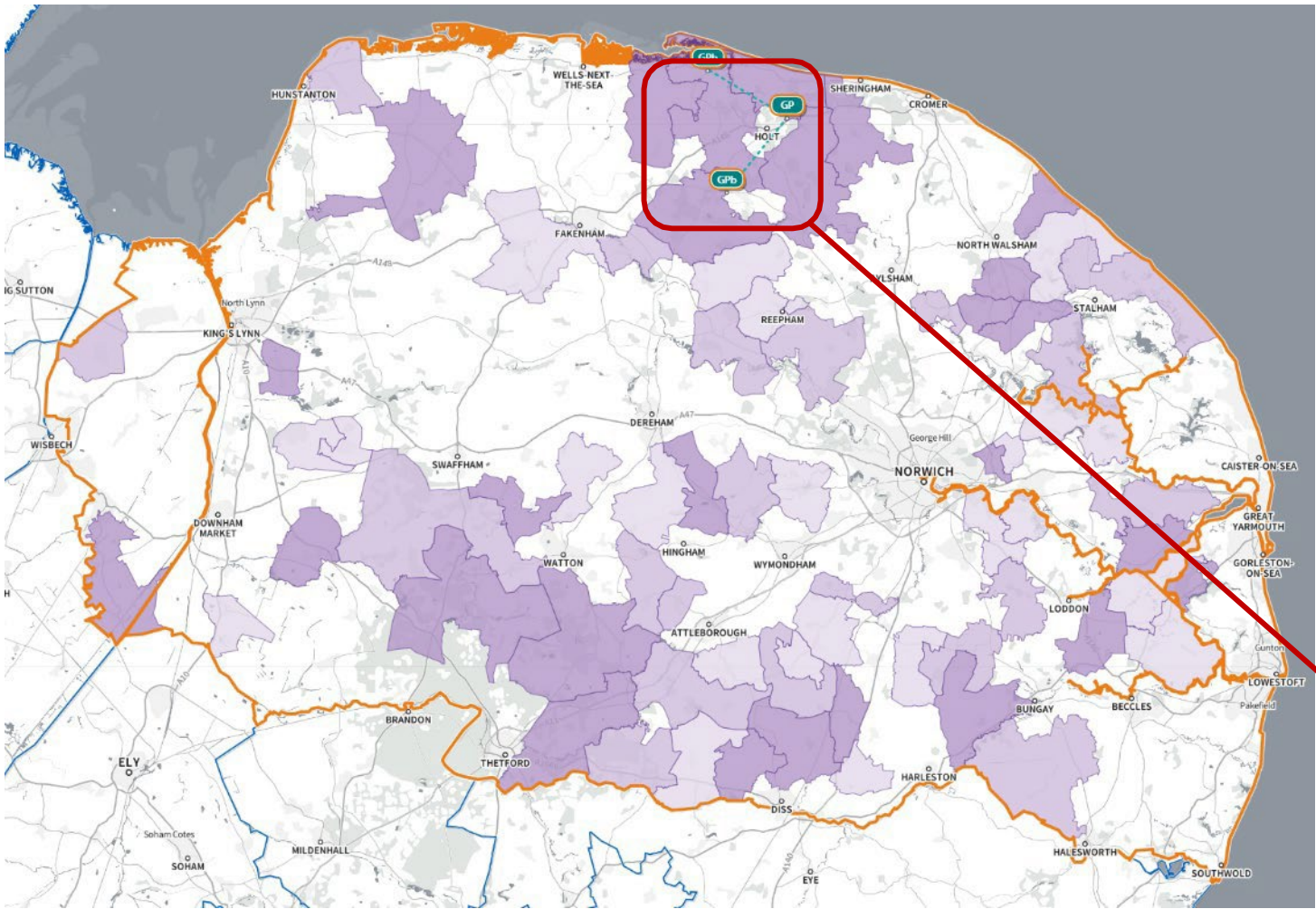
This map shows the catchment areas for the three practices, Holt Medical Practice, Sheringham Medical Practice and Wells Health Centre. There is some degree of overlap along the Coast Hopper route but the villages of Cley-next-the-sea, Wiverton and Salthouse are only in the catchment area of Holt Medical Practice. This population comprises about 660 people.



We can use the DfT general practice access statistics to derive some comparator areas for Blakeney. This map shows all those areas across Norfolk and Waveney where the % of households with access to general practice within 30 minutes by public transport or walking is less than 60%. This impacts 72 out of 611 communities across Norfolk and Waveney. We might define these communities as “geographically remote communities”. Five of the communities served by Holt Medical Practice are part of the 72 and this includes the Blakeney Coast Hopper community.



For 72 out of 611 communities the proportion of households with access to a GP within 30 minutes using public transport, cycling or walking is less than 60%



These five communities are served by Holt Medical Practice

This maps indicates the areas that can access any of Blakeney Branch, Melton Constable Branch, Holt Medical Practice main site within 10, 20, 30, 45 and 60 minutes using public transport. There are differences between morning and afternoon. Currently, most villages can access one of these branches using public transport within 30 to 45 minutes during the afternoon. But morning access is more limited.

InfoLayersAccessIndicators

ICB: Norfolk and Waveney

Travel times and distancePopulation

Sites

Single site

Sites by category

Selected sites

All sites

Travel type

By distance radius

Walk: by time

Walk: by distance

Cycle

Car: by distance

Car: by time

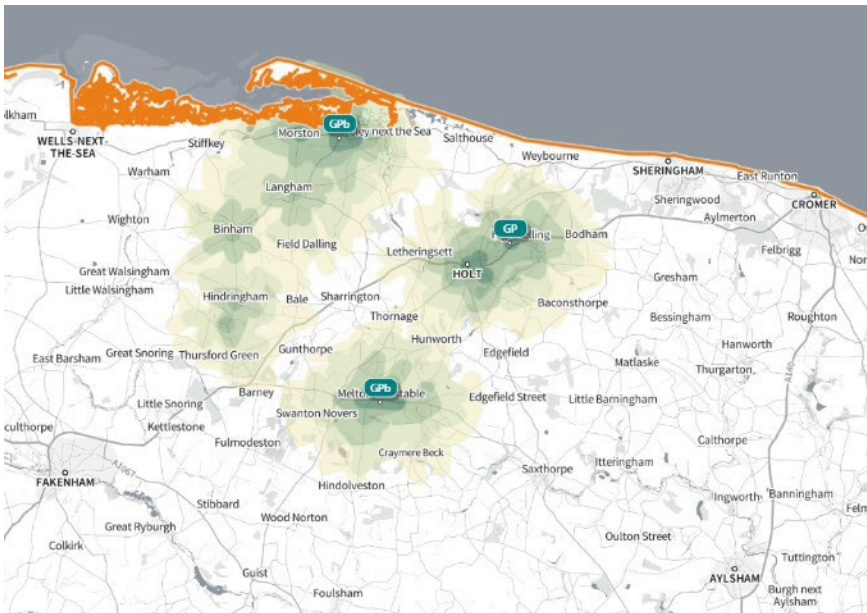
Public transport

To sites

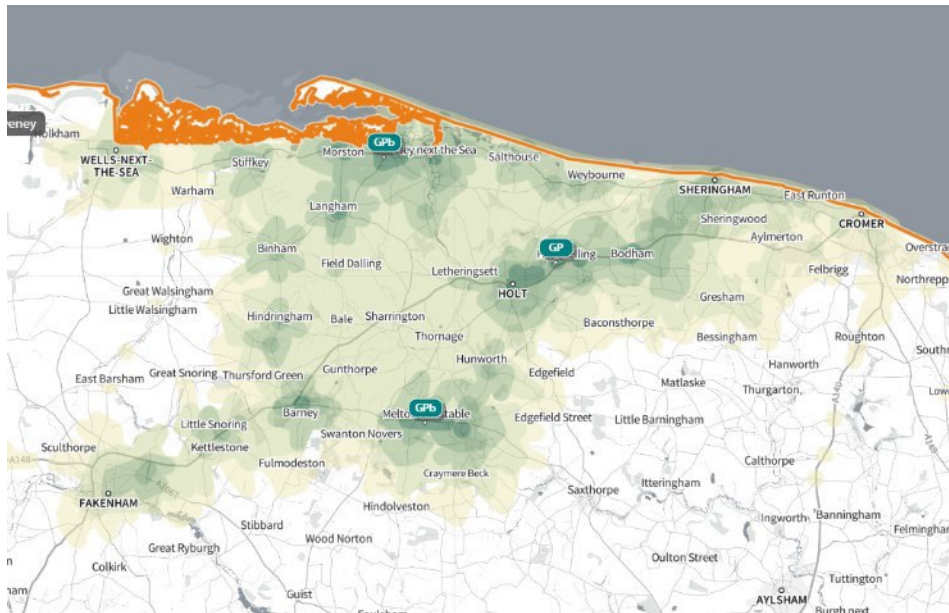
Weekday morning

1020304560 minutes

Targomo



Weekday Morning



Weekday Afternoon

InfoLayersAccessIndicators

ICB: Norfolk and Waveney

Travel times and distancePopulation

Sites

Single site

Sites by category

Selected sites

All sites

Travel type

By distance radius

Walk: by time

Walk: by distance

Cycle

Car: by distance

Car: by time

Public transport

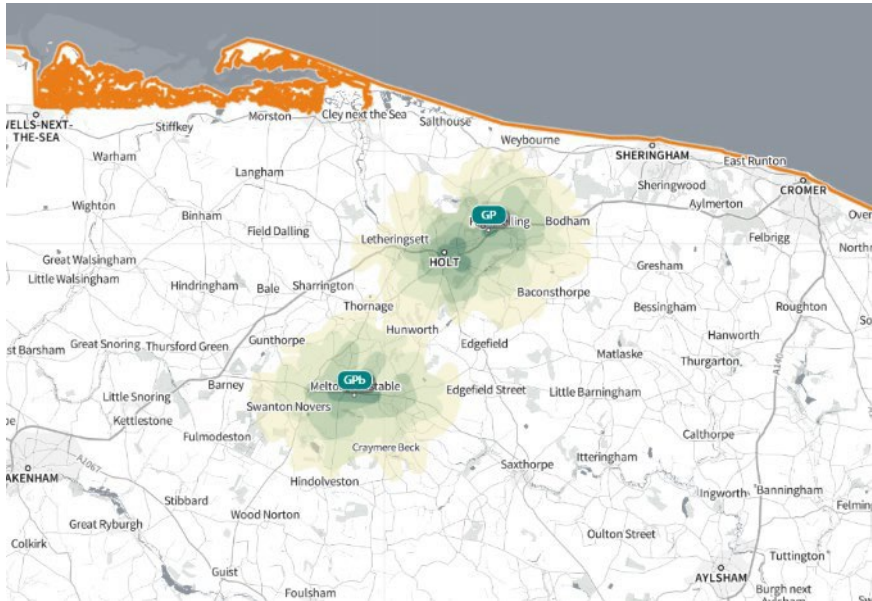
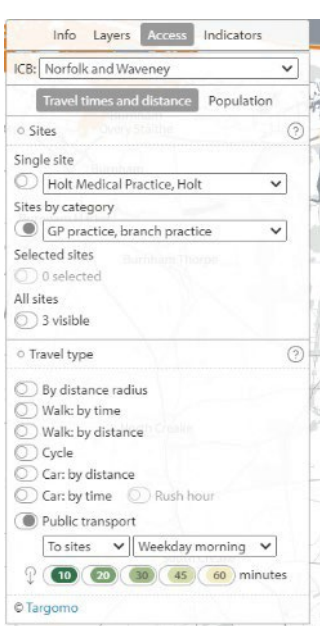
To sites

Weekday afternoon

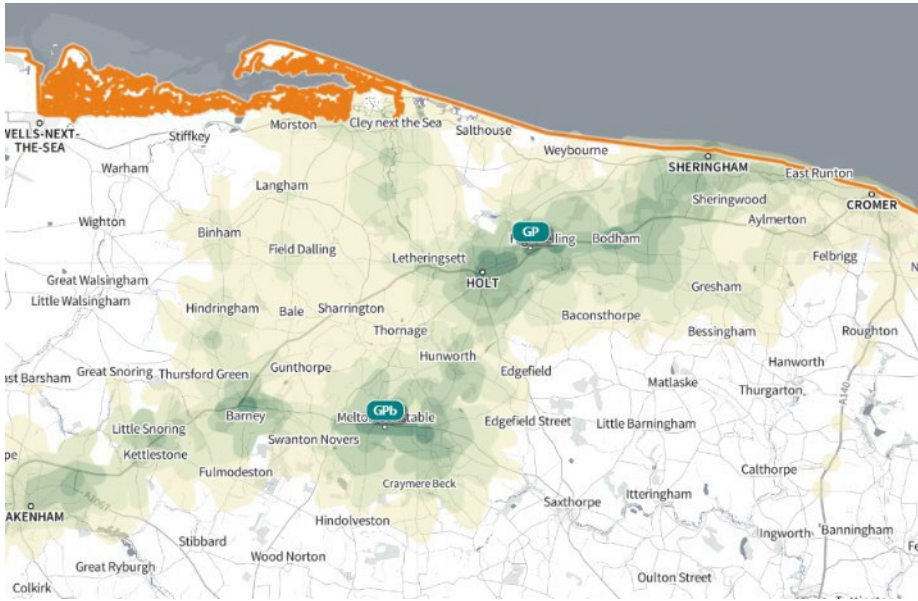
1020304560 minutes

Targomo

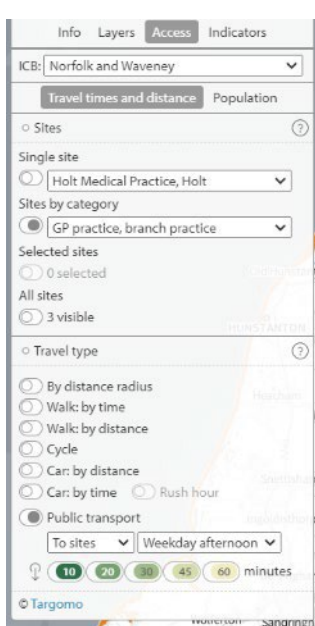
If we remove Blakeney branch surgery, these maps indicate that for the villages such as Blakeney, Cley-next-the-sea, Morston, Langham and Salhouse the time taken to access Holt Medical Practice by public transport is 60 minutes or more in the afternoon. However, access is in excess of 60 minutes in the morning and in excess of 60 minutes for Stiffkey residents any time of day.



Weekday Morning

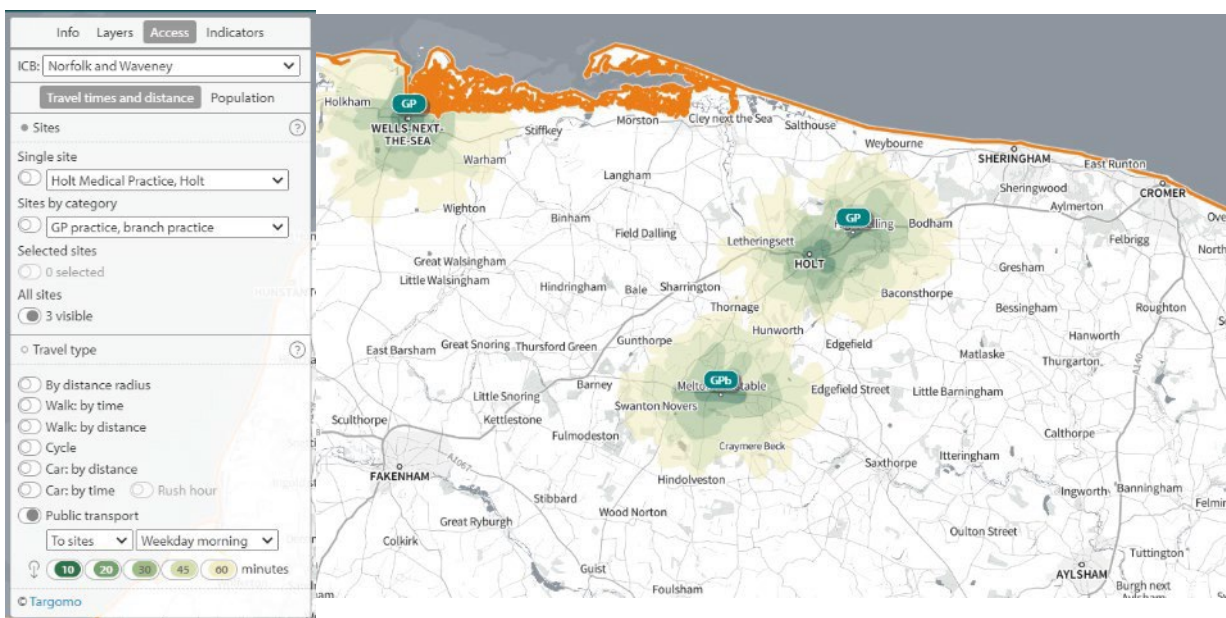


Weekday Afternoon

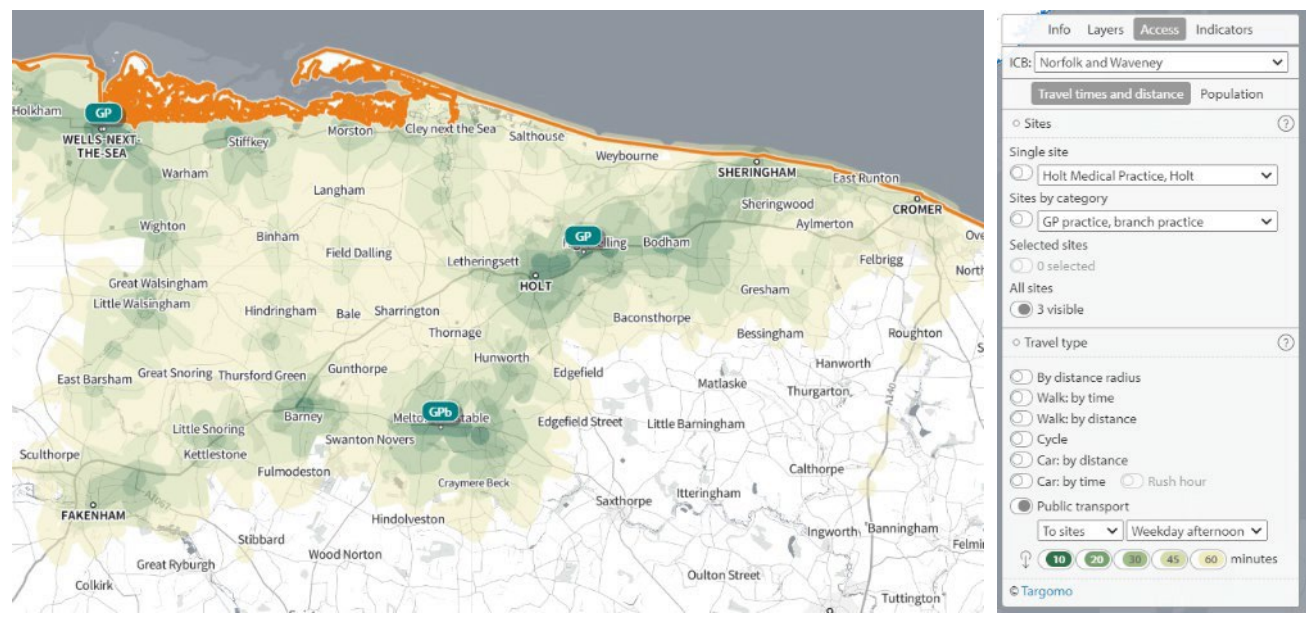


<https://app.shapeatlas.net/place/E54000022#10/52.6551/0.9714/rh-0,rdrt>

If we include Wells-Next-The-Sea then the villages along the Coast Hopper route are able to access Wells Health Centre, Holt Medical Practice main site or Melton Constable branch within 30 to 45 minutes using public transport in the afternoon, but not in the morning.



