

Primary Care Commissioning Committee (PCCC)

**Meeting to be held at 11:00 on Thursday 28th January 2016 in the
Board Room, Sanger House, Brockworth, Gloucester GL3 4FE**

No.	Item	Lead	Recommendation
1	Apologies for Absence	Chair	
2	Declarations of Interest	Chair	
3	Minutes of the Meeting held on 26 th November 2015	Chair	Approval
4	Matters Arising	Chair	
5	Application to close branch surgery at Hesters Way Healthy Living Centre from Crescent Bakery Surgery	HG	Approval
6	Application to close branch surgeries in Hawkesbury Upton and Wickwar from Culverhay Surgery	HG	Approval
7	Application to close branch surgeries in Hawkesbury Upton and Wickwar from The Chipping Surgery	HG	Approval
8	Draft Primary Care Infrastructure Plan	AH	Information
9	Any Other Business (AOB)	Chair	
Date and time of next meeting: Thursday 31 st March 2016 at 11:00am in the Board Room at Sanger House			

Primary Care Commissioning Committee

Minutes of the Meeting held on Thursday 26th November 2015 in the Board Room, Sanger House, Gloucester GL3 4FE

Present:		
Alan Elkin	AE	Chair
Marion Andrews-Evans	MAE	Executive Nurse and Quality Lead
Colin Greaves	CG	Lay Member - Governance
Julie Clatworthy	JC	Registered Nurse
Helen Goodey	HG	Director of Locality Development and Primary Care
Cath Leech	CL	Chief Finance Officer
Mark Walkingshaw	MW	Deputy Accountable Officer
In attendance:		
Debra Elliott	DE	Director of Commissioning, NHS England Area Team
Rosi Shepherd	RS	Assistant Director of Nursing (Quality and Safety), NHS England Area Team
Cllr Dorcas Binns	DB	Chair of the Health and Wellbeing Board
Stephen Rudd	SR	Head of Locality and Primary Care Development
Barbara Piranty	BPi	Chief Executive of Healthwatch Gloucestershire
Alan Potter	AP	Associate Director of Corporate Governance
Fazila Tagari	FT	Board Administrator
There were no members of public present.		

1 Apologies for Absence

1.1 Apologies were received from Mary Hutton and Dr Andy Seymour.

2 Declarations of Interest

2.1 There were no declarations of interests.

3 Minutes of the Meeting held on Thursday 24th September 2015

3.1 The minutes were approved subject to the amendments below:

- The resolution at section 5.12 to be amended to reflect the recommendation regarding Springbank Surgery.
- Section 7.1 to read '*AS presented a presentation to the Committee....*'

4 Matters Arising

4.1 24.09.2015 AI 5.8 – Springbank Procurement Update – DE advised that this would be forwarded to HG.

4.2 24.09.2015 AI 9.1.5 PMS Review – The PMS review was covered under Agenda Item 5. **Item Closed.**

5 Review of Personal Medical Services (PMS) Contracts

5.1 DE introduced this item and provided a local context to the rationale underpinning the review.

5.2 DE advised that the review was part of a national directive to align the principles of equitable funding to PMS practices. It was noted that the key aims of the PMS contracts were to provide greater flexibility to address the primary care needs of patients and that many practices received incentive or growth funding as part of the PMS pilot which was now perceived to be inequitable in relation to the amount paid to General Medical Services (GMS) contractors for an equivalent contract.

5.3 DE advised that reviews of PMS contracts were initiated within the life of the former PCT and that this had been standard practice and that the aim was to establish equitable funding to PMS practices in the light of the services they currently provided.

5.4 AE understood that the decision making was informed by the use of the Carr-Hill Formula and it was noted that the formula considered a huge range of weightings. DE advised that the

formula was currently being reviewed by NHS England as it was felt that that it did not weight certain demographics appropriately e.g. university practices.

- 5.5 HG introduced the report and advised that it outlined the review process which was undertaken following NHS England guidance.
- 5.6 HG advised that a PMS review panel was established which included NHS England and the Local Medical Committee representatives. The first panel met in September 2015 to review the five PMS practices in Gloucestershire.
- 5.7 HG highlighted that Nikki Holmes from NHS England had been communicating with the practices on a regular basis and that communication had been comprehensive during the process.
- 5.8 It was noted that although all five practices had the opportunity to submit proposals, only three had chosen to do so. HG provided a summary of the three proposals submitted as outlined below.
- 5.9 Bartongate Surgery provided PMS within a deprived area of inner-city Gloucester. The practice population consisted of 40% ethnic minority groups, with patients from 85 different countries. The panel concluded that this was atypical and recommended that the practice funding should be maintained. It was noted that other practices in this area would also be reviewed.
- 5.10 St Peter's Road Surgery provided a comprehensive proposal where it was highlighted that the practice served an elderly population. The panel felt that there were other practices with similar age demographics across Gloucestershire who provided equally innovative services within GMS contract funding and that the services provided were not above core and existing commissioned service and concluded that St Peter's Road should not receive reinvestment of PMS premium funding.
- 5.11 Underwood Surgery provided medical services to university students and this resulted in higher administrative costs. An analysis of the practice population profile demonstrated that the practice had almost 35% of patients in the age range of 15-24. A benchmark with other practices serving university patients in the

South of England was undertaken where it was highlighted that a practice in Bath drew 90% of its patients from the university population. It was also noted that the practice were commissioned through a Locally Commissioned Service (LCS) (formally an enhanced service) to provide additional services to their university population, including sexual health and counselling. The panel therefore concluded that this practice was a proportionally an atypical practice and recommended that the practice retained 5.3% of the PMS premium funding in addition to the current LCS.

- 5.12 HG informed members that the Locking Hill and Hilary Cottage Surgeries did not submit practice reinvestment proposals and in the absence of any practice proposal, the PMS Review Panel concluded that the premium should be withdrawn over a five year period.
- 5.13 HG reported that discussions with the LMC had highlighted, there was an inequitable approach to PMS payments relating to rates, immunisation and vaccinations payments, which reflected activity at the time the PMS contract commenced and had not subsequently been updated to reflect current values. This therefore meant that PMS practices had been disadvantaged over time compared with GMS practices.
- 5.14 HG provided a summary of Appendix 2 of the report which detailed the PMS premium changes. HG also highlighted the overall projected cost/gain to the CCG Budget.
- 5.15 DB queried if Bartongate Surgery was profiled as an area of deprivation and was advised that this would be confirmed with Public Health. HG
- 5.16 DB also queried if the funding should be increased for Bartongate Surgery as there had been an increase in monthly registrations from new migrants. HG advised that the practice would receive capitation payments for each patient registered with the practice. It was noted that an equality and diversity review would also be undertaken going forward.
- 5.17 AE drew attention to section 4.3 and felt that the recommendation should be proposed by the CCG. It was agreed that this would be

amended.

5.18 DB enquired if Locking Hill and Hilary Cottage Surgeries responses were followed up and was advised that the CCG were in active dialogue with the practices. It was noted that both of the practices had confirmed that they would not to be submitting proposals.

5.19 It was noted that there was a residual risk from the appeals process although it was indicated that this was minimal. DE updated members on the appeals process arrangements and it was noted that a formal letter outlining the decisions would be forwarded to the practices during late December 2015.

5.10 **RESOLUTION: The Committee:**

- reviewed, considered and approved the recommendations of the PMS Review Panel;
- approved implementation of the next steps of the PMS review process; and
- agreed to update the payments for rates, vaccinations and immunisations to reflect current activity for all five practices

6 Springbank APMS Contract – Key Performance Indicators (KPIs)

6.1 HG presented the report and provided a background context to the report. It was noted that a procurement exercise was undertaken in September 2015 and that the new APMS contract would commence in December 2015.

6.2 HG introduced the proposed KPIs for Springbank, which had been agreed in principle with the practice. HG advised that the KPIs had been developed with input from Public Health and JC. JC stated that the KPIs were realistic and measurable and were focussed to achieve better outcomes in the light of the characteristics of the patient population of the practice.

6.3 CG felt that a few of the indicators were stretched and sought assurance that if the practice was placed under pressure, then the

targets would be reviewed and adjusted accordingly.

- 6.4 RS suggested that this linked with the work on patient safety, in particular, the work that the Academic Health Science Network was undertaking and linking in with the evidence from the National Reporting and Learning System (NRLS). RS also suggested that her team could assist if this were deemed necessary. MAE advised that Dr Hein Le Roux was leading on this initiative.
- 6.5 DB highlighted the KPI relating to Health Promotion and queried if this would be jointly worked with the Gloucestershire Healthy Living and Learning programme. It was agreed that this would be checked and confirmed. HG
- 6.6 **RESOLUTION: The Committee reviewed, considered and approved the proposed Key Performance Indicators subject to a further review in six months.**

7 Standard Operating Procedure: Practice Boundary Changes

- 7.1 HG presented the report and provided a brief introduction to the report. HG informed members that as an organisation with responsibility for commissioning primary care, under the Delegation Agreement with NHS England, the CCG was required to consider applications for practice boundary changes. A Standard Operating Procedure (SOP) had therefore been developed to standardise the process for consideration of such requests. It was noted that the SOP had been designed to ensure equality and diversity impacts were considered within each application, through the completion of an Equality Impact Assessment.
- 7.2 The Committee noted that there were three applications that had been received for practice boundary changes and that further details would be provided to the January 2016 Committee meeting.
- 7.3 HG advised that the practice would be required to complete an impact assessment if the boundary changes affected patients i.e. if this resulted in existing patients being removed from the newly

defined practice boundary and that the CCG would complete an assessment if the patients were not so affected.

- 7.4 JC felt that the neighbouring patients and practices should be included within the consultation. JC also suggested that the cost of the financial impact should be included within section 2.5. HG agreed that this would be clearly defined within the procedure.
- 7.5 JC felt that a further appendix detailing the appeals procedure was required. HG agreed that this would be available by the January 2016 Committee meeting. DE recommended that the involvement with the NHS Litigation Authority should be confirmed. HG
- 7.6 **RESOLUTION: The Committee considered and approved the draft SOP for practice boundary change requests.**
- 8 **Standard Operating Procedure: Application to close a branch surgery**
- 8.1 HG presented the report and members noted that this was an adoption of the procedure established by NHS England and had been subsequently updated with the inclusion of the Impact Assessment.
- 8.2 CG drew attention to section 2.14 of the procedure regarding the decision not to approve branch closure by the PCCC. CG expressed concerns that this could not be legally exercised as he felt that the practice was not obligated to the CCG. CG suggested that a further stage of negotiation should be added to the process. DE explained that the practice was legally obliged to fulfil its requirement through the contractual agreement and that requests were subjected to a rigorous process which included numerous factors e.g. the impact on patients and neighbouring practices.
- 8.3 BPi queried if set guidelines were established around the consultation process and was advised that the consultation process for the practice to undertake was fully outlined.
- 8.4 JC drew attention to section 2.14 and highlighted that it should read as 14 **working** days.

8.5 DB requested that section 2.10 should read as 'GCCG must then ensure they **notify**'. HG felt that this should read as '**consulted**' as those stakeholders should have the opportunity to comment. HG agreed to review the wording and sequencing of the process.

8.6 **RESOLUTION:** The Committee considered and approved the draft SOP for branch surgery closure applications subject to the above comments.

