

Report to the Somerset Primary Care Commissioning Committee Meeting on 7 December 2020

Title: Minehead Medical Centre – Irnham Lodge Branch Surgery Closure	Enclosure E, Ei, Eii, Eiii, Eiv, Ev, Evi
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Version Number / Status:	1
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Summary and Purpose of Paper

The purpose of this paper is to present a branch closure application submitted by Minehead Medical Centre to the Somerset Primary Care Commissioning Committee.

Recommendations and next steps

The Somerset Primary Care Commissioning Committee is being asked to approve a recommendation to permanently close the Irnham Lodge branch surgery from 30 June 2021 subject to the following conditions:

1. Engagement
2. Sizing
3. Parking
4. DDA compliance

(See section 4 for full details of conditions)

Following consideration, the Primary Care Contracting team will notify the practice of the application outcome as soon as possible in writing and make the practice aware of any next steps required.

Impact Assessments – key issues identified

Equality	An equality impact assessment has been completed as part of the completed satisfactory Quality Equality and Equity Impact Assessment (QEEIA). It shows a neutral impact for all the protected groups (see Enclosure Evi – EIA tab)
Quality	There will be no impact to the quality of services. The expectation is that the practice continues to offer a high quality service to the registered population.
Privacy	N/A
Engagement	Some patient and public engagement has been undertaken by the practice however the ability to do this to the level that it would normally be expected have been hindered by the restrictions in place around the Covid-19 pandemic. Evidence has been submitted in support of the application. A summary statement around the engagement undertaken can be found in Enclosure Ev.
Financial / Resource	There is no direct impact on finances as a result of the closure or this report.
Governance	N/A

or Legal				
Risk Description	N/A			
Risk Rating	Consequence	Likelihood	RAG Rating	GBAF Ref

MINEHEAD MEDICAL CENTRE – IRNHAM LODGE BRANCH SURGERY

1. INTRODUCTION

- 1.1. The purpose of this paper is to present a branch closure application submitted by Minehead Medical Centre (MMC) to the Somerset Primary Care Commissioning Committee.
- 1.2. The Somerset Primary Care Commissioning Committee is asked to review and comment on the application and agree the recommendations.

2. CONTEXT

- 2.1. MMC is situated in the town of Minehead, 21 miles North West of the Somerset county town of Taunton and has a registered list of 13,137 patients. The contract is operated at the main surgery (Harley House) in Minehead and a branch site (Irnham Lodge), also in Minehead.
- 2.2. The Irnham Lodge branch surgery is located only a very short distance of 322 ft by road from the main surgery. This site is not owned by the partners and the branch closure application was prompted by the agreed sale of this property by its owners. The sale of the property has since fallen through but the branch closure application is proceeding in line with the deadline of 30 June 2021.
- 2.3. MMC have been granted planning permission with conditions attached to develop and extend the Harley House site which would allow them to concentrate all services from the one site going forward.
 - Condition 1: this is a standard time limit applied to all planning approvals.
 - Condition 2: this condition links the approval notice with the drawings submitted.
 - Condition 3: this condition requires submission of samples of the exterior materials so that these may be agreed with Somerset West and Taunton. Copy attached - see Enclosure Ei.

Details of the extension of premises will go through the CCG estates sub-group as is usual practice.

3. BRANCH SURGERY CLOSURE APPLICATION

- 3.1. The application, the Somerset Primary Care Commissioning Committee is being asked to consider is attached as Enclosure *Eii* (original application) and *Eiii* (revised application).

Patient Engagement and Stakeholder Feedback

- 3.2. The proposed branch closure will change the way patients access services so it is essential the practice and CCG discharge the duty to consult and engage with the public on the proposed changes.