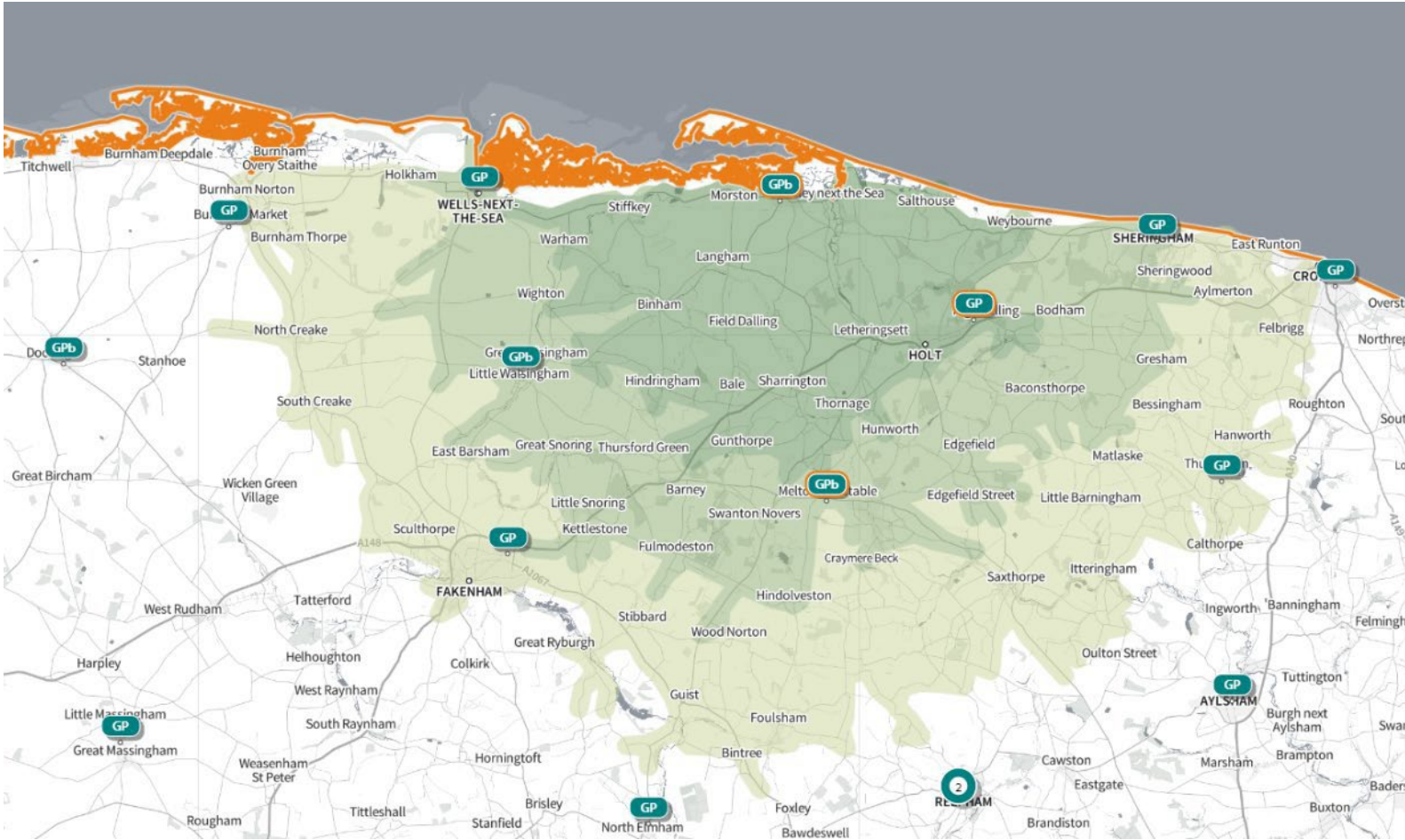
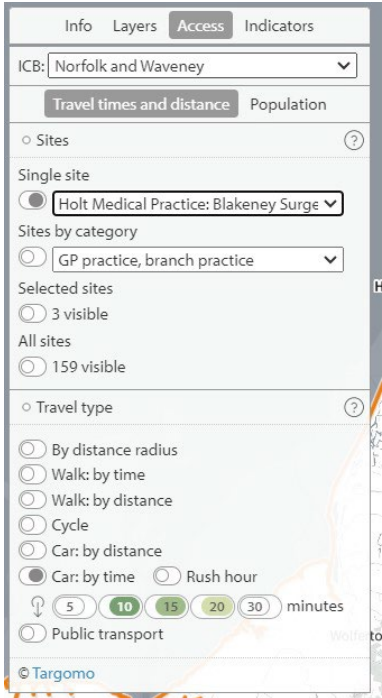
Weekday Morning



Weekday Afternoon

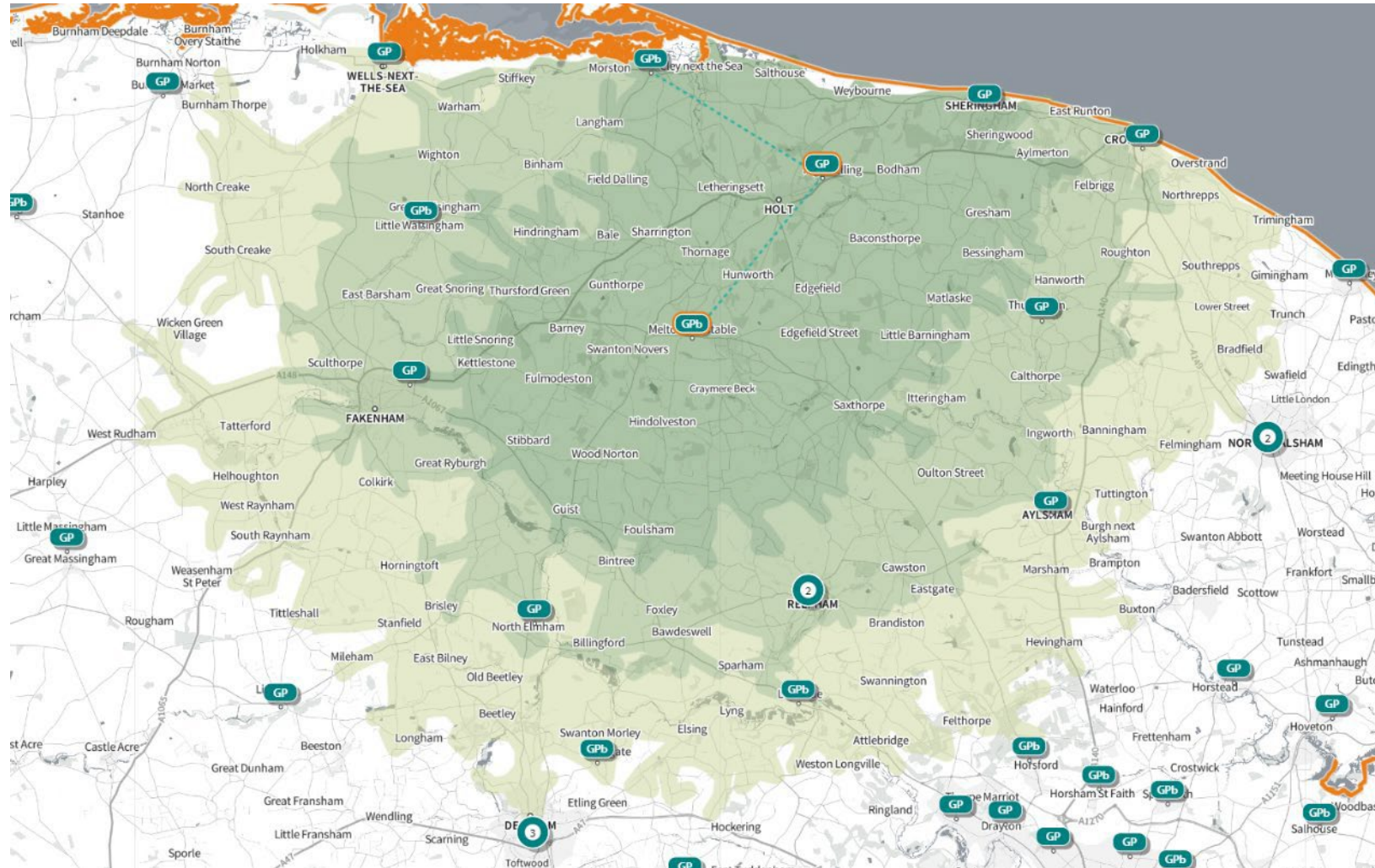
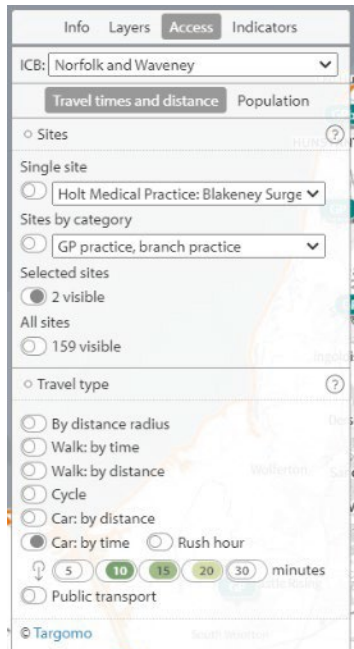
<https://app.shapeatlas.net/place/E54000022#10/52.6551/0.9714/rh-0,rdr-t>

The map shows the areas that can access Blakeney Surgery within 10 minutes, 15 minutes and 20 minutes travel time by car



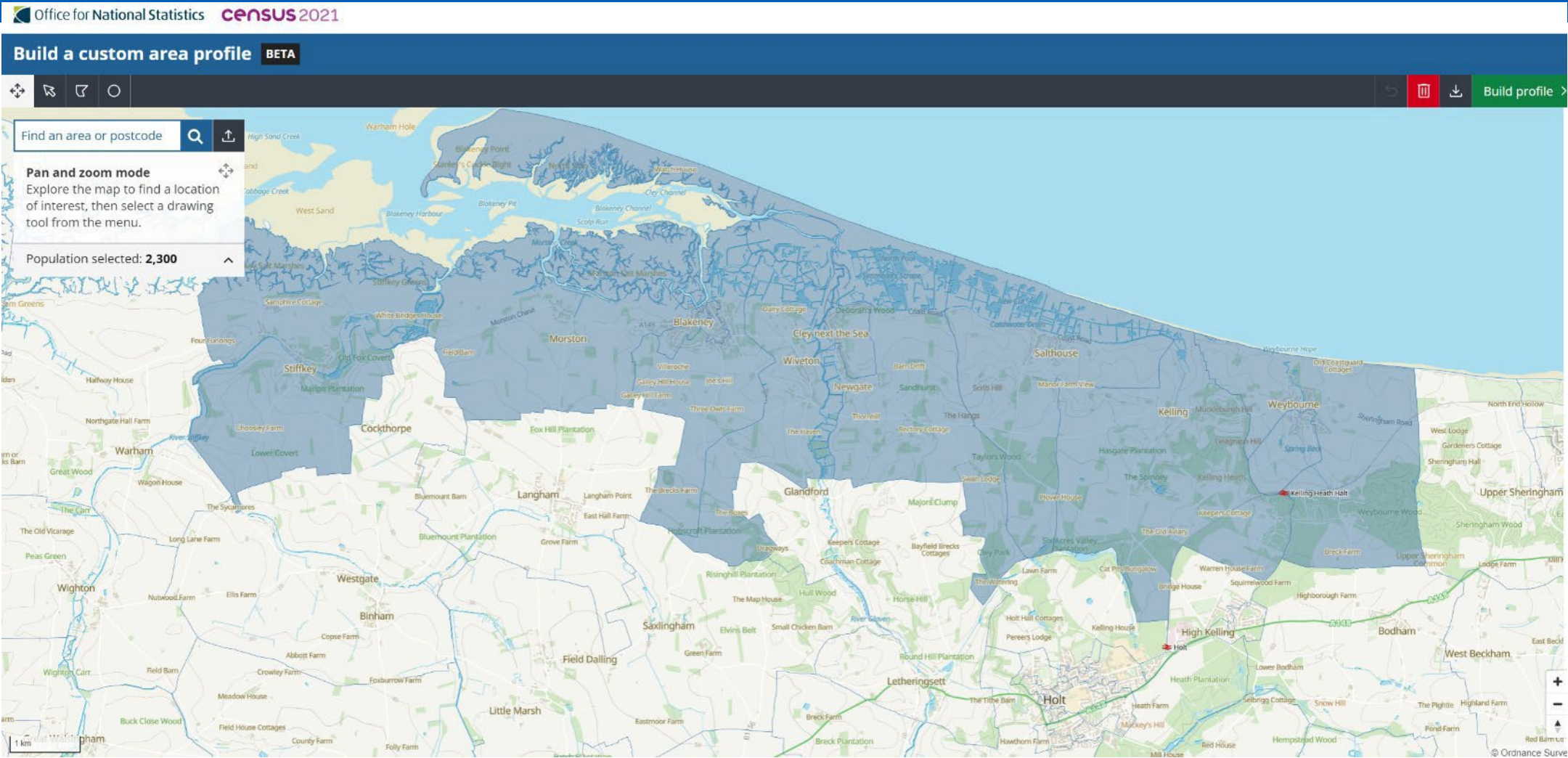
<https://app.shapeatlas.net/place/E54000022#10/52.6551/0.9714/rh-0,rdr-t>

This map shows the areas that can access Holt Medical Practice or Melton Constable within 10 minutes, 15 minutes or 20 minutes by car.



<https://app.shapeatlas.net/place/E54000022#10/52.6551/0.9714/rh-0,rdr-t>

Looking at the communities that will experience increased travel times the custom census profiles can help understand the relative level of need and how different a selected community might be from the Norfolk average or England average. The selected areas fall within the LSOAs where the majority of the resident population is registered with Holt Medical Practice.



<https://www.ons.gov.uk/visualisations/customprofiles/>

Census information for the Coast Hopper Route; age, general health, disability and provision of unpaid care

Compared to Norfolk:

Age profile is generally older than the Norfolk average

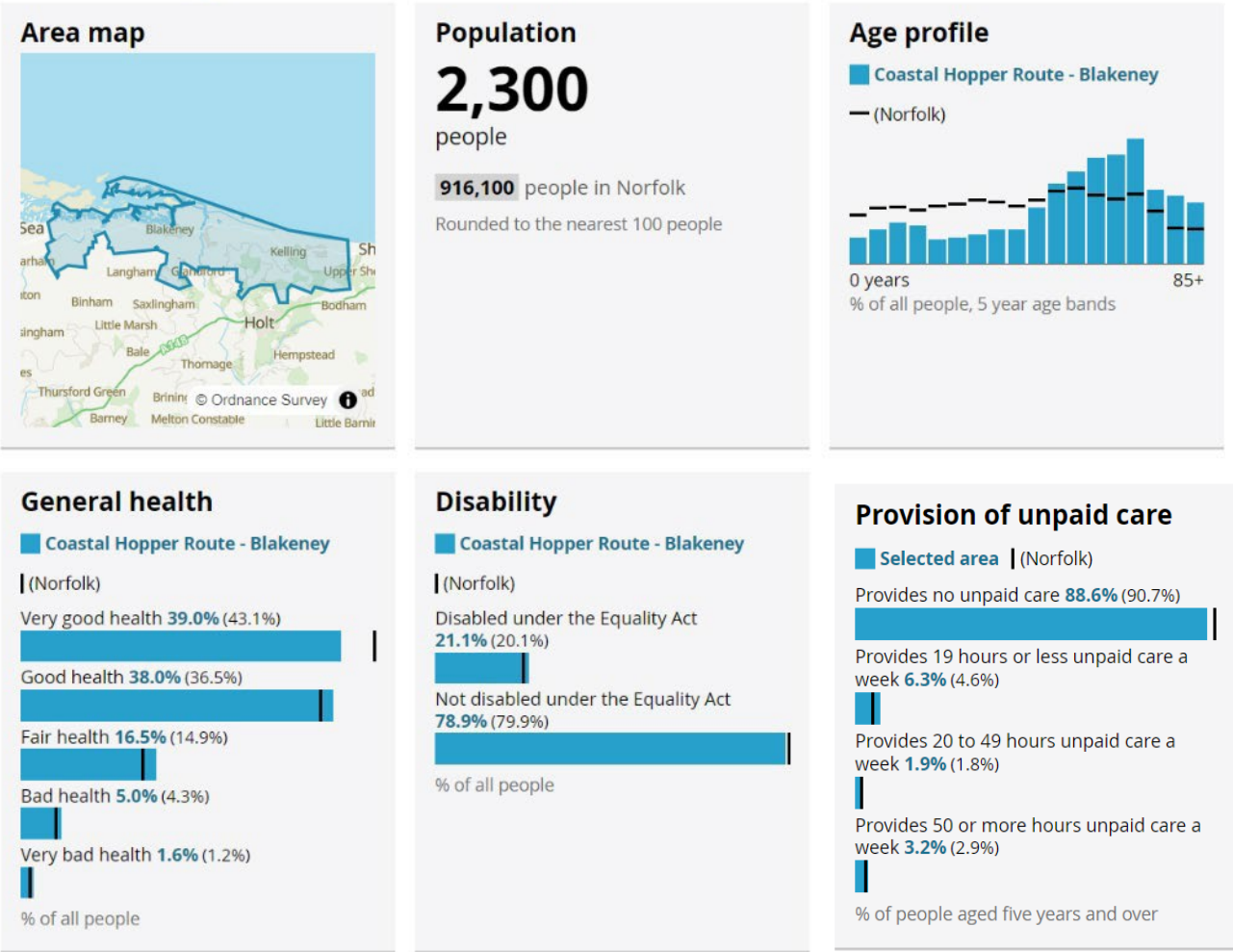
Proportion in bad health or very bad health is **higher** (6.6% vs. 5.5%) – *however, this is not standardised for age or sex*

Proportion disabled under equality act is **higher** (21.1% vs 20.1%) - *however, this is not standardised for age or sex*

Provision of unpaid care is **higher** (11.4% vs 9.3%)

<https://www.ons.gov.uk/visualisations/customprofiles/>

Coastal Hopper Route - Blakeney



Source: Office for National Statistics - Census 2021

Census information for the Coast Hopper Route; household, accommodation and access to a car

Compared to Norfolk:

Household composition indicates that the area has **more** one person households than the Norfolk average (34% vs 31%)

Proportion of households experiencing deprivation in any dimension is lower (51.8% vs. 54.1%) but more likely to be deprived in one dimension (37.6% vs. 35.9%)

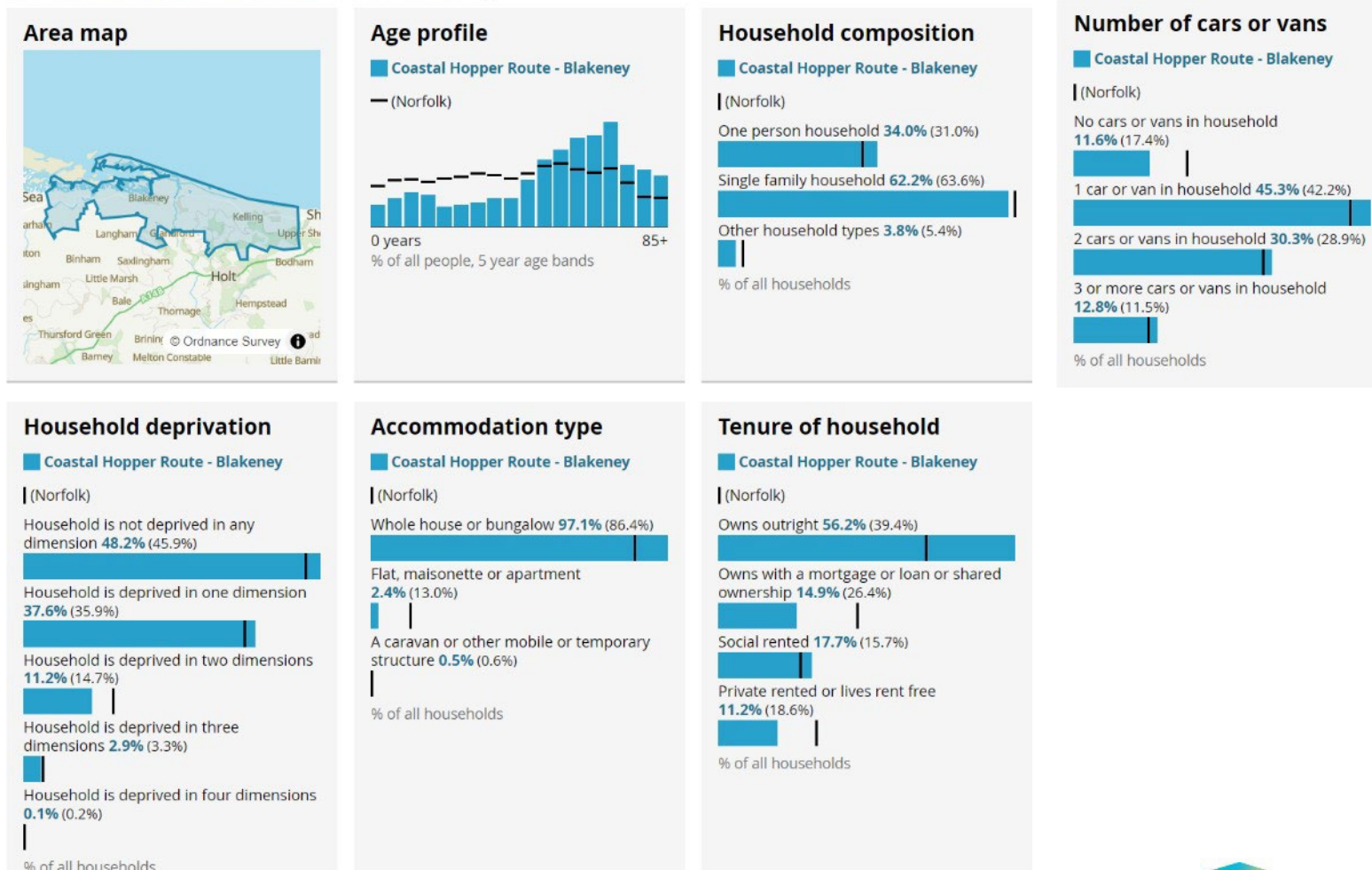
Proportion owning their property is higher (21.1% vs 20.1%)

