Norfolk County Council

Norfolk Health Overview and Scrutiny Committee

Date: **21 March 2024**

Time: **10:00 am**

Venue: **Council Chamber, County Hall, Martineau Lane, Norwich**

Persons attending the meeting are requested to turn off mobile phones.

Members of the public or interested parties may, at the discretion of the Chair, speak for up to five minutes on a matter relating to the following agenda. A speaker will need to give written notice of their wish to speak to Committee Officer, Maisie Coldman (contact details below) by **no later than 5.00pm on 15 March 2024**. Speaking will be for the purpose of providing the committee with additional information or a different perspective on an item on the agenda, not for the purposes of seeking information from NHS or other organisations that should more properly be pursued through other channels. Relevant NHS or other organisations represented at the meeting will be given an opportunity to respond but will be under no obligation to do so.

Membership

MAIN MEMBER	**REPRESENTING**
Cllr Jeanette McMullen	Great Yarmouth Borough Council
Cllr Stuart Dark	Norfolk County Council
Cllr Lesley Bambridge	Norfolk County Council
Cllr Brenda Jones	Norfolk County Council
Cllr Pallavi Devulapalli	Borough Council of King's Lynn and West Norfolk
Cllr Julian Kirk	Norfolk County Council
Cllr Robert Kybird	Breckland District Council
Cllr Justin Cork	South Norfolk District Council
Cllr Peter Prinsley	Norwich City Council
Cllr Richard Price	Norfolk County Council
Cllr Adrian Tipple	Broadland District Council
Cllr Robert Savage	Norfolk County Council
Cllr Lucy Shires	Norfolk County Council
Cllr Jill Boyle	North Norfolk District Council
Cllr Fran Whymark	Norfolk County Council

CO-OPTED MEMBER (non voting)	**REPRESENTING**
Cllr Edward Back	Suffolk Health Scrutiny Committee
Cllr Edward Thompson	Suffolk Health Scrutiny Committee

For further details and general enquiries about this Agenda please contact the Committee Officer:
Maisie Coldman 01603 638001
or email committees@norfolk.gov.uk

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Please stay at home if you are unwell, have tested positive for COVID 19, have symptoms of a respiratory infection or if you are a close contact of a positive COVID 19 case. This will help make the event safe for attendees and limit the transmission of respiratory infections including COVID-19

A g e n d a

1. To receive apologies and details of any substitute members attending

2. Minutes

To confirm the minutes of the meeting of the Norfolk Health Overview and Scrutiny Committee held on **18 January 2024** Page 5

3. Members to declare any Interests

If you have a **Disclosable Pecuniary Interest** in a matter to be considered at the meeting and that interest is on your Register of Interests you must not speak or vote on the matter.

If you have a **Disclosable Pecuniary Interest** in a matter to be considered at the meeting and that interest is not on your Register of Interests you must declare that interest at the meeting and not speak or vote on the matter

In either case you may remain in the room where the meeting is taking place. If you consider that it would be inappropriate in the circumstances to remain in the room, you may leave the room

while the matter is dealt with.

If you do not have a Disclosable Pecuniary Interest you may nevertheless have an **Other Interest** in a matter to be discussed if it affects, to a greater extent than others in your division

- Your wellbeing or financial position, or
- that of your family or close friends
- Any body -
    - Exercising functions of a public nature.
    - Directed to charitable purposes; or
    - One of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union);
      Of which you are in a position of general control or management.

If that is the case then you must declare such an interest but can speak and vote on the matter.

4. To receive any items of business which the Chair decides should be considered as a matter of urgency

5. Chair's announcements

6.	**10:10 – 11:00**	**Holt Medical Practice Application to close Blakeney Branch Surgery**	Page 16
7.	**11:10 – 12:00**	**OneNorwich Practices**	Page 74
8.	**12:00 – 12:10**	**Forward Work Programme**	Page 84

Tom McCabe
Chief Executive Officer
County Hall
Martineau Lane
Norwich
NR1 2DH

Date Agenda Published:

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Norfolk County Council

NORFOLK HEALTH OVERVIEW AND SCRUTINY COMMITTEE
Minutes of the meeting held at County Hall
on 18 January 2024

Members Present:

Cllr Jeanette McMullen	Great Yarmouth Borough Council
Cllr Brenda Jones	Norfolk County Council
Cllr Pallavi Devulapalli	Borough Council of King's Lynn and West Norfolk
Cllr Robert Kybird	Breckland District Council
Cllr Peter Prinsley	Norwich City Council
Cllr Richard Price	Norfolk County Council
Cllr Robert Savage	Norfolk County Council
Cllr Fran Whymark	Norfolk County Council

Co-opted Member (non voting):

Cllr Edward Back	Suffolk Health Scrutiny Committee
Cllr Edward Thompson	Suffolk Health Scrutiny Committee

Substitute Members Present
Cllr Holiday substituting for Cllr Boyle

Also Present:

Tricia D'Orsi	Executive Director of Nursing, Integrated Care Board (ICB)
Ian Riley	Executive Director for Digital and Data, Norfolk, and Waveney Integrated Care Board
Geoff Connell	Director of Digital Services, Norfolk County Council
Gary O'Hare	Governance and Safety Advisor, Norfolk, and Suffolk NHS Foundation Trust
Dr Andrew Kelso	Medical Director, NHS Suffolk and North East Essex ICB Board
Alex Stewart	Chief Executive Officer, Healthwatch Norfolk
Peter Randall	Democratic Support and Scrutiny Manager
Dr Liz Chandler	Scrutiny & Research Officer
Maisie Coldman	Trainee Committee Officer

1 Apologies for Absence

1.1 Apologies for absence were received from Cllr Boyle (substituted by Cllr Holiday), Cllr Shires, Cllr Kybird, Cllr Cork, Cllr Dark and Cllr Bambridge.

2. Minutes

2.1 The minutes of the previous meeting held on 9 November were agreed as an accurate record of the meeting.

3. Declarations of Interest

3.1 There were no declarations of interest.

4. Urgent Business

4.1 There were no items of urgent business.

5. Chair's Announcements

5.1 There were no Chair's announcements.

6. Norfolk and Waveney Integrated Care Board Digital Transformation Strategy

6.1 Ian Riley, Executive Director for Digital and Data, Norfolk, and Waveney Integrated Care Board (N&WICB), introduced the N&WICB Digital Transformation Strategy. The full version of the Digital Transformation Strategy was available on the N&WICB website. The committee heard that the Digital Transformation Strategy was developed in line with the national Digital Strategy, with key priorities being the implementation of Electronic Patient Records (EPR) in the three acute hospitals, the sharing of identifiable and anonymous data safely and, digital literacy. Norfolk and Waveney had low benchmarking compared to the rest of the county concerning digital maturity.

6.2 Geoff Connell, Director of Digital Services, Norfolk County Council (NCC), added that the Digital Transformation Strategy was an example of cross-organisation collaborative working between the N&WICB and NCC.

6.3 The committee received the annexed report (6) from Dr Liz Chandler, Scrutiny and Research Officer, that noted information to aid the examination of Norfolk and Waveney Integrated Care Board's (N&WICB) Digital Transformation Strategy.

6.4 The following discussion points and clarifications were offered:

- It was confirmed that the procurement process for the development of the EPR software had occurred and that MEDITECH had been awarded the contract. Members were reassured that the procurement process was robust and that providers had to meet certain standards.

- MEDITECH had been commissioned to develop the EPR software across acute hospitals. It was acknowledged that no system would be without bugs but that there was confidence that MEDITECH would be able to identify and remove bugs if they were ever to occur. Providers have a clear business continuity plan in the event of system issues. Additionally, the ability of patients to access their records would strengthen resilience if the system were to go down.

- The EPR would have an associated portal that would allow the patient to access their records and interact with clinicians. The NHS App over time would incorporate parts of the care record.

- Members of the committee heard that it would be against GDPR guidelines to sell patients' data. Reassurance was offered that it was not the intention to sell patient data. Strong governance arrangements and pathways for accountability reduce the likelihood of this further. Additionally, data controllers can withdraw access to data if it was to be used inappropriately.

- Following a question about the safeguards to protect patient data, it was confirmed that data was anonymised. A patient would only be identifiable by a number that would link patient records across the system together.

- A member asked if the data that was held by the system would be useful if there was a health crisis, such as a pandemic. In response, it was shared that the non-identifiable data was a powerful tool for analysis. If from the non-identifiable data patients of interest were identified, this would be passed on to the practice.

- Members raised concerns from within their communities over the secureness of the data. In reply, it was noted that the EPR would be more secure than paper records which were currently being used. Authorised access would be required to see the documents and there were plans to grant different levels of access to patient records. It was hoped that the EPR would offer assurance to patients that their records were being stored and accessed appropriately.

- There was a need to better understand residents' thoughts about where they want their data to go / what they would like it to be used for. A Citizens' Summit in London highlighted that citizens were against their data being sold but would be comfortable for it to be used to aid medical research. A member questioned if a more nuanced system of consent was required so that patients could indicate their preferences. The system of consent was set nationally, and work was being carried out to see how this could be more nuanced.

- There was a general feeling that the patient would have more control over their data as they would be able to access and contribute towards it. There was a future ambition that patients would be notified when their records have been accessed.

- A member shared anecdotal evidence of their frustrations about having to sign into multiple software packages to carry out their clinician work. In response to this, the committee heard that a benefit of the EPR that was being worked towards would be a single sign on so that all systems that are used can be accessed via one software.

- The committee heard that the data hub aspect of the Shared Care Record (SCR) would bring data from multiple care settings into one place, including the notification of death. Having access to a larger pool of data across multiple care settings would allow for the bigger picture to be established when doing mortality reviews.

- There are nine SCR providers across the country. Currently, the SCR is local but national work and conversations was occurring to consider how they could be joined up.

- It was confirmed that patients can opt out of the SCR.

- There was a general concern amongst members about cyber security and the need to ensure that the systems are robust. The committee heard that the responsibility to ensure safe practices was all data controllers and that more funding was being directed towards cyber security than ever before.

- In response to a member's question about the inclusion of frontline staff in the development and design of new systems, the committee heard that that

clinical design authority in which staff help to shape the systems and service. It was regarded as important to understand the issues from the perspective of staff.

- It was noted by officers that cultural change within care settings was an important aspect of the Digital Transformation Strategy. Work was being carried out, which included workstreams on focus areas, to support staff to understand and use the systems.

- The implantation of the EPR and the SCR would allow for the Integrated Care System to follow through on its commitment that patients only share their story once.

6.5 The Chair concluded the discussion, highlighting that whilst the importance of moving towards the systems was noted, there needed to be reassurance that the system was robust, had the necessary safeguards in place, and would undergo auditing processes. Patients' ability to access their records and data was important and the conversations around consent to make it more nuanced were required nationally.

6.6 Summary of actions:

- To recommend that the EPR and SCR make use of robust software and that suitable auditing takes place.

7. Norfolk and Suffolk NHS Foundation Trust (NSFT) Mortality Recording and Reporting Review

7.1 Gary O'Hare, Governance and Safety Advisor, Norfolk, and Suffolk NHS Foundation Trust, introduced the committee to the Norfolk and Suffolk NHS Foundation Trust (NSFT) Mortality Recording and Reporting Review report. This was the first joint report between NSFT and N&WICB and it was hoped that this would signify their determination to work in collaboration. Key points of the report were highlighted to the committee. They heard that work had been done to develop an electronic record system, that there was a diverse focus group with appropriate representation, and that the report would also clarify how deaths would be categorised.

7.2 Dr Andrew Kelso, Medical Director at NHS Suffolk and Northeast Essex ICB Board described that Suffolk and Northeast Essex ICB had supported NSFT to improve mortality recording and learning. The co-produced work carried out offered valuable insight into the unique needs of bereaved relatives.

7.3 Tricia D'Orsi, Executive Director of Nursing, N&WICB, highlighted that there was a commitment to ensure that the Norfolk Health Overview and Scrutiny Committee (HOSC) would be kept up to date on the collaborative work occurring between N&WICB and NSFT.

7.4 The committee receive the annexed report (6) from Dr Liz Chandler, Scrutiny and Research Officer, that noted information to aid the examination of the Norfolk and Suffolk NHS Foundation Trust (NSFT) Mortality Recording and Reporting Review.

7.5 The following discussion points and clarifications were offered:

- A member asked for clarification about which deaths would be captured within the new electronic record system. It was confirmed that in-patients would be

automatically recorded irrespective of whether their death was related to mental health or not. It would also record the deaths of patients discharged from the hospital/community hospital within 6 months before their death. Multiple sources would be used to collect this information such as the NHS Spine, primary health care, and bereavement officers. Once the death had automatically been picked up, it would be triaged and reviewed with the assumption that learning would be shared.

- Action 16 related to an external verification of the accuracy of NSFT data and how it was being recorded, this would be carried out by an external consultancy team. A member questioned why this action had not been carried out. In reply, it was noted that the delay was due to the scope of the auditing process needing to be established, this would include colleagues' involvement. This would be dependent on seeing how the new system operates. NSFT wanted to be assured that the right data was being collected and that the appropriate access and categorisation were occurring before an auditor was appointed. Members were reassured that this would be sourced and that the expected time frame was March/April 2024.

- The committee heard that the Grant Thornton co-produced action plan that HOSC had requested to have sight of within one month of the 14 September 2023 meeting, was still waiting to be signed off by the ICB and NSFT. Members of the committee shared their frustrations regarding the delay in receiving the Grant Thornton co-produced action plan and were keen to establish a timeline for when this might be expected. Healthwatch Norfolk added that this frustration was also felt by bereaved relatives involved in co-producing the action plan. In response to this, officers highlighted the desire to produce a plan that understood and accounted for all the issues.

- The Grant Thornton co-produced action plan would be overseen by the Learning from Deaths Action Plan Management Group which had recently been established. The Grant Thornton co-produced action plan was one aspect of the work that was happening.