- 3.3. Due to the Covid-19 pandemic the way that normal engagement takes place has not been possible on this occasion. With limited numbers of patients attending the practice there has not been opportunity to engage with patients face to face whilst they attend the surgery. Patients are not using the waiting areas where normal engagement opportunities would present e.g. physical questionnaires, posters, electronic message screens due to Infection Prevention & Control measures practices are taking.
- 3.4. MMC identified that flu clinics presented an opportunity to physically engage with patients as they would be coming into the surgery. It was also noted that these are some of the most vulnerable patients so likely to be more affected by any changes to the way services are delivered.
- 3.5. At the flu clinics MMC have been handing out copies of their newsletter which includes a survey QR code and details of the changes to patients and have been on hand to take any questions or hear any concerns raised in relation to this.
- 3.6. The newsletter/survey has been emailed out to 3,192 patients who have given their consent to being contacted and the details are also on the practice website and telephone message.
- 3.7. Posters with a QR link to the online survey are also displayed at both sites as well as outside the building at Irnham Lodge.
- 3.8. Additional engagement activity undertaken as detailed by MMC included:
- 16/01/2020 – Primary Care Network (PCN) Meeting Representatives from West Somerset PCN Practices (Supportive of move)
 - 24/01/2020 – Patient Participation Group (PPG) AGM (PPG Very positive and supportive)
 - 20/03/2020 - PPG meeting (PPG Meeting cancelled due to Covid-19 - email to group)
 - 24/06/2020 - Meeting with Parish Counsellor (Dunster/Carhampton/Blue Anchor) (Mr P J Positive and supportive)
 - 04/08/2020 - Interview on local radio to discuss closure of ILS and development of HH Aimed at Local Residents
 - 06/08/2020 - Email update to PPG regarding branch closure PPG Offer of use of the old hospital rooms and site during the build if needed from the chairman.
 - 07/08/2020 - Email update to PCN Practices with an offer to meet to discuss our plans further. (West Somerset PCN Colleagues Responses all supportive.)
- 3.9. A statement from MMC in response to the online survey is attached as Enclosure Eiv. This addresses suggestions for a new purpose built surgery, one way system at Harley House and, additional waiting areas. It does not however provide analysis into the patient responses.

- 3.10. It addresses the car parking issue by detailing the free on street parking in Banks Street & nearby residential streets and the large paid car parks in Alexandra Road and Summerland Road.
- 3.11. It also confirms that the surgery is close to two bus stops locally and they will also look to increase the number of spaces to lock bicycles after the development is completed.
- 3.12. A summary of 20 responses to the questionnaire was provided by the practice which detailed that 16 out of 20 people who had responded had no significant concerns over the proposed move to a single site. The 4 responses that expressed concerns were in relation to car parking, being able to fit all services into one site and a preference to have a purpose built site.
- 3.13. The Patient Participation Group (PPG) supported the proposed closure of Irnham Lodge but highlighted ongoing concerns over car parking. (Copy of PPG statement in Appendix 1 of the Application to Close a Branch Surgery Premises.)
- 3.14. Two nearby practices also responded to details shared around the future developments, both of which had no concerns regarding the closure.
- 3.15. Somerset Local Medical Committee (LMC) fully supports the proposal to close the branch surgery and consolidate services from one site as the sites are extremely close together and confirmed that, 'given adequate room at Harley House, this will improve the range of services for patients in one place'.
- 3.16. The Clinical Director of the West Somerset Primary Care Network (PCN) – Kelsey Boddington, supported the application if it met the needs of the practice and patients. Reference was also made around additional space required for increased PCN workforce. The practice has agreed to continue to work with their PCN to agree how to provide space for additional PCN roles across all practices.
- 3.17. A 13Q - Patient and Public Participation Assessment has been completed by the CCG and is attached for reference (see Enclosure Ev).

Boundary and Nearby Practices

- 3.18. The practice has confirmed that it has no intentions to amend the practice boundary should the application to close the branch surgery be approved.
- 3.19. Patient access and choice will be maintained should the application to close the Irnham Lodge branch surgery be approved.

Patient Impact

- 3.20. The branch surgery has not been used for routine work by the practice since the changes were made following the implications of Covid-19, from when all patients have been routinely seen at the Harley House site. Irnham has only been used as a location from which to see vulnerable patients away from the main site.

The practice manager has reported this as being a positive experience. Whilst the number of patients physically seen has been reduced due to Covid-19 it has acted as a first step in getting patients/staff working from a single site.