Proportion of households with access to a car or van is higher (88.4% vs 82.6%)

<https://www.ons.gov.uk/visualisations/customprofiles/>

For more information on census household deprivation see here: <https://www.ons.gov.uk/census/census2021dictionary/variablesbytopic/demographyvariables/census2021/householddeprivation>

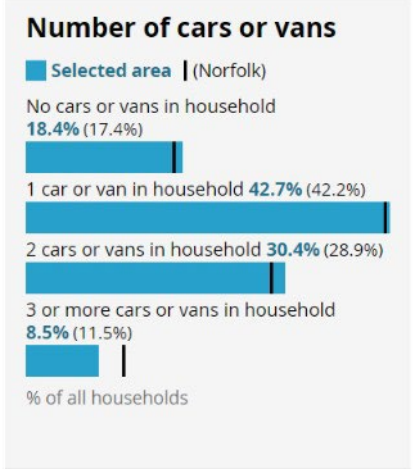
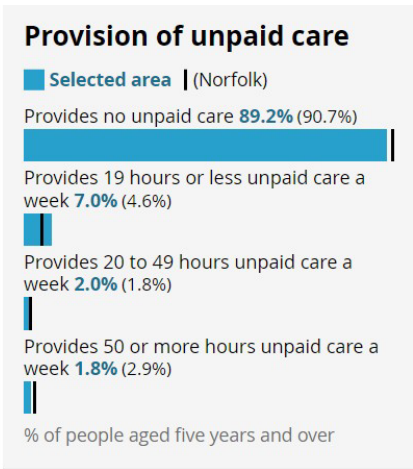
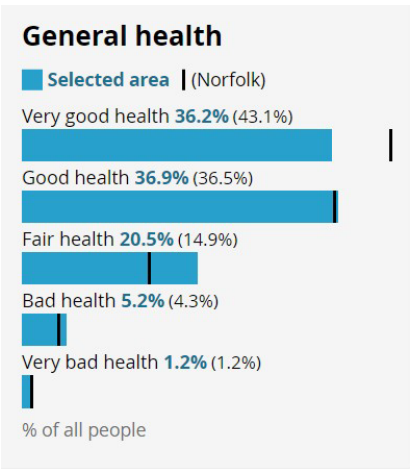
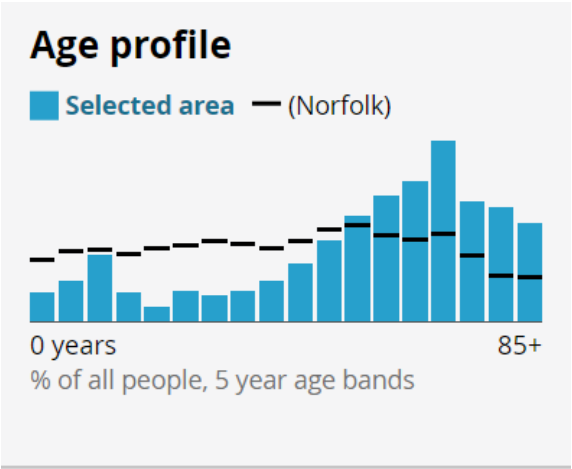
Coast Hopper Route - Blakeney



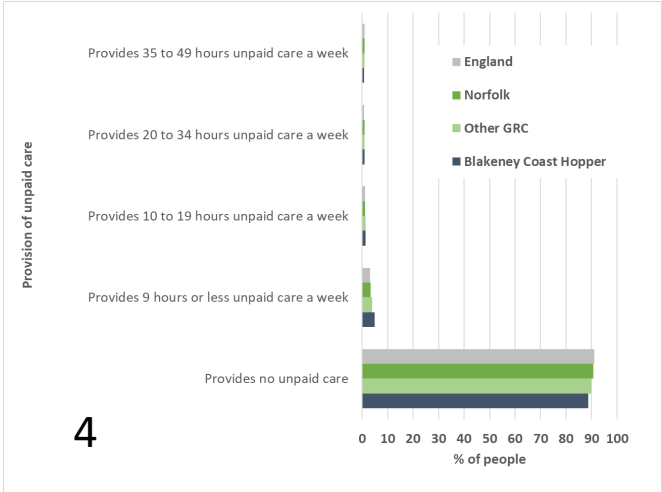
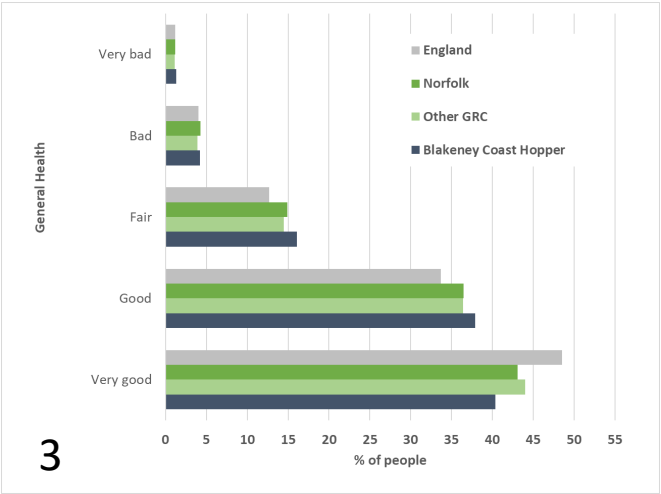
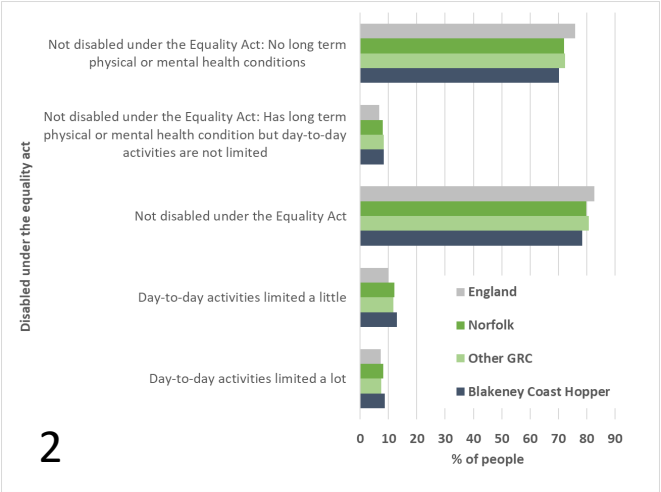
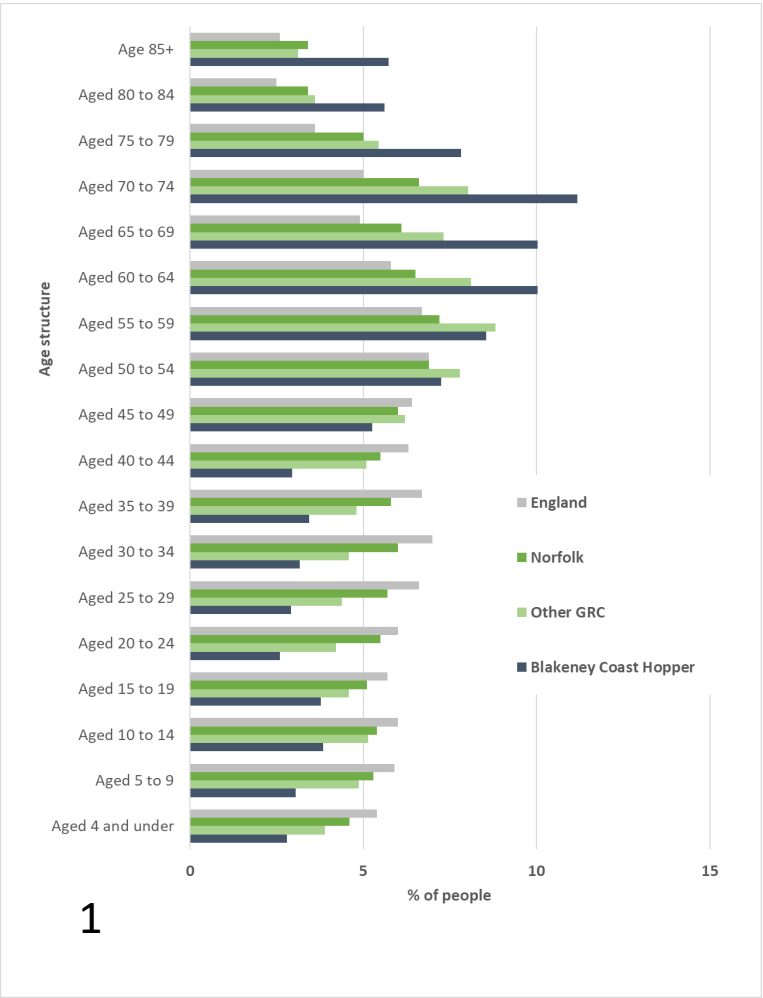
Blakeney Parish is similar to others on the coastal hopper route, but fewer households have a car

Compared to Norfolk

- Older than Norfolk average
- Fewer in very good and good health, more in fair health
- Higher % disabled under the Equality Act
- Higher % provide some form of unpaid care
- Fewer households have a car
- More likely to be a single person household
- More likely to be deprived in one dimension



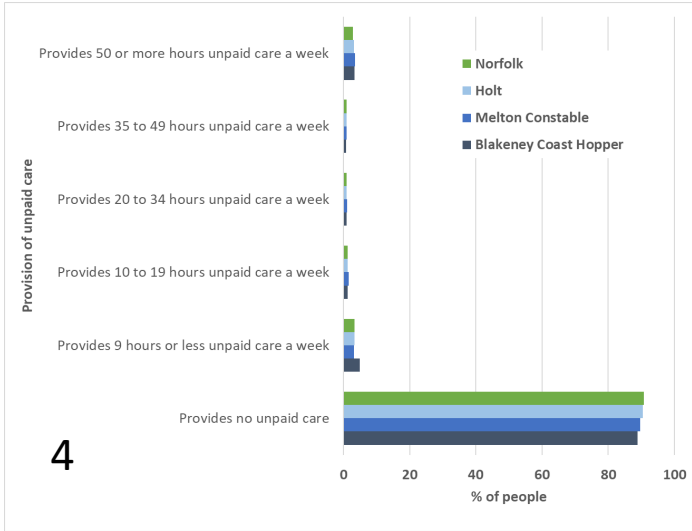
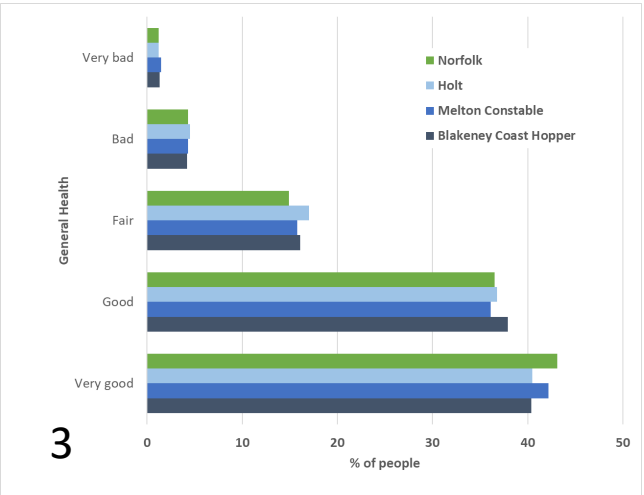
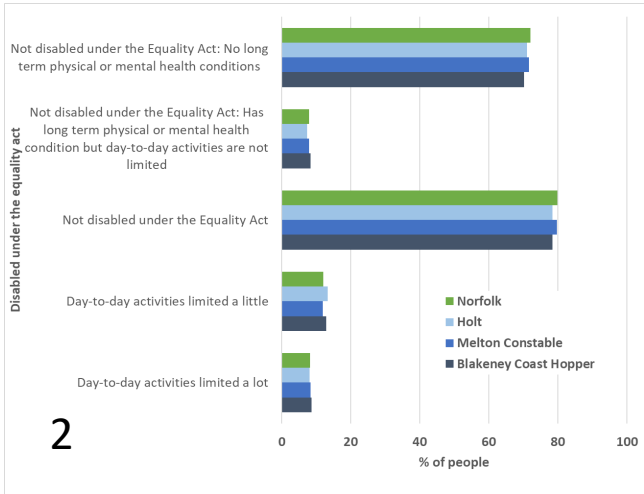
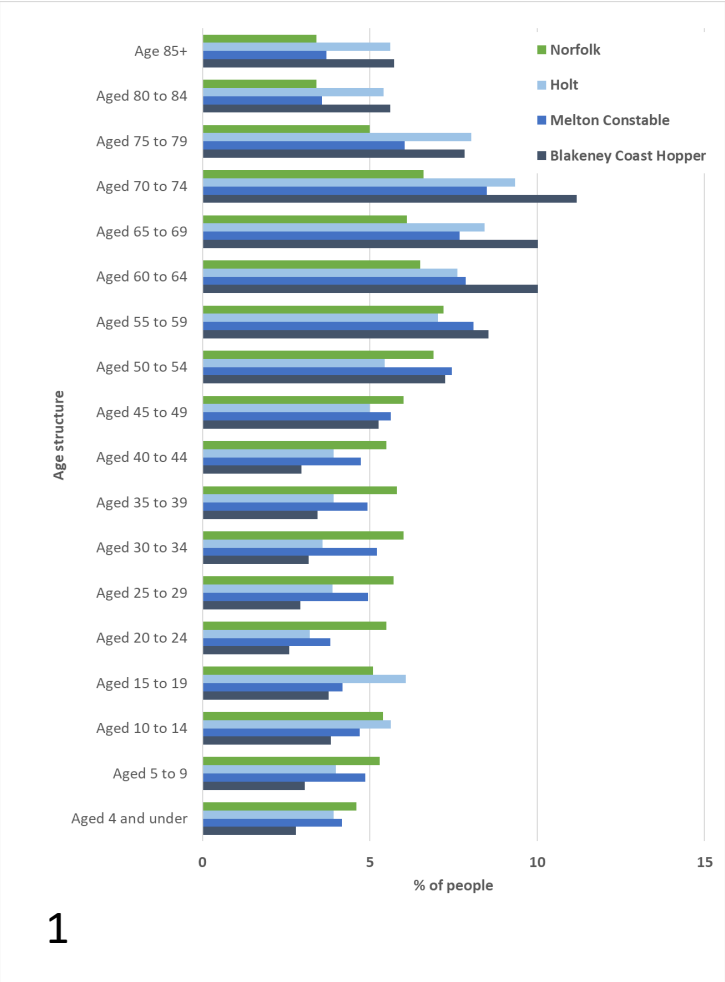
Understanding people using LSOAdata and looking at the wider Norfolk picture comparing Blakeney Coast Hopper community with the wider geographically remote communities (GRC), Norfolk and England



Blakeney Coast Hopper community

1. Generally older
2. More likely to be limited in day-to-day activities
3. General health less likely to be very good, and more likely to be bad or very bad (similar to Norfolk) BUT more likely to be fair or good
4. More likely to provide any type of care and more than 50 hours per week.

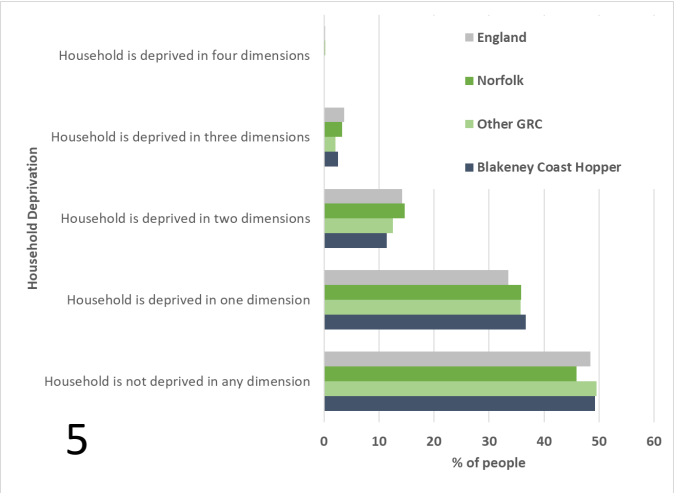
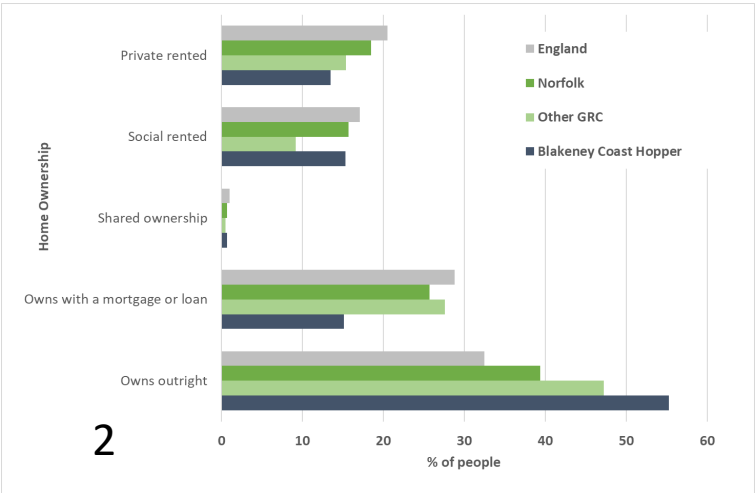
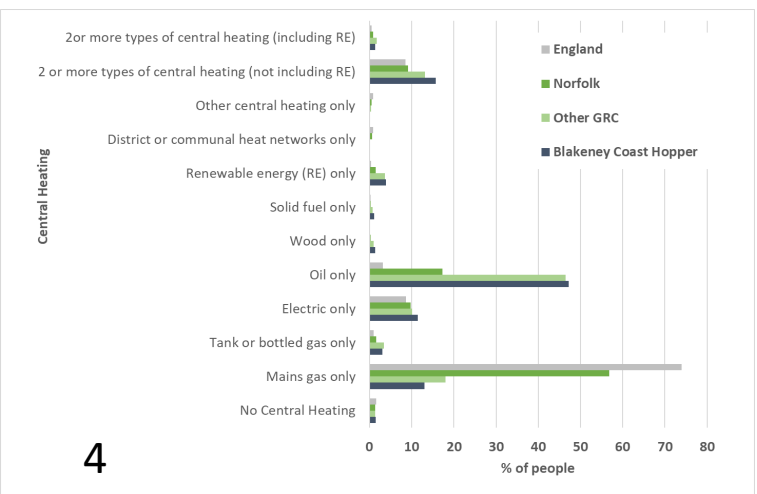
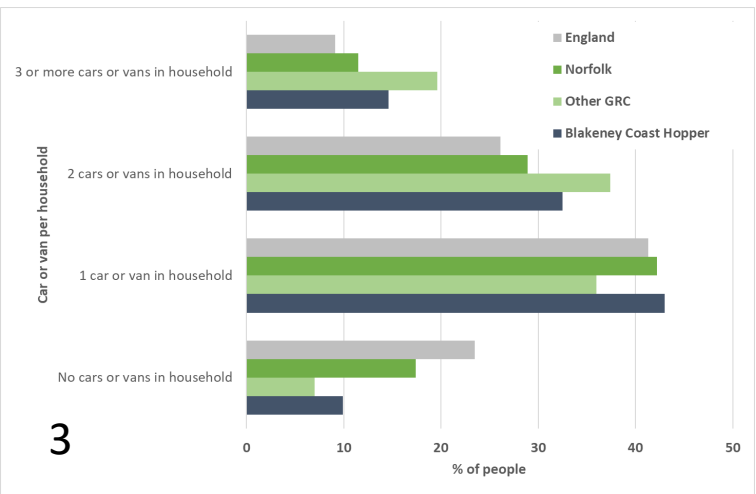
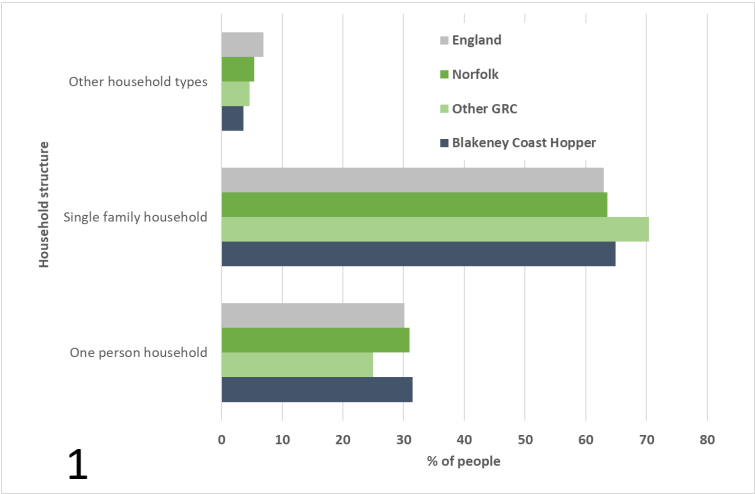
Understanding people, using LSOA data and comparing Blakeney Coast Hopper community with Melton Constable, Holt and Norfolk



Blakeney Coast Hopper community

1. Generally older
2. Disability proportions similar to Holt, but more likely to be limited in day-to-day activities
3. less likely to be very good, bad or very bad health is reasonably similar across the areas but Melton Constable slightly higher proportion of very bad health BUT again more likely to be good health
4. More likely to provide any type of care, but similar proportions providing more than 50 hours per week.