- It was confirmed that the Grant Thornton co-produced action plan was developed in conjunction with the Forever Gone: Losing Count of Patient Deaths report. A member felt that this report needed to be acknowledged within the terms of reference of the Deaths Action Plan Management Group.

- It was raised that the report included a lot of action but no evidence of outcomes. In reply, it was suggested that NSFT return to HOSC to note the outcomes and direction of travel, concerning mortality recording and reporting.

- The communication between HOSC, N&WICB, and NSFT was highlighted as poor. There was generally a desire to see the recording and reporting of mortality data improve but that communication was a barrier. Cllr Jones was the link between HOSC and NSFT, she shared her difficulties with this relationship. In response, Gary O'Hare offered to meet Cllr Jones with himself and Caroline Donovan, the Chief Executive of NSFT, to ensure that the link with HOSC was being utilised.

- In reply to a question about whether the bereaved relatives working on the co-produced action plan were comfortable with the delay, the committee heard that the bereaved relatives, who are the authors of the Forever Gone: Losing Count of Patient Deaths report, were not currently engaging in the system as they were

disappointed in the way it was working. The offer for them to be part of the newly established Deaths Action Plan Management Group remained.

- The role of medical examiners was shared with the committee, and they were notified that in April 2024 there would be a change to extend their current role to include the certification of death that community doctors carry out. Medical examiners are asked to look out for particular circumstances, such as mental health-related deaths, and to notify partners when they occur. The medical examiner can act as a contact and source of the notification of death. NSFT's electronic recording system was needed to ensure that there was the right connection with the medical examiners.

- There was an emphasis on the opportunities to learn and not necessarily looking at processes/issues in isolation. National work on mental health data reporting was occurring, it was felt that this was an opportunity to make the system better and to bring it in line with the national direction.

7.6 The Chair shared with the Committee a statement (Appendix A) written by Caroline Aldridge, Anne Humphrys and Cllr Emma Corlett, the authors of Forever Gone: Losing Count of Patients Deaths report.

7.7 The following comments were made in response to the statement:

- Tricia D'Orsi responded that time was needed to reflect on the statement given so that all the issues could be understood and addressed. The relationship between Caroline Aldridge and Anne Humphrys was noted as valuable. Dr Andrew Kelso echoed this response.

- Gary O'Hare reiterated his offer to meet with Caroline Aldridge, Anne Humphrys and Cllr Emma Corlett.

- Members noted how poignant and moving the statement was.

- The motion that was agreed at the 14 September 2023 meeting to call for a Statutory Public Inquiry was in progress but had been delayed. A letter to the Secretary of State would be sent imminently.

- Members of HOSC felt that it would be valuable to reach out to Caroline Aldridge, Anne Humphrys and Cllr Emma Corlett to better understand their experience.

7.8 Chair concluded the discussion, noting the importance for HOSC and residents of Norfolk and Waveney to fix the issue with mortality recording and reporting. The general feeling from the committee was that HOSC wants NSFT to succeed and that the mental health services that they provide need to work for the people who require them. The need for prompt information sharing between organisations was vital as was ensuring that the electronic record system was robust and working in line with its intentions. Data did need to be accurate and recorded appropriately and audits would be essential to ensuring that this was the case.

7.9 Summary of actions:

- The committee would receive the Grant Thornton co-produced action plan as soon as it was available

- The Forever Gone: Losing Count of Patient Deaths report would be included in the terms of reference of the Deaths Action Plan Management Group

- The offer by NSFT for the authors of the Forever Gone: Losing Count of Patients Deaths report to re-engage with the mortality work would be made to the authors

- NSFT will return to HOSC in May with an update on progress and vision for NSFT.

8. Proposed Forward Work Programme 2023/24

8.1 The Committee received a report from Peter Randall, Democratic Support and Scrutiny Manager, which set out the current forward work programme and briefing details. The Committee **agreed** the details for both briefings and future meetings.

8.2 Cllr Price suggested that the proposed closure of Blakeney Surgery, part of Holt Medical Practice, be considered. Cllr Holiday provided the committee with additional context highlighting that the service supports over 2000 residents. During the COVID-19 pandemic the practice withdrew from clinical services and there, from what could be established by the member, was no formal governance process followed. It was asked if this could be considered, that the ICB find the formal governance process that was followed, and that N&WICB pause the decision to close the practice.

Tricia D'Orsi noted that it was not within her gift to decide to pause the close of Blakeney Surgery. She would take back the request for further information and would be happy to bring it back to the committee.

8.3 Cllr Jones suggested that malnutrition and poverty in Norfolk and Waveney be looked at following data that suggest that Norfolk and Waveney have the highest rates of malnutrition in the county. Tricia D'Orsi suggested that this could be arranged in collaboration with the Public Health team at NCC.

Fran Whymark Chair
Health and Overview Scrutiny Committee

The meeting ended at 12:31

Statement from the co-authors of Forever Gone: Losing Count of Patient Deaths to Norfolk Health Overview and Scrutiny Committee - 17th January 2024

After we attended Norfolk HOSC to discuss the Grant Thornton audit and Forever Gone, we left the meeting full of hope and galvanised to work with the system as a result of the robust recommendations from HOSC. These demonstrated an understanding of the seriousness of the situation and a need for urgent and decisive action. HOSC recognised the need to hold the system to account because losing count of the deaths due to inadequate mortality data, and therefore the inability to learn from it to prevent other deaths, had happened in plain sight. Regretfully, we have stepped away from the mortality work because of the behaviours, actions, and inaction, of the Norfolk and Suffolk systems. This includes the failure of both ICBs to hold NSFT to account and the utter disdain shown by senior officers across the system for the HOSC recommendations and bereaved families.

When we presented Forever Gone at the public board meetings of both ICBS and NSFT in July and August 2023, the Chairs stated our report should hold equal weight with the Grant Thornton audit and that recommendations from both reports must be addressed. All three Boards ratified recommendations that included working with bereaved families to develop an action plan. Unanimously, we were apologised to and promised the system was committed to working with us in order to learn and change. The Chair of the Norfolk and Waveney ICB apologised publicly because *"…too many people had not received the care they needed and that too many people have died".* She went on to say that it was important to listen to people like us because we *"… had been saying for years that the data is not consistent or accurate, and that should have been listened to much earlier…"* because we *"were in essence right".* Sadly, all were empty apologies and promises. There is clearly no intention from the system to address our findings. We are still not being listened to, we are not convinced the data is good enough yet, and too many people are still dying.

The ICBs asked HOSC for an extension to enable a detailed plan with timings to be submitted on November 9th 2023. No plan was submitted then or since. A detailed plan was made by the collaborative mortality group and agreed by all parties including NSFT. It was agreed that any coproduction with bereaved families should be undertaken independently of NSFT with the ICBs to lead the work. This was vetoed by NSFT at the last-minute, thus evidencing both ICBs failure to fulfil their commitments to HOSC and bereaved families. All parties involved in the Mortality Task Group were made fully aware of our concerns in a resignation letter from Caroline Aldridge. Therefore, the report from NSFT is disingenuous because it gives the impression that genuine co-production has taken place and that bereaved people's wishes have been listened to and will be incorporated into any plan.

Sadly, the behaviours of many officers in the Mortality Task Group added to the harm we have already experienced. We cannot articulate strongly enough how damaging it is to be invited to get involved with promises of genuine collaboration, in the hope that this time things will be different, only to be disregarded, and for the system to close ranks and return to the status quo. It is not ethical or morally justifiable to use bereaved people in such tokenistic or disempowering ways.

There have been 9 CEOs in the last decade without demonstrable change in the culture, behaviours, or death rates. HOSC have tried many times to hold NSFT to account resulting in NSFT repeatedly apologising for providing misinformation or inaction. This shows a resistance to scrutiny which has been reflected in the mortality work where NSFT have frustrated attempts to look at the data on deaths and be open and transparent about the work they are doing. The culture has not changed since Rob Behrens, Parliamentary and Health Service Ombudsman, stated when interviewed for Newsnight "*Patient Safety is not held in as high esteem as the reputation of the trust.*"

The reality is that too many people continue to be Forever Gone. Too many families wake up each day with a well of grief that is never going to run dry. These families are left making futile and painful attempts to make things better and are having their grief paraded by a system that simply wants them to go away. The ICBs seem to have abdicated their responsibility to oversee NSFT. It now falls to those with statutory powers, like HOSC and the Secretary of State, to use the power we do not hold and follow this through. Those who are Forever Gone and their families are counting on you not to let them down.

STATEMENT ENDS

Possible Questions

We feel there are fundamental questions that HOSC might want to ask on behalf of bereaved families:

- Can NSFT say with confidence that everyone who has died under their care and management have been counted and they could answer with certainty whether someone's loved one has been included in their figures?
- Can the ICBs and NSFT say why they have not followed HOSC's recommendations and submitted a co-produced plan?
- Can the ICBs and NSFT produce a copy of the plan made by the Mortality Task Group in 2023 and show how they will use this for the basis for a new plan given the main thrust is for NSFT not to lead on this work?
- When can HOSC expect the promised co-produced plan with supporting evidence of bereaved families' views on it?
- How does NSFT plan to honour the commitments made to learn from Forever Gone given that we have had to withdraw for our own wellbeing and there is no mention of it in the terms of reference for their new group?
- How do the ICBs plan to honour the commitments made to learn from Forever Gone?
- When can the outstanding points from the Grant Thornton plan, which are critical to producing accurate mortality data, be complete? When will the re-audit take place to verify improvement?
- How long will it be before the mortality data can answer important questions raised by Grant Thornton and Forever Gone, such as 'how many people died following discharge?' or the level of detail required to identify patterns?

Additional information

We said at the time of writing Forever Gone that if this did not change things and made services safer, then nothing would. Sadly, we have drawn the conclusion that no matter what we, and other bereaved families do, the system will not change because the system itself does not want to.

We remain very concerned about NSFT's plans to bring the coproduction with bereaved families in-house. We certainly have felt at times bullied, gaslighted, excluded and belittled. We know that other bereaved people have experienced retraumatising from trying to work with the trust. Repeatedly, they have demonstrated they do not have the organisational maturity, grief literacy, or humility to work in psychological safe ways with traumatically bereaved people.

The ICBs have not demonstrated the ability to work healthily with bereaved people either, or to hold NSFT to account, and it has been very disappointing to see how quickly things have reverted.

The behaviours we observed and experienced in the Mortality Task Group include:

- The Chairs and CEOs agreeing that officers who attended this group would be decision-makers and, therefore, there would be no hold up to the work and no one organisation or person had the veto in relation to this work. They reneged on this when NSFT vetoed things.
- At the suggestion of the ICB Chairs and with everyone's agreement, Caroline was appointed Co-Chair. This was dropped without explanation when Caroline refused to co-sign a misleading statement to HOSC. This is gaslighting.
- Attendance was poor particularly from NSFT who repeatedly did not provide information or feedback asked for by the group. Their engagement and input in meetings was minimal.
- Caroline did the greater majority of the work to formulate the groups wishes into drafts, re-drafts of the plan and a schedule. The wider group had neither the time nor seemingly the inclination to move beyond ruminating about what co-production entailed.
- The group seemed to struggle to differentiate co-production with service-users/carers and bereaved families. We met with both Healthwatches to explain the expertise they would need to do this work with traumatically bereaved people.
- The mortality task group seems to be a classic example of the 'pit of inaction'. We observed the toxic power relationships and culture at NSFT, and between the ICBs and NSFT, surface and undermine this work.

People have been harmed by mental health related bereavements and the processes that follow, some have been further harmed by attempting to work with the system to support positive change, and, critically, people will be harmed if the system recruits and uses traumatically bereaved people without a radical shift in behaviours.

We are involved with a large network of bereaved people the majority of whom refuse to engage with NSFT. We are concerned that our withdrawal means NSFT have a very small pool of bereaved families to engage in their new Mortality Group. That group is big and has a largely corporate membership which many would find intimidating. Unless NSFT are able to recruit (and safely support) bereaved people with an understanding of and willingness to scrutinise mortality data, and who are not too traumatised or vulnerable, the co-production will be tokenistic at best.

Over the last 9 years, we have tried so many different ways (carrot and stick) to provoke positive change and prevent deaths. No doubt, NSFT will ask for time for their new CEO to fix things. Newly in post, she vetoed the coproduced plan and then drafted in an out of area associate to lead on NSFT's mortality work. Frankly, we have lost faith that given the entrenched issues relating to mortality at NSFT and the current state of services and the wider system it is possible to address the underlying rot. There has been plenty of talk with repeated rhetoric and promises but little action. If our efforts to prevent deaths are futile then all we can do is to focus on supporting those who are bereaved because of mental illness. Hence our decision to withdraw.

Holt Medical Practice's application to close Blakeney Surgery

Suggested approach from Liz Chandler, Scrutiny and Research Officer

Examination of the of Holt Medical Practice's application to close its branch surgery at Blakeney.

1.0 Purpose of today's meeting

1.1 To examine the report from Norfolk and Waveney Integrated Care Board (N&WICB) regarding Holt Medical Practice's application to close Blakeney Surgery. The report is attached at **Appendix A.**

1.2 Representatives of N&WICB will be in attendance to answer Members' questions.

2.0 Previous reports to NHOSC

2.1 In July 2023, Members received (via email) a copy of Outline plan for Holt Medical Practice's Patient Engagement regarding the application to close Blakeney Surgery, its website holding page (both attached at **Appendix B**).

3.0 Background

3.1 Blakeney Surgery is a small branch surgery of Holt Medical Practice. In response to patient demand, services from Blakeney Surgery were reduced prior to the Covid pandemic and it was open for five mornings a week.

3.2 Blakeney Surgery temporarily closed on 20 March 2020 and since that date face-to-face clinical services have not been reinstated. Currently the surgery is open five mornings a week (8am – 1pm) and staffed by a receptionist who provides administrative support to patients and a medicines collection service.

