

Health Scrutiny Committee

20 July 2016

Provision of GP services in Hopton and Stanton

Summary

1. This item considers arrangements for the current and future provision of primary care services in Hopton and Stanton in West Suffolk.

Objective of Scrutiny

2. The objective of this scrutiny is to provide the Committee with information about changes to the provision of primary care services at Hopton and Stanton GP surgeries, including developments to date, current position and arrangements for ensuring that patients served by this practice can continue to access the services they require.

Scrutiny Focus

3. The scope of this scrutiny has been developed to provide the Committee with information to come to a view on the following key questions:
 - a) Who is responsible for which aspects of the decision making in relation to the provision of primary care services for patients served by the Hopton and Stanton GP surgeries?
 - b) What were the GPs contracted to provide at Hopton and Stanton prior to December 2015 and has this changed?
 - c) What has been done to assess the impact upon patients of the sudden cessation of GP appointments and dispensing services at Hopton in December 2015 and what is being done to mitigate this impact?
 - d) How many GP appointments were offered by the practice i) prior to December 2015 and ii) post December 2015?
 - e) What services are still being provided from the Hopton surgery and how many patients are accessing these?
 - f) What has been done to assess how patient numbers are forecast to change for this practice catchment area and what does this show?
 - g) What was the outcome of the proposed options appraisal/feasibility study due to be completed by the end of June 2016?

- h) What has been done to assess the potential impact of the transfer of all Hopton services to Stanton in January 2017 including:-
 - i) for the patients served by the practice (both surgeries), including their access to services?
 - ii) for the local community?
 - iii) for the local health economy, including other practices serving surrounding catchment areas
 - i) What are the next steps for developing the proposals for future provision?
 - j) What are the arrangements for ensuring that patients' views are integral to the development of the proposals for future provision?
 - k) What are the timescales and process for formal consultation and decision making?
4. Having considered the information, the Committee may wish to:
- a) comment upon the information provided;
 - b) make recommendations to NHS England and/or the West Suffolk CCG;
 - c) seek assurance that no further services will be withdrawn from Hopton surgery without prior consultation with the Committee;
 - d) request that the Suffolk Health Scrutiny Committee is formally consulted upon proposals for ensuring patients of the Hopton and Stanton practice can continue to access the services they require, prior to the closure of the existing Hopton surgery in January 2017.

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Background

Previous scrutiny of the provision of GP services (18 March 2016)

- 5. On 18 March 2015, the Committee considered a paper on current challenges for general practice and the steps being taken to secure high quality GP services to meet the needs of Suffolk patients now and in the future. A link to the reports presented to the Committee can be found at: <http://tinyurl.com/gtcq7jm>. The Committee received evidence from NHS England, Ipswich and East Suffolk CCG, West Suffolk CCG, Great Yarmouth and Waveney CCG, Healthwatch Suffolk and the Care Quality Commission.
- 6. In summary, the Committee heard that GP practices, nationally and locally, were experiencing a range of pressures including financial pressures, increasing demand for services from changing demography and patients with more complex conditions, local housing growth, and problems with the recruitment and retention of GPs. A range of steps were being taken to help to address these challenges.

7. Although overall patient experience was reported to be good for Suffolk, there were some inconsistencies and the ability for patients to get an appointment with a GP was reported to be problem in some areas. Practices were looking at initiatives to help to address this, for example by extended opening hours and initiatives such as “Doctor First”, which provided patients with an opportunity to speak to a GP on the telephone as a first step, potentially averting the need for a GP appointment. It was reported that the role of GP practices was evolving with practices moving towards a multi-disciplinary team approach, providing an opportunity for patients to be seen by a range of professionals such as nurses or community healthcare staff, depending upon their needs. However, it was reported that some patients were less willing to engage with this approach, still preferring to wait for an appointment to see their GP.
8. The Committee understood there were many potential reasons why newly qualified Doctors were not becoming GPs. Examples included workload pressures, cost of buying in (for example to the premises) or not wanting to commit to a certain locality.

Background to the position at Hopton and Stanton Practice

9. The Hopton and Stanton practice is located in West Suffolk and currently operates from two sites approximately 4 miles apart. The surgery at Hopton is attached to the home of the former senior partner. The practice has been aware for some time of the senior partner’s planned retirement, and that the Hopton surgery would not be available in the longer term as the surgery accommodation is attached to his family home.
10. In January 2015, NHS England made informal contact with the Business Manager for the Suffolk Health Scrutiny Committee, to advise that the Area Team was working with the Hopton and Stanton practice to look at re-provisioning the capacity requirements, and seeking advice on the length of public engagement. It was unclear what this re-provisioning might look like, or the timescales involved, but a number of options were being explored.
11. Under the Health Scrutiny Committee regulations NHS bodies are required to consult health scrutiny about any proposal which they have “*under consideration*” for “*substantial development or variation*” in service provision. The guidance states that a variation in service is unlikely to be held to be “*under consideration*” until a proposal has been developed. What is considered “*substantial*” is very much a judgement call for members of the Committee, taking into consideration issues such as changes in accessibility of services; the impact on patients using the service now and in the future, the impact on the wider community and local feelings about the proposal. The duty to consult health scrutiny should be seen in the context of the separate NHS duties to involve and consult the public.
12. Following the request for advice, views were sought from the Chairman and Vice-Chairman of the Committee, as well as local members regarding local feeling. Feedback indicated there was a growing awareness amongst the local population about a potential change to their local health provision, but people understood there was a commitment from the GPs to maintain a service in Hopton. However, there was a lack of public information available about what was to happen or when. In light of this, it was suggested an early meeting