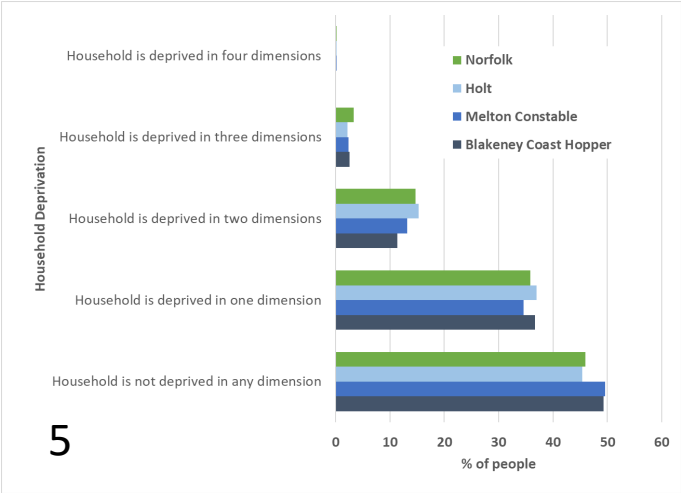
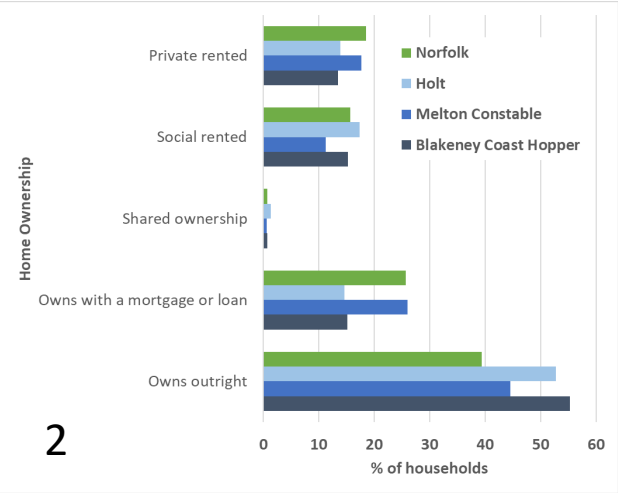
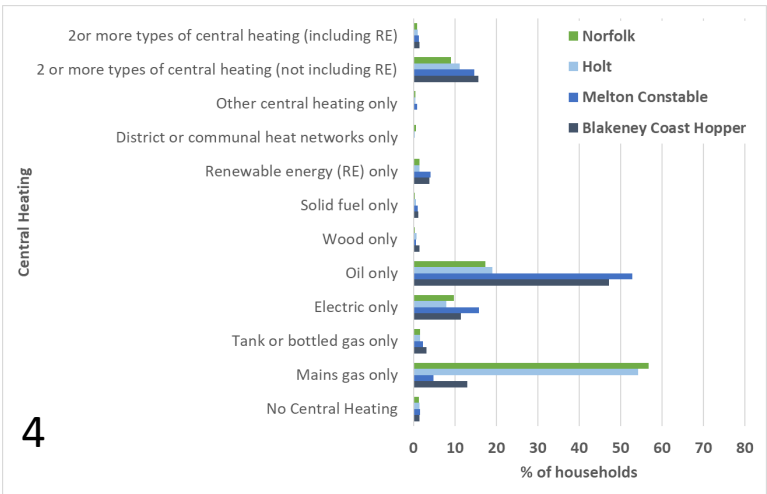
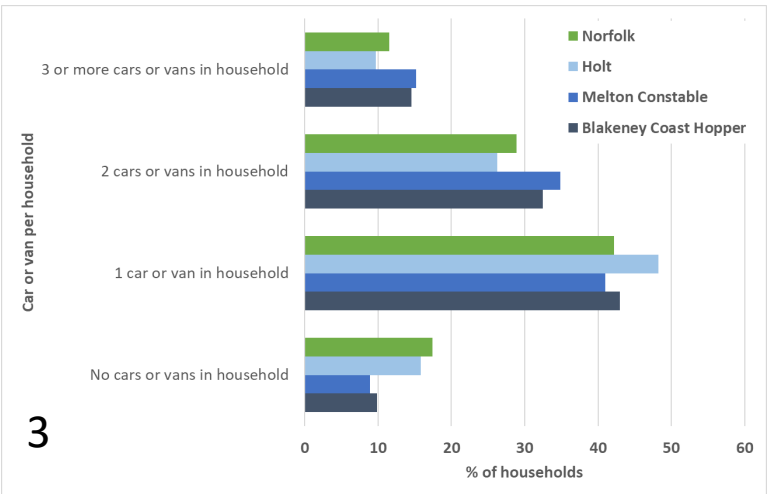
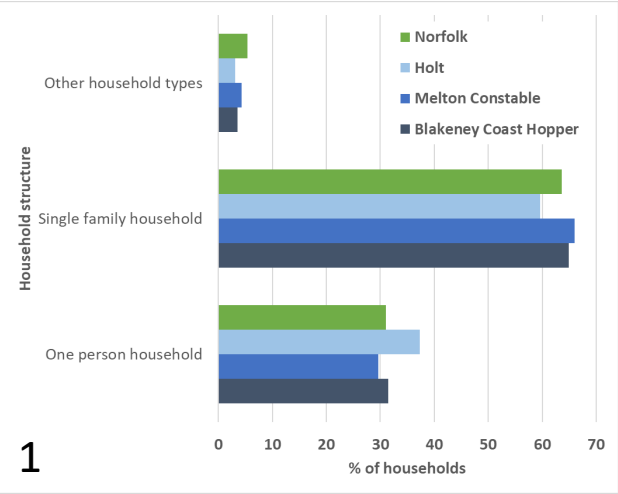
Understanding households using LSOAdata and looking at the wider Norfolk picture comparing Blakeney Coast Hopper community with other geographically remote communities (GRC), Norfolk and England



Blakeney Coast Hopper

1. One person household more likely than other geographically remote communities (GRC), about the same as Norfolk
2. More likely to own home outright, less likely to privately rent
3. Less likely to be without a car or van, other GRC areas even more so
4. More likely to have electric or oil as only central heating source, similar to other areas for no central heating
5. Similar deprivation profile to other GRC areas, slightly less deprived than Norfolk

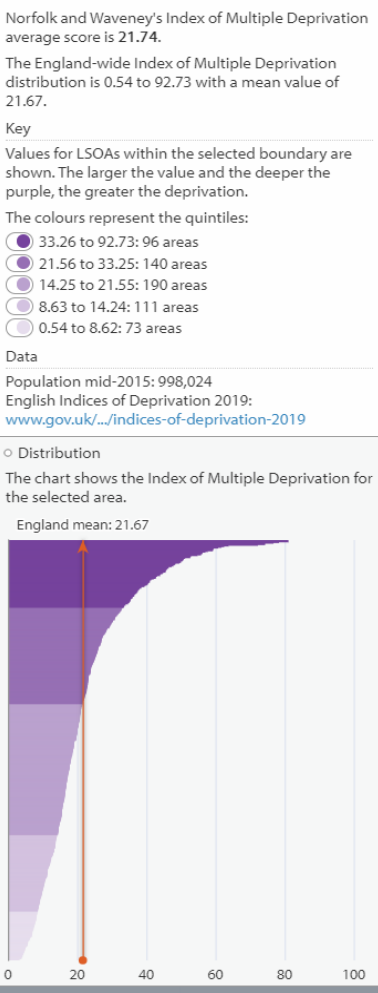
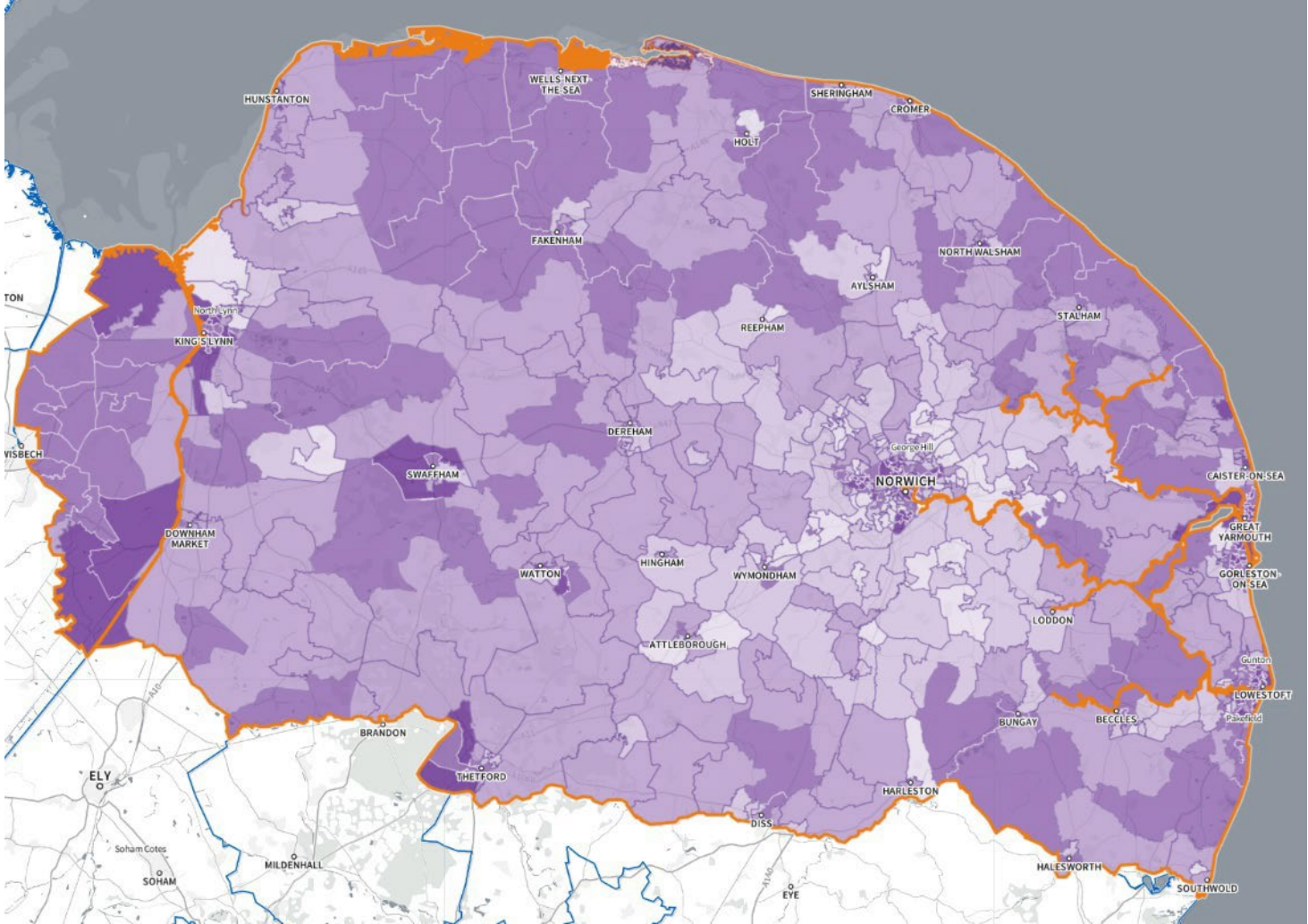
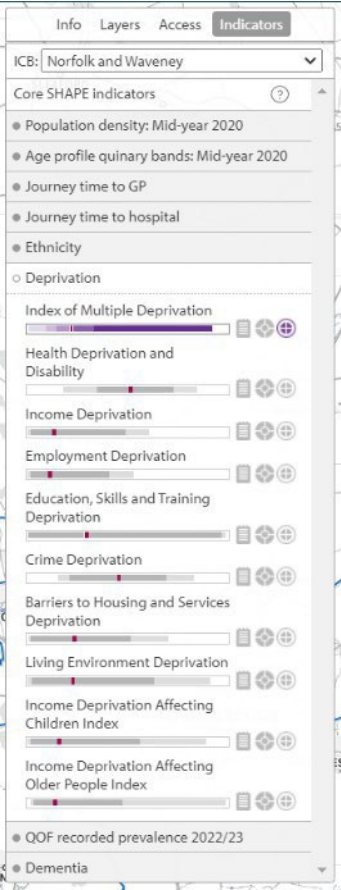
Understanding households, using LSOA data and comparing Blakeney Coast Hopper Community with Melton Constable, Holt and Norfolk



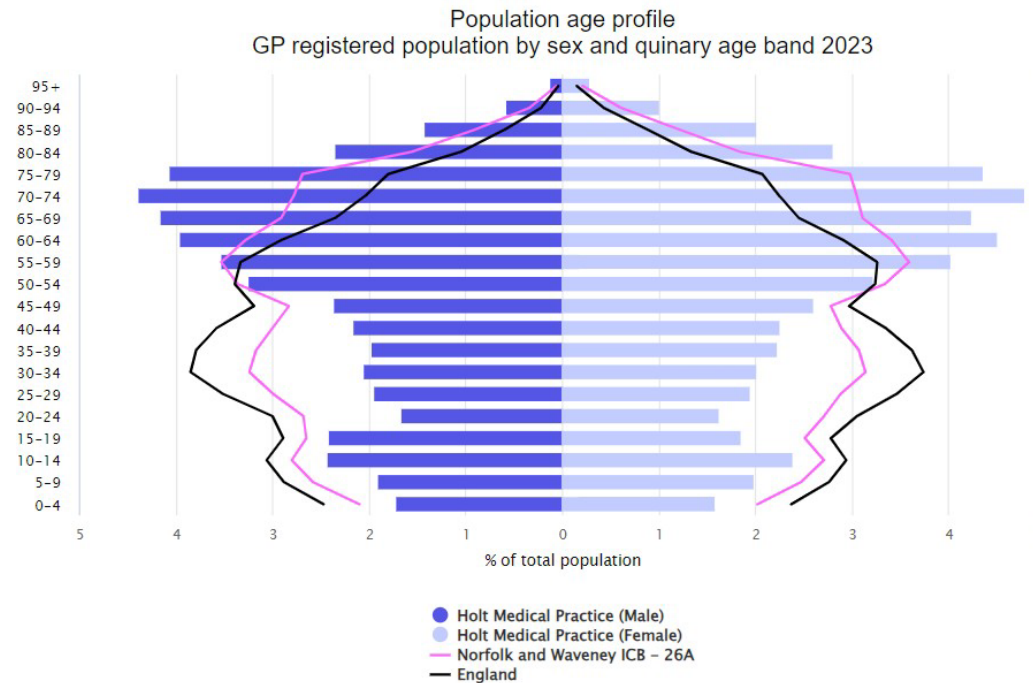
Blakeney Coast Hopper

1. One person household about the same
2. More likely to own outright, less likely to privately rent, Melton Constable more likely to rent and similar to Norfolk
3. Less likely to be without a car or van, Melton Constable even more so
4. More likely to have electric or oil as only central heating source, Melton Constable even more so
5. Slightly less deprived than Melton Constable or Holt

The most deprived communities served by Holt Medical Practice are just south of Holt and the LSOA that includes Weybourne and Salhouse. Holt is in the least deprived 20% of the country



The general practice profile shows that Holt Medical Practice is older than the ICB and England average and as a whole the population experiences average levels of deprivation. Older population is more likely to have one or more long term conditions



- High prevalence of long-standing health condition and MSK (older population)
- Low prevalence of active smokers but many former smokers
- Generally good cancer screening coverage and uptake
- Average obesity prevalence (QOF)
- Higher than average hypertension prevalence (QOF)
- Low depression prevalence (QOF)
- Average prevalence of COPD but higher Asthma prevalence (QOF)
- Average prevalence of Diabetes (QOF)

Registered Persons	
Holt Medical Practice	14,338
Norfolk and Waveney ICB - 26A	10,364 (average)
ENGLAND	9,803 (average)

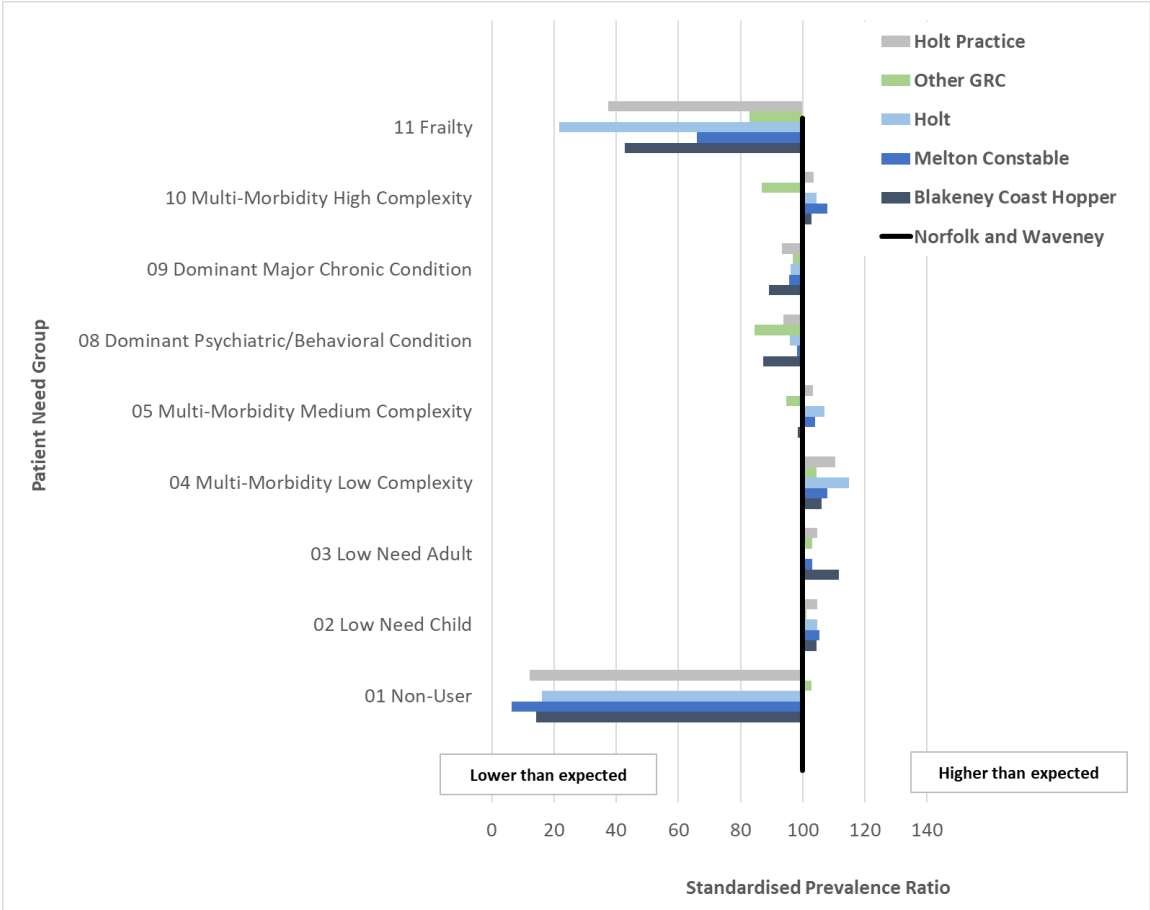
D82001 - Holt Medical Practice	
QOF achievement	525.2 (out of 635)
Life expectancy (Male)	81.6 years
Life expectancy (Female)	86.5 years
% having a positive experience of their practice	82.6%



Ethnicity Estimate	
1.0% mixed	

CQC Rating	
Overall: Good	
Inadequate	Outstanding
Source: http://www.cqc.org.uk/location/1-542774170	
Report published: 24 August 2018	

Provisional analysis indicates that given the age and sex distribution of the different communities served by Holt Medical practice and other geographically remote communities (GRC) with longer travel times to general practice we see that patients are generally less complex and less likely to be frail compared to the Norfolk and Waveney average.