3.3 In January 2023, Holt Medical Practice formally applied to close Blakeney Surgery in March 2023.

3.4 Following its application to close Blakeney Surgery, Holt Medical Practice undertook a significant public engagement exercise with the support of Healthwatch Norfolk from 1 August to 30 September 2023. This consisted of a survey, public meeting, five drop-in sessions and inviting written feedback by letter, email or comment card. Holt Medical Practice's Patient Participation Group was also regularly briefed. See: Healthwatch Norfolk.

3.5 Healthwatch Norfolk also carried out an extensive survey on behalf of Blakeney Parish Council to find out what impact the proposed closure might have on the local community. See: Healthwatch Norfolk.

3.6 The application to close Blakeney Surgery has proved controversial amongst some local residents and has courted much media publicity:

- Blakeney Surgery could close after application submitted | EDP
- Blakeney Surgery closure: Public to get say on controversy | EDP
- Blakeney Surgery future to be discussed at public meeting | EDP
- Crowds gather as Blakeney GP surgery set to close | BBC
- Crunch decision to close Blakeney Surgery deferred | EDP
- Norfolk: Activist hails deferred vote on GP surgery closure | BBC

3.7 At a meeting by North Norfolk District Council on 20 September 2023, Members unanimously supported a motion to recognise the importance of Blakeney Surgery to the community and to call on N&WICB to ensure it provides local and equitable health care for those living in Blakeney and surrounding villages.

3.8 Questions from local residents and campaigners to keep Blakeney Surgery Open were also put to N&WICB at its meeting of the Primary Care Commissioning Committee PCCC) on 13 February 2024. See: Questions from PCCC 13 February 2024.

3.9 Concerns about the proposed closure of Blakeney Surgery include:

- Due to the demographic of patients of Blakeney Surgery there is a disproportionate impact from the removal of clinical services and potential withdrawal of the medicines' collection facility from Blakeney Surgery: many Blakeney residents are elderly, do not drive and cannot easily access other surgeries due to limited public transport services in the area (see: Census data).
- The potential environmental impact that the need for increased travel to other locations would have and how this pertains to NHS Net Zero.
- How the closure of Blakeney Surgery fits with the key principles of the NHS Constitution that commits to putting the patient at the heart of everything it does including facilitating patient access to health services locally.
- The proposal to close Blakeney Surgery is not based on location specific data and therefore underestimates the age demographic of its patients.
- N&WICB has not carried out any public consultation regarding the withdrawal of face-to-face clinical services from Blakeney Surgery; the only public engagement that has taken place relates solely to the medicines collection service.

3.10 At the meeting of the PCCC on 13 February 2024, it was agreed that a decision on Holt Medical Practice's application to close Blakeney Surgery would be deferred until 23 April 2024 and that further public consultation

would be undertaken to explore the practice's proposed mitigation to offer a medication collection service at Blakeney.

4.0 Suggested approach

4.1 The committee may wish to discuss the following areas with N&WICB representatives:

- How the closure of Blakeney Surgery fits with NHS national guidance that states patients should be able to access health services locally.
- As the closure of Blakeney Surgery could potentially lead to more car journeys, how this fits with the NHS Net Zero policy.
- Request further information about what public engagement/consultation has taken place in relation to the withdrawal of face-to-face clinical services from Blakeney Surgery.
- Request further information about the demographic data used by N&WICB and Holt Medical Practice to inform its decision to propose the closure of Blakeney Surgery.
- Will the services outlined on page 27 N&WICB's report continue if Blakeney Surgery is closed?
- Request further information about what is Holt Medical Practice's proposed mitigation for the medication collection service if Blakeney Surgery is closed.

5.0 Action

5.1 The committee may wish to consider whether to make comments or recommendations as a result of today's discussion.

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NHS
Norfolk and Waveney
Integrated Care Board

Agenda item: 6

Subject:	**Holt Medical Practice Application to close Blakeney Branch Surgery**
Presented by:	**Sadie Parker, Director of Primary Care**
Prepared by:	**Sadie Parker, Director of Primary Care**
Submitted to:	**Norfolk Health Overview and Scrutiny Committee**
Date:	**21st March 2024**

Executive Summary:

The following request was received from HOSC in relation to the Holt Medical Practice application to close its Blakeney Branch Surgery:

According to the member who proposed this item at NHOSC January 2024, N&WICB was unable to find the formal governance process that was followed in relation to the withdrawal of clinical services at Blakeney Surgery pre-Covid.

- What was the process that should have been followed?
- Was it followed correctly in relation to the withdrawal of clinical services?

Proposal for complete withdrawal of services at Blakeney Surgery:

- What are the current proposals and timeline regarding the withdrawal of services at Blakeney Surgery?
- Holt Medical Practice and N&WICB has already provided NHOSC with information about the proposals and public consultation in relation to this (see attached).

The purpose of this paper is to provide a briefing to HOSC members on the following areas as requested above.

Background

HMP is a large practice (14,300 patients) in North Norfolk, covering a large rural area and operating out of three sites. The ICB has a contract with the practice to provide general medical services to its registered patient population in order to meet their reasonable needs.

The main surgery at Holt is large and purpose-built (1,186 m2), providing the full range of clinical services, all urgent/ duty services, a pharmacy and dispensing operation, and housing all the practice's back-office teams. It has been recently extended.

Melton Constable Surgery is a recently refurbished surgery with six consultation rooms (185 m2).

Blakeney Surgery is a small branch surgery with two consulting rooms (76 m2).

HMP's application to close its branch surgery in Blakeney was presented to the ICB's Primary Care Commissioning Committee on 13 February. The papers are appended to this report (Appendix A1) for information and were published on the ICB's website.

Changes to services pre- and post-Covid

According to the member who proposed this item at NHOSC January 2024, N&WICB was unable to find the formal governance process that was followed in relation to the withdrawal of clinical services at Blakeney Surgery pre-Covid.

- *What was the process that should have been followed?*
- *Was it followed correctly in relation to the withdrawal of clinical services?*

At the time of writing to the member, the ICB was not in possession of NHS England files following the full delegation of responsibility for the commissioning of primary care services. This information is now available and confirms the commissioner was in support of the changes previously proposed prior to the Covid pandemic – this has been communicated to the member directly.

When the first Covid national lockdown was announced in March 2020, many branch surgeries were closed in response to national guidance to general practice. This was a temporary decision in response to national guidance to protect the health and wellbeing of both patients and staff in what was an unprecedented situation. Holt Medical Practice acted appropriately in temporarily closing the Blakeney branch surgery.

The recovery of general practice services, following changes in national guidance after the lifting of Covid restrictions, saw practices recovering at different rates. This was dependent on many factors, including staff sickness rates, workforce, infection prevention and control limitations and provision of vaccinations. While HMP re-opened its doors at Blakeney Branch Surgery, face-to-face appointments were not reintroduced by the practice, due to the infection prevention and control issues in the building, and the reasons set out in the practice's application to close the branch surgery, which can be seen in the appended reports. The commissioner was supportive of this temporary decision.

To provide greater clarity to practices considering branch surgery changes in future, the ICB Primary Care Commissioning Committee approved a new Advice Note setting out the process for practices to follow for changes to service provision in

branch surgeries. The effective date for the Advice Note was agreed as 13 February 2024. This is in addition to the existing Advice Note on branch surgery closures.

Application to close the branch surgery in Blakeney

Proposal for complete withdrawal of services at Blakeney Surgery:

- *What are the current proposals and timeline regarding the withdrawal of services at Blakeney Surgery?*
- *Holt Medical Practice and N&WICB has already provided NHOSC with information about the proposals and public consultation in relation to this (see attached).*

At the Primary Care Commissioning Committee on 13 February 2024, members approved a recommendation to defer the decision on the practice's application and for the ICB to undertake further public involvement to inform a final decision on the application.

The intention is that the level of public involvement will be informed through discussion with local stakeholders and carried out during March, with a final decision being made at Primary Care Commissioning Committee on 23 April 2024. This will be a committee meeting held in public.

It is recognised that the practice undertook a significant public consultation exercise, supported by Healthwatch Norfolk. The public involvement proposed by the ICB is to be focused on the practice's offer of a medicines collection service (similar to what is currently being provided from the branch surgery) from an alternative location in Blakeney. The public involvement will enable the ICB to consider patient views on the impact of such a service as part of its overall consideration of the practice's application and to complete its equality impact assessment. This can contribute towards the final recommendation to committee members.

Papers and a link to the recording of the meeting held on 13 February 2023 as referenced above, are available on the NHS Norfolk and Waveney ICB website: https://improvinglivesnw.org.uk/about-us/our-nhs-integrated-care-board-icb/our-icb-meetings-and-events/primary-care-commissioning-committee-meetings/

Since then, the ICB has met with the Blakeney Parish Council chair and vice chair, and a local district councillor to seek to understand how to better reach people who may need to rely on the practice's proposed mitigation. The ICB will be attending the annual Blakeney parish meeting on 7 March to invite further feedback in relation to the practice's proposed mitigating action of providing a local medication collection service. The parish council representatives have suggested the ICB engage with other local parish councils.

Norfolk and Waveney
Integrated Care Board

Agenda item: 07

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:	**13 February 2024**

Purpose of paper:

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 an extensive period of engagement with their local registered population and wider stakeholders.

Introduction

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 around this.

The ICB would like to acknowledge the efforts put into the engagement process by both the practice and the local community and stakeholders.

Background

HMP is a large practice (14,300 patients) in North Norfolk, covering a large rural area and operating out of three sites. The main surgery at Holt is large and purpose-built (1,186 m2), providing the full range of clinical services, all urgent/ duty services, a pharmacy and dispensing operation, and housing all the practice's back-office teams. It has been recently extended.

Melton Constable Surgery is a recently refurbished surgery with six consultation rooms (185 m2).

Blakeney Surgery is a small branch surgery with two consulting rooms (76 m2). Services from Blakeney Surgery reduced before the pandemic, in response to patient demand, and it was open for five mornings a week. For clarity, this was a decision supported by the commissioner of the time.

Like many branch surgeries, Blakeney temporarily closed on 20 March 2020, and face to face clinical services have not since been reinstated. The surgery is open five mornings a week (8am – 1pm) and staffed by a receptionist who provides administrative support to patients and a medicines collection service. For clarity, this temporary decision was also supported by the commissioner.

HMP has set out their rationale for closing Blakeney Surgery, and their application centres on the following points:

- Business viability and operational future-proofing – the costs of running three sites is prohibitive, and the cost of running Blakeney is more than the reimbursement received.
- Attracting new partners and reducing the buy-in required, with five of the seven clinical partners looking to retire in the next six years.
- The most efficient and effective use of a limited clinical and non-clinical workforce.
- The inability for a multi-disciplinary team to operate effectively in the Blakeney branch surgery means the workforce would be used inefficiently.
- The standard of the Blakeney building and the investment required to bring it up to modern standards, including the current poor infection control measures (for example, carpeted rooms, sinks and taps, sluice in the consulting room and no space to rehouse it, inability to access all sides of the examination couch).
- Future population growth mainly in Holt (including a new large care home) and also Melton Constable, with smaller growth in Blakeney.
- The majority of the practice's registered population being adequately served by Holt (Kelling) and Melton Constable surgeries.
- The historical usage of Blakeney appointments – HMP patients have tended to travel, from all over HMP's catchment area, to the site where a preferred appointment is available. Analysis by HMP shows that of the 3000 appointments offered at Blakeney in 2015-2019 (5% of the total appointments offered by HMP), 18% of patients were from Blakeney or Morston and 15% were from Melton Constable or Briston. (Note this doesn't take account of the numbers of appointments an individual had.)

Please note more detailed information on the rationale and the feedback from the practice's extensive patient engagement is in the practice submission appended to this report (Appendix A2).

As part of their application, HMP have noted that, if they are required to provide face-to-face services again at Blakeney Surgery, apart from their concerns about how the building would be refurbished and updated, this may require the practice to consider how services are provided across all of its sites to manage clinical and administrative resources effectively. With finite resources, they wish to use their resources as effectively as possible, focused where they can have the greatest benefit to meet the needs of their whole patient population.

HMP has confirmed it is committed to continuing to provide a medicines collection service, subject to discussion with potential local community sites.

Patient Engagement

HMP undertook a significant engagement exercise with the support of Healthwatch Norfolk from 1 August to 30 September 2023. This consisted of a survey, public meeting, five drop-in sessions and inviting written feedback by letter, email or comment card. HMP also regularly briefed their patient participation group.

- 675 surveys were completed.
- 60 letters/emails/online forms before the engagement phase commenced.
- 140 letters/emails/online forms during the engagement phase.
- 155 comments cards were completed across the three sites during the engagement phase.
    - Holt x44
    - Melton x38
    - Blakeney x53
- 200 people attended the public meeting.

Over half of the survey responses HMP received came from the Blakeney area, with a quarter coming from the Holt area and 12% from the Melton Constable area. From the survey the most important factors for people who responded were:

- Having a face-to-face appointment – 68.4%
- Being able to collect repeat medicines close to where they live – 52.9%
- Having healthcare services close to where you live – 50.6%

The key themes collected from all communication received by the practice were:

- Keep Blakeney Surgery open.
- Valued community asset.
- Wanting a return to pre-Covid services in Blakeney.
- Local medication collection.
- Concerns about transport for those that can't drive, and about carbon footprint.
- Concerns about vulnerable patients.
- Suggestions to crowd fund for the investment required.
- Concerns about Melton Constable Surgery being next.
- Wanting more engagement.
- Being positive about better understanding the proposals and rationale.
- Being positive about the quality of care provided by the practice.

Officers are satisfied the practice undertook significant and comprehensive patient engagement and this has been verified independently by Healthwatch Norfolk. In addition, the director of primary care was directly copied in to many of the letters received, and reviewed the communications received by the practice in person. We are satisfied that the report received from the practice is an accurate reflection of the patient feedback received.