9 **Any Other Business**

9.1 There were no items of any other business.

10 **The meeting closed at 12:20.**

11 **Date and Time of next meeting: Thursday 28th January 2015 in the Board Room at Sanger House.**

Minutes Approved by Gloucestershire Clinical Commissioning Group
Primary Care Commissioning Committee:

Signed (Chair):_____ Date:_____

Matters arising from previous Primary Care Commissioning Committee Meetings – September 2015

Item	Description	Response	Action with
24/09/2015 Item 5.8	Springbank procurement update	JC queried the possibility of the availability of a Nurse led Paediatric Nurse service within GP Surgeries. DE advised she would forward the model from Swindon where this was in place, for information.	DE
24/09/2015 Item 5.9	Springbank procurement update	CG requested that updates are provided regarding Springbank regularly at the Committee. It was agreed an update would be brought in six months time (March 2016)	HG
26/11/2015 Item 5.15	Review of Personal Medical Services (PMS) Contracts	DB queried if Bartongate Surgery was profiled as an area of deprivation and was advised that this would be confirmed with Public Health.	HG
26/11/2015 Item 6.5	Springbank APMS Contract – KPI	DB highlighted the KPI relating to Health Promotion and queried if this would be jointly worked with the Gloucestershire Healthy Living and Learning programme. It was agreed that this would be checked and confirmed.	HG
26/11/2015 Item 7.5	Standard Operating Procedure: Practice Boundary Changes	JC felt that a further appendix detailing the appeals procedure was required. HG agreed that this would be available by the January 2016 Committee meeting. DE recommended that the involvement with the NHS Litigation Authority should be confirmed.	HG

26/11/2015 Item 8.5	Standard Operating Procedure: Application to close a branch surgery	DB requested that section 2.10 should read as 'GCCG must then ensure they notify '. HG felt that this should read as ' consulted ' as those stakeholders should have the opportunity to comment. HG agreed to review the wording and sequencing of the process.	HG
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Agenda Item 5

Primary Care Commissioning Committee

Meeting Date	Thursday 28th January 2016
Title	Application from Crescent Bakery Surgery to close their branch surgery at the Healthy Living Centre, Cheltenham
Executive Summary	<p>Crescent Bakery Surgery, based at St George's Place in Cheltenham, currently offers two GP sessions per week at the at the Healthy Living Centre in Hesters Way.</p> <p>The practice has been considering their future at this branch surgery location for over a year, reducing sessions over time as servicing the branch has become more difficult for the practice, threatening their ability to remain sustainable at their main site.</p> <p>Therefore, following a consultation period with their patients who live in the Hesters Way ward, and other local practices and stakeholders, the practice has submitted an application to close their branch surgery.</p>
Risk Issues: Original Risk Residual Risk	<p>Continued provision of offering local patient care is the principal risk with a branch surgery closure.</p> <p>With this application, the risk is assessed as low likelihood as patients will continue to have access to services at both the main surgery site and a choice of other local primary care providers, including St Catherine's who run their branch surgery at Hesters Way Healthy Living Centre five days a week.</p>
Financial Impact	Closure of the branch surgery will result in a small saving on notional rent, but this factor is not a consideration in the decision.
Legal Issues (including NHS Constitution)	Gloucestershire CCG needs to act within the terms of the Delegation Agreement with NHS England dated 26 March 2015 for undertaking the functions relating to Primary Care Medical Services.

	<p>A branch surgery closure represents a variation to a practice's GMS contract and therefore requires agreement by GCCG under delegated commissioning arrangements.</p> <p>The PCCC approved a GCCG Standard Operating Procedure for a branch closure application in November 2015, which also sets out the prevailing guidance, legislation and regulations to be considered. This protocol has been followed in handling this application.</p>
Impact on Health Inequalities	Assessed as low impact. The Healthy Living Centre is located in a ward of high deprivation and health inequalities. However, the area is well served by other local practices, including St Catherine's at the same location.
Impact on Equality and Diversity	Assessed as low impact. Patients will continue to have access to services at Crescent Bakery's main surgery, or can choose to register with another local practice.
Impact on Quality and Sustainable Development	Overall assessment as low.
Patient and Public Involvement	The practice has undertaken a patient and public consultation period from 16 November to 31 December 2015. Details are within the main paper, with patients broadly supporting the practice's application, albeit with a few concerns and a fairly low response rate.
Recommendation	<p>The PCCC is asked to:</p> <ul style="list-style-type: none"> • Consider the recommendation from the Primary Care Operational Group meeting of 26 January 2016 • Make a decision regarding this request to close Crescent Bakery's branch surgery at Hesters Way Healthy Living Centre
Author	Stephen Rudd / Jeanette Giles
Designation	Head of Locality and Primary Care Development / Head of Primary Care Contracting
Sponsoring Director (if not author)	Helen Goodey, Director Locality Development and Primary Care

Agenda Item 5

**Primary Care Commissioning Committee
Thursday 28th January 2016**

**Application from Crescent Bakery Surgery to close their
branch surgery at the Healthy Living Centre, Cheltenham**

1 Introduction and background

1.1 Crescent Bakery Surgery, based at St George's Place in Cheltenham, have applied for approval from Gloucestershire CCG to close their branch surgery at the Hesters Way Healthy Living Centre, Cassin Drive, Cheltenham.

1.2 Crescent Bakery currently offer two GP sessions per week at Hesters Way Healthy Living Centre:

Monday: 0900 – 1200 (female GP)

Wednesday: 0930 – 1230 (male GP)

1.3 They do not provide nursing support at this branch surgery site and anyone requiring baby clinics and travel advice/immunisation must attend their main surgery.

1.4 The practice has been considering their future at this branch surgery location for over a year, reducing sessions over time as servicing the branch has become more difficult for the practice, threatening their ability to remain sustainable at their main site. This has been compounded by difficulties in recruiting to vacant GP sessions. By consolidating all their services at the main surgery site, they believe this will enable them to provide a more efficient service and lead to better utilisation of appointments.

2 The branch surgery – demographics, utilisation and alternative services available for patients

- 2.1 Crescent Bakery has a registered list size of c.5,800 patients (as at January 2016) and with the exception of Springbank, has the smallest registered list size in Cheltenham. The location of the main and branch surgery, population spread, practice boundary and other local practices are shown at Appendix 1.
- 2.2 Hesters Way is located to the west of Cheltenham, in one of the most deprived areas of Cheltenham as measured by the index of multiple deprivation (see Appendix 2). Appendices 2a, 2b and 2c also indicate that this area is also most deprived in relation to Health, Education and Income.
- 2.3 Crescent Bakery has 426 patients registered in this area, representing 7.3% of their list size. Furthermore, in terms of impact on health inequalities, they have established that:
- Two registered patients have learning disabilities but neither of them have visited the Healthy Living Centre (one has home visits, the other attends the main surgery);
 - Five registered patients are on the mental health register – one is housebound and receives home visits, while the others attend appointments at the main surgery;
- 2.4 Of the 426 patients, 88% (376) are aged 65 or under, 4% (17) are aged 65-75 and 8% (33 patients) are over the age of 75.
- 2.5 Analysis shared by the practice of patient attendances at the main and branch surgery sites over the previous twelve month period demonstrates the low activity at Hesters Way:

Attendances by Site	Number of face to face consultations
Main Surgery: St George's Place	4,023
Branch Surgery: Hesters Way	105 (21 of which lived in the Hesters Way area)

- 2.6 This analysis also allowed Crescent Bakery surgery to draw the conclusion that many of those who use the branch surgery are not accessing based on close residency. Instead, patients are most likely to do so in order to secure an appointment with a particular GP.

- 2.7 The travelling time for patients from Crescent Bakery's branch surgery to their main branch is approximately:
- By Car: 6 minutes
 - Public Transport: 17 minutes
 - By Foot: 48 minutes
- 2.8 The nearest alternative practices to the branch surgery at the Healthy Living Centre are:
1. St Catherine's: Hesters Way Healthy Living Centre
 2. Springbank Surgery, 1 mile away at Springbank Community Resource Centre
- 2.9 Other practices further away from Hesters Way are detailed at Appendix 1. Furthermore, an analysis of alternative practices' performance in comparison to Crescent Bakery, relating specifically to the national patient survey, QOF and availability of male and female GPs, has been undertaken (see Appendix 3), demonstrating little difference and therefore no anticipated impact on patients. It should be noted that Springbank's figures relate to the previous GMS contract, with Key Performance Indicators in place with the new APMS contract holder to address specific areas which will improve these figures.

3 Other services provided at the Healthy Living Centre

- 3.1 St Catherine's Surgery, who has a main surgery at St Paul's Medical Centre in Cheltenham, has a branch surgery within the Healthy Living Centre and is committed to maintaining and developing their services here. They have GP and nurse appointments available and are present Monday through to Friday, 0900 – 1700 hrs.
- 3.2 As part of Gloucestershire's successful Prime Minister's GP Access Fund bid, urgent GP appointments are now available at Hesters Way as part of the Choice+ project rollout. Patients who are registered at a Cheltenham practice can, by calling their GP surgery, make a choice to wait for an urgent

appointment at their practice or take up the option of an appointment at The Healthy Living Centre, where they would find this more convenient.

- 3.3 Gloucestershire Care Services NHS Trust also run Podiatry sessions five days a week from this site. Other services based at the Resource Centre include a nursery, café, conference and meeting rooms, community services, office and business unit space. However health is a major component of the site.
- 3.4 Following recent changes with the Springbank Surgery, the PCCC agreed a solution with G-Doc to take the landlord functions of the site, securing the future of all health services based at Hesters Way. Crescent Bakery have made G-Doc aware of this application, who have displayed posters within the Healthy Living Centre (see consultation and engagement below).

4 Consultation and engagement for the branch closure

- 4.1 As per the Standard Operating Procedure (SOP) for the application to close a branch surgery, the practice had preliminary discussions with the GCCG Primary Care and Localities Directorate along with the Patient Engagement and Experience Team. A six week consultation was agreed as appropriate, commencing 16 November 2015, with posters at both sites along with information on the practice website and letters sent directly to patients.
- 4.2 Crescent Bakery Surgery, following advice from the Patient Engagement and Experience Team, sent 360 letters and questionnaires to patients to seek their view on the proposal to relocate services to its main branch. These letters were directed to those who had attended the branch surgery, along with those who resided closest to the Healthy Living Centre. The same information was also available on patient information screens within the surgery and on their website to obtain the views of those attending the surgery and the views of the wider practice population.
- 4.3 Gloucestershire CCG, again in accordance with the SOP, have consulted with:

- The Local Medical Committee
- Neighbouring practices in the Hesters Way area
- Healthwatch Gloucestershire
- The Health and Care Overview and Scrutiny Committee (HCOSC)

5 Consultation: the responses

5.1 Patients

5.1.1 The practice received 59 completed questionnaires, representing approximately 16% response rate (which is in accordance with other branch surgery consultations conducted recently). An analysis of responses has been submitted by Crescent Surgery (see Appendix 4), which can be briefly summarised for the purposes of this paper as follows:

- 98% of respondents reported that they understood the practice's reasons for the branch closure and 85% of respondents supported the proposal.
- 75% of respondents reported they usually attended the main practice for their appointments, 17% went to both sites and 8% went only to the Healthy Living Centre.

5.1.2 While patient responses therefore indicate the majority support the practice's branch surgery closure, a couple of concerns were raised:

- No parking at the main surgery
- Accessibility of main surgery for large pushchairs

5.1.3 While these concerns are not easily resolvable at the main surgery site, patients are able to choose to stay at Hesters Way by registering with St Catherine's.