For more information about the Johns Hopkins ACG system and the Patient Need Group Segmentation see the webinar recordings here <https://www.hopkinsacg.org/acg-uk-webinar-recordings/> and more generally here <https://www.hopkinsacg.org/>

The Patient Need Groups methodology allows segmentation and stratification of the population, using available diagnosis markers and predictive models from the Johns Hopkins ACG system. This allows us to segment the population into groups with similar levels of need.

There are eleven mutually exclusive population segments applicable to all age groups that enable a whole person approach to understanding health needs across the life course.

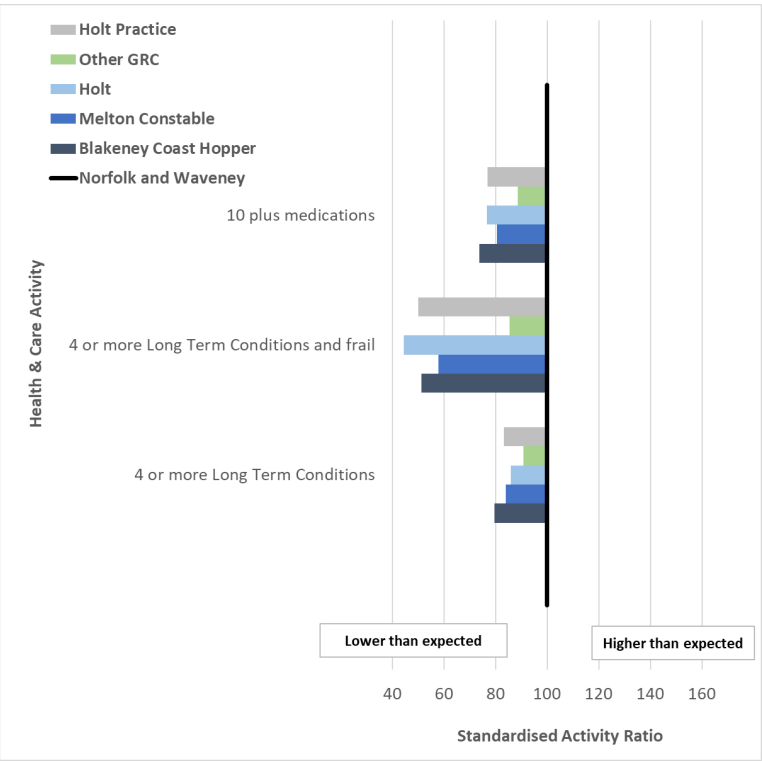
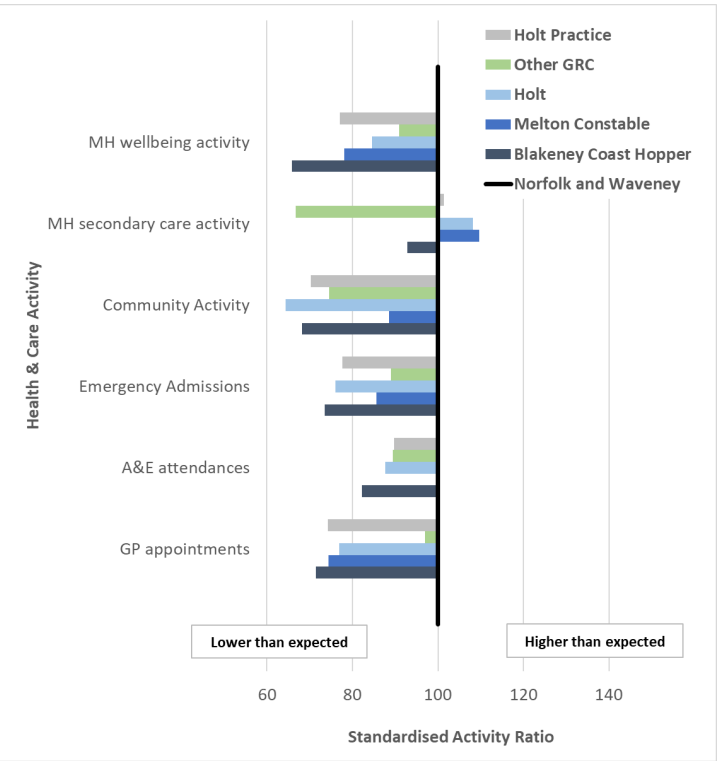
The segmentation approach is useful for:

- Helping to understand a populations health needs and analysing use of services
- Supporting the development of services and programmes
- Targeted interventions for specific conditions, comorbidities and frailty
- Identifying suitable groups for initiatives like virtual wards

The groups are:

Frailty	11 Frailty	Adults aged 65 and older with evidence of 2 or more frailty concepts
High Complexity; Multi-Morbidity	10 Multi-Morbidity, High Complexity	Multi-morbidity with high complexity (major and unstable chronic conditions)
Dominant Chronic	09 Dominant Major Chronic Condition	Somatic condition with high impact on health, without treatment the condition is progressive and unstable over time
	08 Dominant Psychiatric/Behavioral Condition	Psychiatric condition with high impact on health, without treatment the condition is progressive and unstable over time
Pregnancy	07 Pregnancy, High Complexity	Pregnancy with or without delivery among women with high morbidity burden
	06 Pregnancy, Low Complexity	Pregnancy with or without delivery among women with low morbidity burden
Moderate Needs	05 Multi-Morbidity, Medium Complexity	Multi-morbidity with moderate complexity conditions
	04 Multi-Morbidity, Low Complexity	Multi-morbidity with low complexity conditions
Healthy	03 Low Need Adult	Adults aged 18 and older with acute morbidity and no more than one low complexity condition
	02 Low Need Child	Children aged 0 to 17 with acute morbidity and no more than one low complexity condition
	01 Non-User	Individuals who have no diagnosis

Reflecting the lower complexity of patients, provisional analysis indicates that given the age and sex distribution of the different communities served by Holt Medical practice and other geographically remote communities (GRC), health and care activity is generally lower than expected compared to the Norfolk and Waveney average and so are the numbers with polypharmacy and multi-morbidity



Exp = Expected counts for each community and health care activity type are calculated for each age band and sex by multiplying the population in the age band by the Norfolk and Waveney average for the age band. The expected counts are then summed for all age bands to give a single expected count for each community and each health care activity type.

Obs = Observed values for each community and health care activity type

$$\text{Standardised Activity Ratio} = \text{Obs} / \text{Exp} \times 100$$

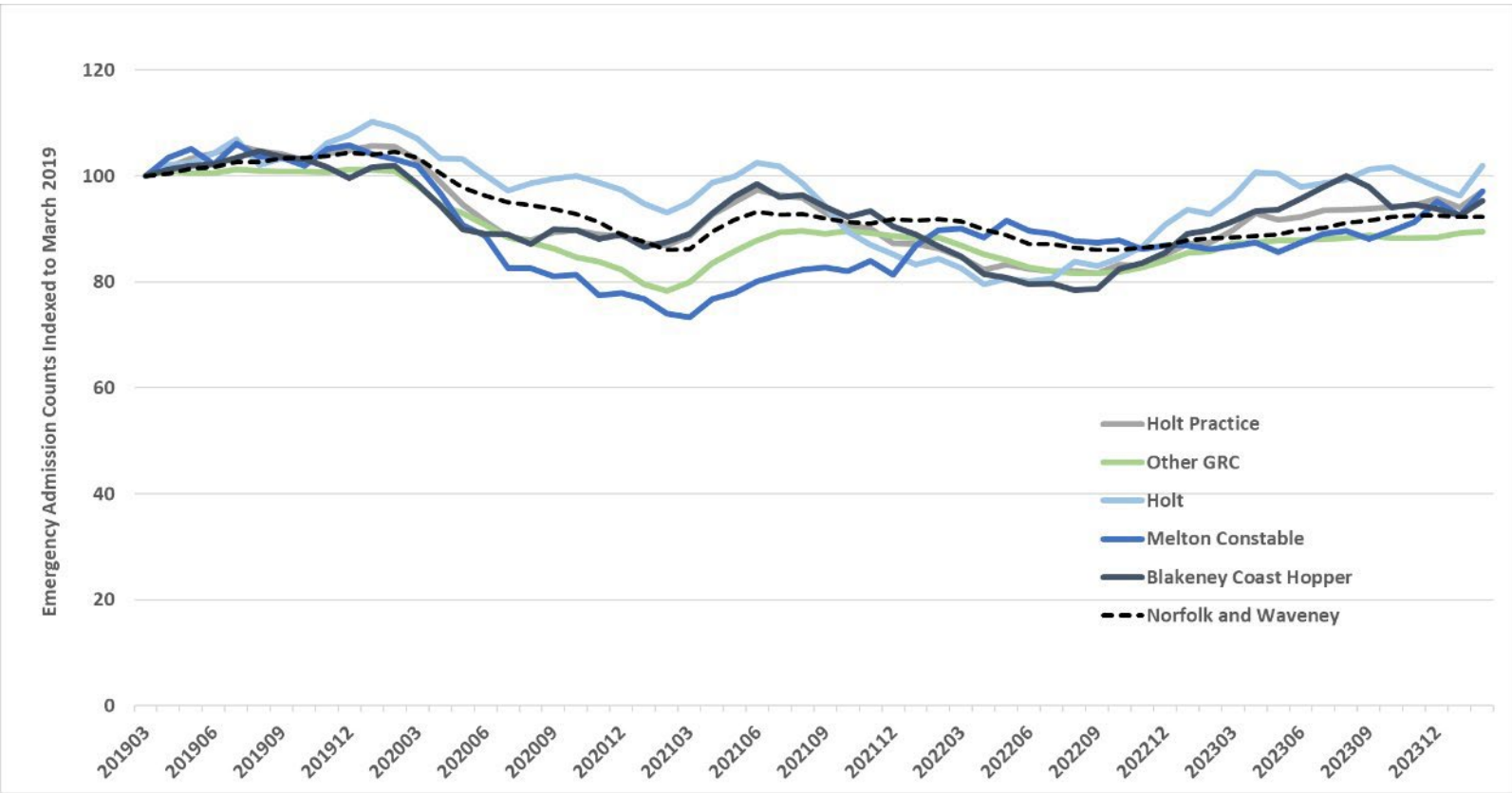
A Standardised Activity Ratio **greater than 100** implies we observe **more** health and care activity than we expected given the age and sex distribution of the community.

A Standardised Activity Ratio **lower than 100** implies we observe **less** health and care activity than we expected given the age and sex distribution of the community.

Insight & Analytics, BI analysis of pseudonymised national data sets held in Data Hub for **2022/2023**.

- Like other communities of Holt Medical Practice, given the age and sex distribution of the population Blakeney Coast Hopper community:
- Has lower than expected numbers of patients with 10 or more medications
 - Has lower than expected numbers of patients with four or more long term conditions
 - Uses less Health and Care activity than we would expect

We can use relative change in emergency admissions as one proxy measure to help understand how unmet health need in the Blakeney Coast Hopper Community has changed over time. Other measures like GP appointments and community services might be constrained by supply.



Areas served by Holt Medical Practice are currently seeing emergency admissions similar to levels seen four years ago in March 2019. This might imply that unmet need has not changed appreciably over time. However, there does appear to have been an increase through 2023.

Other GRC and Norfolk and Waveney are increasing too.

Area	Average emergency admissions per month	ONS Resident Population 2021	Crude Rate (not standardised for age and sex)
Holt Practice	107	14,100	7.6
Other GRC	819	111,200	7.4
Holt	48	6,400	7.5
Melton Constable	34	4,800	7.0
Blakeney Coast Hopper	38	5,000	7.6
Rest of Norfolk and Waveney	7,834	907,500	8.6

This uses a 12 month moving average for patients registered with Holt Medical Practice and those resident in the areas of interest, all patients in Norfolk and Waveney and patients resident in other geographically remote communities. This helps remove seasonality.

There is more variation over time for those areas with fewer average monthly admissions

2022/23 achievement and summary of need from the 2019 experimental school health need index indicates that primary school achievement in Blakeney and Holt is higher compared to England and Norfolk averages

School 2022/23 achievement	Pupils at end of Key Stage 2	% of pupils meeting standard	% achieving at higher standard	Average score in reading	Average Score in Maths
Blakeney*		75%	0%	101	102
Holt Community Primary School		68%	0%	105	102
Astley Primary School (Melton Constable and Briston)		42%	3%	104	100
Kelling CE Primary School		33%	0%	108	103
Langham Village School		25%	0%	109	99
Norfolk	9,642	52%	4%	104	103
England - state-funded schools	673,069	60%	8%	105	104
England - all schools	676,101	60%	8%	105	104



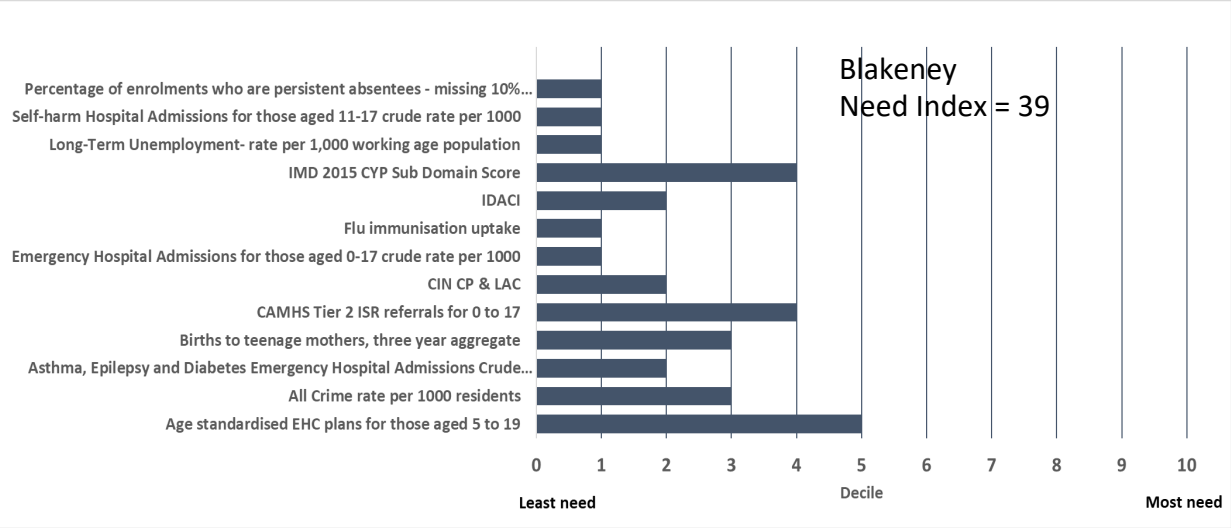
Numbers at Blakeney are small so might be subject to wide variation year on year

*Blakeney data: <https://www.blakeney.norfolk.sch.uk/key-information/performance-data/>

National data: <https://www.compare-school-performance.service.gov.uk/schools-by-type?step=default&table=schools®ion=926&geographic=la&for=primary&orderby=ESTABLISHMENTNAME&orderdir=asc>

The experimental 2019 Norfolk School Health Needs Index based on the communities where pupils who attend a school are from is relatively low for Blakeney, Astley and Holt compared to the Norfolk average. Although there are some indicators in the index that indicate a higher level of need for certain outcomes.

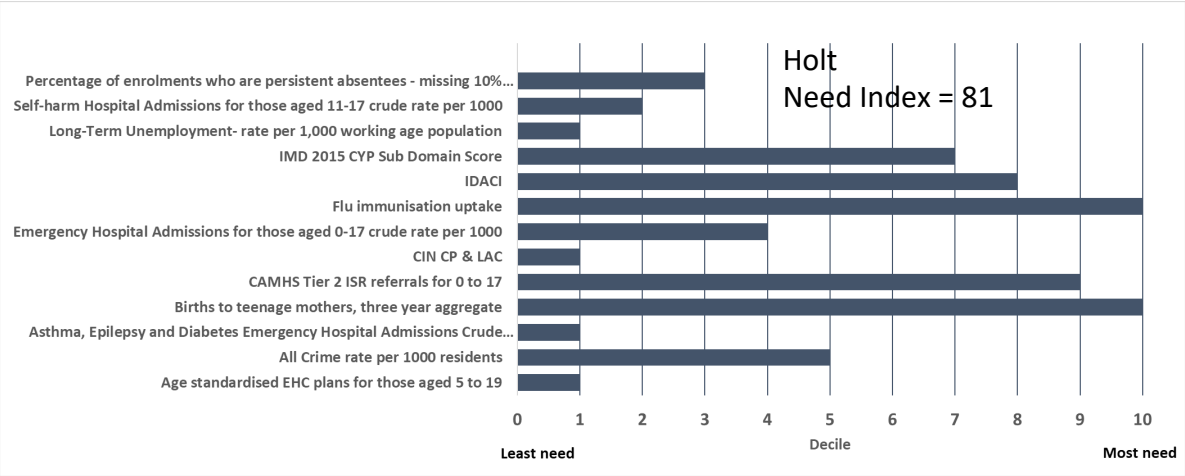
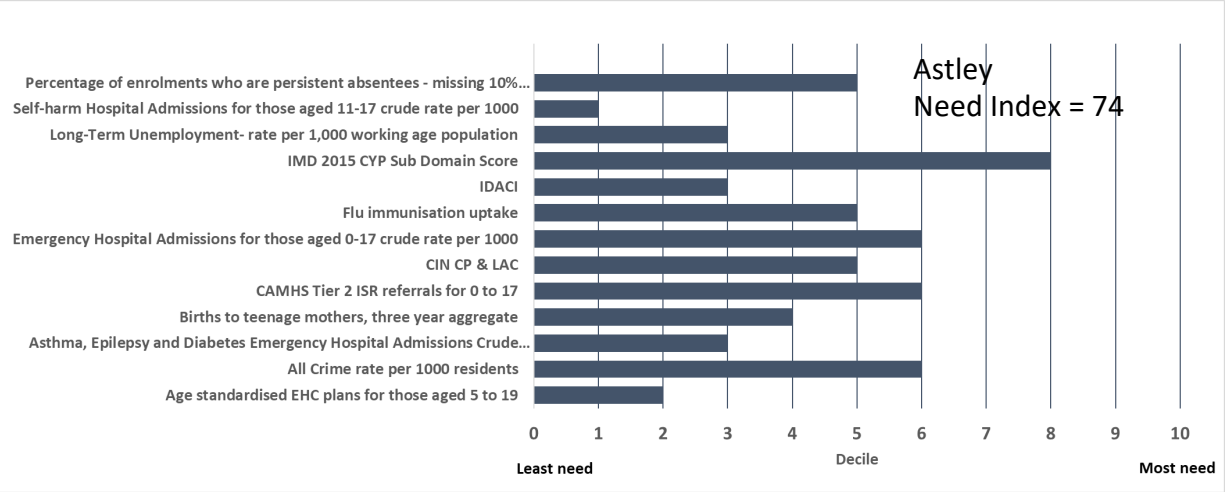
The school health need index is currently being updated by public health



2019 School Health Need Index prior to the pandemic and release of the Index of Multiple Deprivation 2019

The indicators in the charts have been used to create the Need Index score

An index score < 100 = need lower than average
An index score > 100 = need higher than average



National workforce data indicates that Holt Medical Practice has lower nurses per 100,000 population than the Norfolk and Waveney average. However, Holt Medical Practice has higher numbers of GP and other direct patient care staff per 100,000 patients compared to the Norfolk and Waveney average and England average.

General Practice Workforce
Selected Practice Information

February 2024

HOLT MEDICAL PRACTICE

D82001

Sub-ICB Location

Practice Patients

NHS Norfolk and Waveney ICB - 26A

14,198

Practice headcount and FTE by staff group

Percentage of staff aged 55 or over, by FTE, Sub-ICB Location and England

● Headcount ● FTE

● Sub-ICB Location ● England ● Max of Practice FTE 55+ Ratio

Practice Percentile Rank

Practice Percentile Rank

Admin/Non-Clinical

Direct Patient Care

GP

Nurses

Admin/Non-Clinical

Direct Patient Care

GP

Nurses

59

43

22

19

12

10

6

4

32.0%

30.2%

25.5%

45.4%

26.8%

11.1%

23.1%

34.8%

25.7%

302

159

120

58

130

27

48

69

27

41

Percentages based only on staff with known age

Practice-level figures do not include fully-estimated records, as full estimation is calculated at Sub-ICB Level and upwards. See the Background Data Quality Statement page of the latest publication for full details of the estimation methodology. GP in Training Grade records are excluded from these visuals to allow for fair comparison, as not all training placement locations are identified in the data.