Notwithstanding this, due to the community's principle wish for a return to consultations out of Blakeney Surgery, the public focus has remained strongly on this outcome. As a result, there was less detailed feedback collected relating to the possibility of closure of Blakeney Surgery and mitigation (i.e., for an alternative

medication collection service/ location). However, ICB officers believe this is an important part of the engagement process and would suggest further ICB public involvement with local stakeholders on this point in order to enable PCCC members to make an informed decision (this would be under our duty of public involvement and consultation (s.14Z45)).

Blakeney branch surgery estate

A site visit was organised to all three HMP facilities in January, kindly supported by the practice team. This included the chair and vice chair of the Committee, head of finance (representing the executive director of finance), the director of primary care and the associate director of primary care estates from the Integrated Care Board. Healthwatch Norfolk was also in attendance.

The associate director of primary care estates has provided information for inclusion in this paper.

Holt Medical Practice (Kelling)

Total reimbursable space for the practice demise within the building equals 1,186 m2 and is the sixth largest GP premises (out of 155) within Norfolk & Waveney. The site is owned by Primary Health Properties (PHP) and leased to the practice under a 21 year fully repairing and insuring lease which will end in 2043. At this point there is no reason to believe the lease will not be extended beyond this period and it is normal practice for primary care premises to be leased on a maximum of 20 to 25 year period. The wider site offers the ability for future expansion if required.

The building itself is in a good state of repair, has compliant clinical rooms and offers a flexible space for the practice to deliver services from. This site has benefited from recent investment from PHP and the NHS via capital works to extend the building. These works were completed in 2022 and in total cost £1.7m which was split approximately £1.0m NHS contribution and £0.7m PHP contribution. The partners have also invested in the building (not all costs are reimbursable by the NHS) and have seen increased ongoing running costs associated with the extended premises. This level of investment underlines the importance of the facility in the area.

Holt Medical Practice (Melton Constable)

Melton Constable site is owned by the GP partnership and has net internal area of 185 m2. This makes the site one of the smaller premises within the ICB but the premises was refurbished in 2021 and offers clinical rooms to higher specification compared to many other buildings of a similar age. The premises has also recently benefited from further investment from the GP partnership via a new roof. Although physically (and operationally) unable to offer the flexibility of the main practice site, the ability to offer six clinical rooms means the property still enables the practice to deliver a scale of service and outreach from the main site.

Holt Medical Practice (Blakeney)

Blakeney site is owned by the GP partnership, has net internal area of 76m2, houses two clinical rooms and is one of the smallest premises within the ICB. The consulting rooms are small when compared to modern standards, they don't meet infection prevention and control standards, and it is not possible to move around the couch, for example to perform adequate examinations or to perform cardiopulmonary resuscitation (CPR).

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, noting it has been rated as Red for Functional Suitability when independently inspected in 2021. 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. There is no space bordering the site that could be expanded onto nor is the local parking suitable to manage an increase in patients attending the facility.

With limitations of the existing building and the capacity available within other sites, then capital investment into the Blakeney site from the ICB would be unlikely, compared to alternative schemes across the ICB footprint where there is existing capacity shortfall.

Considerations in decision-making

PCCC has the authority to decide on the application. When the committee makes the decision, it does so following the NHSE Policy Guidance Manual, the ICB's Advice Note 3: Branch Closures, and with the ICB's statutory duties in mind.

- S.14Z35 – Duties as to reducing inequalities in access and outcomes.
- S.14Z43 – Duty to have regard to the wider effect of decisions (the triple aim)
- S.14Z44 – Duty to have regard to the need to comply with climate legislation. Consideration should be given to the guidance from NHS England.
- S.14Z45 – Duty of public involvement and consultation
- S.149 - Equality Act – Public sector equality duty

The General Medical Services (GMS) contract with HMP is for the services provided to its whole population, as such we need to bear in mind the impact of any decision on all patients registered with the practice, as well as the people living locally to Blakeney Surgery. In doing so we have to ensure the practice can continue to meet the reasonable needs of its patients.

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).*

Equality impact assessment

Both the practice and the ICB have undertaken an equality impact assessment (EIA) 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, 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. While the practice population is not deprived overall, the data may mask pockets of rural deprivation.

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 Holt which travels across the practice's area for patients who need to be seen face to face but are housebound.
- 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-displinary team.
- Online medication ordering facility, either via the NHS App or patient access.
- Certain vulnerable patients, who struggle with online access, are able to telephone to order their prescriptions.
- 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.

In addition, the ICB's EIA suggested to us further work may be beneficial on the practice's proposed medication collection service to understand what might be needed for groups, such as those who are digitally excluded, or those who are carers. This ties in with the above patient engagement section, which suggests there was less detailed information collected on the practice's proposed mitigation. Working with local voluntary organisations, such as those who provide transport, was also highlighted as a potential action.

A clinical quality risk assessment (CQRA) has also been drafted. This highlights 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.

ICB strategic plans

Our Joint Forward Plan commitment is to build the resilience of primary care. For general practice, the aim is to support the development of integrated neighbourhood working, something which our ongoing Community Services Review is designing in conjunction with our local clinicians and providers.

National policy for general practice centres on the following areas:

- The delivery plan for recovering access to primary care, specifically implementing the modern general practice access model, cloud-based telephony, Pharmacy First and Digital services through the NHS App.
- Developing services through the PCN (primary care network) and at scale services, such as providing enhanced care to care homes, enhanced access appointments through hubs in the evenings and on Saturdays, social prescribing and structured medication reviews.
- Each PCN has developed an access improvement plan, in line with national requirements. HMP is in a PCN along with Sheringham and Fakenham practices.
- The PCN plan includes ensuring cloud-based telephony is in place across all practices, reviewing online consultation systems, improving local feedback on access through the Friends and Family Test, and their patient participation groups.

Considering the wider impact of decisions

ICB officers have written to a wide range of health and care service providers to understand the potential for impact on the services they provide to patients of the Holt Medical Practice, should the Blakeney branch surgery close. This included 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.

Not all responses have been received at the time of writing, therefore a verbal update will be provided in the meeting.

Duty to have regard to climate legislation

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. 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.

HMP covers a very rural area in North Norfolk, and there are challenges for many of its rural communities in accessing public transport. There is a hopper bus serving Blakeney from neighbouring villages, however there is no direct bus journey from Blakeney to Kelling or Melton Constable, as reported in previous papers. There are local charities that provide volunteer drivers to transport people to appointments, as well as other settings, for a small charge.

Census data from 2021 compares vehicle ownership in North Norfolk to other areas in the UK and Norfolk. North Norfolk has the oldest average population at 50.1 years and has a vehicle ownership level of 85.4%. While this is not broken down to Blakeney, we have assumed similar levels. The Norfolk Joint Strategic Needs Assessment from April 2021 notes the average in Norfolk to be 67%, which is higher than the England average of 58%.

Patients have the option of contacting the practice online or by telephone, and appointments can also be offered remotely when clinically appropriate.

Options for committee to consider

1. To agree the application to close the Blakeney branch surgery.
2. To reject the application to close the Blakeney branch surgery.
3. To defer the decision and consider further public involvement by the ICB to understand patient views on the practice proposal to provide a residual medication collection service in Blakeney to inform the decision.

While the practice provided a comprehensive application, it is noted, due to the community's principle wish for a return to consultations out of Blakeney Surgery, the public focus has remained strongly on this outcome. As a result, there was less detailed feedback collected relating to the possibility of closure of Blakeney Surgery and mitigation (i.e., for the proposed medication collection service). However, ICB officers believe this is an important part of the engagement process and would suggest further ICB public involvement with local stakeholders on this point in order to support PCCC members in any decision.

Option 3 is the recommended option and would allow ICB officers, as commissioners, to collect further feedback from local people on the practice's proposed residual service of a medicines collection service.

If this is agreed, the practice would be offered an opportunity to refresh their submission before it is brought back to committee for decision, along with ICB officers' final recommendation.

The proposed timeline would be to commence engagement with local stakeholders following the Committee meeting to inform how the engagement is undertaken, with a view to undertake supplementary engagement work in early March. Then to bring the application back to committee for final decision on 23 April (with papers being published a week before).

Recommendation to Committee:

PCCC members are invited to approve a recommendation to:

- Defer a decision on the HMP application to close the branch surgery at Blakeney until 23 April
- To undertake further ICB public involvement under its duty of public involvement and consultation, to explore the practice's proposed mitigation to offer a medication collection service in Blakeney.

If this recommendation is approved, the intention is to list the application for decision at a committee meeting to be held on 23 April.

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 in future. There are no clinical or quality concerns about the services HMP provides to patients.
Finance and Performance:	The ICB has no concerns about the performance of HMP and patient feedback about their experience of using their services is 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.
Impact Assessment (environmental and equalities):	Both the practice and the ICB has undertaken an EIA. Further engagement is recommended as set out in the paper before a final decision is made. Concern about carbon footprint was raised in the consultation. 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 housebound patients, which reduces patient travel for this reason. Community transport options could also be explored. The NHS net zero aim places responsibility on NHS to ensure primary care estates are energy efficient.
Reputation:	There is significant local 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
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)	

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

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.

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. There have been no appointments at BS since March 2020.

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.

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

[1] Practice Boundary | Holt Medical Practice (holt-practice.nhs.uk)

of Duncan Baker. This was then reinforced within our consultation document[2] and the presentation[3] we gave at the Public Meeting on 1st August 2023.

In summary:

1) <u>General HMP Misc</u>

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 14,250 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 Salthouse.[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 is purpose built –** Holt Surgery 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]

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,

[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

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 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.

- 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 08.00 – 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 provided from BS (or indeed from our other branch surgery at Melton). As you can see from the data[13], 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. It is worth noting the difference in the range of services provided from Holt Surgery to Blakeney Surgery.[14] This is the way that HMP has 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

[12] Opening Hours | Holt Medical Practice (holt-practice.nhs.uk)
[13] Appendix A11 – appt data H, M & B 2015 – 2019 (tab, Blakeney Jan 15 - 19)
[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)

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 be a **corresponding reduction in available services and appointments from Holt and Melton Surgeries**. Staff would need to be diverted from Holt 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 Model of Primary Care** - 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

[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)

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 possible from Holt to either branch surgery. However, at Melton, with six clinical rooms, a single GP can supervise numerous members of staff. BS only has 2 clinical rooms.

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 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) <u>BS Premises – Current Footprint</u>

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.[19] 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.[20]

b) **Surveyors Report** - The ICB asked Chaplain Farrant to undertake a survey of all branch surgeries in 2021.[21] The report on BS identified the need for £41,000 + VAT to be spent on

[19] Appendix A13 – Sites in N&W Smaller than BS
[20] Appendix A14 – N&W Surgeries with 2 or More Sites
[21] Appendix A15 - Chaplin Farrant Report on BS

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. As the report was compiled in 2021, these estimated costs will since have increased. The report highlighted the need for investment in a building that is not currently deemed fit for purpose.

c) **Investment** – the above Report suggested a minimum investment of £116,000 was needed to bring BS (on its existing footprint) up to acceptable standards. We have enquired of the ICB estates team whether or not there would be any NHS England funding available towards future improvements at BS. We are led to believe, based on the criteria applied by NHS England for investment in estates, that there would not be. Furthermore, any NHS England funding, were it to be secured, would only be up to a maximum of 66%, requiring a further 33% investment (minimum) from elsewhere.

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.

Alongside any investment in expansion or improvement to enable them to continue, there are associated and ongoing costs. For Holt Surgery, since the extension and expansion, the running costs have now increased to reflect the increased space that needs heating, lighting, and maintaining. If Blakeney were to receive initial capital investment, there would be associated ongoing (or increased) 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) 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. One of the report's recommendations is to 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.

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.[22], [23] HMP objected[24] and North Norfolk District Council ("**NNDC**") ultimately rejected the application in May 2023.[25] 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.

[22] Appendix A16 – BPC Ltr to NNDC Applying to register BS as an ACV
[23] Appendix A16a – BPC Application FORM to NNDC to register BS as an ACV
[24] Appendix A17 – Ltr from HMP to NNDC Objecting to Registering BS as an ACV
[25] Appendix A18 – Ltr from NNDC to BPC rejecting application to register BS as a ACV

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.[26] PCNs are focused on hub-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 not 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.[27] 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.[28] 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. [29]

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

[26] North Norfolk PCN - Norfolk & Waveney Integrated Care System (ICS (improvinglivesnw.org.uk)
[27] The future of general practice (parliament.uk)
[28] North Norfolk Site Allocations (north-norfolk.gov.uk) & Proposed Submission Version (Regulation 19 Publication) Local Plan (north-norfolk.gov.uk)
[29] Appendix A19 – N&W ICB Estates Capacity and Growth Chart

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)

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 growth[30] (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 Surgery's footprints, that HMP could still offer more than the required m² per patient, as recommended by NHS England.

The recent improvements and expansion at Holt Surgery have also created a net increase of 4 clinical rooms.

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) <u>Partnership Finances/Future</u>

a. **Recruitment of GP Partners** – there is currently a national shortage of GPs. Newly qualified 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. Holt recently failed to recruit for an additional salaried GP role, which has never happened before.

b. **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:

    a. Operationally – two GP Partners could not run a GP practice the size of HMP. We are a well 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.

[30] Appendix A20 – N&W Estates Future Capacity without BS

b. 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.

c. 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.

c. **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.[31] 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.

d. **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.

e. **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.

[31] Appendix A21 – Blakeney and Melton Valuation September 2019

Section B

Patient Consultation and Engagement Phase

In accordance with national guidance[32], 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.[33]

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 phase[34] 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.