5.2 Local Medical Committee

5.2.1 *"The LMC has no objection to the practice closing its branch surgery. For the reasons they state, it will affect patients very little and the practice should be encouraged to run itself profitably. For instance, the expected increase in charges raised by the Care Quality Commissioning (CQC) for multiple sites has to be allowed for."*

5.3 Neighbouring practices

5.3.1 St Catherine's Surgery: *"The Partners have no real objections to Crescent Bakery withdrawing from the HLC, and we understand that this may increase demand on our services. We feel we have invested a lot of time and money in supporting the HLC and developing our service. We have done this to support the growing number of patients wanting to register with us, and those patients who have already moved from Crescent Bakery. Our only concern is that the CCG will appoint another practice to open a Branch Surgery at the HLC."*

5.3.2 Springbank Surgery: *"Springbank is looking to expand their patient list and have no concerns with regard to Crescent Bakery closing its branch surgery at the Health Living Centre. They would be interested in having a discussion about the potential of opening a branch surgery at The Healthy Living Centre."*

6 **GCCG Quality and Sustainability Impact Assessment**

6.1 In accordance with the SOP, a Quality and Sustainability Impact Assessment with regard to this application was undertaken (see Appendix 5).

The process for completing a Quality and Sustainability Impact Assessment necessitates a process that considers six criteria of quality. Each criteria is assessed positively or negatively and scored in terms of impact and likelihood. If the area of quality criteria is identified as negative, then the risk of impact and likelihood is scored using the commonly accepted charts. Each score is then multiplied to identify the level of risk and if the score is less than 8 a full assessment of the individual criteria is not required as the resultant risk is low. If the area of quality criteria is positive, it is not necessary to risk score impact and likelihood.

The overall impact on quality and sustainability was assessed to be low. A summary of the findings are detailed below for ease of reference:

- 6.1.1 • **Duty of Quality: Negative** Closure of the branch surgery will contribute to a reduction of access and patient choice, however there is the option to register with St Catherine's who provide GP appointments at the Healthy Living Centre.
- 6.1.2 • **Patient Experience: Negative** The practice consulted with 360 patients who were resident in the immediate vicinity of the branch surgery as well as providing posters and questionnaires available at both main and branch sites and on line. The response rate was 16%. The practice has undertaken an evaluation of the responses and included the narrative responses from individual respondents. It is clear from reading these; there is some disquiet from a minority of patients, who responded to the survey particularly in relation to car parking and physical access at the main surgery site.
- 6.1.3 • **Patient Safety: Positive** All services will be provided on one site, with consistent and safe delivery.
- 6.1.4 • **Clinical Effectiveness: Positive** Lack of nursing services on site at HLC may currently require patients to travel to the main surgery on the same day for some practice investigations, e.g. ECGs. The proposed closure of the branch surgery will negate this need and potential confusion.
- 6.1.5 • **Prevention: Positive** The provision of multi-disciplinary services at the main surgery will support patients to stay well and support the provision of self-care to patients which will also include reducing health inequalities.
- 6.1.6 • **Productivity and Innovation: Positive** The proposal supports the provision of primary medical care in the most clinically and cost effective manner. There will be a consistent delivery of care pathways to all practice patients.

7 Conclusion

- 7.1 A branch surgery closure represents a variation to a practice's

GMS contract and therefore requires agreement by GCCG under delegated commissioning arrangements.

Before making a decision as to whether an application for a change to GP practice boundary should be approved the following factors must be considered:

7.2 Have there been any other requests from practices to close branch surgeries or list closure requests in the area?

At the time of compiling this report there have been no other requests from practices to close branch surgeries.

However the CCG is aware that many practices in Cheltenham (including Crescent Bakery) are finding it difficult to recruit to GP and nursing vacancies and deal with patient demand.

7.3 Will this branch surgery closure impact the ability to meet patient need?

A branch surgery closure will not impact upon the ability of the practice to meet existing, or future, patient need for their registered patients. Crescent Bakery believes that consolidation of all services at their main surgery site will enable them to provide a better service for all their patients. There is capacity at the main surgery to run all the necessary clinics, and replacement GP appointments.

Crescent Bakery have noted that their patient did not attend rate is 40% higher at its branch surgery and many patients arrive at the wrong site and are consequently late for or miss their appointments. They believe that consolidating activity to one site will enable them to provide a more efficient service and lead to better utilisation of appointments.

They are reviewing timing of GP clinics and some may be run over lunch times which are likely to appeal to patients. Although not previously offered, they would also consider offering extended hours.

7.4 What is the coverage of this practice area by other local practices and what impact will this have on their workload and sustainability?

The two surgeries in closest proximity to Crescent Bakery's branch surgery are well placed to offer services to Crescent Bakery patients who wish to register with another practice.

St Catherine's Surgery is well established in the Hesters Way area and is currently developing its branch surgery services at the Health Living Centre. They are able to take on patients who want to continue to have a practice that has a presence at the Health Living Centre.

Springbank Surgery, Springbank Community Resource Centre, Springbank Way, Cheltenham, Gloucestershire GL51 0LG wishes to grow its registered list size and has expressed an interest in potentially having a branch surgery at the Healthy Living Centre.

If patients resident in the Hesters Way area do decide to register with another practice due to the fact they wanted a practice location nearer to their home address or their preference to continue to access the Healthy Living Centre, the Primary Care Team feel they are most likely to register with St Catherine's or Springbank. However other alternatives are available (Appendix 1). The CCG is aware that Crescent Bakery has had an extremely challenging twelve months which has resulted in staffing and recruitment issues. Following meetings with the practice, we are aware they are currently considering a number of options to ensure the practice remains stable, efficient and sustainable in the longer term.

7.5 In Summary

7.5.1 Crescent Bakery is currently in a challenging position and in common with some other practices is currently experiencing severe difficulties in recruiting to vacant GP sessions.

7.5.2 If approved the request to close its branch surgery will enable it to consolidate and utilise its resources more effectively and efficiently. This will enable it to plan more successfully for the future and will strengthen Crescent Bakery's capacity to provide

a safe, robust, viable and sustainable service for its patient population.

- 7.5.3 For those patients who wish to access GP services in close proximity to the Hesters Way area, options are available for them to register at alternative practices who have the capacity and willingness to take on additional patients.

Currently patients of Crescent Bakery are only able to access GP appointments at the branch surgery on two mornings each week. There are also no nursing appointments available at the branch surgery. Therefore the access is limited and patients are required to visit the main surgery at all other times. Should the branch surgery close and some patients decide they wish to remain with a practice in Hesters Way we understand that St Catherines Practice provide appointments for both GP and Nurses at Healthy Living Centre five days a week.

There has already been an expression of interest from Springbank Surgery to provide services at the Healthy Living Centre. It is noted that currently Springbank Surgery have a low registered list size and therefore it is important that they increase their list size to improve their service delivery model. Should Crescent Bakery cease provision at Healthy Living Centre the CCG will commence discussions with all interested GP practices to provide increased provision from this site.

8 Recommendation

8.1 The PCCC is asked to:

- Consider the recommendation from the Primary Care Operational Group meeting of 26 January 2016
- Make a decision regarding this request to close Crescent Bakery's branch surgery at Hesters Way Healthy Living Centre

9. Appendices

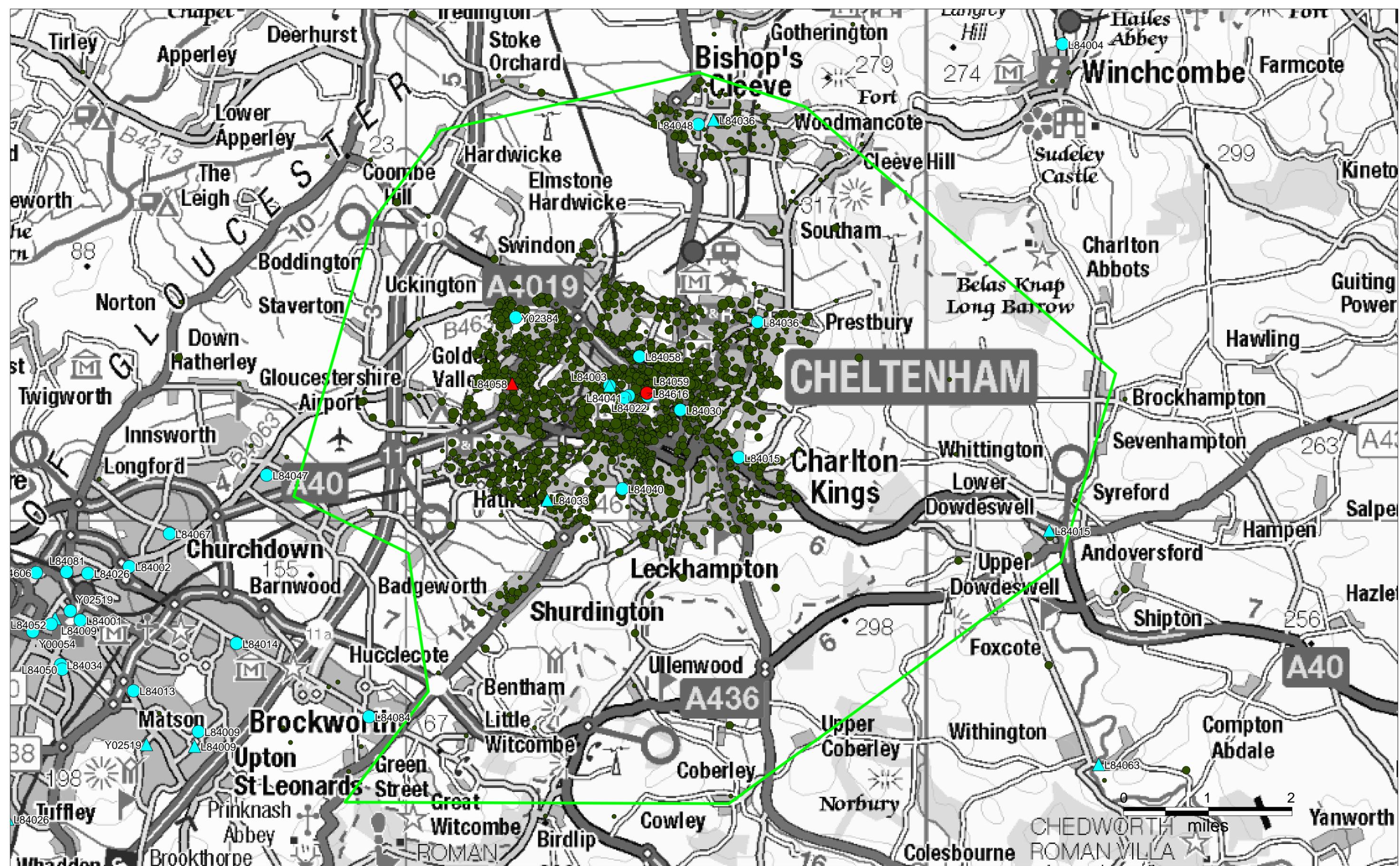
Appendix 1 – Crescent Bakery Practice location, boundary, population spread and location of alternative practices

Appendix 2, 2a, 2b, 2c – Index of multiple deprivation (IMD), IMD health, IMD Income, IMD Education

Appendix 3 – An analysis of alternative practices' performance in relation to national patient survey and QOF and availability of male and female GPs

Appendix 4 – Patient consultation analysis

Appendix 5 – An analysis of the Quality and Sustainability Impact Assessment



Crescent Bakery Surgery (L84616) Appendix 1

Practice Boundary and Population Spread

Population Data: 18 November 2015
 Total Practice Population: 5,884
 Within Contractual Boundary: 5,791 (98.4%)
 Outside Contractual Boundary: 93 (1.6%)

Population Density
 1 circle = 1 postcode

- 50 to 100
- 25 to 50
- 10 to 25
- 3 to 10
- 1 to 3

- Crescent Bakery surgery
- ▲ Crescent Bakery Branch Surgery
- GP location
- Main surgery
- ▲ Branch surgery

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 Commissioning Support Unit **NHS**

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Appendix 1

Crescent Bakery Surgery Application

Crescent Bakery Surgery (L84616)

2.3 miles away from branch surgery at Hesters Way Healthy Living Centre (note Crescent Bakery patients will already attend this site)

Crescent Bakery, St Georges Place
Cheltenham
Gloucestershire GL50 3PN

Public Transport – there are 14 alternative journeys which take between 16 to 30 minutes. The quickest journey is via A Bus which runs every 10 minutes between 8.00 am - 7.00 pm.