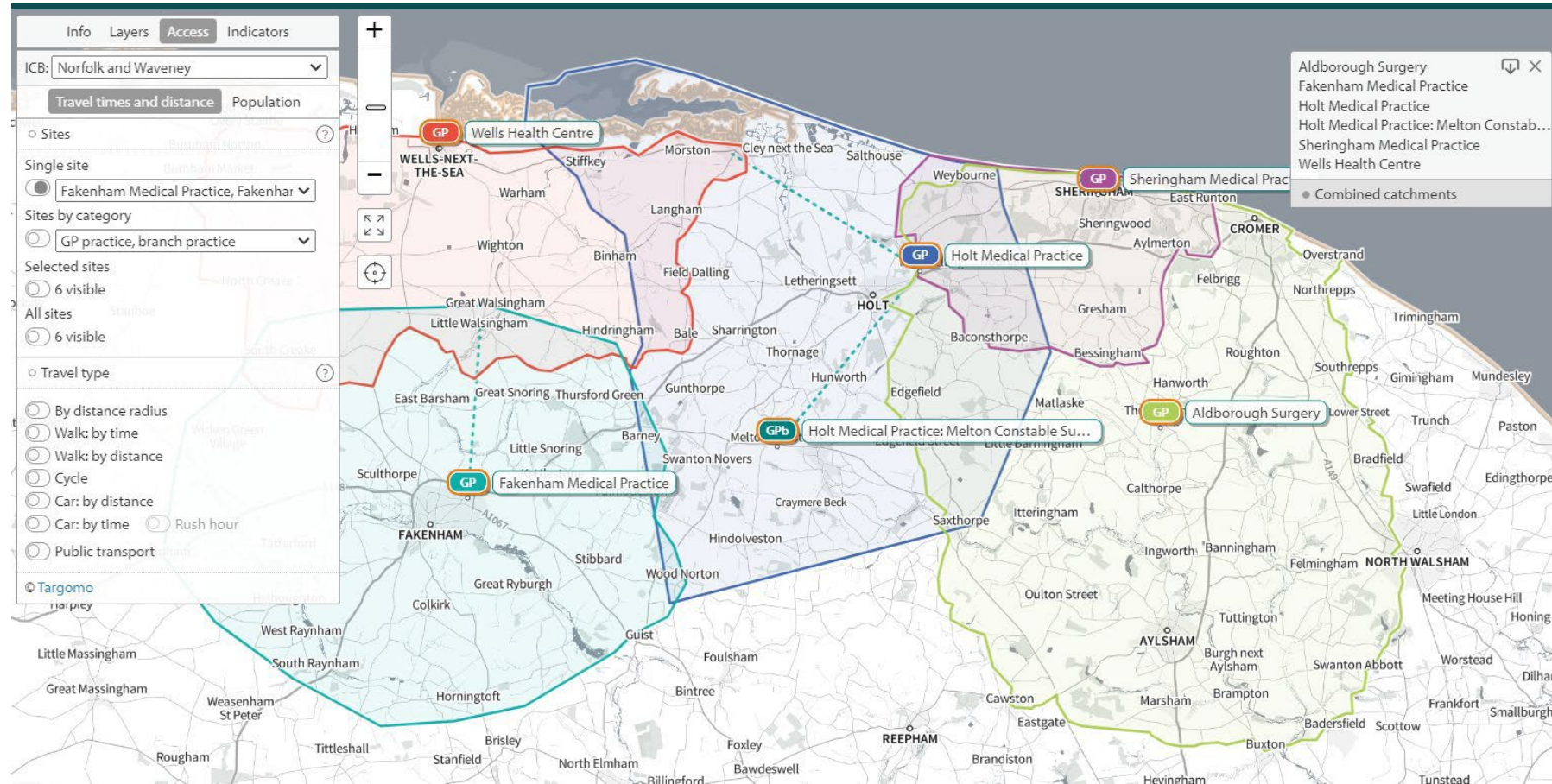
Home

Back to Sub-ICB Location

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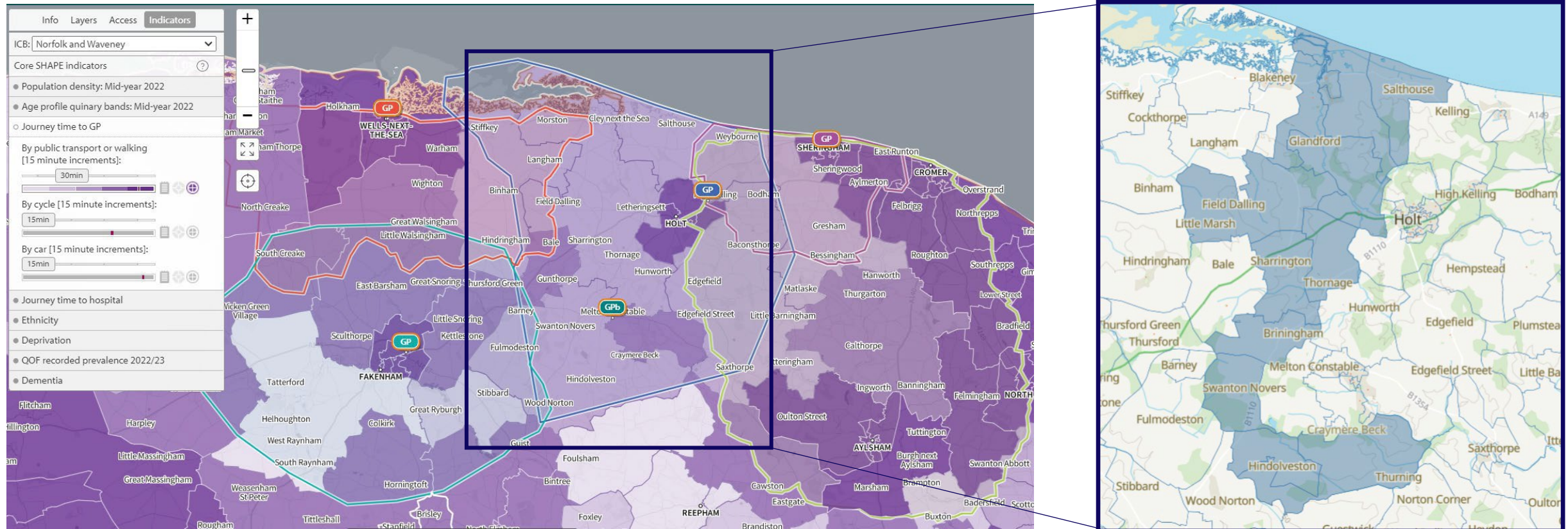
Data Hub

There is a portion of the Holt Medical Practice catchment area that is not part of any other catchment area



<https://app.shapeatlas.net/place/E54000022#12>

The DfT accessibility statistics indicate that there is a portion of the Holt Medical Practice catchment area, not part of any other catchment area, that is geographically remote from a GP practice (<60% of the population can access a GP practice in 30 minutes or less by Public Transport). The population in this area is about 2,500 people about 18% of the Holt Medical Practice registered population.



<https://app.shapeatlas.net/place/E54000022#12>

Estimated population in blue shaded area is 2,500 people which is about 18% of the Holt Medical Practice registered population

<https://www.ons.gov.uk/visualisations/customprofiles/>

Timetables

Place search...

Bus Routes and Timetables

Q blakeney

Search by bus or locality

46 Sanders Coaches Limited

+ 46 Sanders Coaches Limited
Holt - Blakeney - Holt

+ 46 Sanders Coaches Limited
Holt - Blakeney - Holt

202 Sanders Coaches Limited

+ 202 Sanders Coaches Limited
Cley next the Sea - Blakeney - Wells next the Sea

+ 202 Sanders Coaches Limited
Wells next the Sea - Blakeney - Cley next the Sea

CH1 Sanders Coaches Limited

+ CH1 Sanders Coaches Limited
Wells next the Sea - Blakeney - Sheringham - Cromer

+ CH1 Sanders Coaches Limited
Cromer - Sheringham - Blakeney - Wells next the Sea



Sanders 46 Wells next the Sea-Binham-Blakeney-Holt

Mondays to Fridays from 2 April 2023

	46	46	46	46
				Sch
Wells-next-the-Sea, Alderman Peel High School	-	-	-	1510
Wells-next-the-Sea, The Buttlands	-	0840	-	1515
Wells-next-the-Sea, Primary School	-	-	-	1520
Warham, Three Horseshoes	-	0847	-	-
Wighton, Carpenters Arms	-	-	-	1530
Binham, Westgate	-	-	-	1534
Binham, Bus Shelter	-	0852	-	1536
Langham, Holt Road	-	-	-	1541
Holt, Hospice Shop	-	-	1035	-
Letheringsett, Holt Road	-	-	1040	1549
Thursford, Crawfish	-	-	1044	-
Field Dalling, Church	-	0856	1048	-
Hindringham, Post Office	0616	-	1052	-
Binham, Bus Shelter	0621	-	1056	-
Langham, Langham Hall	0625	0900	1100	-
Morston, Langham Road	0628	0902	1102	-
Blakeney, Bus Shelter	0631	0905	1105	-
Cley Next The Sea, Delicatessen	0634	0909	1109	-
Wiveton, Wiveton Bell	0638	0913	1113	-
Glandford, Phone Box	0640	0917	1117	-
Letheringsett, Holt Road	0647	0920	1120	-
Holt, Bus Shelter	0652	0925	1125	1553

Notes

Sch this journey runs on schooldays only

Sanders 46 Holt-Blakeney-Binham-Wells next the Sea

Mondays to Fridays from 2 April 2023

	46	46	46	46	46	46
						Sch
Holt, Hospice Shop	0750	1235	1420	1420	1800	1850
Letheringsett, Holt Road	0753	1238	1423	1423	1803	1853
Glandford, Phone Box	-	1242	1427	1427	1807	1856
Wiveton, Wiveton Bell	-	1246	1431	1431	1811	1858
Cley Next The Sea, Three Swallows	-	1248	1433	1433	1813	1900
Cley Next The Sea, Delicatessen	-	1251	1436	1436	1816	1902
Blakeney, Bus Shelter	-	1255	1440	1440	1820	1905
Morston, Langham Road	-	1258	1443	1443	1823s1908s	-
Langham, Langham Hall	-	1300	1446	1446	1825s1910s	-
Field Dalling, Church	-	1304	1450	1450	1829s1914s	-
Binham, Bus Shelter	-	1308	-	1454	1833s1918s	-
Hindringham, Post Office	-	1312	-	1502	-	-
Thursford, Crawfish	-	1316	-	1506	-	-
Letheringsett, Holt Road	-	1320	-	1510	-	-
Holt, Hospice Shop	-	1325	-	1515	-	-
Langham, Holt Road	0759	-	-	-	-	-
Binham, Bus Shelter	0805	-	1454	-	-	-
Binham, Westgate	0807	-	-	-	-	-
Wighton, Carpenters Arms	0811	-	-	-	-	-
Warham, Warham Road	0815	-	1501	-	-	-
Wells-next-the-Sea, Alderman Peel High School	0822	-	1506	-	-	-
Wells-next-the-Sea, The Buttlands	0827	-	-	-	-	-
Wells-next-the-Sea, Primary School	0830	-	-	-	-	-

Notes

NSch this journey runs during school holidays only

Sch this journey runs on schooldays only

s this journey stops here to drop off only

Sanders Coasthopper CH1 Wells next the Sea-Blakeney-Sheringham-Cromer

Mondays to Fridays from 1 November 2023

	CH1	CH1	CH1	CH1	CH1	CH1	CH1	CH1	CH1
									Sch NSch
Wells-next-the-Sea, The Buttlands	0728	0728	0945	1045	1145	1245	1345	1445	1545 1645
Wells-next-the-Sea, Light Railway	0731	0731	0949	1049	1149	1249	1349	1449	1549 1649
Stiffkey, Stores	0735	0735	0955	1055	1155	1255	1355	1455	1555 1655
Morston, The Street	0740	0740	1001	1101	1201	1301	1401	1501	1601 1701
Blakeney, Bus Shelter	0743	0743	1005	1105	1205	1305	1405	1505	1605 1705
Cley next the Sea, Delicatessen	0746	0746	1008	1108	1208	1308	1408	1508	1608 1708
Cley next the Sea, Old Womans Lane	0748	-	-	-	-	-	-	-	-
Cley Next The Sea, Norfolk Wildlife Trust	0750	0750	1010	1110	1210	1310	1410	1510	1610 1710
Salthouse, Cross Street	0754	0754	1016	1116	1216	1316	1416	1516	1616 1716
Kelling, Cross	0758	0758	1020	1120	1220	1320	1420	1520	1620 1720
Kelling, Weynor Gardens	0800	0800	1021	1121	1221	1321	1421	1521	1621 1721
Weybourne, Church	0802	0802	1023	1123	1223	1323	1423	1523	1623 1723
Sheringham, Splash Leisure Centre	0808	0808	1028	1128	1228	1328	1428	1528	1628 1728
Sheringham, Railway Approach	0810	0810	1035	1135	1235	1335	1435	1535	1635 1735
Sheringham, High School	0813	-	-	-	-	-	-	-	-
Beeston Regis, Britons Lane	-	-	1038	1138	1238	1338	1438	1538	1638 1738
West Runton, Post Office	-	-	1041	1141	1241	1341	1441	1541	1641 1741
East Runton, Stores	-	-	1044	1144	1244	1344	1444	1544	1644 1744
East Runton, Wyndham Park	-	-	1046	1146	1246	1346	1446	1546	1646 1746
Cromer, Bus Interchange	-	-	1050	1150	1250	1350	1450	1550	1650 1750

Notes

NSch this journey runs during school holidays only

Sch this journey runs on schooldays only

Saturdays from 1 November 2023

	CH1	CH1	CH1	CH1	CH1	CH1	CH1
Wells-next-the-Sea, The Buttlands	0945	1045	1145	1245	1345	1445	1545 1645
Wells-next-the-Sea, Light Railway	0949	1049	1149	1249	1349	1449	1549 1649
Stiffkey, Stores	0955	1055	1155	1255	1355	1455	1555 1655
Morston, The Street	1001	1101	1201	1301	1401	1501	1601 1701
Blakeney, Bus Shelter	1005	1105	1205	1305	1405	1505	1605 1705
Cley next the Sea, Delicatessen	1008	1108	1208	1308	1408	1508	1608 1708
Cley Next The Sea, Norfolk Wildlife Trust	1010	1110	1210	1310	1410	1510	1610 1710
Salthouse, Cross Street	1016	1116	1216	1316	1416	1516	1616 1716
Kelling, Cross	1020	1120	1220	1320	1420	1520	1620 1720
Kelling, Weynor Gardens	1021	1121	1221	1321	1421	1521	1621 1721
Weybourne, Church	1023	1123	1223	1323	1423	1523	1623 1723
Sheringham, Splash Leisure Centre	1028	1128	1228	1328	1428	1528	1628 1728
Sheringham, Railway Approach	1035	1135	1235	1335	1435	1535	1635 1735
Beeston Regis, Britons Lane	1038	1138	1238	1338	1438	1538	1638 1738
West Runton, Post Office	1041	1141	1241	1341	1441	1541	1641 1741
East Runton, Stores	1044	1144	1244	1344	1444	1544	1644 1744
East Runton, Wyndham Park	1046	1146	1246	1346	1446	1546	1646 1746
Cromer, Bus Interchange	1050	1150	1250	1350	1450	1550	1650 1750

Sundays from 1 November 2023

	CH1	CH1	CH1	CH1	CH1	CH1
Wells-next-the-Sea, The Buttlands	0940	1100	1230	1400	1510	1645
Wells-next-the-Sea, Light Railway	0943	1103	1233	1403	1513	1648
Stiffkey, Stores	0947	1107	1237	1407	1517	1652
Morston, The Street	0952	1112	1242	1412	1522	1657
Blakeney, Bus Shelter	0955	1115	1245	1415	1525	1700
Cley next the Sea, Delicatessen	0958	1118	1248	1418	1528	1703
Cley Next The Sea, Norfolk Wildlife Trust	1000	1120	1250	1420	1530	1705
Salthouse, Cross Street	1004	1124	1254	1424	1534	1709
Kelling, Cross	1008	1128	1258	1428	1538	1713
Kelling, Weynor Gardens	1010	1130	1300	1430	1540	1715
Weybourne, Church	1012	1132	1302	1432	1542	1717
Sheringham, Splash Leisure Centre	1018	1138	1308	1438	1548	1723
Sheringham, Railway Approach	1022	1142	1312	1442	1552	1727
Beeston Regis, Britons Lane	1025	1145	1315	1445	1555	1730
West Runton, Post Office	1027	1147	1317	1447	1557	1732
East Runton, Stores	1030	1150	1320	1450	1600	1735
East Runton, Wyndham Park	1031	1151	1321	1451	1601	1736
Cromer, Bus Interchange	1034	1154	1324	1454	1604	1739

Sanders Coasthopper CH1 Cromer-Sheringham-Blakeney-Wells next the Sea

Mondays to Fridays from 1 November 2023

	CH1	CH1	CH1	CH1	CH1	CH1	CH1	CH1
Cromer, Bus Interchange	0920	1020	1120	1220	1320	1420	1520	1620 1720
East Runton, Wyndham Park	0922	1022	1122	1222	1322	1422	1522	1622 1722
East Runton, Stores	0925	1025	1125	1225	1325	1425	1525	1625 1725
West Runton, Post Office	0928	1028	1128	1228	1328	1428	1528	1628 1728
Beeston Regis, Britons Lane	0930	1030	1130	1230	1330	1430	1530	1630 1730
Sheringham, Railway Approach	0940	1040	1140	1240	1340	1440	1540	1640 1740
Sheringham, Splash Leisure Centre	0941	1041	1141	1241	1341	1441	1541	1641 1741
Weybourne, Church	0947	1047	1147	1247	1347	1447	1547	1647 1747
Kelling, Weynor Gardens	0949	1049	1149	1249	1349	1449	1549	1649 1749
Kelling, Cross	0950	1050	1150	1250	1350	1450	1550	1650 1750
Salthouse, Cross Street	0953	1053	1153	1253	1353	1453	1553	1653 1753
Cley next the Sea, Norfolk Wildlife Trust	0957	1057	1157	1257	1357	1457	1557	1657 1757
Cley next the Sea, Delicatessen	1001	1101	1201	1301	1401	1501	1601	1701 1801
Blakeney, Bus Shelter	1005	1105	1205	1305	1405	1505	1605	1705 1805
Morston, The Street	1008	1108	1208	1308	1408	1508	1608	1708 1808
Stiffkey, Stores	1015	1115	1215	1315	1415	1515	1615	1715 1815
Wells-next-the-Sea, Light Railway	1021	1121	1221	1321	1421	1521	1621	1721 1821
Wells-next-the-Sea, The Buttlands	1024	1124	1224	1324	1424	1524	1624	1724 1824

Saturdays from 1 November 2023

	CH1	CH1	CH1	CH1	CH1	CH1	CH1
Cromer, Bus Interchange	0920	1020	1120	1220	1320	1420	1520 1620
East Runton, Wyndham Park	0922	1022	1122	1222	1322	1422	1522 1622
East Runton, Stores	0925	1025	1125	1225	1325	1425	1525 1625
West Runton, Post Office	0928	1028	1128	1228	1328	1428	1528 1628
Beeston Regis, Britons Lane	0930	1030	1130	1230	1330	1430	1530 1630
Sheringham, Railway Approach	0940	1040	1140	1240	1340	1440	1540 1640
Sheringham, Splash Leisure Centre	0941	1041	1141	1241	1341	1441	1541 1641
Weybourne, Church	0947	1047	1147	1247	1347	1447	1547 1647
Kelling, Weynor Gardens	0949	1049	1149	1249	1349	1449	1549 1649
Kelling, Cross	0950	1050	1150	1250	1350	1450	1550 1650
Salthouse, Cross Street	0953	1053	1153	1253	1353	1453	1553 1653
Cley next the Sea, Norfolk Wildlife Trust	0957	1057	1157	1257	1357	1457	1557 1657
Cley next the Sea, Delicatessen	1001	1101	1201	1301	1401	1501	1601 1701
Blakeney, Bus Shelter	1005	1105	1205	1305	1405	1505	1605 1705
Morston, The Street	1008	1108	1208	1308	1408	1508	1608 1708
Stiffkey, Stores	1015	1115	1215	1315	1415	1515	1615 1715
Wells-next-the-Sea, Light Railway	1021	1121	1221	1321	1421	1521	1621 1721
Wells-next-the-Sea, The Butlands	1024	1124	1224	1324	1424	1524	1624 1724