should take place involving local stakeholders to clarify the position. A request was made to provide an update to Health Scrutiny Committee on the next steps and timescales for the development of proposals for the service, as this information became available. NHSE confirmed that their Communications Team would be supporting the practice by taking forward an engagement process with patients.

13. In December 2015, the Chairman was advised by the local councillor that GP and dispensary services at Hopton had been closed to patients on 14 December, at short-notice with limited communication to patients. It was unclear from the information available how long this arrangement would be in place, or what the plans were to ensure that patients could continue to access the services they required. As a result, the Committee requested an update on the position for its meeting on 21 January 2016.
14. The Committee was informed that, from 14 December 2015, the space available to the practice at Hopton had been reduced to one clinic room as the additional space was needed for use as a dental practice. The GP practice had been advised at short notice and had therefore needed to reduce the service provided from Hopton to a nurse-led service only as they were not able to safely provide all existing GP and dispensing services from this reduced space.
15. The practice had made arrangements for all GP appointments to be provided from the Stanton surgery and the Stanton surgery timetable had been rearranged to accommodate more clinical sessions within the day. The Committee was advised that the practice had confirmed there would be no reduction in the number of appointments available to patients and had written to patients residing in Hopton and put up notices, both online and in the practices, regarding the recent change in services from the Hopton surgery.
16. The Committee was informed that the practice had submitted an updated Project Initiation Document (PID) for a new build surgery in Hopton to the NHS England Locality Premises Development Group and the East wide Premises Oversight Group, for review in January 2016. If supported, the practice would need to develop an Outline Business Case (OBC) for the project. The partners had advised that they were not in the position to fund the development themselves and were seeking agreement from NHS Property Services (NHSPS) to develop the surgery. The Committee was advised that the practice would keep patients and local interested parties informed of progress through regular updates and notices.
17. The Committee asked to be kept informed of proposals and progress towards developing a solution and requested a further update for its next meeting on 14 April 2016.
18. On 14 April 2016, the Committee was informed that the revised Project Initiation Document for a new build surgery in Hopton had been approved by NHS England in January 2016 to move to Outline Business Case (OBC), subject to further additional information, for example about additional housing development planned in the area and the potential impact on the numbers of patients attending the Stanton and Hopton surgeries.
19. Despite concerns that access to national funding for the project may be difficult, NHS England had agreed to fund the costs of an options appraisal/feasibility study from national Primary Care Infrastructure Funds to support the practice to

develop this scheme further. This work would include looking at options for the whole practice population. Agreement had been reached to extend access to this funding pot to allow for completion of the work by 30 June 2016. West Suffolk CCG had identified a Project Manager to undertake this work on behalf of the practice.

20. The Committee was informed that work was also taking place with Healthwatch Suffolk and with the support of local Councillors to encourage the practice to set up a collection and delivery service for medicines and to help to develop the Patient Participation Group for the practice.
21. On 26 April 2016, the Hopton and Stanton surgeries issued a press release announcing that the partners had concluded that the only viable way forward for the practice would be to transfer all Hopton services to Stanton, with a focus on improving services there to serve all 4900 patients. The change would see service stop in Hopton in January 2017. A copy of the press release is attached as Evidence Set 1.
22. The Committee is concerned that this sudden announcement and apparent lack of consultation or public information, has left uncertainty for the patients served by both surgeries, about the arrangements for their current and future access to primary care services.

Main body of evidence

23. Evidence Set 1 is a copy of the press release “Stanton and Hopton – the future of primary care services” issued 26 April 2016.
24. Evidence Set 2 has been provided by NHS England and the West Suffolk Clinical Commissioning Group to address the key areas for investigation set out at paragraph 3.

Supporting information

Hopton Draft Development Brief; Available from:

http://www.hoptonsouth.co.uk/draft_development_brief.html.

St Edmundsbury Borough Council Rural Vision 2031; Available from:

<http://tinyurl.com/j3wkpgx>

Glossary

CCG – Clinical Commissioning Group

GP – General Practitioner

NHSE – NHS England

PID – Project Initiation Document

PPG – Patient Participation Group