The nearest alternative practices to the Crescent Bakery branch surgery at Hesters Way Healthy Living Centre, Cheltenham, GL51 7SU are:

0 miles away - St Catherine's Branch Surgery (L84058)

Hesters Way Healthy Living Centre
Hesters Way Community Resource Centre
Cassin Way
Cheltenham, GL51 7SU

1.1 miles away - Springbank Surgery (Y05212)

Springbank Community Resource Centre
Springbank Way, Cheltenham
Gloucestershire GL51 0LG

Public Transport – all bus journeys would incur a 12-17 minute walk from the main road to Springbank Surgery.
Walking time from Hesters Way Healthy Living Centre to Springbank Surgery takes approximately 19 minutes.

1.8 miles away - Underwood Surgery (L84003)

139 St George's Road
Cheltenham
Gloucestershire GL50 3EQ

Public Transport – there are 11 alternative journeys which take between 14 to 27 minutes. The quickest journey is via A Bus which runs every 10 minutes between 8.00 am - 7.00 pm.

2.0 miles away - Yorkleigh Surgery (L84022)

93 St George's Road
Cheltenham
Gloucestershire GL50 3ED

Public Transport – there are 8 alternative journeys which take between 19 to 37 minutes. The quickest journey is via A Bus which runs every 10 minutes between 8.00 am - 7.00 pm.

2.0 miles away - Overton Park Surgery (L84041)

Overton Park Road
Cheltenham
Gloucestershire GL50 3BP

Public Transport – there are 8 alternative journeys which take between 16 to 27 minutes. The quickest journey is via A Bus which runs every 10 minutes between 8.00 am - 7.00 pm.

2.4 miles away – St Catherine’s Surgery (L84058)

St Paul's Medical Centre, 121 Swindon Road
Cheltenham
Gloucestershire GL50 4DP

Public Transport – there are 9 alternative journeys which take between 19 to 35 minutes. The quickest journey is via A Bus which runs every 10 minutes between 8.00 am - 7.00 pm.

2.4 miles away – Royal Well’s Surgery (L84049)

St Paul's Medical Centre, 121 Swindon Road
Cheltenham
Gloucestershire GL50 4DP

Public Transport – there are 9 alternative journeys which take between 19 to 35 minutes. The quickest journey is via A Bus which runs every 10 minutes between 8.00 am - 7.00 pm.

2.4 miles away – St George’s Surgery (L84008)

St Paul's Medical Centre, 121 Swindon Road
Cheltenham
Gloucestershire GL50 4DP

Public Transport – there are 9 alternative journeys which take between 19 to 35 minutes. The quickest journey is via A Bus which runs every 10 minutes between 8.00 am - 7.00 pm.

2.4 miles away - Portland Surgery (L84033)

St Paul's Medical Centre, 121 Swindon Road
Cheltenham
Gloucestershire GL50 4DP

Public Transport – there are 9 alternative journeys which take between 19 to 35 minutes. The quickest journey is via A Bus which runs every 10 minutes between 8.00 am - 7.00 pm.

2.4 miles away - Corinthian Surgery (L84056)

St Paul's Medical Centre, 121 Swindon Road

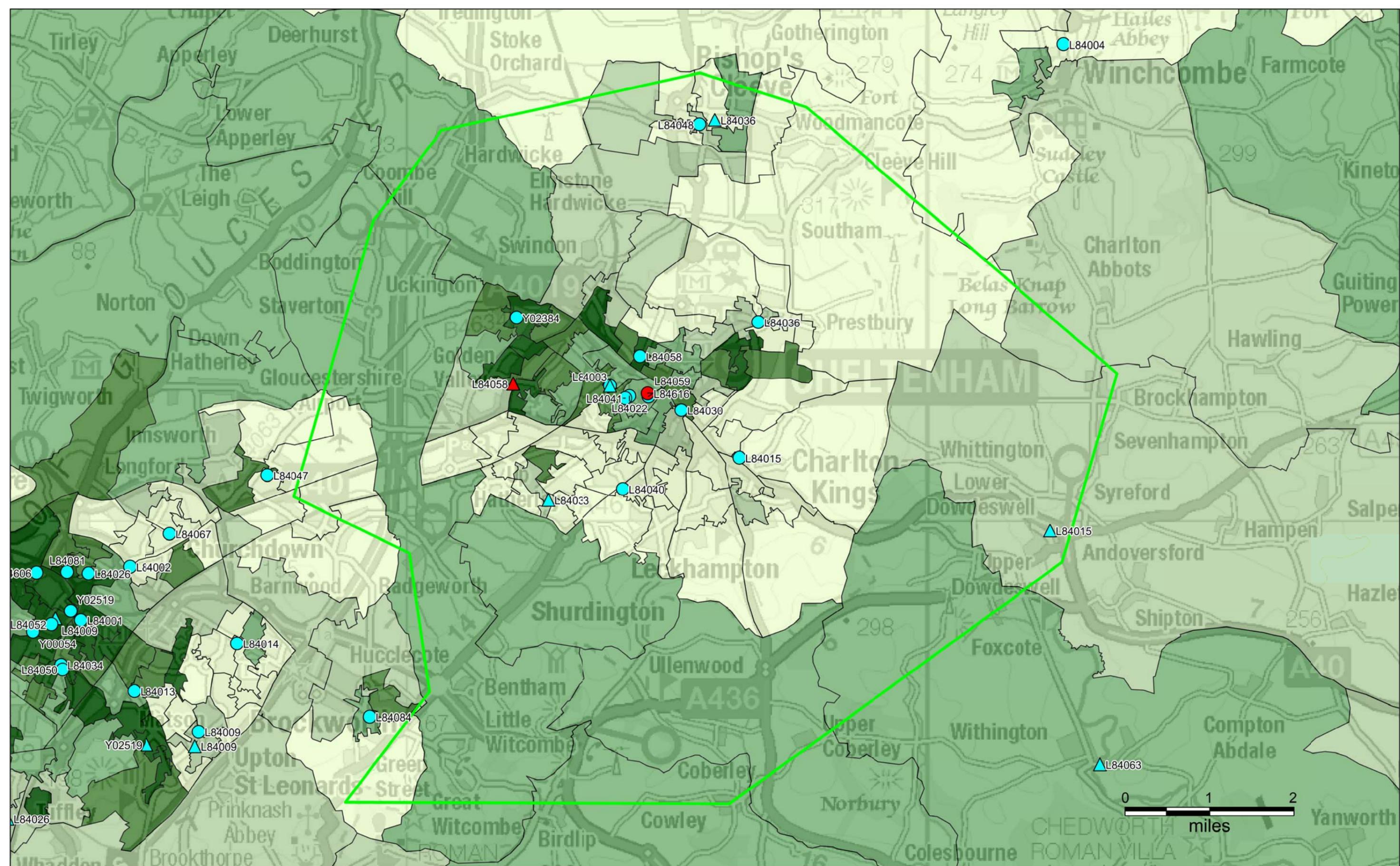
Cheltenham
Gloucestershire GL50 4DP

Public Transport – there are 9 alternative journeys which take between 19 to 35 minutes. The quickest journey is via A Bus which runs every 10 minutes between 8.00 am - 7.00 pm.

2.4 miles away – Royal Crescent Surgery (L84059)

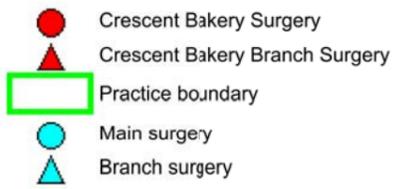
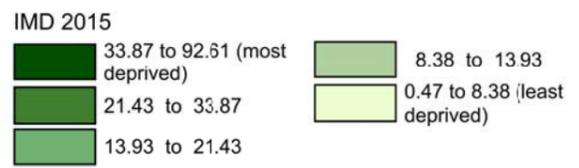
11 Royal Crescent
Cheltenham
Gloucestershire GL50 3DA

Public Transport – there are 9 alternative journeys which take between 18 to 28 minutes. The quickest journey is via A Bus which runs every 10 minutes between 8.00 am - 7.00 pm.