Further information and useful links

- Population explorer: <https://app.powerbi.com/groups/me/apps/80c4c3ec-5606-4993-afdf-71ef8e622502?ctid=d2a06081-6719-4548-bdc7-fff8bfd24f56&experience=power-bi>
- Current GP practice A&E and emergency admission activity: <https://app.powerbi.com/groups/me/apps/cc7b3136-1051-48c7-98bc-ef3d7cfe0095?ctid=d2a06081-6719-4548-bdc7-fff8bfd24f56&experience=power-bi>
- Workforce: <https://app.powerbi.com/view?r=eyJrIjoizTEwODNkOTltZjVmYS00OTNjLWJhNDktNjdkYTRlOGY3Njg4IiwidCI6IjM3YzM1NGlyLTg1YjAtNDdmNS1iMjlyLTA3YjQ4ZDc3NGVIMyJ9>
- North Norfolk place profile: https://www.norfolkinsight.org.uk/wp-content/uploads/2023/11/NN_Place.html
- Norfolk Insight customer area reports: <https://www.norfolkinsight.org.uk/custom-area-reporter/>
- National GP practice profiles – Holt Medical Practice: <https://fingertips.phe.org.uk/profile/general-practice/data#page/1/gid/2000005/pat/204/par/U94681/ati/7/are/D82001/iid/93468/age/28/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1>
- Census explorer: <https://www.ons.gov.uk/visualisations/customprofiles/>
- School outcome data: <https://www.compare-school-performance.service.gov.uk/schools-by-type?step=default&table=schools®ion=926&geographic=la&for=primary&orderby=ESTABLISHMENTNAME&orderdir=asc>
- Johns Hopkins ACG system: <https://www.hopkinsacg.org/acg-uk-webinar-recordings/>
- Coast Hopper bus route: <https://sanderscoaches.com/route-map>

CLINICAL QUALITY RISK ASSESSMENT (CQRA)



Reason for Assessment: Description of New Service or Service change	Application from Holt Medical Practice to Close their Branch Surgery in Blakeney	Assessor/s	Sadie Parker, Director of Primary Care Alaina Barber Interim Head of Nursing and Quality
Location	Queens Close, Blakeney NR25 7PQ	Project Lead Sign Off	Shared with PMO team
Assessment Date	29/04/2024	Clinical Lead Sign Off	Alaina Barber
Version Number	2	Corporate Sign Off	Shared with PMO team
Reference Number		Review Date	30/06/2024

Please detail risks identified as a result of planned service change. Identify who may be harmed and how.		Consequence	Likelihood	Gross Risk ¹	Risk Category (see guidance notes)	What existing control measures are in place? Are these adequate?	Additional control measures required to mitigate the identified risk and action/s	Consequence	Likelihood	Target Risk	Responsible Person	Target Date	Review date for update on actions
1	Older and/ or vulnerable people, people without transport	3	3	9	Safety - S2, S3, S4	Practice seeking to continue to provide a medicines collection service. Practice can provide free home delivery for housebound patients.	ICB undertook further public involvement to understand patient views.	3	2	6	SP	31/5/24	30/06/24
	Registered patients of the practice	4	4	16			Patients could nominate a distance selling pharmacy to deliver their medicines. HMP	4	4	16			

Title: Application from Holt Medical Practice to close their branch surgery in Blakeney
 Author: Sadie Parker, Director of Primary Care
 Issue: 29/04/2024 v2
 Ref: **Project / CQRA Reference Number**

Next Review: 30/06/2024
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CLINICAL QUALITY RISK ASSESSMENT (CQRA)

							planning to undertake manual exercise to identify vulnerable patients before any closure is enacted if approved. Current infection prevention and control risks due to carpets, sinks/ taps and sluice. Room configuration doesn't allow full access to couch. Full refurbishment would be required in order to restart f2f appointments in Blakeney, unlikely to attract NHS capital.						
2	Registered patients of the practice	2	2	4	Effectiveness – E1, E2, E4	Multi-disciplinary teams working out of Holt and Melton Constable sites. Urgent services/ duty team, admin and pharmacy/	Patients could nominate a distance selling pharmacy to deliver their medicines. HMP planning to undertake	2	2	4	SP	31/5/24	30/06/24

Title: Application from Holt Medical Practice to close their branch surgery in Blakeney
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CLINICAL QUALITY RISK ASSESSMENT (CQRA)

						dispensing operation centralised in Holt. Early visits GP and large number of home visits undertaken. Practice has raised a concern about their future business, service and workforce viability should they not be permitted to close Blakeney.	manual exercise to identify vulnerable patients before any closure is enacted if approved.						
3	Registered patients of the practice	2	2	4	Caring and responsive – C2, R2	Practice engagement exercise to listen to patient and stakeholder views and consider these in their application, balanced against their business and service viability.	ICB undertook further public involvement to understand patient views	2	2	4	SP	31/5/24	30/06/24
4	Practice clinical and non-clinical staff	3 2	4 2	12 4	Well-led and staff experience – W1, W2, W3, W4	Staff focused in Melton Constable and Holt, providing multi-	Full refurbishment would be required in order to restart	3 2	4 2	12 3	SP	31/5/24	30/06/24

Title: Application from Holt Medical Practice to close their branch surgery in Blakeney
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 Issue: 29/04/2024 v2
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CLINICAL QUALITY RISK ASSESSMENT (CQRA)

	<ul style="list-style-type: none"> - Working out of Blakeney - Working out of Holt and MC 					disciplinary services. Good staff facilities, compared to no staff facilities at Blakeney and lone working risks. GP Patient Survey scores are good compared to system average.	f2f appointments in Blakeney, unlikely to attract NHS capital.						
5	Impact on other services if Blakeney closed.	TB C			N/A	Partner organisations have been written to.	Not all partner organisations have responded. Those that have either support or have no comment to make. Wider impact (triple aim) considered as part of overall report in line with ICB duty.	2	2	4	SP	31/5/24	30/06/24

Risk Scoring: Likelihood x Consequence

Consequence	Likelihood				
	1	2	3	4	5
	Rare	Unlikely	Possible	Likely	Almost certain

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CLINICAL QUALITY RISK ASSESSMENT (CQRA)



5	Catastrophic	5	10	15	20	25
4	Major	4	8	12	16	20
3	Moderate	3	6	9	12	15
2	Minor	2	4	6	8	10
1	Negligible	1	2	3	4	5

1-3	Low risk
4-6	Moderate risk
8-12	High risk
15-25	Very high risk

For risks rated 15 or above:

Link to Trust Values / Board Assurance Framework - state which one(s)	
The resilience of general practice	Practice has applied to close its branch surgery on the grounds of future resilience.
Quality and safety	Should the branch surgery restart clinical appointments, there would be a risk to patient safety due to poor infection control measures, room configuration does not allow good access to couch.

Commented [PS(NAWI21): READ: 1-6 (NHS NORFOLK AND WAVENEY ICB - 26A)] does this sit better with a quality risk?

Commented [B22R1]: Hi Sadie, I think this is only a risk if the branch remained open, and suggest it is a quality and safety risk. The current mitigation is to cease using it, therefore the risk would also cease to exist.

Commented [B23R1]: I would expect this to be held on the branch risk assessment and for them to have mitigation in place regarding IPC and current usage.

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CLINICAL QUALITY RISK ASSESSMENT (CQRA)

When completing the Clinical Quality Risk Assessment, the following impact questions within each domain should be considered:

Quality and Safety Domains	Impact Questions (Could this project impact on?)
Safety	S1: Protecting people from bullying, harassment, avoidable harm and abuse? S2: Protecting people so that their freedom is supported and respected? S3: Ensuring that there are enough numbers of suitable staff to keep people safe and meet their needs? S4: Ensuring that people's medicines are managed so that they receive them safely?
Effectiveness	E1: Ensuring people receive effective care, based upon best practice, from staff who have the knowledge and skills they need to carry out their roles and responsibilities? E2: Ensuring consent and treatment is always sought in line with legislation and guidance? E3: Ensuring people are supported to eat and drink enough and to maintain a balanced diet? E4: Ensuring people are supported to maintain good health, have access to healthcare services & receive ongoing healthcare support?
Caring	C2: Supporting people to express their views and be actively involved in making decisions about their care, treatment and support? C3: Ensuring that people's privacy and dignity are respected and promoted? C4: Supporting people at their end of life to have a comfortable, dignified and pain free death?
Responsive	R1: People receiving personalised care that is responsive to their needs? R2: Listening and learning from people's experiences, concerns and complaints? R3: Assuring people they will receive consistent coordinated, person-centered care when they use, or move between, services?
Well-led	W1: Promoting a positive culture that is person-centered, open, inclusive and empowering? W2: Demonstrating good management and leadership? W3: Delivering high quality care? W4: Positive caring relationships developed with people using the service?
Staff experience	<ul style="list-style-type: none"> Staff satisfaction? Staff willingness to recommend the service to friends and family?
Local health economy	Is this project likely to have quality or safety impacts on other organisations e.g. Acute, ICB, ECCH, NCHC, County Council, Primary Care, Mental Health, Social Services, Public Health, SCG?

Please return completed form to teresa.rudling@nhs.net

Project Title	Request from Holt Medical Practice to close one of their branch surgeries in Blakeney	C&E Lead	Emily Arbon
Date Submitted	26/04/2024	Version No	V2
Project Lead	Sadie Parker, Director of Primary Care	Project Ref No.	ICBs own internal scheme identifiers

Project Description

Holt Medical Practice (HMP) is a GP practice based in North Norfolk operating across 3 sites at Holt High Kelling (main site), Melton Constable and Blakeney. The registered patient population is 14,300 spread across a large rural geographical area in North Norfolk.

The practice has submitted an application to the ICB to permanently close one of their branch surgeries located in Blakeney. HMP has undertaken a patient and public engagement process to listen to and receive feedback. The ICB intends to undertake a period of public and patient engagement, and with other key stakeholders, to understand the potential impact for the whole registered population of HMP and any other wider determinants.

The request for closure will be considered by the ICB's Primary Care Commissioning Committee in line with the ICB's governance arrangements for primary care matters. The Committee will receive a report and recommendation from the ICB together with the Equality Impact Assessment (EIA) to inform their decision making. This EIA addresses the potential impact for the whole of HMP's patient registered population of any decision made by the ICB and in particular patients with protected characteristics.

The branch surgery site at Blakeney is based in a small building which is not compliant with current infection control measures; it has 2 small consultation rooms, a waiting area and reception area and with 2 toilets. The surgery approached NHS England and the CCG (joint commissioners at the time) in 2017 to request to reduce its service provision and again in 2019.

No appointments have been available since the site closed due to Covid restrictions in March 2020. The site is staffed by a receptionist for the purpose of prescription and medicine deliveries and pick up.

This EIA sets out the possible impact for the whole practice registered patient population to inform the ICB's decision making process if the branch surgery were to close or to remain open.

If the branch surgery closure application is approved, all registered patients will be able to access either Melton Constable or Holt sites in the same way they have always done.

If the branch surgery closure application is not approved, HMP and the ICB will need to consider the implications and what level of service can safely be provided at Blakeney site for both staff and patients. It should be noted that HMP may have to reduce services at Melton Constable to enable staff to attend Blakeney site to maintain resilience and stability of services for the whole registered population. Recruitment of additional clinicians may not be a sustainable option for the practice.

Following the significant patient and public engagement undertaken by HMP, the ICB undertook a further engagement with HMP patients and key stakeholders. We determined the way to undertake the public involvement through discussion with local stakeholders. This enabled the ICB to listen to feedback about the possible impact of Blakeney closing or remaining open and feedback from that engagement was used to update this EIA.

Feedback from the recent ICB led public involvement around alternative medicine collection arrangements is reflected in this EIA below and the outcomes are being presented to the Primary Care Commissioning Committee on 7 May when they consider again the request to close the Blakeney branch surgery.

This EIA is based on the demographics of Coastal and Stody Wards as shown in the 2021 Census which whilst not an exact match for the practice boundary, covers the majority of its practice area and using demographics for Holt, Melton Constable and Blakeney where available. An additional report and evaluation of Blakeney population

profile was also completed by an ICB business intelligence analyst at LSOA level to review the following:

- Defining the communities
- Access and travel times to GP practice
- Publicly available information from census
 - Age, general health and disability
 - Households, accommodation and access
- Health and care activity information from Data Hub
- Educational achievement and school health need index

Registered population data from NHS Digital highlights 3 LSOAs (Stiffkey (41%), Blakeney/Morston & Cley (97%), and Weybourne and Salthouse (87%) where a significant proportion of the population are registered with Holt practice.

For the three LSOAs, journey time to a general practice by public transport indicates that the % of households able to access a general practice within 30 minutes by public transport or walking is less than 60% and this in the lowest 20% of areas across Norfolk and Waveney. In total, there are 72 out of 611 communities across Norfolk and Waveney which may be defined as “geographically remote communities” The “Blakeney Coast Hopper” community is part of this wider geographically remote community and there are a total of five of these communities covered by HMP.

18% (2,500 people) of the HMP population is geographically remote from a GP practice and does not have an alternative choice of GP practice – this includes the villages of Stiffkey, Wiverton and Salthouse (660 people).

Coastal Ward: population of 2290 (includes Blakeney)

52% female/48% male

41.4% over 65 years, 47% between 18 -64 years and 11.9% below 17 years

2133 born in the UK, 158 non-UK born

2249 White ethnic group, Asian (15), Black (2), Arab (1), mixed/multiple (26) and other ethnic group (6)

Religion: Christian (1298), Muslim (6), Hindu (2), Buddhist (13), Jewish (4), other religion (24) and no religion (807)

Study Ward: population of 2446 (between Holt and Briston)

50% male/50% female

29% > 65 years, 55% - 18 – 64 years and 15% below 17 years

2315 UK born, 130 non UK born

2399 White ethnic group, Asian (12), Black (1), mixed/multiple (28) and other ethnic (3)

Religion: Christian (1224), Muslim (2), Hindu (4), Buddhist (18), Jewish (5), other religion (13) and no religion (1023)

According to 2021 census, the population of Holt Ward is 4725 and Melton Constable Ward is 1180 with small increases (0.3%) since 2011. The population of Blakeney is 558 with a drop of 3.6% since 2011.

Area of Equality

Race & Culture

Protected Characteristics of E&D

Ethnicity:

In the year 2020 the Norfolk working aged population was estimated to be 97% White, 0.5% Black, 1% Indian/Pakistani/Bangladeshi and 1.5% Other Ethnic identities. This compares to England with proportions on average of 86% White, 3% Black, 6% Indian/Pakistani/Bangladeshi and 5% Other Ethnic Identities in the same age demographic and over the same time period.^[12] In Norfolk the district with the highest percentage of other ethnicities is Norwich.¹

According to 2021 census, 32 people (5.7%) of the population in Blakeney were not born in the UK. People described their ethnic group as Asian (2%), mixed/multiple (2%) and other ethnic group (0.4%).

Holt Ward: 280 people were not born in the UK. Ethnic group Asian (0.7%), Black (0.2%), Arab (1%), mixed/multiple (0.9%) and other ethnic group (1%).

¹ www.nomisweb.co.uk/datasets/apsnew

Melton Constable: 63 people were not born in the UK. Ethnic group Asian (3%), Black (0.2%), multiple/mixed (1.4%) and other ethnic group (0.2%)

Identify any positive impact	Identify any negative impact
<p>There is no evidence to suggest that different ethnic groups may be disproportionately impacted by the closure of Blakeney branch surgery if all patients can access either of the other two practice sites at Melton Constable or Holt. A full range of general practice services will remain accessible to all registered patients.</p> <p>Interpreting and translation services for non-English speakers are available to all registered patients, funded by the ICB.</p>	<p>Cultural sensitivities should be taken into consideration by the practice where appropriate at any practice site.</p> <p>Following a temporary decision to close the Blakeney branch surgery at the beginning of the pandemic, HMP has not provided face to face appointments in Blakeney since March 2020. In effect this means the view on this inequality is that it already exists and a permanent decision to close the branch surgery would not have any further impact, unless there was a withdrawal of the proposed medicines collection service.</p>

Potential actions

How can we address impact? Lead(s) and timeframe-

If Blakeney branch surgery closure application is agreed, the ICB will ask the practice to confirm that they are aware of all individual patient communication preferences and cultural needs across their patient population, and in particular, any individual who does not access another surgery site other than Blakeney. If individual patients are impacted, the practice will be asked to put in place mitigating actions.

ICB to confirm with the practice that all patients are aware of the availability of interpreting and translation services who requests to use the service when contacting the surgery and when attending for an appointment (either by telephone, face to face or video consultations) and that literature and communications from the practice take account of non-English speaking patients. Communications with patients will be via appropriate means including written literature in their language where appropriate, working with community champions and voluntary organisations to support individual patients to access services.

The practice should ensure that all staff have received training and awareness about how to manage individual patient needs (and their carers where appropriate), understanding the impact of language barriers and cultural sensitivities for the whole registered population. Practice to confirm to the ICB if there are any isolated communities within their practice area and how their needs in accessing healthcare services are being met.

If the branch surgery closure is not approved, consideration will need to be given to whether the current premises can meet the needs of patients from all ethnic groups, for example if there is sufficient room to allow interpreters to safely and respectfully attend clinical appointments or if cultural sensitivities can be accommodated, e.g. attendance by a female clinician or other privacy aspects in respect of cultural needs.

Feedback from the ICB patient/public involvement did not identify any additional impact for reasons of race, culture or ethnicity.

Area of Equality	Religion & Beliefs
Protected Characteristics of E&D	
<p>As above think about local population and what religion or belief they may have. Think about:</p> <ul style="list-style-type: none"> • Staff training on respecting differences, religious beliefs • Are you trying to implement during a time of religious holidays e.g. Ramadan? <p>Is there an area for prayer times?</p> <p>In the 2021 census: Holt Ward: 2,600 described themselves as Christian, Muslim (4), Hindu (3), Sikh (2), Buddhist (18), Jewish (8), other religion (24) and no religion (1671) Blakeney Ward: 335 described themselves as Christian, Muslim (3), Buddhist (2), Jewish (1), other religion (4) and no religion (179) Melton Constable (population 1180): Christian (540), Muslim (1), Hindu (4), Buddhist (1), other religion (7) and no religion (576)</p>	
Identify any positive impact	Identify any negative impact
<p>There is no evidence to suggest that individuals with religious beliefs will be adversely disadvantaged or advantaged by accessing services at any of HMP's practice sites.</p>	<p>None identified. There is no evidence to suggest that individuals with religious beliefs will be adversely disadvantaged or advantaged by accessing services at any of HMP's practice sites.</p>

In the event of closure of Blakeney, HMP will be able to ensure there is a range of clinical and admin staff available at the other sites allowing for individual patients to choose a preferred GP or clinician to see them e.g. female or male, if they wish to. In addition, appointment times are likely to be more flexible and individual patients may choose to access healthcare through telephone, video consult or face to face appointment at one of the sites.

Following a temporary decision to close the Blakeney branch surgery at the beginning of the pandemic, HMP has not provided face to face appointments in Blakeney since March 2020. In effect this means the view on this inequality is that it already exists and a permanent decision to close the branch surgery would not have any further impact, unless there was a withdrawal of the proposed medicines collection service.

Potential actions

How can we address impact? Lead(s) and timeframe-

HMP should ensure that all staff have received appropriate training and are aware of individual patient needs should they be identified for the whole registered population. All registered patients should be aware of their ability to request a same sex clinician should they prefer and to understand that they may need to travel to a particular site for an earlier appointment in some cases. Communications with all patients should be via multiple mediums, e.g. social media, messaging shared widely in the community in the practice area, posters up in the practice sites. The practice should be aware of faith festivals and key calendar events, such as Ramadhan, to make reasonable adjustments for patients' needs.

Feedback from the ICB patient/public involvement did not identify any additional impact for reasons of religion and beliefs.

Area of Equality

Age

Protected Characteristics of E&D

Think about different age groups and about the policy/function/service and the way the user would access, is it user friendly for that age? E.g.:

Children & young people (0-18yrs):

- Consider if they are affected?
- Are adaptations for children using the service needed e.g. child friendly environment or reasonable adjustments for those with SEND
- Consider any impacts for young people reaching transition from paediatric to adult services (18-25)

People of working age:

- Consider working hours & shift patterns

Older people:

Does the proposal exclude older people e.g. use of IT?