- 3.21. As assessed by the Quality Equality and Equity Impact Assessment (QEEIA) completed by the practice (Enclosure Evi) the proposed development would result in a positive impact. Patient access should not be significantly impacted as a result of the permanent closure. This is due to the sites being so close to each other and so there would be no transport issues.
- 3.22. There is a predicted positive impact on patient satisfaction due to all patients being seen at the same site and all staff been located at the same site. The practice gave assurance that they can still provide the required level of clinical support to meet the needs of their population. Staffing would stay the same with no planned redundancy. Sustainability would be improved due to the efficiencies of only operating from one site.
- 3.23. An area of concern that has become apparent from the application is the reduction in the size available for the practice to operate from following the closure of Irnham Lodge.
- 3.24. There are currently 10 rooms available at the Irnham site with a proposal to provide 4 new consulting rooms from the development as well as occupying 2 rooms from the Mews site at the practice (1 x consulting, 1 x staff room). There is also the opportunity (within the current planning application) to add another 2 rooms should they be required in the future.
- 3.25. MMC have offered assurance as to the suitability of the size of the developed site by way of the following statement in their QEEIA:

'We have confidence that the proposed extension to the Harley House site will provide adequate clinical space required by all our clinical staff and will continue to meet the needs of our population.'

Though consolidating services to one site we shall continue to provide high quality, safe and effective Primary Medical Services by;

- More efficient use of clinical space e.g. shared occupancy so rooms are not vacant,
- Robust rota systems to ensure capacity is used to its maximum potential,
- Spaces previously utilised by Health Visitors, Midwives and Palliative Care Nurses no longer being required due to being relocated elsewhere (anticipated),
- More effective use of office/storage space e.g. investigating off-site storage of clinical records, and
- Working with practice's within our Primary Care Network (PCN) to fulfil our PCN Network Directed Enhanced Service requirements.'

- 3.26. There will be a total of 25 parking spaces from Irnham Lodge that are not available for patients after the closure of this site. The PPG made reference in their statement of support of concerns around parking. The CCG received a letter

directly raising similar concerns. The Practice Manager gave the following detail as way of assurances around this area:

- The 4 parking spaces currently reserved for staff at Harley House will no longer be reserved and will be available to patients
- There is on-street parking in Banks Street & nearby residential streets
- There is a public car park close to the premises in Alexandra Road and Summerland Road

- 3.27. Regarding Harley House, the District Valuers' report states '*The existing building (which I believe will not be refurbished) does not conform to current NHS design standards with for example a reception desk that is not DDA compliant and corridors that are only 1.2m wide*'.
MMC will be required to address these concerns as part of the application process.
- 3.28. The Practice manager has made the CCG aware of their plans to secure storage of building machinery and materials and access to the site via an adjacent property so that the patient access to the building and car parking will not be affected during the build.
- 3.29. Based on the conversations with the practice and the feedback received following the engagement exercise, the patient impact is expected to be limited as a result of the permanent branch surgery closure.

Dispensing

- 3.30. The practice is not a dispensing practice therefore this is not a consideration in this application.

Premises

- 3.31. Early discussions held between Somerset CCG and MMC representatives outlined that any development of the Harley House site should have a cost neutral effect.
- 3.32. The District Valuer was instructed to undertake a review of the proposed extension to the Harley House site. The current Current Market Value (CMR) of the existing Harley House site is £59,500pa (currently abated to £56,500pa ending December 2020). The CMR for the Irnham Lodge Medical Centre site is £57,700pa (abated to £56,200pa ending March 2021). This totals £117,200pa (abated to £112,700pa) across the 2 sites. The estimated CMR following completion of works and conversion of Harley Mews: £91,000pa at the single Harley House site, a saving of £26,200.
- 3.33. The current Net Internal Area (NIA) for Harley House is 532.6 m² and Irnham Lodge is 475.9 m² totalling 1,008.5 m². The extension offers 185.9 m² additional space providing a new proposed total NIA of 718.5 m².

- 3.34. The desired Gross Internal Area (GIA) for the current population size is 964m². The desired GIA is calculated using NHSE guidance of 500m² for every 6,000 patients up to 10,000 and 250m² for every 6000 patients thereafter)
- 3.35. It should be noted that there is a difference in how NIA and GIA are calculated and therefore cannot be directly compared. GIA is defined in the Royal Institute of Chartered Surveyors (RICS) Code of Measuring 6th edition as the area of a building measured to the internal face of the perimeter walls at each floor level. The NIA is the usable area within a building measured to the internal face of the perimeter walls, but excludes stairs, lifts, toilets etc.
- 3.36. It is clear however, that there is a significant difference in the proposed size of the developed site at Harley House and the previous total space available across both sites which would mean that the practice was determined undersize for its list size.