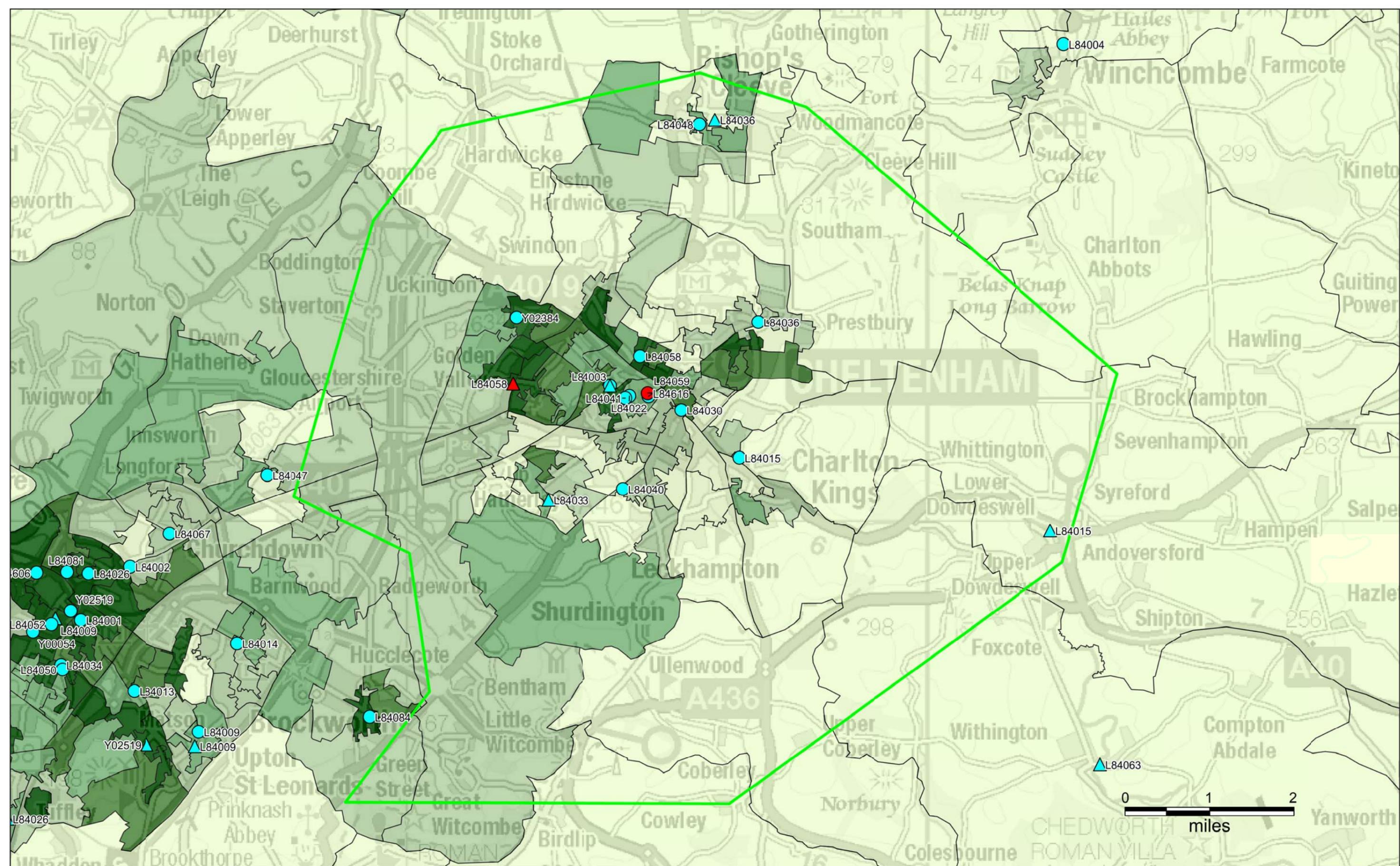


Crescent Bakery Surgery (L84616) Appendix 2

Index of Multiple Deprivation (IMD) 2015

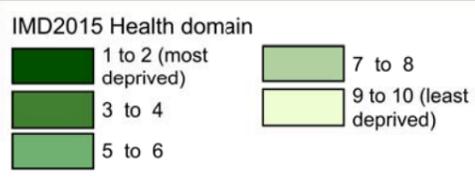


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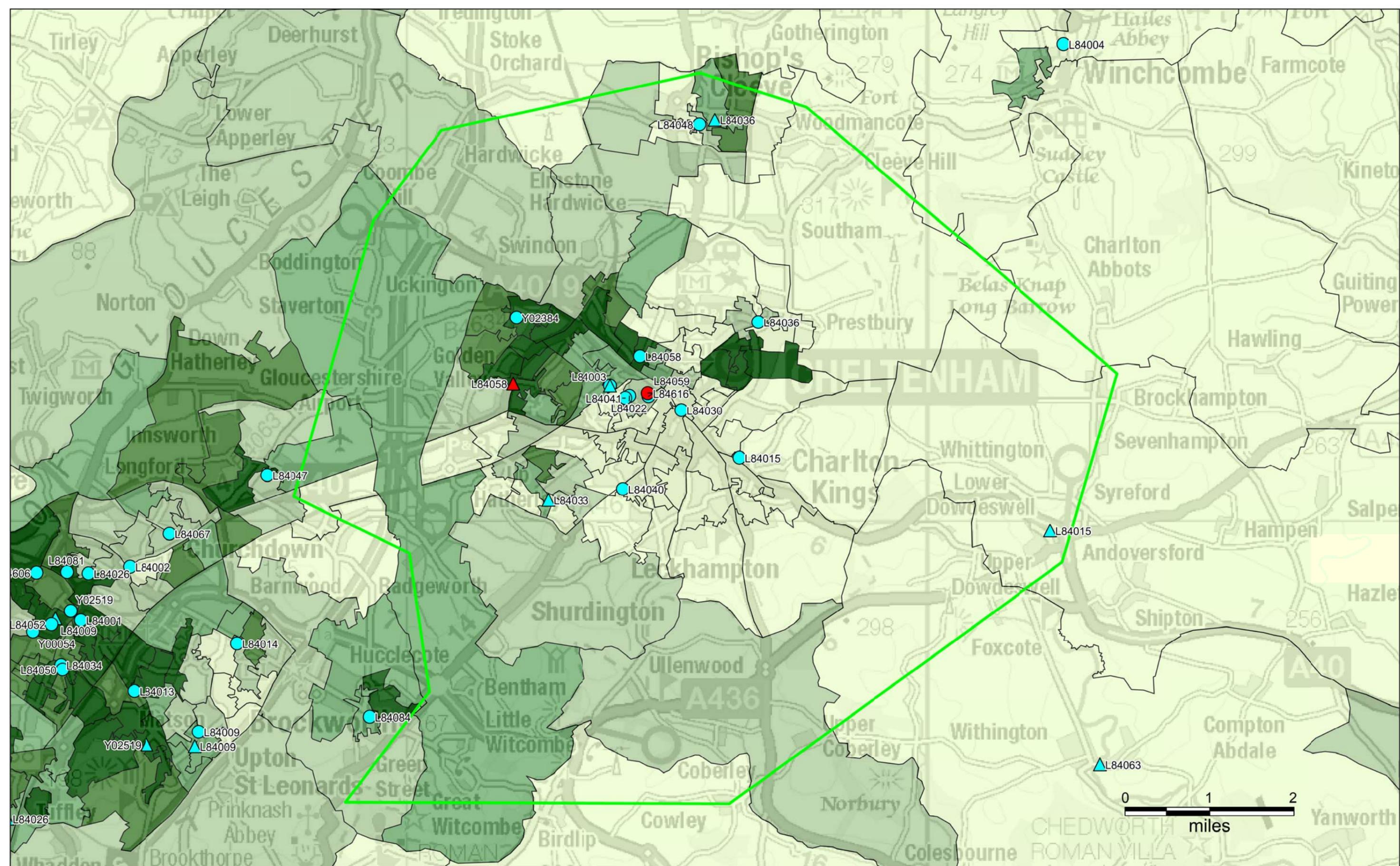
Crescent Bakery Surgery (L84616) Appendix 2a

Index of Multiple Deprivation (IMD) Health Domain 2015



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Crescent Bakery Surgery (L84616)

Appendix 2B

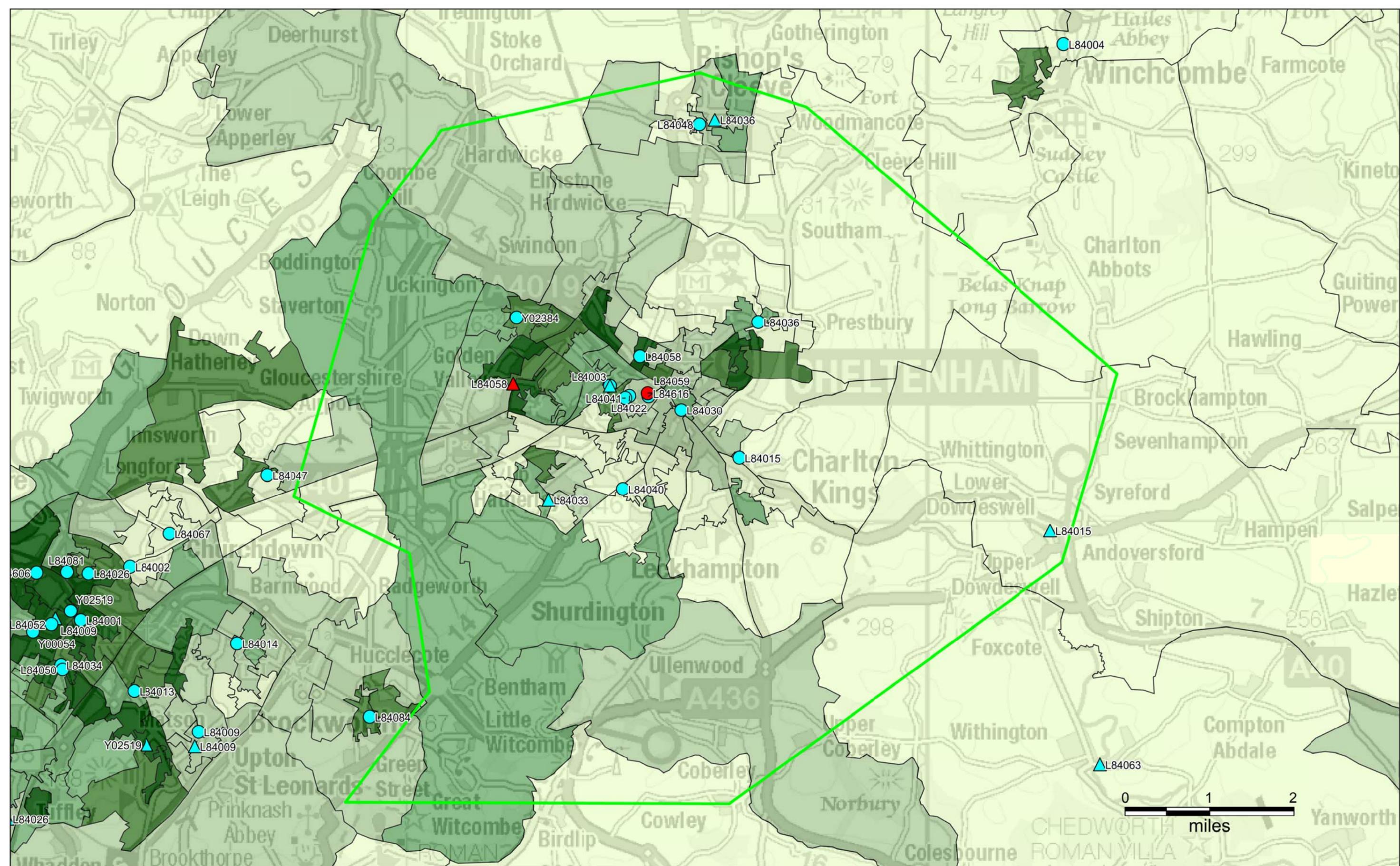
Index of Multiple Deprivation (IMD) Education Domain 2015

IMD2015 Education domain



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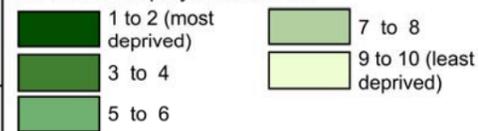


Crescent Bakery Surgery (L84616)

Appendix 2C

Index of Multiple Deprivation (IMD) Employment Domain 2015

IMD2015 Employment domain



-  Crescent Bakery surgery
-  Crescent Bakery branch surgery
-  Practice boundary
-  Main surgery
-  Branch surgery

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Appendix 3

Data from GP Patient Survey - published on 7 January 2016

Set questions on NHS Choices	Local (CCG) Average	National Average	Crescent Bakery Surgery	St Catherine's Surgery (Branch)	Springbank Surgery* data from old contract provider	Underwood Surgery	Yorkleigh Surgery	Overton Park Surgery	Royal Crescent Surgery	St Catherine's Surgery	Royal Well's Surgery	St George's Surgery	Portland Surgery	Corinthian Surgery
Percentage whom would recommend this surgery to someone new to the area	83%	78%	68%	84%	69%*	87%	83%	78%	84%	84%	84%	82%	77%	86%
Percentage whom are satisfied with the surgery's opening hours	76%	75%	72%	78%	67%*	85%	78%	74%	77%	78%	64%	82%	71%	77%
Percentage which find it easy to get through to this surgery by phone	83%	73%	74%	90%	85%*	92%	91%	77%	83%	90%	90%	95%	72%	88%
Percentage whom describe their experience of making an appointment as good	80%	73%	73%	78%	69%*	86%	83%	72%	79%	78%	71%	87%	77%	82%
Percentage whom describe their overall experience of this surgery as good	89%	85%	79%	87%	79%*	94%	93%	90%	86%	87%	87%	90%	90%	89%

Data from NHS National Performer List - January 2016

Male & Female GPs available			YES											
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Data from the Health and Social Care Information Centre Website

2014-15 QOF Overall Achievement			Lower than GCCG average score achieved	Lower than GCCG average score achieved	Lower than GCCG average score achieved* data from old contract	Higher than GCCG average score achieved	Lower than GCCG average score achieved	Higher than GCCG average score achieved	Higher than GCCG average score achieved	Lower than GCCG average score achieved	Higher than GCCG average score achieved	Lower than GCCG average score achieved	Higher than GCCG average score achieved	Higher than GCCG average score achieved
---------------------------------	--	--	--	--	--	---	--	---	---	--	---	--	---	---

Appendix 4

Proposed withdrawal from the Health Living Centre by Crescent Bakery Surgery

Results from the Consultation Survey

Response rate

In total 360 questionnaires were sent out to patients who were resident in GL51 7, 9 of the replies were online and 50 were paper questionnaires. This represents a response rate of 16%

Area of residence

The majority of the respondents (69%) were resident in GL51, 7% were resident in either GL50 or GL52 and 24% data was missing.

Support for the planned closure of HLC

The majority (98%) patients reported that they understood the practice's reasons for the branch closure and 85% of patients supported the plan. A minority (8%) did not support the plan to close the HLC.