[32] Appendix B1 – ICB Advice Note 3 on Branch Closures
[33] Appendix B2 – Blakeney data capture – Activity from 09.02 – 31.03
[34] Appendix B3 – Plan for Patient engagement

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

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**[35] 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**[36] were available at feedback stations all three sites with **comment cards**[37] 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**[38] 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**[39] 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**.[40]

[35] Appendix B4 – HMPs Blakeney Survey
[36] Appendix B5 – Photos of Comments Box Stations
[37] Appendix B6 – Comments card template
[38] Appendix B7 – Website landing page
[39] Appendix B8 – QR Code Poster
[40] Appendix B9, B10, B11 – FB posts Blakeney Parish Council, Steffan Aquarone, Martin Batey

- **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**[41] 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**[42]**, emailed**[43] **or written**[44] to, to make sure they were aware of the consultation and the range of engagement opportunities.
- **Patients with Learning Difficulties** were **written to individually**[45] and provided with an Easy Read copy of the consultation document[46] and survey[47] along with a pre-paid return envelope.
- **Care home residents and housebound patients** were **written to individually**[48] and provided with a copy of the survey, consultation document and pre-paid return envelope. **Care home managers** were also **written** to[49], encouraging them to support their residents with the opportunity.
- Our **PCN** remained fully appraised 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**[50] 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**[51] were updated twice with relevant information about the consultation, engagement and when the survey went live. **Flyers**[52] were placed in bags of medication collected in the lead up to the consultation and the survey.

[41] Appendix B12 – Poster - A3 - Healthwatch Drop In Sessions
[42] Appendix B13 – Text message to patients
[43] Appendix B14 – Email to patients (with no mobile)
[44] Appendix B15 – Letter to patients (with no email or mobile)
[45] Appendix B16 – Easy Read Letter
[46] Appendix B17 – Easy Read Consultation Document
[47] Appendix B18 – Easy Read Survey
[48] Appendix B19 – Letter to care home resident
[49] Appendix B20 – Letter to Care Home Managers
[50] Appendix B21 & B22 – Posters: Save the Date Public Meeting & General Blakeney Surgery
[51] Appendix B23 & B24 – RHS Script Update & RHS Script Update 2; Live Survey
[52] Appendix B25 – Flyers in Medication Bags

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 report[53] 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, Salthouse, Stiffkey, Wiveton, Cley and Weybourne. This amounted to 3% of our patient population.

BPC conducted a survey[54] (with the assistance of Healthwatch) that ran from 5th May to 16th June 2023. The report[55], 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**[56] 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).[57] 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.

[53] Appendix B26 – Duncan Baker Blakeney Surgery Survey Report 2023
[54] Appendix B27 – BPC Survey Results
[55] Appendix B28 – Healthwatch Report on BPC Survey
[56] Appendix B29 & B30 – First Proforma Letter & Second Proforma Letter
[57] Appendix B31 – Save Blakeney Surgery Petition Letter & Summary of Results

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

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 compliment 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.

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

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 cards[58] 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 HMP[59]. 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

[58] Appendix B32 – Comment Card Responses and Locations
[59] Appendix B33 – HW Report on Drop-in Sessions

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

- 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

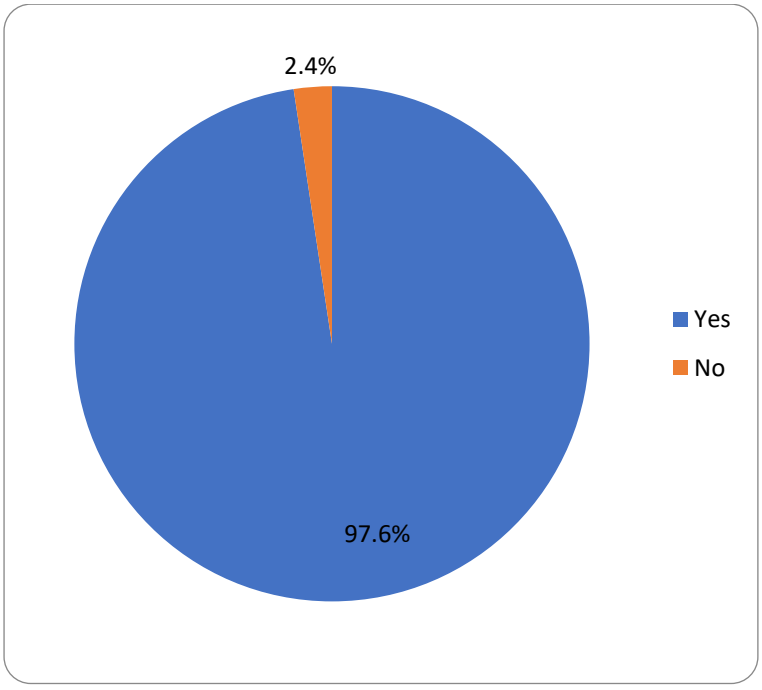
- 34 people were spoken to, 4 surveys were completed, and 6 comments cards were completed between 10 and 12noon on Thursday 7th September @ Blakeney Village Hall

- 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.[60] 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.

[60] Appendix B34 – HMP Survey Results RAW (from Healthwatch)

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

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

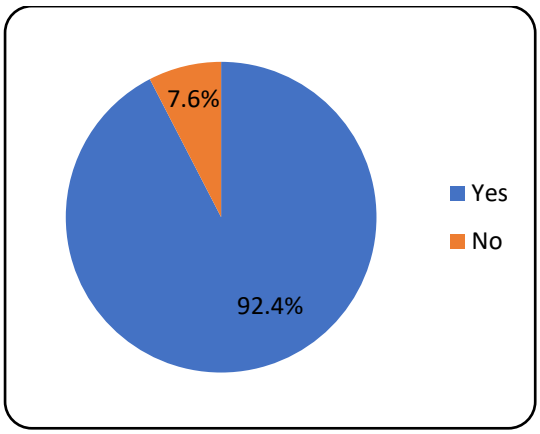
The data shows that over half of responses came from the NR25 7 postcode area. BS is within this area. Almost a quarter of responses came from the NR25 6 area, which includes Holt Surgery. 12% of responses came from the NR24 2 area, which includes Melton Constable Surgery. Maps showing these areas have been generated for the reader's ease of reference.[61]

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

[61] Appendix B35 – Maps of 3 Main Postcode Areas of Survey Respondents

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

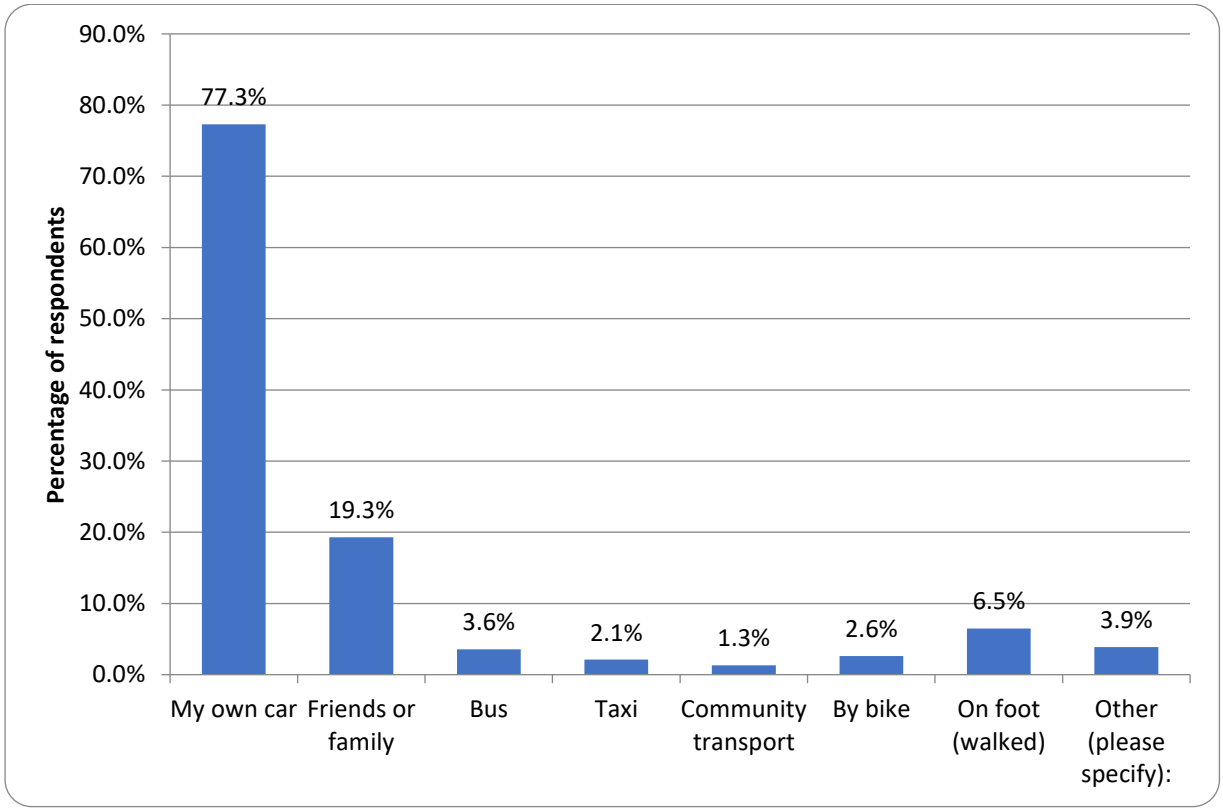
3. In the last 3 years have you gone to either Holt or Melton Surgery for an appointment?



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.



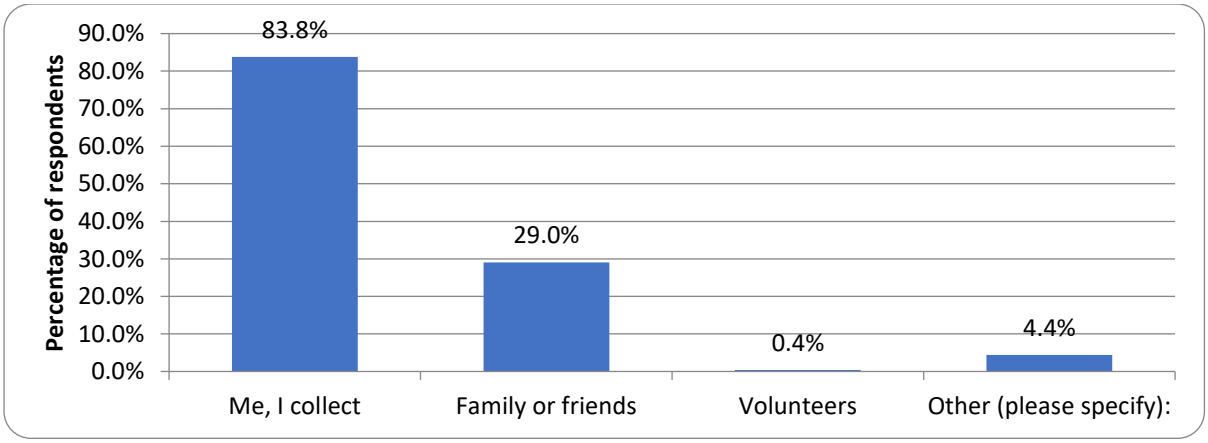
Holt Medical Practice – Application to Close a Branch Surgery: Blakeney Surgery

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**

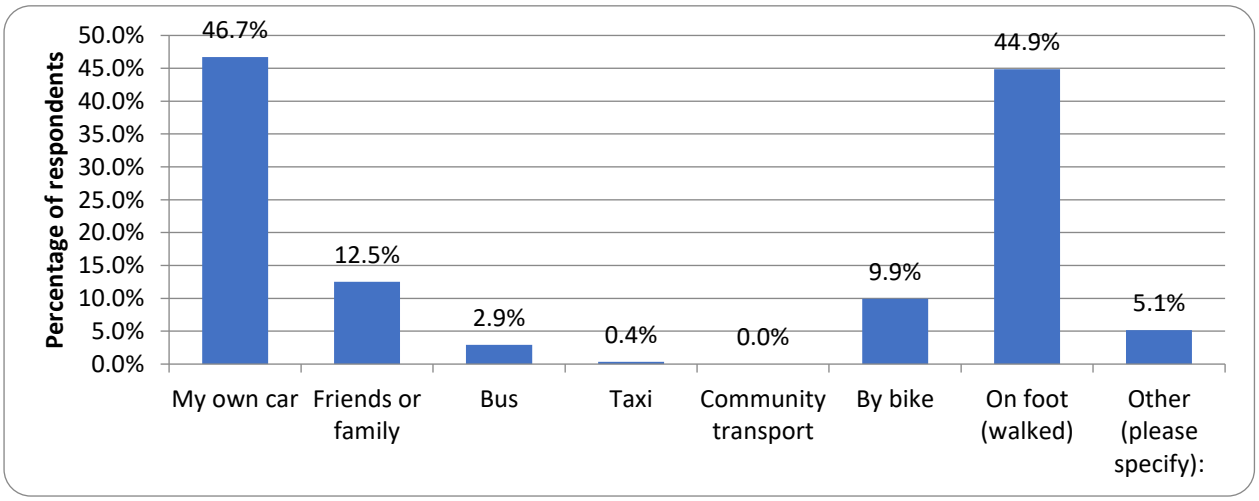
The data showed that approximately 2/5ths collected regular medication from Blakeney Surgery, with the other 3/5ths confirming that they did not.

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".

