

Health Scrutiny Committee

12 October 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 Committee previously considered the issue of primary care provision in Hopton and Stanton on 20 July 2016. The objective of this further scrutiny is to provide the Committee with an update on progress, responses to questions the Committee asked and further information relating to issues which were unresolved at the time of the previous scrutiny.

Scrutiny Focus

3. The scope of this scrutiny has been developed to provide the Committee with responses from NHS England and the West Suffolk Clinical Commissioning Group to the following requests and recommendations that the Committee made at its meeting on 20 July 2016:
 - a) To request that NHS England and the West Suffolk Clinical Commissioning Group provide a further report to the next meeting of the Committee on 12 October 2016, setting out:
 - i. what steps had been taken by NHS England and West Suffolk CCG to avoid the situation which arose in Hopton and Stanton arising again as a result of any future changes to primary care services;
 - ii. clarity about who is responsible for timely and appropriate communications with patients and the local community for any future changes to primary care provision;
 - iii. an update on proposals for the future provision of primary care services at Hopton and Stanton, and an explanation of the rationale to support the chosen course of action and rejection of alternative solutions;
 - iv. details of how community leaders, the local population and patient groups have been involved in developing these proposals and what further involvement is planned;

- b) To recommend to NHS England that the business process flow diagram for the development/improvement of primary care premises should be amended to include steps for the involvement of the local community, stakeholders and potential partners who may have an interest in developing shared accommodation at the early stages of discussions;
 - c) To recommend that action is taken to develop the Patient Participation Group for the Hopton and Stanton GP Practice;
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;

Contact details

Theresa Harden, Business Manager (Democratic Services);
Email: theresa.harden@suffolk.gov.uk; Tel: 01473 260855 or
Katherine Bailey, Democratic Services Officer,
Email: Katherine.bailey@suffolk.gov.uk; Tel: 01473 260132

Background

Background to the position at Hopton and Stanton Practice

- 5. The Hopton and Stanton practice is located in West Suffolk and operates from two sites approximately 4 miles apart, the surgery at Hopton being attached to the home of the former senior partner. For some time the practice has been aware of the senior partner's planned retirement, and that the Hopton surgery will not be available in the longer term as the surgery accommodation is attached to his family home.
- 6. 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.
- 7. 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.
- 8. 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.

9. 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.
10. 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.
11. 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.
12. 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.
13. 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.
14. 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.

15. 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.
16. 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.
17. 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 was provided to the Committee at its meeting on 20 July 2016.
18. The Committee, which scrutinised the matter on 20 July 2016, heard evidence from the CCG, NHS England, Healthwatch, the local County Councillor and two local residents who spoke during the public participation session. It was concerned that the NHS had failed to engage in a meaningful way with patients and the local community on changes to primary care provision in Hopton and Stanton and, as it considered that co-commissioning of GP services by both NHS England and the CCG had resulted in a lack of clarity about responsibility and accountability, it asked which of these organisations was responsible for public engagement regarding proposed changes to primary care provision.
19. The Committee also heard that Healthwatch had been working with the practice to develop a Patient Participation Group, but this had not yet met, all correspondence being by email, and the medicine collection and delivery service was not yet operational.
20. Members heard that the practice had recently withdrawn from the bid for a new build surgery in Hopton because the business case had been predicated on the full time occupation of the building by the practice, which was not realistic. The Parish Council, working with a developer, had offered to provide a building to be used by the surgery, but this proposal had also recently been rejected by the practice. It was unclear why the practice had rejected the Parish Council's proposal, or whether the option of sharing the premises with other providers had been considered.
21. The Committee decided that it wished to reconsider the matter of primary care provision in Hopton so that it could receive responses to the issues that had been identified, be informed of developments in the provision of primary care in Hopton and Stanton, and be reassured that decisions had been taken in consultation with patient groups and the local community, and after full consideration of all the available options.

Main body of evidence

22. Evidence Set 1 and Appendices 1 and 2 have 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/j3wkpqx>

Glossary

CCG – Clinical Commissioning Group

GP – General Practitioner

NHSE – NHS England

PID – Project Initiation Document

PPG – Patient Participation Group