In the event of closure of the HLC only 2 patients reported that they would register elsewhere.

Comments included:

It is easier for me to get to the main surgery as I can walk or catch a bus. I generally drive to Hesters Way but parking there can be a problem

Difficult to park (main surgery)

I have twin toddlers, while the main branch surgery is accessible it is difficult to enter with a pushchair especially one that is large. I would use the branch for this reason.

Live equal distance between the 2 surgeries, closure of the branch surgery would not be a problem.

I am surprised to hear of the proposal I try to go to the HLC as it is nearer to where I live if I can't get an appointment there I would go to CB.

On the change: It was nice to have the free parking at the HLC. What is good about the service: Appointments are obtained quickly. What could improve: increased receptionists

The only problem I foresee is parking, you don't have parking facilities especially for the disabled.

No complaints, receptionists very helpful and friendly. It is easy to get to the main surgery so no problems. Springbank very difficult to get to

On occasions it has been easier to get an appointment at the HLC at a convenient time and with the doctor you wish to see. Whilst I understand the reasons for those patients who need to have dressings changed etc. it will be more inconvenient.

I love the branch surgery as I don't need to travel by bus However on the past 12 months I never got doctors' appointments less than 3 weeks so I ended up booking with the main surgery. The other reason I stopped using the branch surgery is that there are no diabetic clinics offered. Let's hope the centralisation of services won't result in too many patients at one surgery. If it's about reducing costs due to govt spending cuts then I understand. I would have liked the branch surgery used as a walk in centre.

Attendance at Crescent Bakery and the HLC

Three quarters of the respondents reported that they usually went to the main practice for their appointments, 17% went to both and 8% went to the HLC.

Frequency of attendance

When did you last visit the practice?

	Number of responses	%
Not visited	19	32%
1-3 months ago	19	32%
3-6 months ago	2	3%
6-12 months ago	10	17%
>12 months	8	14%

Two thirds of the respondents had visited the practice in the last month (32%), or between 1-3 months (32%). A minority (14%) had not visited the practice in the past year

Q7 Attendance at Crescent Bakery: number of times visited in the past 12 months

	Number of responses	%
Not visited	10	17%
1-3 times	21	36%
3-6 times	18	31%
6-12 times	9	15%
>12	0	0

Q8 Attendance at HLC: number of times visited in the past 12 months

	Number of responses	%
Not visited	32	54%
1-3 times	25	42%
3-6 times	2	3%
6-12 times	0	0
>12	0	0

Attendance was higher at Crescent Bakery surgery, only 17% had not visited the practice in the past 12 months, whereas over half of the respondents had not visited the HLC. 46% of respondents had visited Crescent Bakery more than 3 times in the past year compared to only 3% at the HLC

Demographic Data

Q10 Gender

	Number of responses	%
Male	21	36%
Female	37	63%
Blank	1	2%

Q11 Age

	Number of responses	%
Under 18	1	2%
18-25	3	5%
26-35	6	10%
36-45	5	10%
46-55	11	19%
56-65	12	20%
65-74	6	10%
>75	14	24%
Blank	1	2%

Q12 How do you rate your health during the past 4 weeks

	Number of responses	%
Excellent	7	12%
Very good	13	22%
Good	14	24%
Fair	20	34%
Poor	1	2%
Very poor	3	5%

Q13 Do you consider yourself to have a disability?

	Number of responses	%
Yes	16	27%
No	41	69%
Blank	2	3%

Q14 Do you have to look after, or give special help to anyone who is sick, has a disability, or is an older person other than in a professional capacity?

	Number of responses	%
Yes	10	17%
No	49	83%
Blank	0	0

Q15 Ethnic group

	Number of responses	%
White British	53	90%
White Irish	1	2%
Other white background	3	5%
Black African	1	2%
Blank	1	2%

Other Comments

Fantastic service, friendly reception staff, excellent doctors and nurses

I live behind the healthy living centre and still take the next appointment to see the doctor of my choice regardless of the site

Over the past few years it has been increasingly difficult to get an appointment within a reasonable time. I used to find it easy to get a convenient appointment within a day or so, now it can be anything over a week to get an appointment, also promised call-backs haven't been made

There are several problems with this survey. 1. The website is insecure so your assertion that the survey is confidential is false. 2. The question about reading the survey and supporting the plan has two problems, first, you are asking 2 questions but only allowing 1 response, second, there is no 'no opinion' option. Unfortunately the latter problem invalidates that question so it is necessary to disregard the responses to it.

I and my 3 children have been registered with Crescent Bakery Surgery for many years (myself over 20). The service of all the staff, nurses and GPs has always been friendly, reassuring and efficient. Although not on my doorstep, do not have any issue with travelling into town either for my appointments or prescriptions. I would certainly not wish to change surgery, nor move my 3 children. I hope it remains at St George's Place.

Make patient notes electronic rather than paper. Contact patients via e-mail or text rather than paper letters

An observation of the survey: when asked about when did you last visit the practice – options given are 1-3 months and 3-6 months, 6-12 months. Should it read 4-6 months, 7-12 months instead?

Opening late one or two evenings a week would be helpful for those who work, but I do understand the extra pressure this would put on the practice staff

Would be helpful if the telephone menu included which number to press for blood results

I rarely need emergency/short notice appointments; no experience to draw on. Appointments with Dr Das always very satisfactory and comprehensive

More doctors in practice

NHS Gloucestershire Clinical Commissioning Group

Quality and Sustainability Impact Assessment Tool

This tool involves an initial assessment (stage 1) to quantify potential impacts (positive or negative) on quality from any proposal to change the way services are commissioned and/or delivered. Where potential negative impacts are identified they should be risk assessed using the risk scoring matrix to reach a total risk score.

Quality is described in 6 areas, each of which must be assessed at stage 1. Where a potentially negative risk score is identified and is greater than (>) 8 this indicates that a more detailed assessment is required in this area. All areas of quality risk scoring greater than 8 must go on to a detailed assessment at stage 2.

Scoring

A total score is achieved by assessing the level of impact and the likelihood of this occurring and assigning a score to each. These scores are multiplied to reach a total score.

The following tables define the impact and likelihood scoring options and the resulting score: -

LIKELIHOOD		IMPACT	
1	RARE	1	MINOR
2	UNLIKELY	2	MODERATE / LOW
3	MODERATE / POSSIBLE	3	SERIOUS
4	LIKELY	4	MAJOR
5	ALMOST CERTAIN	5	FATAL / CATASTROPHIC

Risk score	Category
1 - 3	Low risk (green)
4 - 6	Moderate risk (yellow)
8 - 12	High risk (orange)
15 - 25	Extreme risk (red)

A fuller description of impact scores can be found at appendix 1.

		IMPACT				
		1	2	3	4	5
LIKELIHOOD	1	1	2	3	4	5
	2	2	4	6	8	10
	3	3	6	9	12	15
	4	4	8	12	16	20
	5	5	10	15	20	25

Please take care with this assessment. A carefully completed assessment should safeguard against challenge at a later date.

Stage 1

The following assessment screening tool will require judgement against the 6 areas of risk in relation to Quality. Each proposal will need to be assessed whether it will impact adversely on patients / staff / organisations. Where an adverse impact score greater than (>) 8 is identified in any area this will result in the need to then undertake a more detailed Quality Impact Assessment. This will be supported by the Clinical Quality & Nursing team.

Title and lead for scheme: **Crescent Bakery – Closure of branch surgery at Hester’s Way Living Centre, Cheltenham**

Brief description of scheme. The Crescent Bakery practice operating in Cheltenham have applied to close its branch surgery at Hester’s Way Healthy Living Centre (HLC). Currently the practice attends at Hester’s Way HLC on Monday morning from 9a.m. to 12 noon (female GP) and Wednesday morning from 9.30a.m. to 12.30p.m. (Male GP). There is no nursing service provided.

Answer positive/negative (P/N) in each area. If N score the impact, likelihood and total in the appropriate box. If score > 8 insert Y for full assessment

Area of Quality	Impact question	P/N	Impact	Likelihood	Score	Full Assessment required
Duty of Quality	Could the proposal impact positively or negatively on any of the following - compliance with the NHS Constitution, partnerships, safeguarding children or adults and the duty to promote equality?	N	2	1	2	N
Patient Experience	Could the proposal impact positively or negatively on any of the following - positive survey results from patients, patient choice, accessibility, personalised & compassionate care?	N	2	1	2	N
Patient Safety	Could the proposal impact positively or negatively on any of the following – safety, systems in place to safeguard patients to prevent harm, including infections?	P	Scoring not applicable			N
Clinical Effectiveness	Could the proposal impact positively or negatively on evidence based practice, clinical leadership, clinical engagement and/or high quality standards?	P	Scoring not applicable			N
Prevention	Could the proposal impact positively or negatively on promotion of self-care and health inequality?	P	Scoring not applicable			N
Productivity and Innovation	Could the proposal impact positively or negatively on - the best setting to deliver best clinical and cost effective care; eliminating any resource inefficiencies; low carbon pathway; improved care pathway?	P	Scoring not applicable			N

Please describe your rationale for any positive impacts here:

Duty Of Quality –Negative. Closure of the branch surgery will contribute to a reduction of access and patient choice to residents of

Hester's Way who are registered with Crescent Bakery who would have preferred to access GP services at this site.

Patient Experience – Negative. The practice consulted with 360 patients who were resident in the immediate vicinity of the branch surgery as well as providing posters and questionnaires available at both main and branch sites and on line. The response rate was 16%. The practice has undertaken an evaluation of the responses, and included the narrative responses from individual respondents. It is clear from reading these; there is some disquiet from a minority of patients who responded to the survey, particularly in relation to car parking and access at the main site.

Patient Safety – Positive – All services will be provided on one site, with consistent and safe delivery.

Clinical Effectiveness – .Positive. Lack of nursing services on site at HLC requires patients to travel to the main surgery on the same day for some practice investigations, e.g. ECGs. The quality and standard of the medical services provided and delivered by the practice will remain unchanged .

Prevention – Positive. The provision of multi disciplinary services at the main surgery will support patients to stay well and support the provision of self care to patients which will also include reducing health inequalities.

Productivity and Innovation – Positive. The proposal supports the provision of primary medical care in the most clinically and cost effective manner. There will be a consistent delivery of care pathways to all practice patients.

Signature:

Teresa Middleton

Designation:

Deputy Director of Quality

Date: 8.1.16

Stage 2

Area of quality	Indicators	Description of impact (Positive or negative)	Risk (5 x5 risk matrix)			Mitigation strategy and monitoring arrangements
			Impact	Likelihood	Overall Score	
DUTY OF QUALITY	What is the impact on the organisation's duty to secure continuous improvement in the quality of the healthcare that it provides and commissions. In accordance with Health and Social Care Act 2008 Section 139?					
	Does it impact on the organisation's commitment to the public to continuously drive quality improvement as reflected in the rights and pledges of the NHS Constitution?					
	Does it impact on the organisation's commitment to high quality workplaces, with commissioners and providers aiming to be employers of choice as reflected in the rights and pledges of the NHS Constitution?					
	What is the impact on strategic partnerships and shared risk?					
	What is the equality impact on race, gender, age, disability, sexual orientation, religion and belief, gender reassignment, pregnancy and maternity for individual and community health, access to services and experience of using the NHS (Refer to PCT Equality Impact Assessment Tool)?					
	Are core clinical quality indicators and metrics in place to review impact on quality improvements?					
	Will this impact on the organisation's duty to protect children, young people and adults?					