Options

- 3.37. Following the application to close the branch surgery the options available are:
1. Approve the branch closure with conditions attached
 2. MMC to continue to provide a branch surgery as per their contract.

4. RECOMMENDATION

- 4.1. The Somerset Primary Care Commissioning Committee has a duty as part of its delegated responsibilities to demonstrate the necessary consultation has taken place, clearly demonstrate the grounds for the decision and fully consider the impact on the practice's registered population and that of surrounding practices.
- 4.2. On the basis that no strong opposition to the closure of the branch surgery has been highlighted the Somerset Primary Care Commissioning Committee is being asked to approve in principle a recommendation to permanently close the Irnham, Lodge branch surgery within the timescales detailed in this report.
- 4.3. It is recognised that there are areas that still need further clarification in order that the application can be fully supported and approved therefore this recommendation is subject to the following conditions:

Condition 1:

Engagement – MMC to continue to undergo the engagement programme based around scheduled flu clinics. This to be assessed and any issues addressed/resolved by MMC.

MMC to identify other opportunities to engage with non-flu clinic patients including those patients now attending the surgery between December 2020 and January 2021.

MMC should continue to promote completion of the patient survey via all means available.

MMC to develop a plan to respond to and mitigate the concerns raised and copies of all analysis undertaken and responses provided should be made available to the CCG by mid-February 2021.

Condition 2:

Sizing – MMC to provide additional assurance to the CCG of how they can provide primary medical services which meet the needs of their population from a consolidated single site. MMC to provide appropriate evidence to demonstrate that a reduced clinical area will not reduce clinical capacity. This should be provided to the CCG by mid-January 2021. This should also include plans of how to incorporate a significant increase in PCN roles and space for these roles.

If satisfactory assurance cannot be provided, MMC will be required to provide plans of how they will increase the size available to deliver services from. Proposals should be provided to the CCG by no later than mid-February 2021.

Condition 3:

Parking – MMC to provide further evidence of considerations/mitigations for the loss of parking spaces from Irnham Lodge. MMC to provide final proposals to be agreed and signed off by the PPG. A copy of the signed agreement shall be provided to the CCG by mid-February 2021.

Condition 4:

The District Valuer's report highlighted that the site at Harley House does not conform to current NHS design standards and quotes examples of a reception desk that is not Disability & Discrimination Act (DDA) compliant and corridors that are only 1.2m wide. MMC are required to make any necessary adjustments in line with these requirements and demonstrate to the CCC by mid-February that this has been done.

- 4.4. We propose that the application is approved providing the above mentioned conditions are met in full within the specified timescale. This approval would be on the strict understanding that if the conditions are not met and the CCG is not fully assured then the approval would be withdrawn.

5. NEXT STEPS

- 5.1. If the recommendation is approved, the Primary Care Contracting team will notify the practice of the application outcome as soon as possible in writing. The notification will include the following:
- Confirmation of the decisions made by the Committee.
 - Full details of the requirements to enable the application to be progressed.
 - A clear action plan to be agreed with MMC in order for them to submit the additional assurances required.
 - Details of how the application can be progressed/approved

Updates will be given to Committee on progress on the above actions.

- 5.2. Following subsequent approval of the application the following further actions would be required:
- Confirmation of the date upon which the closure will take effect.
 - Requirement on the practice to identify and make arrangement for collection

of any NHS owned assets in the premises.

- Requirement to agree a statement with the CCG to notify patients, the public and key stakeholders of the outcome. This should follow on from the engagement undertaken to inform the decision and include the rationale for the outcome.
- Remind the practice they are responsible for ensuring the transfer of patient records and confidential information to the main surgery (if they haven't already).
- Instruct the practice to inform Primary Care Support England (PCSE) of the permanent closure.
- The requirement on the practice to submit a plan which details how the closure will be managed.

5.3. The primary care contracting team will also be responsible for issuing a standard variation notice to remove the registered address of the branch surgery from the contract upon final approval.