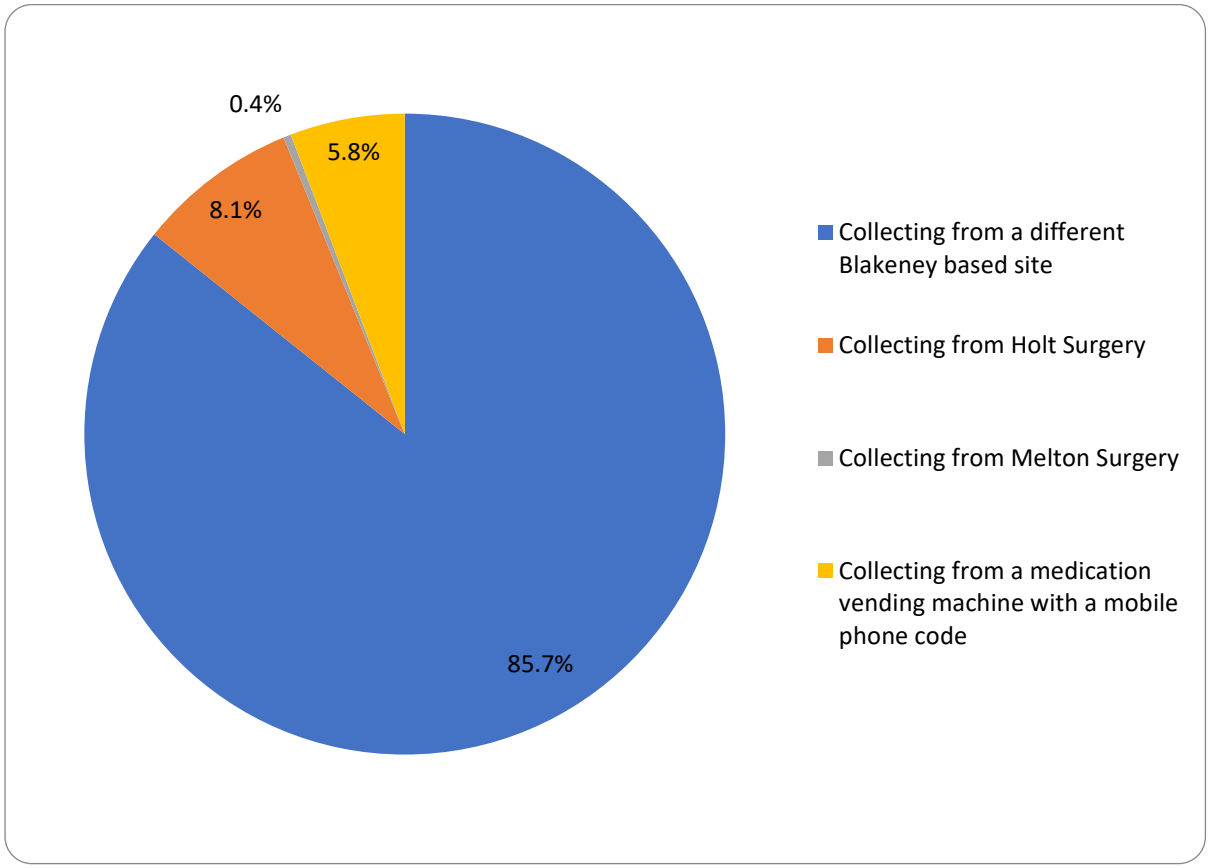
Holt Medical Practice – Application to Close a Branch Surgery: Blakeney Surgery

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.

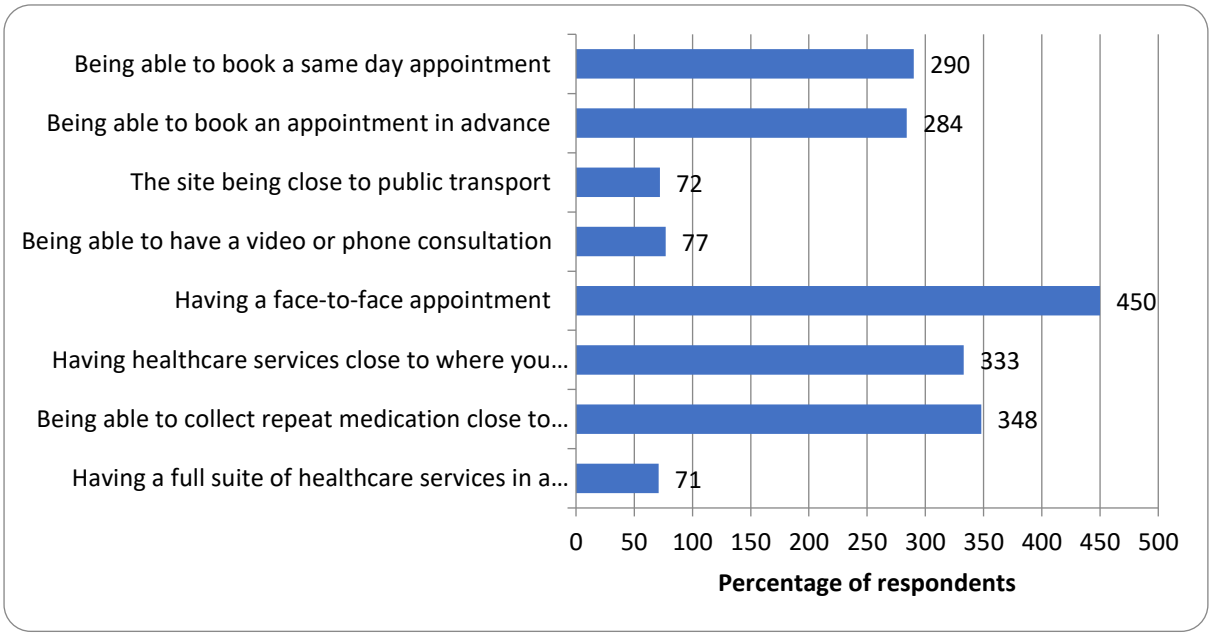
Holt Medical Practice – Application to Close a Branch Surgery: Blakeney Surgery

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.

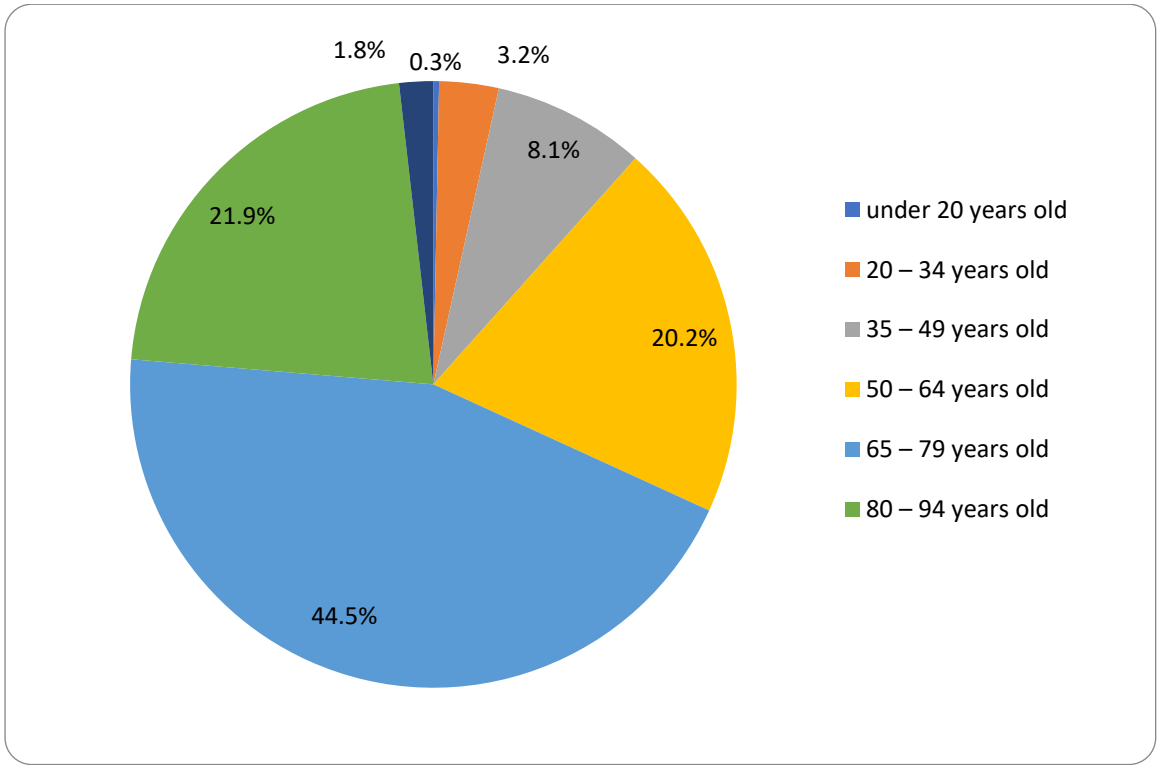
Answer Choice		Response Percent	Response Total
1		100.0%	418
		answered	**418**
		skipped	**254**

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.

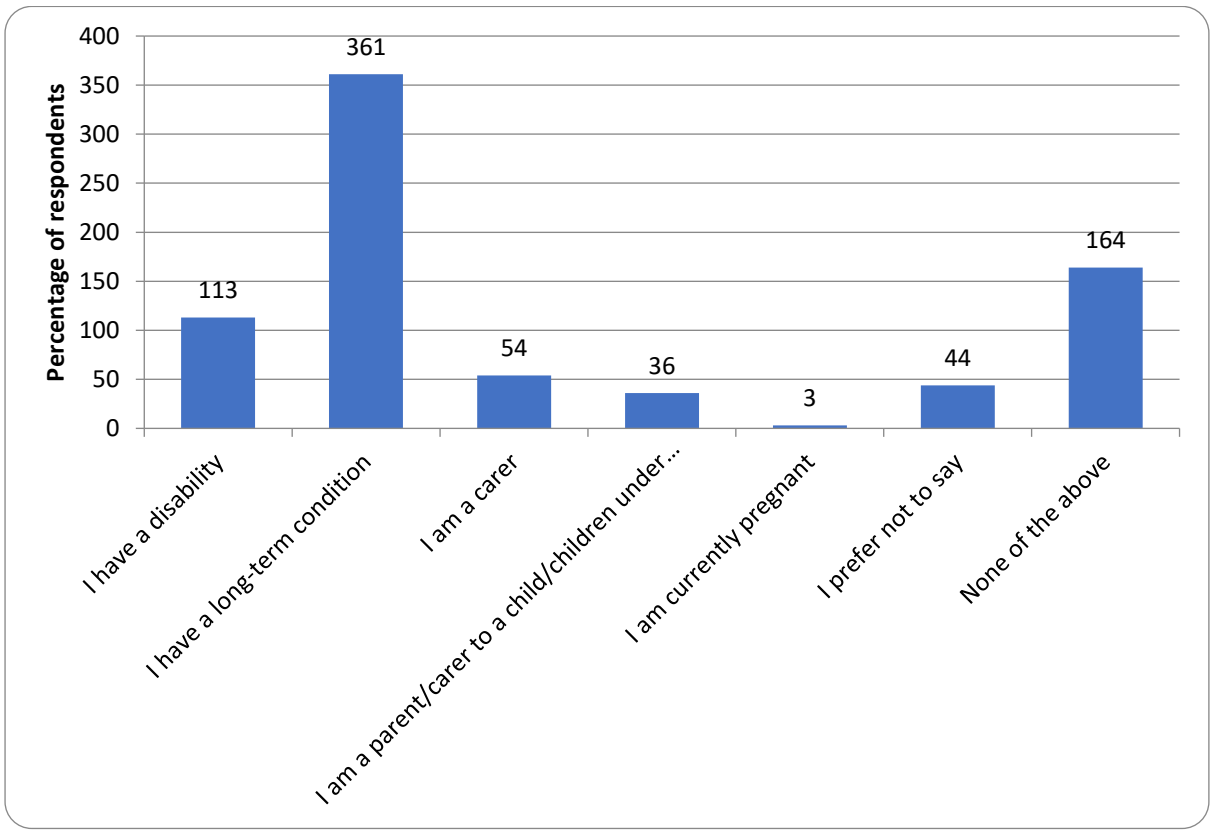


Holt Medical Practice – Application to Close a Branch Surgery: Blakeney Surgery

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/carer 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.



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.[62]

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*

[62] Appendix B36 – HW Report on Patient Engagement Phase

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."

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…"

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."*

"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*

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

Section C

Conclusions & Mitigation

It has been 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.

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.

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

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 £80,000. The investment required to rebuild on a larger footprint, would be hundreds of thousands of pounds. 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 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.
- **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.

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.

<u>Bespoke Blakeney</u>

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.

<u>Reasonable Healthcare Needs of our Population.</u>

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.

- 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 cost to HMP but ensures excellent service.

    - 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.

<u>New Mitigation if BS Closes</u>

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** (such as The Glaven, Blakeney Garage or the Harbour Rooms) to explore whether it would be possible to host medication collections from these alternative sites. 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.[63] We could provide a member of staff to assist with the staffing and running of the service from these sites at the outset, and ongoing training of any third parties able to man the service on into the future.

- 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.

- 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.

- 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.

[63] Prescriptions at the Village Shop - The Wilbrahams, Great Wilbraham, Little Wilbraham and Six Mile Bottom

We want to work with the local community to find a way to help with any impact the potential closure of BS may have. Once a formal decision on this application has been made, we are hopeful this will be possible.

In final summary – we remain extremely aware of the disappointment some will feel with our continued wish to close BS. However, we believe that we have a responsibility to proactively manage the finite resources of our business in the way we believe will carry the widest benefit and protect the ongoing quality of the healthcare we provide to our current and future patients.

The Partners,
Holt Medical Practice,
16th January 2024

Outline plan for Holt Medical Practice's Patient Engagement regarding the application to close Blakeney Surgery

	Date	Description
PRE - Patient Engagement	Various	Planning meetings with Healthwatch & ICB to shape and agree timeline and approach
	Once approved (ASAP)	Proactively share engagement plan with key stakeholders, councillors, and volunteer organisations. Promote (as below) date and venue for public meeting.
	ASAP	Shape and create website content & hard copy patient information – explaining Holt Medical Practice's reasoning behind the application to close Blakeney Surgery and addressing some of the known concerns and questions.
Patient Engagement Phase	1st August to 30 September	Stage 3 - HMPs official patient engagement period starts
	1st August 2023	Public Meeting (with independent Chair provided by Healthwatch) in Blakeney Village Hall, 5-6.30pm
	14th August – 30th September	Holt Medical Practice's patient survey goes live
	14th August – 30th September 3 separate dates (TBC)	Drop-In Sessions @ Holt, Melton, and Holt Library – run by HW
	14th August – 30th September	Comments boxes in each Surgery and dedicated email address become available for patient communications
POST - Patient Engagement	October	Responses to the above along with all hard copy emails, letters etc to be collated and analysed by HW and HMP
	November - December	Stage 4 - Holt Surgery to prepare and submit its Formal Application including a summary of the consultation feedback.
	January - February in 2024	Stage 5 & 6 ICB and PCCC to make final decision on application.