PATIENT EXPERIENCE	What impact is it likely to have on self reported experience of patients and service users? (Response to national/local surveys/complaints/PALS/incidents)				
	How will it impact on choice?				
	Does it support the compassionate and personalised care agenda?				
	Will the service change have a positive or negative impact on accessibility? This includes access by walking, cycling and public transport along with DDA compliance.				
PATIENT SAFETY	How will it impact on patient safety?				
	How will it impact on preventable harm?				
	Will it maximise reliability of safety systems?				
	How will it impact on systems and processes for ensuring that the risk of healthcare acquired infections is reduced?				
	What is the impact on clinical workforce capability care and skills?				
CLINICAL EFFECTIVENESS	How does it impact on implementation of evidence based practice?				
	How will it impact on clinical leadership?				
	Does it support the full adoption of Better care, Better Value metrics?				
	Does it reduce/impact on variations in care?				
	Are systems for monitoring clinical quality supported by good information?				
	Does it impact on clinical engagement?				

PREVENTION	Does it support people to stay well?				
	Does it promote self-care for people with long term conditions?				
	Does it tackle health inequalities, focusing resources where they are needed most?				
	Does it enhance opportunities for social cohesion?				
PRODUCTIVITY AND INNOVATION	Does it ensure care is delivered in the most clinically and cost effective way?				
	Does it eliminate inefficiency and waste (in terms of time and productivity)?				
	Does it eliminate inefficiency and waste (in terms of physical resources – reducing medicines, packaging, and transport and buildings)?				
	Does it support low carbon pathways?				
	Will the service innovation achieve large gains in performance?				
	Does it lead to improvements in care pathway(s)?				

Signature:	Designation:	Date:
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Appendix 1.

Impact / Consequence score (severity levels) and examples of descriptors					
1	2	3	4	5	
Negligible	Minor (Green)	Moderate (Yellow)	Major (Orange)	Catastrophic (Red)	
Informal complaint/inquiry	Formal complaint (stage 1)	Formal complaint (stage 2) complaint	Multiple complaints/ independent review	Gross failure of patient safety if findings not acted on	
	Local resolution	Local resolution (with potential to go to independent review)	Low performance rating	Inquest/ombudsman inquiry	
	Single failure to meet internal standards	Repeated failure to meet internal standards	Critical report	Gross failure to meet national standards	
	Minor implications for patient safety if unresolved	Major patient safety implications if findings are not acted on			
	Reduced performance rating if unresolved				
Short-term low staffing level that temporarily reduces service quality (< 1 day)	Low staffing level that reduces the service quality	Late delivery of key objective/ service due to lack of staff	Uncertain delivery of key objective/service due to lack of staff	Non-delivery of key objective/service due to lack of staff	
		Unsafe staffing level or competence (>1 day)	Unsafe staffing level or competence (>5 days)	Ongoing unsafe staffing levels or competence	
		Low staff morale	Loss of key staff	Loss of several key staff	
		Poor staff attendance for mandatory/key training	Very low staff morale	No staff attending mandatory/ key training	No staff attending mandatory training /key training on an ongoing basis
No or minimal impact on breach of guidance/ statutory duty	Breach of statutory legislation Reduced performance rating if unresolved	Single breach in statutory duty	Enforcement action	Multiple breaches in statutory duty	
		Challenging external recommendations/ improvement notice	Multiple breaches in statutory duty	Prosecution	
			Improvement notices	Complete systems change required	
			Low performance rating	Zero performance rating	
			Critical report	Severely critical report	
Rumours	Local media coverage –	Local media coverage –	National media coverage with <3 days service well below reasonable public expectation	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House)	
	short-term reduction in public confidence	long-term reduction in public confidence			
Potential for public concern	Elements of public expectation not being met			Total loss of public confidence	

Insignificant cost increase/ schedule slippage	<5 per cent over project budget	5–10 per cent over project budget	Non-compliance with national 10–25 per cent over project budget	Incident leading >25 per cent over project budget
	Schedule slippage	Schedule slippage	Schedule slippage	Schedule slippage
			Key objectives not met	Key objectives not met
Small loss Risk of claim remote	Loss of 0.1–0.25 per cent of budget	Loss of 0.25–0.5 per cent of budget	Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget	Non-delivery of key objective/ Loss of >1 per cent of budget
	Claim less than £10,000	Claim(s) between £10,000 and £100,000	Claim(s) between £100,000 and £1 million	Failure to meet specification/ slippage
			Purchasers failing to pay on time	Loss of contract / payment by results
				Claim(s) >£1 million
Loss/interruption of >1 hour	Loss/interruption of >8 hours	Loss/interruption of >1 day	Loss/interruption of >1 week	Permanent loss of service or facility
Minimal or no impact on the environment	Minor impact on environment	Moderate impact on environment	Major impact on environment	Catastrophic impact on environment

Likelihood score				
1	2	3	4	5
Rare	Unlikely	Possible	Likely	Almost certain
This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur but it is not a persisting issue	Will undoubtedly happen/recur, possibly frequently

Agenda Item 6

Primary Care Commissioning Committee

Meeting Date	Thursday 28th January 2016
Title	Application from Culverhay Surgery to close their two branch surgeries at Wickwar and Hawkesbury
Executive Summary	<p>Culverhay Surgery, based at Wotton-under-Edge within the Stroud and Berkeley Vale locality, currently have two branch surgeries which are open for one hour per day, once per week:</p> <ul style="list-style-type: none"> • Wickwar branch at Avon Crescent Community Centre, Wickwar • Hawkesbury branch at Bethesda Congregational Chapel, Hawkesbury Upton <p>Following a consultation period with their patients who live in the Wickwar and Hawkesbury Upton areas, the practice has submitted an application to close these branch surgeries.</p> <p>It should be noted that an application has also been received from The Chipping Surgery to close their branch surgeries at the same locations. It is therefore necessary that these applications are considered in parallel.</p>
Risk Issues: Original Risk Residual Risk	<p>Continued provision of offering local patient care is the principal risk with a branch surgery closure.</p> <p>With this application, the risk is assessed as low, predominantly due to the very short opening times and services available at the</p>

	two locations, combined with the continued access to services at both the main surgery site and a choice of other local primary care providers.
Financial Impact	Closure of the branch surgery will result in a small saving on notional rent, but this factor is not a consideration in the decision.
Legal Issues (including NHS Constitution)	<p>Gloucestershire CCG needs to act within the terms of the Delegation Agreement with NHS England dated 26 March 2015 for undertaking the functions relating to Primary Care Medical Services.</p> <p>A branch surgery closure represents a variation to a practice's GMS contract and therefore requires agreement by GCCG under delegated commissioning arrangements.</p> <p>The PCCC approved a GCCG Standard Operating Procedure for a branch closure application in November 2015, which also sets out the prevailing guidance, legislation and regulations to be considered. This protocol has been followed in handling this application.</p>
Impact on Health Inequalities	Assessed as low as patients will continue to have access to services at Culverhay's main surgery site, or can choose to register with another local practice.
Impact on Equality and Diversity	Assessed as low as patients will continue to have access to services at Culverhay's main surgery site or can choose to register with another local practice.
Impact on Quality and Sustainability	Assessed as low impact through the Quality and Sustainability Impact Assessment.
Patient and Public Involvement	The practice has undertaken a patient and public consultation period from 14 September to 31 October 2015. Details are within the main paper, with patients broadly supporting the practice's application, albeit with a few concerns and a fairly low response rate.

Recommendation	<p>The PCCC is asked to:</p> <ul style="list-style-type: none"> • Consider the recommendation from the Primary Care Operational Group meeting of 26 January 2016 • Make a decision regarding this request to close Culverhay's two branch surgeries
Author	Jeanette Giles / Stephen Rudd
Designation	Head of Primary Care Contracting / Head of Locality & Primary Care Development
Sponsoring Director (if not author)	Helen Goodey, Director Locality Development and Primary Care

Agenda Item 6

Primary Care Commissioning Committee

Thursday 28th January 2016

Application from Culverhay Surgery to close their two branch surgeries at Wickwar and Hawkesbury

1	Introduction and background
1.1	<p>Culverhay Surgery, based at Wotton-under-Edge within the Stroud and Berkeley Vale locality, currently have two branch surgeries which are open for one hour per day, once per week:</p> <ul style="list-style-type: none"> • Wickwar branch at Avon Crescent Community Centre, Wickwar, GL12 8NL (Monday afternoon opening) • Hawkesbury branch at Bethesda Congregational Chapel, Hawkesbury Upton (Tuesday afternoon opening)
1.2	<p>The location of the branch surgeries are shown at Appendix 1.</p>
1.3	<p>After careful consideration and exploration of other possible solutions, the practice has decided to submit an application for closure of these sites. The principal reason for the application relates to the poor quality of the two premises for providing a high standard of care. This includes:</p> <ul style="list-style-type: none"> • Non-Care Quality Commission (CQC) compliant with regards to infection control • No examination facilities • Not sufficient space for nursing support, resulting in no chaperone facilities and a lone worker risk • Inability to adjust the rooms for disabled access • No IT services available, meaning no access to patient medical records or test results
1.4	<p>Therefore, there is often a need for patients to attend the main surgery, resulting in an inefficiency and frustration for both</p>

patients and doctors.

1.5

Many patients will be on repeat medications and the practice have confirmed the prescription request and delivery service to and from Wickwar and Hawkesbury Upton will remain unchanged.

2

The branch surgery – demographics, utilisation and alternative services available for patients

2.1

Culverhay Surgery has a registered list size of c.6,200 patients (as at January 2016), with total of 586 patients living in the Wickwar and Hawkesbury areas.

2.2

Average patient attendance at the two sites was measured over a six month period. This demonstrated an average of four patient attendances per week at Wickwar, two patients per week at Hawkesbury. It is usually the same patients who attend the branch surgery (these patients also attend the main surgery for nurse appointments).

2.3

Wickwar and Hawkesbury Upton are not areas of deprivation (see Appendix 2) as measured by the index of multiple deprivation. They are also in the least deprived category with regard to Health, Education and Income (Appendices 2a, 2b and 2c).

2.4

The practice demographic profile of patients living in Hawkesbury Upton and Wickwar is as follows:

The practice demographic profile in Wickwar and Hawkesbury Upton is as follows:

Age Range	Wickwar	Hawkesbury Upton
0 – 9 yrs	24	22
10 – 19 yrs	27	30
20 – 29 yrs	20	44
30 – 39 yrs	18	22

40 – 49 yrs	31	54
60 – 59 yrs	40	58
61 – 69 yrs	30	56
70 – 79 yrs	14	50
80+	17	29
total	221	365

Although the practice population in these areas are very small, when compared against the practice population as a whole the following is noted:

- The Wickwar area has a higher proportion of under 20 years olds.
- Hawkesbury Upton area has a higher proportion of patients over 61 years old and a lower proportion of under 20 year olds.