Evidence: Age distribution in Blakeney is 50% over the age of 65 years, 40% between 18 – 64 years and 1% is below 17 years of age. This distribution is in line with North Norfolk population generally and in particular in the coastal areas.

Holt Ward has a population of 4,725 which has increased by 0.32% since 2011. 42% of the population are over 65 years, 41% between 18 – 64 years and 17% below the age of 17 years.

18% (2,500 people) of the HMP population is geographically remote from a GP practice and does not have an alternative choice of GP practice – this includes the villages of Stiffkey, Wiverton and Salthouse (660 people).

Amongst the key themes in the feedback from the ICB patient/public engagement were the potential adverse impact loss of services for the elderly would have and for those reliant on public transport, particularly bus services, highlighted as concerns.

Identify any positive impact of closure	Identify any negative impact of closure
<p>Impact of closure:</p> <p>Blakeney site is not widely accessible to all patients, particularly for children or adults with mobility or issues or with disabilities. Melton Constable has recently been refurbished and is accessible to all patients as is Holt main site.</p> <p>Appointment times and opening hours at Melton Constable and Holt can accommodate a wide range of patient needs (both adults and children) and with different clinicians to meet individual patient choice where feasible.</p> <p>Some clinics can only be held at other sites, such as those for long term conditions or for mothers and babies, as there is insufficient space at Blakeney.</p>	<p>A branch site closure in Blakeney may impact both the older and younger population who only use Blakeney, without the ability to drive to another site and those with mobility issues not having local access to medicine and prescription deliveries/pick up.</p> <p>Blakeney may be regarded as a community site by some patients who drop in to speak to a receptionist or to pick up medicines/drop off prescriptions.</p> <p>Transport links in and around Blakeney and to the other sites are limited, particularly in the mornings. Cycle routes may be busy particularly in summer and a longer distance to travel.</p> <p>Some older patients may not be digitally aware or enabled.</p>

Blakeney has an older population than some other areas served by Holt Medical Practice and a higher than average number of people with long term conditions.

Following a temporary decision to close the Blakeney branch surgery at the beginning of the pandemic, HMP has not provided face to face appointments in Blakeney since March 2020. In effect this means the view on this inequality is that it already exists and a permanent decision to close the branch surgery would not have any further impact, unless there was a withdrawal of the proposed medicines collection service.

Potential actions

How can we address impact? Lead(s) and Timeframe:

HMP to understand how many of their registered patients only access Blakeney surgery, their ages and what their individual needs may be and any support to access other sites and to confirm mitigating arrangements planned in their application for closure. This includes patients who do not use technology for any reason or who have mobility issues.

HMP to consider opportunities for a staff member to use other premises in Blakeney village and to arrange for prescription drop off and pick up arrangements to be put in place for residents to access. If the closure is approved, plans would need to be put in place for any individual patients who are unable to access other sites, so they or their carer who collects medication or orders prescriptions from the Blakeney site has an alternative plan in place prior to closure.

Practice has offered to provide a medicines collection service for the community local to Blakeney. If this is unsuccessful, they could consider exploring the opportunity to provide a medicine delivery service to any registered patient clinically unable to collect their medicines. Greater use of digital technology to support access for patients who are digitally enabled, such as telephone and video appointments, use of NHS app. Consider how to support non-digitally enabled patients to learn to use digital services.

The practice could explore voluntary organisations who can provide local transport between Blakeney and other practice sites and inform patients through multiple mediums and where appropriate, advise individual patients. For those people that can only use public transport, the practice is encouraged to provide suitable appointment times, for example to recognise there are fewer public transport options in the mornings.

The ICB has confirmed with the practice they undertake visits to housebound patients (socially and/or clinically) where appropriate and that they have recognised there may continue to be a greater need for visits. HMP already provide an increased number of home visits and this may impact on availability of appointments for whole patient population and clinician time spent at other sites to see and treat patients.

As at December 2023, HMP provided 2.2% of their appointments as home visits compared to 1.1% for N&W and higher than average for North Norfolk (1.3%). They also provide a higher number of face to face appointments (77.6%) compared to North Norfolk (74.7%).

Should the application be rejected, the ICB will need to discuss mitigating actions to address the limitations of the Blakeney site particularly accessibility.

Area of Equality	Disability
Protected Characteristics of E&D	
<p>Think outside the box, you may not be able to see the disability. It could be physical (including hearing or seeing) or neuro diverse.</p> <ul style="list-style-type: none"> • Have reasonable adjustments for people and children with special educational needs and disabilities (SEND) been considered? • Accessibility – venue, location, signage, furniture, getting around • Is information written in an easy read format • Disability awareness training for staff <p>Actively involve the service user and talk it through with them</p> <p>Proportion disabled in the 3 LSOAs under Equality Act is higher than the Norfolk average (21.1% vs 20.1%) and similar to the community local to Holt, however this is not standardised for age or sex.</p>	
Identify any positive impact	Identify any negative impact
<p>The current premises are not suitable or easily accessible for individuals (staff and patients) with physical and other disabilities without significant investment.</p> <p>Appointment availability across 2 sites (rather than spread across 3 sites) will provide greater access for patients and support patients to request a preferred clinician.</p>	<p>Those with a physical/learning disability who only use Blakeney surgery may struggle with the change in location both in terms of distance / travel and a busier environment to navigate.</p> <p>Access to medicines delivery/prescription drop in Blakeney and the chance to speak to reception staff may stop.</p>

Following a temporary decision to close the Blakeney branch surgery at the beginning of the pandemic, HMP has not provided face to face appointments in Blakeney since March 2020. In effect this means the view on this inequality is that it already exists and a permanent decision to close the branch surgery would not have any further impact, unless there was a withdrawal of the proposed medicines collection service.

Potential actions

How can we address impact?

ICB to confirm with HMP 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.

The practice to ensure both Melton Constable and High Kelling sites are accessible for both staff and patients with disabilities – ICB has confirmed with Estates team. Compliance with NHS Accessible Information Standard is a requirement for all practices, and to ensure any reasonable adjustments are made.

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

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

Lead(s) and Timeframe:

Area of Equality

Marriage & Civil Partnership

Protected Characteristics of E&D

Think about access and confidentiality, the partner may not be aware of involvement or access to the service.
Consider staff training

No census data is available for this patient group in Blakeney

Identify any positive impact		Identify any negative impact	
<p>No disadvantage to this patient or staff group is expected in the event of Blakeney surgery closure or more disadvantage or advantage than any other group of patients.</p> <p>Feedback from the ICB patient/public involvement did not identify any additional impact for reasons of marriage or civil partnerships.</p>		<p>No disadvantage to this patient or staff group is expected in the event of Blakeney surgery closure or more disadvantage or advantage than any other group of patients.</p> <p>Following a temporary decision to close the Blakeney branch surgery at the beginning of the pandemic, HMP has not provided face to face appointments in Blakeney since March 2020. In effect this means the view on this inequality is that it already exists and a permanent decision to close the branch surgery would not have any further impact, unless there was a withdrawal of the proposed medicines collection service.</p>	
Potential actions			
<p>How can we address impact?</p> <p>ICB to confirm with HMP that all staff have received appropriate training and awareness for the whole patient population.</p> <p>Lead(s) and Timeframe:</p>			

Area of Equality	Pregnancy & Maternity
Protected Characteristics of E&D	
<p>The policy / function / service must be accessible for all, e.g. opening hours</p> <p>Are the chairs appropriate for breast feeding; is there a private area? Are there baby changing facilities and is there space for buggies?</p> <p>The practice has identified that NHS midwifery services are already provided only at Fakenham surgery for the Holt registered population.</p>	
Identify any positive impact	Identify any negative impact

<p>Blakeney surgery does not have space to accommodate special areas, such as for breast feeding, in private. Other sites will be able to accommodate this and to provide special clinics for mothers and babies. There are baby changing facilities in Blakeney, although the practice has said these are cramped.</p>	<p>Pregnant mothers and new parents may have difficulty travelling to premises some distance from their home, however it should be noted that NHS midwifery services are already only provided in Fakenham surgery.</p> <p>Following a temporary decision to close the Blakeney branch surgery at the beginning of the pandemic, HMP has not provided face to face appointments in Blakeney since March 2020. In effect this means the view on this inequality is that it already exists and a permanent decision to close the branch surgery would not have any further impact, unless there was a withdrawal of the proposed medicines collection service.</p>
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Potential actions

How can we address impact?

ICB have confirmed with HMP that Melton Constable and Holt have baby changing facilities and private areas for breast feeding. ICB to ask HMP to identify if any pregnant mothers and new parents only access Blakeney site and to contact the individuals to agree mitigating actions such as local transport, volunteer car schemes etc

Feedback from the ICB patient/public involvement did not identify any additional impact for reasons of pregnancy and maternity.

Lead(s) and Timeframe:

Area of Equality	Sexual Orientation
Protected Characteristics of E&D	
<p>Don't make assumptions. This protected characteristic may not be visibly obvious. Providing an environment that is welcoming for example visual aids, posters, leaflets. Using language that respects LGBTQ+ people Staff training on how to ask LGBTQ+ people to disclose their sexual orientation without fear or prejudice.</p>	
Identify any positive impact	Identify any negative impact

No disadvantage to this patient group is expected in the event of Blakeney surgery closure or more disadvantage or advantage than any other group of patients.

Individuals will be able to request a preferred clinician if they wish to at one of the HMP sites depending on appointment and clinician availability.

No disadvantage to this patient group is expected in the event of Blakeney surgery closure or more disadvantage or advantage than any other group of patients.

Following a temporary decision to close the Blakeney branch surgery at the beginning of the pandemic, HMP has not provided face to face appointments in Blakeney since March 2020. In effect this means the view on this inequality is that it already exists and a permanent decision to close the branch surgery would not have any further impact, unless there was a withdrawal of the proposed medicines collection service.

Potential actions

How can we address impact?

All practice staff should already have received training and awareness for the whole patient population and all sites should be a welcoming environment.

If a patient identifies their sexual orientation, this should be recorded on the patient record if agreed with the patient. HMP to confirm that training has taken place and that it has taken steps to create a welcoming environment and to safeguard patient confidentiality.

Feedback from the ICB patient/public involvement did not identify any additional impact for reasons of sexual orientation.

Lead(s) and Timeframe:

Area of Equality

Gender/Sex

Protected Characteristics of E&D

This refers to whether someone identifies as male, female or a range of identities that do not correspond to established ideas of male/female. Does the policy / function / service discriminate against them? For example, toilet or changing facilities?

The population of Blakeney is split approximately 50/50 between male and female. It is not known from census data if any individuals identify as another gender or not.

Identify any positive impact	Identify any negative impact
<p>Blakeney site is unable to accommodate gender neutral toilets for staff or patients without significant financial investment and reconfiguration of the premises. Staff have no access to changing facilities at Blakeney.</p> <p>Patients will be able to state a preference for a clinician and their gender by travelling to another site with a choice of appointment times/dates.</p>	<p>Blakeney site is unable to accommodate gender neutral toilets for staff or patients without significant financial investment and reconfiguration of the premises. Staff have no access to changing facilities at Blakeney.</p> <p>Following a temporary decision to close the Blakeney branch surgery at the beginning of the pandemic, HMP has not provided face to face appointments in Blakeney since March 2020. In effect this means the view on this inequality is that it already exists and a permanent decision to close the branch surgery would not have any further impact, unless there was a withdrawal of the proposed medicines collection service.</p>
Potential actions	
<p>How can we address impact?</p> <p>ICB to confirm that all practice staff have received training about how to treat staff and patients respectfully.</p> <p>Feedback from the ICB patient/public involvement did not identify any additional impact for reasons of gender or sex.</p> <p>Lead(s) and Timeframe:</p>	

Area of Equality	Gender Re-assignment
Protected Characteristics of E&D	
<p>Think about creating an environment within the service / policy or function that is user friendly and non-judgemental.</p> <p>If the policy / function / service is specifically targeting this protected characteristic, think carefully about training, confidentiality and communication skills.</p>	

Identify any positive impact	Identify any negative impact
The possible closure of Blakeney site would not disadvantage or advantage this group of patients any more or less than the whole patient population.	<p>The possible closure of Blakeney site would not disadvantage or advantage this group of patients any more or less than the whole patient population.</p> <p>Following a temporary decision to close the Blakeney branch surgery at the beginning of the pandemic, HMP has not provided face to face appointments in Blakeney since March 2020. In effect this means the view on this inequality is that it already exists and a permanent decision to close the branch surgery would not have any further impact, unless there was a withdrawal of the proposed medicines collection service.</p>
Potential actions	
<p>How can we address impact?</p> <p>HMP to confirm that all practice staff have received training for the whole registered population and how to treat staff and patients respectfully.</p> <p>Feedback from the ICB patient/public involvement did not identify any additional impact for gender re-assignment</p> <p>Lead(s) and Timeframe:</p>	

Area of Equality	Carers
Protected Characteristics of E&D	
Does your policy/function/service impact on informal family carers? Or parent carers? Ask them	

In 2021, just under 1 in 50 people (1.9%) reported providing between 20 and 49 hours of unpaid care each week, compared with 1.4% in 2011. The proportion of North Norfolk residents (aged five years and over) that provided at least 50 hours of weekly unpaid care increased from 2.7% to 2.9%.²

As Blakeney has an older population than average, it can be assumed that there are a higher number of carers than average although it is likely to be in line with North Norfolk population generally. Provision of unpaid care in the 3 LSOAs is higher than the Norfolk average (11.4% vs 9.3%).

Identify any positive impact	Identify any negative impact
<p>Depending on where the carer lives, they may travel further or less to accompany a patient to an appointment at one of HMP sites.</p>	<p>They may also be impacted by their ability to drop off prescriptions/pick up medicines for patients if using Blakeney for this</p> <p>Following a temporary decision to close the Blakeney branch surgery at the beginning of the pandemic, HMP has not provided face to face appointments in Blakeney since March 2020. In effect this means the view on this inequality is that it already exists and a permanent decision to close the branch surgery would not have any further impact, unless there was a withdrawal of the proposed medicines collection service.</p>
Potential actions	
<p>How can we address impact?</p> <p>The practice should identify and engage with individual carers who are potentially impacted by a possible closure of Blakeney site and understand the impact for them, e.g. dropping off prescriptions and collecting medicines for patients, making appointments, and necessary mitigating actions agreed.</p> <p>Lead(s) and Timeframe:</p>	

² <https://www.ons.gov.uk/visualisations/censusareachanges/E07000147/>

Area of Equality

Health Inequalities

Protected Characteristics of E&D

- *Within the ICB the smallest area that health activity data and registered population data is available is at lower super output area (LSOA). Registered population data from NHS Digital highlights that there are three LSOAs along the North Norfolk Coast where a significant proportion of the population are registered with Holt Medical Practice. These three LSOAs we might define as the “Blakeney Coast Hopper” community*
- *For the three LSOAs journey time to a general practice by public transport indicates that the % of households able to access a general practice within 30 minutes by public transport or walking is less than 60% and this in the lowest 20% of areas across Norfolk and Waveney. In total, there are 72 out of 611 communities across Norfolk and Waveney. We might define these communities as “geographically remote communities” The Blakeney Coast Hopper community is part of this wider geographically remote community.*
- *Travel time analysis indicates that for the villages such as Blakeney, Cley-next-the-sea, Morston, Langham, Salthouse and Stiffkey the time taken to access Holt Medical Practice is 60 minutes or more. However, the majority of the villages are able to access Wells Health Centre, Holt Medical Practice main site or Melton Constable branch within 30 to 45 minutes using public transport.*
- *Census information shows that the Blakeney Coast Hopper community:*
 - *Is generally older, more likely to be limited in day-to-day activities, general health is less likely to be very good (but more likely to be more likely to be fair or good), and more likely to provide any type of care and more than 50 hours per week.*
 - *One person households are more likely than other areas which are physically remote from general practice, about the same as Norfolk, are more likely to own their home outright, less likely to privately rent, less likely to be without a car or van, more likely to have electric or oil as only central heating source, are similar to other areas for no central heating and is slightly less deprived than the Norfolk average*
 - *Blakeney Parish is similar to others on the coast hopper route, but fewer households have a car*
- *Provisional analysis of health and care data indicates that for the Blakeney Coast Hopper community :*
 - *Given the age and sex distribution of the different communities served by Holt Medical practice and other areas physically remote from general practice, people are generally less complex and less likely to be frail compared to the Norfolk and Waveney average*
 - *Reflecting the lower complexity of patients, given the age and sex distribution of the different communities served by Holt Medical practice and other areas physically remote from general practice, health and care activity is generally lower than expected compared to the Norfolk and Waveney average*
- *Areas served by Holt Medical Practice have seen emergency admissions vary over time and are experiencing numbers of emergency admissions similar to numbers seen four years ago in March 2019. This might imply that unmet need has not changed much over the last few years. However, like the rest of Norfolk and Waveney emergency admissions appear to have increased during 2023.*

- 2022/23 school achievement data indicates that primary school achievement for Blakeney and Holt is better than the Norfolk average and England average. The experimental 2019 school health needs index indicates that, compared to the Norfolk average, the need based on the communities where school pupils are from was relatively low for Blakeney and Astley and Holt (in 2019).
- National workforce data indicates that Holt Medical Practice has lower nurses per 100,000 population than the Norfolk and Waveney average. However, Holt Medical Practice has higher numbers of GP and other direct patient care staff per 100,000 patients compared to the Norfolk and Waveney average and England average.
- National General Practice profiles indicate that the Holt Medical Practice population has lower smoking prevalence, average obesity, higher prevalence of long-standing health conditions, good cancer screening coverage and uptake, generally good secondary prevention for those with QOF conditions.
- The overall summary is that the Blakeney Coast Hopper community is generally healthier than the Norfolk and Waveney average. However, of the communities served by Holt Medical Practice, Blakeney Coast Hopper community is generally older and physical access to health and care services is relatively poor. Older populations are more likely to have higher needs in the future.

Identify any positive impact	Identify any negative impact
<p>Individuals with long term conditions, including mental health, already benefit from access to clinicians and multi-disciplinary team support at two sites and generally at a time/date of their choosing, and with a preferred clinician.</p> <p>Clinics for long term conditions can only be provided at Melton Constable and Holt sites unless there is significant investment in Blakeney premises.</p>	<p>People in lower economic groups and under-served vulnerable groups may have more difficulty in travelling than the average population; however, they also benefit most from high-quality care.</p> <p>Socio economic factors in any Core20 areas and pockets of rural/coastal deprivation may impact an individual's ability to travel and the associated costs of this to pick up medicine and/or attend appointments or clinics. Inclusion health groups may be transient and not identified on data sets, they may also be digitally excluded and therefore more difficult to communicate with. It is noted that all on the day urgent appointments area already centralised at Holt, and this would not be affected by the decision on Blakeney.</p> <p>Following a temporary decision to close the Blakeney branch surgery at the beginning of the pandemic, HMP has not provided face to face appointments in Blakeney since March 2020. In effect this means the</p>

view on this inequality is that it already exists and a permanent decision to close the branch surgery would not have any further impact, unless there was a withdrawal of the proposed medicines collection service.

Potential actions

How can we address impact?

Practice will need to identify any patient communities or individual patients from inclusion health groups and understand the potential impact for them if they access services at Blakeney only. HMP is strongly recommended to work with local community groups and voluntary organisations to support individuals to access services at any of their practice sites and to consider if outreach services may be appropriate and necessary.

HMP to ensure that all staff are fully trained and aware of health inequalities and how they can be managed and the support to be put in place to encourage and facilitate improved access to all healthcare services. To communicate arrangements with individual patient groups through a variety of mediums including face to face meetings with individual groups, social media, digital messaging, posters at all sites and in local community buildings.

The role of social prescribers to encourage and facilitate access and signpost individuals to the right service should also be maximised.

HMP to identify any needs for medicine delivery services in Blakeney and surrounding practice area.

Lead(s) and Timeframe:

Next Steps:	<p>V1 - To await feedback from ICB-led public involvement with patients, update EIA as necessary, and consideration of the application for closure by the Primary Care Commissioning Committee.</p> <p>V2 EIA updated 11 and 29 April 2024 in light of ICB-led public involvement and following review by ICB health inequalities lead.</p>
Review Date:	June 2024 after PCCC decision has been made



Sign-Off by Project Lead	Sadie Parker, Director of Primary Care	Date	29.4.24
Comments			
Sign-Off by Chair of Health Inequalities Oversight Group (HIOG)	Tracy Williams, ICB health inequalities clinical lead	Date	24.4.24
Comments			

Please return completed form to nwicb.nwtransformation@nhs.net