How will Holt Medical Practice ensure that as many patients as possible are informed of the situation and able to share their views on this topic?

- We will seek HW approval of the timeline and approach which will be developed with their assistance.
- Once HW have approved a version, ICB & HOSC will be provided with a copy for their information.
- We will ensure our PPG is aware of and engaged with the timeline and approach.
- We will contact all MPs, CCs, DCs and Parish Councils within our area as soon as dates and venues are agreed for the public meeting to give advanced warning and options to reserve seats. We will provide posters to support their publication of the same.
- We will involve HW in approving/helping to shape the content of the public facing information: website/leaflets and the survey questions
- We will text all patients for whom we have mobile numbers a link to the website page containing background information, patient engagement timeline and engagement options. A link to the survey will be text separately when it goes live

- We will ask local community Facebook pages to share a summary post with relevant links
- Hard copies of the Survey and Public Information will be available for collection (and return) from Holt, Melton and Blakeney Surgeries
- We will provide boxes at all Surgeries, clearly labelled, where comments or completed surveys can be posted anonymously
- We will put posters promoting the public meeting and the engagement period and process on our display screens in all our waiting areas and a hard copy at Blakeney Surgery.
- We will send hard copies of the public information and patient survey to all housebound and care home residents.
- Drop-in sessions at Holt, Melton and Holt Library will allow patients the opportunity to discuss their concerns in person, with an independent third party, or to have someone else complete the Survey on their behalf whilst they are present.
- Healthwatch will provide a number that patients can call to complete the survey on the phone should they wish.
- We will provide a dedicated email address for any patients who wish to email us with their thoughts or comments on the subject.
- Easy Read versions will be sent to any patients with LD, and a link to the same will be available on the website (and available in printed form on request).
- Large Print, Translated and Brail hard copies of the Survey can be made available on request.

Key stakeholders to include in engagement

- Current registered patients (all 3 branches)
- The PPG
- Blakeney Parish Council
- Holt Parish Council
- Melton Constable Parish Council
- All other PCs within out catchment area
- Neighbouring medical practices to our boundary
- The LMC
- Local MPs and Councillors covering all three practice sites
- Holt Caring Society
- The Glaven Centre
- Care Homes within our Area
- Healthwatch Norfolk
- HOSC

Communications channels

- **Holding page and embedded PDF document on the practice website** widely circulated to key stakeholders setting out headlines of the engagement plan and process (Blakeney Surgery Public Consultation | Holt Medical Practice (holt-practice.nhs.uk).
- Information and Survey on the Practice **website** including details of how patients can access printed copies of both. An Easy Read version will be available online.
- **Posters** in all 3 practices (printed and digital screen) – raising awareness of the Public Meeting.
- **Posters in all 3 practices raising awareness of the Survey**

- **Printed copies** of the Information, Patient Survey and Easy Read versions will be available to pick up (and drop off) at each surgery
- **Written letter** to all housebound and care home patients (enclosing the patient information and printed survey with self-addressed envelope).
- **Text** to all patients informing them of when the website and information was available to view and a second text when the survey goes live.
- Include information/link to survey along with **prescriptions** (have a postcard sized note you could provide alongside the prescription?) and add information to the **RHS of all scripts**.
- **Posters and social media posts** all local parishes, the PPG, any local community groups you've identified to enable them to spread the word
- Consider if possible to publish **articles** in any local parish magazines (depends on print deadlines)
- **Emails** to any affected service providers, key stakeholders and other neighbouring Surgeries and in PCN to advise that engagement commencing and request for feedback from them as a stakeholder (what is the impact on them if the closure proceeds/your mitigations for patient access)?
- **Discussion** – at North Norfolk Practice Management Group – providing an update and open channel for any queries or concerns anybody has regarding the process.

PAST Patient Engagement by Third Parties (not involving HMP) raising awareness of the application and collating local feedback

Date	Description
Nov 2022	Glaven Valley Article and Template Response for patients to return
March 2023	Blakeney Parish Meeting – DB attended – topic Closure of Blakeney Surgery
March 2023	**Duncan Baker Campaign and Survey** Blakeney Surgery | Duncan Baker
18 April 2023	Ltr from DB to 1900 constituents in and around Blakeney and update on Facebook page containing the same with link to survey Facebook
25 April 2023	Article in North Norfolk News Blakeney Surgery could close after application submitted | North Norfolk News
12 May 2023	DB Facebook Page update and Radio Norfolk article
17 May 2023	Article in NNN - Closure of Blakeney Surgery set to 'cut-off' elderly residents | North Norfolk News
7 June 23	Article in North Norfolk News Blakeney Surgery closure: Public to get say on controversy | North Norfolk News
May 2023 – June 16th	**Healthwatch Survey** – in conjunction with Blakeney, Cley, Wiveton, Salthouse, Morston, Weybourne Parish Councils The-Future-of-Blakeney-Surgery-PRINT-SURVEY-May-2023.pdf (blakeneyparishcouncil.org.uk). Was available in hard copy and online at PC websites AND on HW website Have your say on the future of Blakeney Surgery - Healthwatch Norfolk

Holt Medical Practice's application to close Blakeney Surgery

Holt Medical Practice has applied to the Norfolk and Waveney Integrated Care Board for permission to close one of its three sites: Blakeney Surgery.

We understand the concern that this has raised with many of our patients, and particularly those local to Blakeney Surgery and who still use it as a site for medication collections. It is not a decision we have taken lightly, and we have given it long and careful thought. We feel it is a sensible business decision and the only realistic option for the wider Practice to remain robust and resilient in the evolving and demanding NHS.

We will shortly begin a period of public engagement that will run until to 30th September 2023.

During this period, we aim to make sure all patients are given the opportunity, should they wish, to share their views and participate in the discussion. This engagement phase is being run with the assistance of Healthwatch Norfolk.

We will use this period to:

- Explain why we are considering closing Blakeney Surgery and explore the impact this may have on all our patients.
- Discuss what the future could look like, should our application be declined; and
- Carefully consider how Holt Medical Practice and the community, might mitigate the impact of closure should our application be approved.

Timeline – Patient Engagement Phase
1st August to 30th September

Making a Plan	Public Information	Public Meeting	Patient Survey	Drop-in Sessions
Now & Ongoing Working with Healthwatch to agree the timeline and approach to the engagement phase to ensure objectivity along with wide and meaningful patient engagement.	1st August 23 An information leaflet and web page will be made widely available explaining the Practice's reasons for making the application, the possible outcomes and the ways we might be able to mitigate the impact for our patients.	1st August 23 @ Blakeney Village Hall 5 - 6.30pm Independently chaired All patients and stakeholders welcome.	14th August 23 All patient survey Will be available on-line and in printed copy. Closing date - 30th September.	14th August - 30th September - dates TBC @ Holt Surgery, Holt Library and Melton Surgery Staffed by Healthwatch

All patients and stakeholders are welcome and invited to attend the meeting in Blakeney on 1st August, to listen, and to share their views with us.

From 1st August, patients will also be able to share their thoughts with us by emailing a dedicated address (nwicb.blakeneypatientengagement@nhs.net) or by leaving written comments at any of the three Surgeries in a comments box. Any correspondence sent to the Surgery via mail should be addressed FAO Katie Franklin.

We will update this page with more information over the next few weeks as the engagement phase evolves.

We look forward to hearing from you.

The Partners,
Holt Medical Practice

OneNorwich Practices

Suggested approach from Liz Chandler, Scrutiny and Research Officer

To review what led to the collapse of OneNorwich Practices (ONP) and the recommissioning of services previously provided by ONP.

1.0 Purpose of today's meeting

1.1 To examine the reports from Norfolk and Waveney Integrated Care Board (N&WICB) and regarding the collapse of OneNorwich Practices (ONP) and the recommissioning of services that it provided. A report has also been provided by David White, Interim Chair of ONP (October 2023 – January 2024) for information purposes. The reports are attached at **Appendix A.**

1.2 Representatives of N&WICB and David White will be in attendance to answer Members' questions.

2.0 Previous reports to NHOSC

2.1 This is the first time this topic has been reviewed by NHOSC. In the February 2024 edition of the NHOSC Briefing, a link to information regarding the new contracts for four ONP services on N&WICB's website was provided.

2.2 At NHOSC's meeting in June 2023, the committee examined the results and recommendations of N&WICB's public consultation on the future of the Norwich Walk-in Centre, Vulnerable Adults Service – Inclusion health Hub and GP Practice on Rouen Road, Norwich – all of which were at the time provided by ONP.

3.0 Background

3.1 OneNorwich Practices was commissioned by N&WICB to deliver primary medical services in Norwich and the surrounding areas. This included the provision of Norwich Practices Health Centre, the Norwich Walk-in Centre, the Vulnerable Adults Service (VAS), a lymphoedema service and asthma in schools pilot, as well as other targeted patient services.

3.2 In October 2023, ONP announced it would be closing due to financial issues.

3.3 In December 2023, N&WICB announced that North Norfolk Primary Care had been awarded a caretaker contract for the Norwich Walk-In Centre, VAS and registered patient list of Norwich Practices Health Centre until March 2025. Norfolk Community Health and Care NHS Trust (NCH&C) was awarded a

caretaker contract for the Lymphoedema Service until the service contract ends in April 2026.

3.4 Concern was expressed about the seemingly sudden collapse of ONP with calls for a public enquiry into what happened:

- Calls for inquiry over collapse of OneNorwich Practices | EDP
- Norwich walk-in centre firm to close over finances | BBC
- OneNorwich Practices announcement | Healthwatch Norfolk

3.5 In December 2023, the VAS was recognised for its work in raising awareness, encouraging engagement and ensuring the wellbeing of the local population when the team came first in the Clinical Improvement – Public Health and Prevention category at the annual GP awards in London. See: Healthwatch Norfolk.

4.0 Suggested approach

4.1 The committee may wish to discuss the following areas with N&WICB representatives:

- Request further information on NHS policies and procedures relating to private contracts as detailed in point 6 of N&WICB's report.
- Request information on what will happen to these services when the current interim contracts expire.
- Request further information about the services previously supplied by ONP that do not form part of the new interim contracts.

5.0 Action

5.1 The committee may wish to consider whether to make comments or recommendations as a result of today's discussion.

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Norfolk and Waveney
Integrated Care Board

Agenda item: 7

Subject:	**OneNorwich Practices**
Presented by:	
Prepared by:	**Emma Bugg, Associate Director of Primary Care Network Development, Norwich**
Submitted to:	**Norfolk Health Overview and Scrutiny Committee**
Date:	**21 March 2024**

Executive Summary:

The report provides members of HOSC with information related to:

- The terms of the contract with OneNorwich Practices to include a list of all the services it provided.
- What led to the collapse of OneNorwich Practices (ONP)
- Whether services provided by ONP have continued in some form, and if so which organisations are providing those arrangements.
- Whether there have been any changes made to any services that are now being delivered by other providers, and in particular the Walk-in Centre and Vulnerable Adults Service.
- The impact on staff formerly employed by ONP.
- How the N&WICB offers reassurance that there are robust management and governance measures in place at other services it contracts out to private providers.
- What the N&WICB is doing to ensure that a similar situation does not arise in the future.

Report

1. Terms of the contract with OneNorwich Practices and list of the services provided

OneNorwich provided a mix of services commissioned by the ICB and ones through other arrangements, as outlined below:

Service			Term	Requirement(s)
ICB directly commissioned services	Alternative Provider Medical Services (APMS)	Walk in Centre service	30 June 2024	Providing primary medical services, including minor illness and injury those who need it whether registered at another practice, or not registered with the NHS at all.
		Health Centre		Providing primary medical services to a registered population of almost 11,000.
		Vulnerable Adults (Inclusion Health Hub)		Enhanced primary medical support to people with a complex range of needs. Inclusion health services are for people who are socially excluded and likely to experience stigma and discrimination, live chaotic lives, typically experience multiple overlapping risk factors for poor health, and are not consistently accounted for in electronic records.
	Asthma in Schools Pilot		August 2023	Dedicated resource to provide clinics and admin support
	Lymphoedema		30 April 2026 +2 years	Lymphoedema Service to patients registered with a GP in the Central Norfolk Locality.
Services delivered by ONP through other arrangements	Norwich Primary Care Network Additional Roles Reimbursement Scheme employment		Yearly review	Norwich PCN Agreement - Employment of Additional Roles Reimbursement Staff
	Proactive Healthcare Locally Commissioned Service - Home visiting		Unknown	Commissioned by some of the practices in Norwich
	Proactive Healthcare Locally Commissioned Service – Respiratory		Unknown	Commissioned by some of the practices in Norwich
	Weight Intervention Service		Unknown	Arrangement with Oviva, commissioned provider (sub-contracted by Oviva).
	Care Homes at Scale (Enhanced Health Care in Care Homes / Primary Care Network Directed Enhanced Service)		Unknown	Arrangement with some of the Norwich PCN member practices
	Clinical Research		Unknown	Arrangement with the NIHR Clinical Research Network East of England (CRN EoE). Deliver contracted research projects.
	Norwich Primary Care Network Support		Yearly review	Norwich PCN Agreement - Management and coordination functions for PCN

It is also useful to note that many of the practices in Norwich were shareholders of ONP and all practices in Norwich were members of the PCN. Further details of those are available via *OneNorwich Practice, Annual Report 2022*

2. What led to the collapse of OneNorwich Practices

Several areas may have contributed towards the collapse of OneNorwich Practices, however not all of these will have been known to the ICB. We note that the Chair of OneNorwich will be in attendance at the meeting and may be able to provide further information.

Discussions began with all relevant parties and the ICB wrote to the Board of ONP in April 2023 which asked ONP to confirm:

- Assurance that robust risk management processes were in place and appropriately managed.
- Communication and engagement plans for stakeholders, including staff and practices were developed and implemented.

Over the following weeks, colleagues working for ONP undertook a broad review of the organisation and plans to address improvements were drafted.

In October 2023 the Directors of ONP and the ICB agreed the best way forward, to project services for patients and jobs for staff, was to transition staff and services to other providers and close down the organisation. From that point forward the ICB and ONP worked closely to safeguard the continued provision of these services so patient care was not impacted, and the wellbeing of its staff was protected.

The ICB will arrange for an independent review to be undertaken to ascertain what the ICB can learn as commissioner of the service.

3. Have all of the services provided by OneNorwich Practices been recommissioned? If so, who is now providing these services and what are the terms of these contracts?

<table>
<tr><th colspan="3">Service</th><th>Current provider and additional information</th></tr>
<tr><td rowspan="4">ICB directly commissioned services</td><td rowspan="3">Alternative Provider Medical Services (APMS)</td><td>Walk in Centre service</td><td rowspan="3">• North Norfolk Primary Care has been awarded a care-taker contract from 11 December 2023 with an expiry date of 31 March 2025.
• TUPE applied and staff transferred.
• Formal Procurement to be undertaken during 2024.
• No change for patients.</td></tr>
<tr><td>Health Centre</td></tr>
<tr><td>Vulnerable Adults</td></tr>
<tr><td colspan="2">Asthma in Schools Pilot</td><td>• Pilot has ceased.
• TUPE not applicable.
• Learning shared with Children & Young People’s Team.</td></tr>
<tr><td colspan="2">Lymphoedema</td><td>• Norfolk Community Health & Care (NCHC) from 1 January 2024. NCHC provided service in West Norfolk.</td></tr>
</table>

		• TUPE applied. • No gaps in service for patients.
Services delivered by ONP through other arrangements	PCN Additional Roles Reimbursement (ARRs) employment	• Interim hosting arrangements of ARRs staff by NCHC. • Anticipate changes as a result of Norwich PCN reviewing its future configuration and plans.
	Proactive Healthcare LCS - Home visiting	• Interim hosting of existing staff by NCHC to cover West Norwich, Norwich North and East Norwich. • TUPE applied. • Central Neighborhood opted to run own service – TUPE did not apply. • No change for patients and contract remains with Norwich practices.
	Proactive Healthcare LCS – Respiratory	• Service ceased. • No substantive posts associated with this service. • Patient access continues via general practice and contract remains with Norwich practices.
	Weight Intervention Service	• Patients absorbed into Oviva, commissioned Provider. • Staff sought alternative employment as TUPE did not apply.
	Care Homes at Scale (Enhanced Health in Care Homes / PCN DES)	• Service ceased. • Staff already working across numerous services so redundancy avoided. • PCN DES contract remains with Norwich practices
	Clinical Research	The research hub successfully transferred to NNPC on 11 December 2023.
	PCN Support	PCN Clinical Directors and Practice colleagues are undertaking support functions until longer-term arrangements are in place. Plans are currently being developed and implemented.

4. Has there been any changes to any services that have been recommissioned? (There are particular concerns around the Walk-in Centre and VAS services in relation to asylum seekers.)

North Norfolk Primary Care have taken over these services via a Care-taker contract arrangement, with effect from 11 December 2023, and there are no changes to what has been commissioned. This arrangement remains in place until 31 March 2025.

A new procurement process will be undertaken throughout 2024 and we would welcome hearing any specific matters from HOSC colleagues to support this process.

5. What impact has the closure of OneNorwich Practices had on staff?

A total of 113 staff, formerly employed by ONP, have been transferred to NNPC and NCHC, depending on the relevant service.

Some employees also opted to seek alternative employment during the transition period (October 2023 – 31 December 2023). Despite this all services were able to continue to operate during the transition phase, due to the efforts and tenacity of staff.

ONP's Management Team met with staff representatives weekly to keep them informed and other relevant stakeholders (ICB and Norwich Primary Care Network Leaders attending those, where appropriate).

6. Can N&WICB offer reassurance that there are robust management and governance measures in place at other services it contracts out to private providers?

GP practices are independent contractors which are contracted to provide services to the NHS. It should be noted that understanding the financial resilience of independent contractors isn't straightforward, as we don't have a contractual right to ask for this level of information.

As a commissioner, the ICB is not in receipt of the financial information of its contractors, and the ICB is not responsible for the financial viability of any organisation, nor any subsequent arrangements (financial or otherwise) within a wider group of companies/partners with whom the ICB does not directly commission services.

As referenced earlier in the report, the ICB will arrange for an independent review to be undertaken to ascertain what the ICB can learn as commissioner of the service.

7. What is N&WICB doing to ensure that a similar situation does not arise in the future?

We are naturally keen to do all we can to prevent a repeat of this situation and encourage any service providers having concerns to raise those at the earliest possible stage with us.

We will continue to consider how soft intelligence can supplement performance data and we will continue to consider the wider impact commissioning decisions might have on the sustainability of a provider. This is of heightened importance as we develop more integrated services.

We are also engaging with regional colleagues, from NHS England and other ICBs to share knowledge and lessons learned.

The learning we gain as a commissioner of the service, from the independent review, commissioned by the ICB in due course, will also be used, as appropriate.

We will continue to progress with work and plans in relation to 1 of the 8 ambitions, for local improvements, captured in the Norfolk & Waveney Joint Forward Plan 2023-28, which is *Primary Care Resilience & Transformation. ‘’* The aim is to integrate primary care services to deliver improved access to a wider range of services from a multi-disciplinary team. This will deliver more proactive care, preventing illness and improving outcomes, for local communities closer to home’’.

Norfolk Health Overview & Scrutiny Committee
21st March 2024

OneNorwich Practices / Norwich Practices Limited

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1. Norwich Practices Limited (NPL) was incorporated in January 2007 to bid for and ultimately provide shared clinical services and contract acquisitions to support the majority group of NHS medical practices in Norwich.

2. In December 2019, the Company merged with a couple more Norwich practices after an option appraisal around future organisation configuration. This revised configuration of member practices to form the current Norwich Practices Limited agreed to trade under the style of OneNorwich Practices.

3. During the 2020/21 financial year, OneNorwich Practices became the delivery vehicle of Norwich Primary Care Network (PCN), supporting the PCN with the provision of support services, development of a joint transformation team and the delivery of certain clinical services under Provider Managed Service (PMS) funding streams.

4. This larger business continued the existing service contracts of NPL and also successfully acquired other service contracts in the early years such as the Lymphoedema services, Weight Intervention Tier 3 service, and work jointly with the PCN on the delivery of vaccination services and provision of COVID support services using the Walk in Centre and Health Centre facilities based in central Norwich.

5. In the financial year for 2020/21, the company recorded a small surplus position alongside a significant level of deferred income derived from previous NPL activity. However, in the following two years, the company's financial position was to deteriorate with a significant increase in expenditure against a declining income base in real terms. The scale of the overspending position was masked by the growth of PCN income in this time but with no official separation in accounts until later financial years, the scale of marked decline in the company reserves was not officially recorded until accounts of year ended March 2023.

6. The company entered the 2023/24 financial year with a recurrent financial shortfall of around £1.8m. Although measures were introduced from May 2023 to reduce the financial deficit by £500,000, the cash flow was not sufficient to keep trading until end of this financial year without short term financial assistance and addressing all service contract shortfalls built up over several years.

7. By October 2023, following extended negotiations and requests for additional financial support from the Norfolk & Waveney Integrated Care Board (ICB), the Board agreed to the commissioning of an immediate restructuring approach.

8. The Directors attribute the failure of the Company to:

   a) Previous inadequate management and financial controls for the company during the period February 2020 to April 2023 when significant losses were incurred due to very high locum staff costs, and the non-recovery of costs incurred on specific service contracts, and the investment in shared staffing resource with the PCN against a background of a reducing contractual income baseline over several years.

   b) The Company's financial reserves were used to fund this trading shortfall but subsequently diminished the cashflow resilience by September 2023 to accommodate any further contract income shortfalls or historical clawbacks on Health Centre and Walk in Centre service income levels required by ICB.

c) Lack of any financial uplift applied to the Company's major service contracts with the former Norwich and Waveney CCG and subsequent ICB dating back to 2009 and 2016 respectively, alongside the continuation of loss-making care home support service provision, a lack of new referred work for the Weight Intervention service contract and the historical underfunding of the Health Centre and Walk in Centre service contract.

d) A significant accumulated recorded debt built up over a number of years with the PCN because of the non-separation of finances until July 2023.

9. Between June 2023 and September 2023, the company made a significant funding case to the ICB around redressing the existing financial arrangements associated with major service contracts and a request for short term financial cash flow support until June 2024. When this funding case was not fully supported by the ICB, the Board of Directors took the advice from the Interim Finance manager and commissioned an immediate assessment of the company's solvency position from a firm of insolvency practitioners, Poppleton & Appleby. This assessment confirmed that the company was insolvent on the basis that;

a) There was insufficient cash flow to maintain existing operational services beyond December 2023.

b) Company liabilities were far greater than the company assets to trade on as a going concern without the continued financial support of the ICB.

c) On the back of this assessment, a process immediately commenced with the key organisation stakeholders (ICB and PCN) to find suitable “caretaker" providers to transfer the services provided by OneNorwich and to seek alternative arrangements for the services provided to Norwich PCN.

The process was concluded by the 1st January 2024 with the majority of services and staff being transferred to new NHS service providers, thus both ensuring continuing provision of NHS services as well as mitigating significant contingent claims for breach of contract and redundancy costs.

The OneNorwich Board remained in existence over this transition period and, as such, formally appointed Poppleton & Appleby on 12th January 2024 to oversee the completion of the insolvency process and officially close the company. A shareholders meeting held on 30th January 2024 agreed this course of action.

Signed: David White
Interim Chair, ONP (October 2023 – January 2024)

Norfolk Health Overview and Scrutiny Committee

Proposed Forward Work Programme 2024/25

ACTION REQUIRED

Members are asked to consider the current forward work programme:

- whether there are topics to be added or deleted, postponed or brought forward
- to agree the agenda items, briefing items and dates below.

NOTE: These items are provisional only. NHOSC reserves the right to reschedule this draft timetable.

Meeting dates	*Main agenda items*
9 May 2024	**Maternity services** An overview of maternity services in Norfolk and Waveney. To include any impact from the Ockenden and East Kent reviews. **NSFT** Update on the mortality data action plan.
11 July 2024	**Speech and language therapy** An overview of speech and language therapy services in Norfolk and Waveney. **Malnutrition** A review of malnutrition in Norfolk following Future Health's report Hiding in Plain Sight and the Public Health and N&WICB strategies in place to tackle it.
5 September 2024	**TBC**
7 November 2024	**TBC**
16 January 2024	**TBC** **FWP workshop**

Information to be provided in the NHOSC Briefing 2023/24
Members may wish to consider updates about agenda items that do not warrant a return to a formal meeting or preliminary information about topics that they may wish to examine at a future meeting for inclusion in the NHOSC Briefing.

April 2024	- **Ambulance service** – annual update from East of England Ambulance Service NHS Trust (EEAST) following its attendance at NHOSC in March 2023. **TBC.**
	- **Children's neurodevelopmental disorders** - waiting times for assessment and diagnosis - update requested at NHOSC meeting July 2022.
June 2024	- **Dentistry** - six-month update on the progress of the Urgent Treatment Service and an overview of the provisions provided by the Community Dental Service (agreed at NHOSC meeting November 2023) (see also below).
	- **NSFT community mental health services** – annual update following briefing in April 2023 on community mental health services with particular reference to the REST Hubs.
	- **Long Covid update** – update of data and services provided for people with long Covid. **TBC.**
August 2024	- **Cromer Hospital** – overview of services are provided at Cromer Hospital.

Future topics for consideration (meeting or briefing):

- Major Trauma Unit (MTU) at the Norfolk and Norwich Hospital - update.
- Proposed closure of Manor Farm Medical Centre in Narborough - update.
- Menopause Services – an update following the NHOSC meeting in January 2023.
- Same Day Emergency Care Units – an overview of SDEC at the three hospital trusts and how target waiting/treatment times are recorded in relation to A&E data.
- Prescription Ordering Direct Service – update on replacement service in the autumn.
- Wellbeing support for NHS staff – overview of wellbeing support for NHS staff.
- New hospitals programme.
- PICU – was due to return to JHOSC in April 2023.
- LGBT+ health services – discuss with Healthwatch Norfolk.
- NHS healthchecks – Liz to provide an overview in first instance.
- Dentistry, pharmacy and ophthalmology – April 2025. Update following two years of transfrer of responsibility fron NHS England to N&WICB. Liz to update on dentistry as updates at N&WICB/Primary Care Commissioning Committee (PCCC) meetings as they occur.

NHOSC Committee Members have a formal link with the following local healthcare commissioners and providers:

Norfolk and Waveney ICB	-	Cllr Fran Whymark
Queen Elizabeth Hospital, King's Lynn NHS Foundation Trust	-	Cllr Julian Kirk
Norfolk and Suffolk NHS Foundation Trust (mental health trust)	-	Cllr Brenda Jones
Norfolk and Norwich University Hospitals NHS Foundation Trust	-	Cllr Lucy Shires Substitute: Clllr Jeanette McMullen
James Paget University Hospitals NHS Foundation Trust	-	Cllr Jeanette McMullen
Norfolk Community Health and Care NHS Trust	-	Cllr Lucy Shires

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