2.5

Alternative services – Wickwar branch

2.5.1

Main surgery – Culverhay

Patients will be able to continue to use Culverhay Surgery's main site, which is 4 miles from the Wickwar branch. Travelling times are approximately:

- By Car: 7 minutes
- Public Transport: 22 minutes
 - Direct: Buses 82 or 84 (north) running regularly throughout the day (7.25 through to 18.09)
 - Indirect: Buses 82 or 84 (south) and change to 86 at Chipping Sodbury, also running regularly throughout the day (7.34 through to 18.12)
- Voluntary transport service: Kingswood Community

<p>2.5.2</p> <p>2.6</p> <p>2.6.1</p>	<p>Transport (http://www.kingswoodct.org.uk/) provides accessible vehicles for people who cannot easily use public transport or are transport-disadvantaged, for an annual fee of £20. Patients who are holders of a South Gloucestershire Council Diamond Travel Card can use their Dial-&-Ride and Doctors Shuttle trips for a cost of £1 per trip.</p> <p><u>Neighbouring practices</u></p> <p>The nearest alternative practices to the branch surgery at Wickwar are:</p> <ul style="list-style-type: none"> • The Chipping Surgery, Wotton-under-Edge: 3.9 miles • Wellington Road Family Practice, Yate: 4.3 miles • West Walk Surgery, Yate: 4.8 miles • Courtside Surgery, Yate: 4.9 miles • Kennedy Way Surgery, Yate: 4.9 miles • Leap Valley Surgery, Abbotswood, Yate: 5.8 miles <p><u>Alternative services – Hawkesbury Upton branch</u></p> <p><u>Main surgery – Culverhay</u></p> <p>Patients will be able to continue to use Culverhay Surgery’s main site, which is 4.8 miles from the Culverhay branch. Travelling times are approximately:</p> <ul style="list-style-type: none"> • By Car: 12 minutes • Public Transport: 24 minutes <ul style="list-style-type: none"> ○ Direct: Bus 86 (north) running regularly throughout the day (7.37 through to 18.04) ○ Indirect: Bus 86 (south) and change at Chipping Sodbury to 82 or 84 (north), also running regularly throughout the day (8.10 through to 16.23) • Voluntary transport service: <ul style="list-style-type: none"> ○ Hawkesbury Volunteer Transport provides transport for health-related appointments for patients living in Hawkesbury Upton who have transport difficulties. Patients with a bus pass travel free. ○ Kingswood Community Transport (http://www.kingswoodct.org.uk/) – as above for
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	Wickwar.
2.6.2	<p><u>Neighbouring practices</u></p> <p>The nearest alternative practices to the branch surgery at Hawkesbury Upton are:</p> <ul style="list-style-type: none"> • Kennedy Way Surgery (branch, open Tuesdays 9.30-11am), Badminton: 3.8 miles • The Chipping Surgery, Wotton-under-Edge: 5.0 miles • West Walk Surgery, Yate: 4.8 miles • Kennedy Way Surgery, Yate: 4.9 miles • Courtside Surgery, Yate: 4.9 miles
2.7	Details of public transport routes to alternative practices are shown in Appendix 3.
2.8	Furthermore, an analysis of alternative practices available to Culverhay patients has been carried out, relating specifically to the national patient survey, QOF and availability of male and female GPs, has been undertaken (see Appendix 4).
3	Consultation and engagement for the branch closures
3.1	As per the Standard Operating Procedure (SOP) for the application to close a branch surgery, the practice had preliminary discussions with the GCCG Primary Care and Localities Directorate along with the Patient Engagement and Experience Team.
3.2	The proposed branch surgery closures were discussed with the practice's Patient Participation Group meetings on 21 July and 15 September 2015 and the consultation period commenced on 14 September, finishing on 31 October 2015. Doctors and nurses also took the opportunity to discuss the closure with patients on an ad-hoc basis.
3.3	Culverhay Surgery sent 441 individual letters and questionnaires to patients (18 years and over) in Wickwar and Hawkesbury Upton. (see Appendix 5).
3.4	The same letter and questionnaire were also made available on the practice's website and waiting room to obtain the views of the

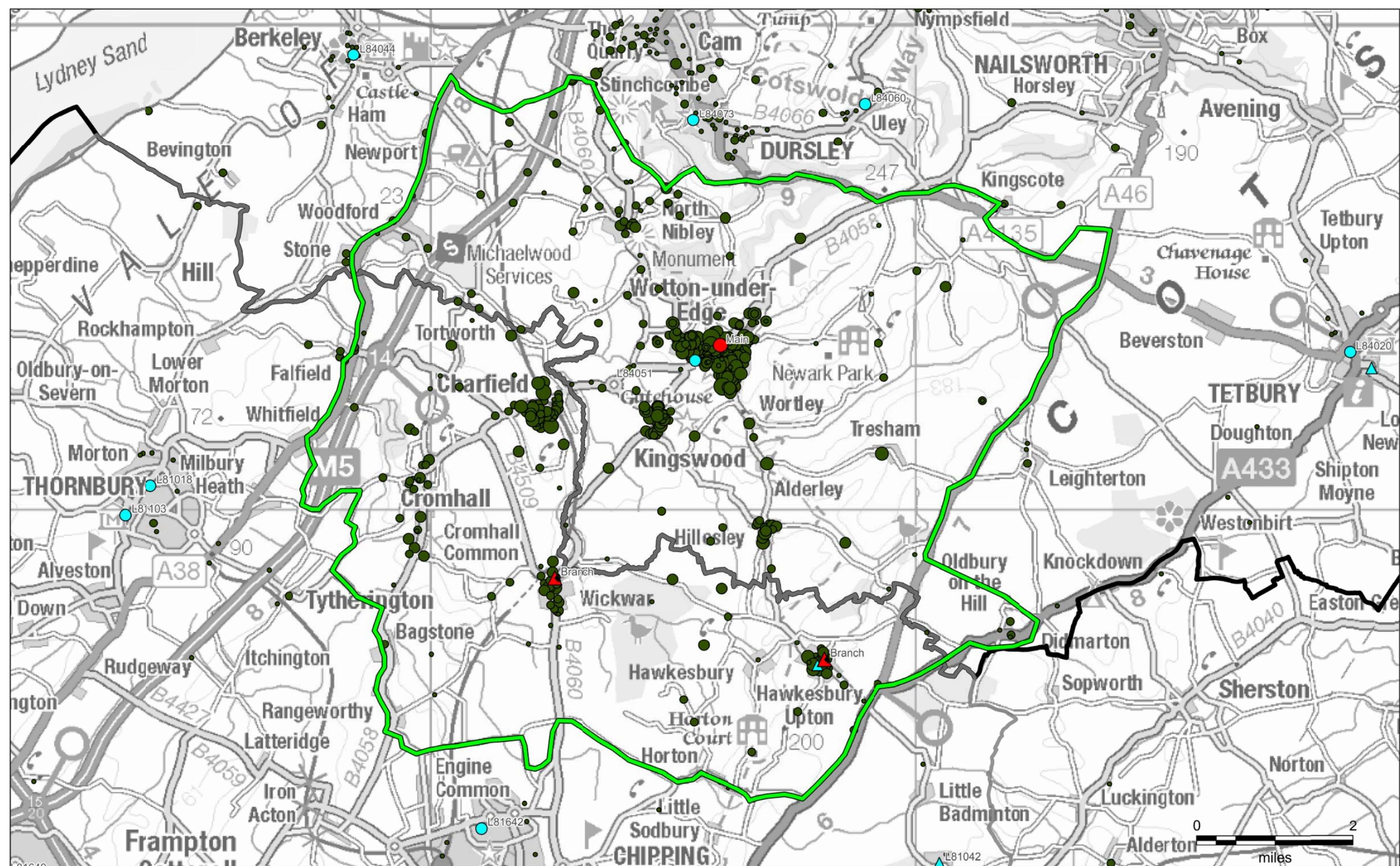
3.5	<p>wider practice population.</p> <p>Gloucestershire CCG, again in accordance with the SOP, have consulted with:</p> <ul style="list-style-type: none"> • Neighbouring practices • Healthwatch Gloucestershire • South Gloucestershire CCG • The Local Medical Committee • The Health and Care Overview and Scrutiny Committee (HCOSC) • The Health and Wellbeing Board (to be consulted)
4	<p>Consultation: the responses</p>
4.1	<p><u>Patients</u></p> <p>The practice received 70 completed questionnaires, representing approximately 16% response rate (which is in accordance with other branch surgery consultations conducted recently). An analysis of responses has been submitted by Culverhay Surgery (see Appendix 6), which can be briefly summarised for the purposes of this paper as follows:</p> <ul style="list-style-type: none"> • 87% of respondents supported the practice’s plan to close the branch surgeries • 11% of the respondents stated they normally attended the branch surgery for appointments • 20 patients said they had visited the branch surgery in the last 12 months and 3 patients said they had visited it over 6 times in this period. • 1 respondent said they would register with another practice if the branch surgeries closed. • 41 of the respondents were over 66 years of age • The key issues raised by residents was transport and access to additional appointments at the main surgery
4.2	<p><u>Neighbouring practices</u></p>
4.2.1	<p>West Walk Surgery: <i>“We cover Wickwar and Hawkesbury Upton</i></p>

	<p><i>areas, but have relatively few patients. We can totally understand their wish to close the branch surgeries. We don't have any concerns about it and it wouldn't be a problem if we did end up getting additional patients."</i></p>
4.2.2	<p>Leap Valley Surgery: <i>"We totally understand the practices' reasons for wishing to close these branch surgeries and would simply add that our branch surgery at Abbotswood in Yate has capacity should any patients wish to reregister. The opening hours are Monday to Friday 8.30am until 6.30pm but closed 1.00 – 2.00pm every day except Wednesday when the surgery closes at 1.00pm."</i></p>
4.3	<p>Kennedy Way Surgery, Yate: <i>"we would support this application to close their branch surgery"</i></p>
4.4	<p>Any further responses received between the time of writing and the meeting of the PCCC, will be tabled accordingly.</p>
4.5	<p>It should be noted that The Chipping Surgery have simultaneously applied to close their branch surgeries at Wickwar and Hawkesbury Upon for the same reasons. Therefore, this application must be considered concurrently with The Chipping Surgery to ensure the combined impact is understood.</p>
5	<p>GCCG Quality and Sustainability Impact Assessment</p>
5.1	<p>In accordance with the SOP, a Quality and Sustainability Impact Assessment with regard to this application was undertaken (see Appendix 7).</p> <p>The process for completing a Quality and Sustainability Impact Assessment necessitates a process that considers six criteria of quality. Each criteria is assessed positively or negatively and scored in terms of impact and likelihood. If the area of quality criteria is identified as negative, then the risk of impact and likelihood is scored using the commonly accepted charts. Each score is then multiplied to identify the level of risk and if the score is less than 8 a full assessment of the individual criteria is not required as the resultant risk is low. If the area of quality criteria is positive, it is not necessary to risk score impact and likelihood.</p> <p>The overall impact on quality and sustainability was assessed to</p>

	<p>be low. A summary of the findings are detailed below for ease of reference:</p>
5.1.1	<ul style="list-style-type: none"> • <u>Duty of Quality:</u> Positive Closure of the two branch surgeries will contribute to a reduction of access and patient choice to residents of Wickwar and Hawkesbury, however the quality of care currently delivered in these two branch surgeries is compromised due to the lack of appropriate facilities available to operate a modern medical surgery, e.g. computer access, examination facilities, compliance with mandatory infection control legislation.
5.1.2	<ul style="list-style-type: none"> • <u>Patient Experience:</u> Negative The practice has undertaken an effective consultation with patients including the practice patient participation group. The response rate was 15%. The practice has undertaken an evaluation of responses and included the narrative of responses from individual respondents. It is clear from reading these there is some disquiet from some patients particularly in relation to transport (public / voluntary). However a small number of patients will be affected.
5.1.3	<ul style="list-style-type: none"> • <u>Patient Safety:</u> Positive The medical facilities at the two branch surgeries are not fit for purpose, and as such the closure of them will contribute to an increase in patient safety.
5.1.4	<ul style="list-style-type: none"> • <u>Clinical Effectiveness:</u> Positive The quality and standard of the medical services provided at the main surgery will be consistent.
5.1.5	<ul style="list-style-type: none"> • <u>Prevention:</u> Positive The provision of services at the main surgery will support patients to stay well and support the provision of self-care to patients which will also include reducing health inequalities. These services are unlikely to have been available to the same standard from the branch surgeries.
5.1.6	<ul style="list-style-type: none"> • <u>Productivity and Innovation:</u> Positive The proposal supports the provision of primary medical care in the most clinically and cost effective manner. There will be a consistent delivery of care pathways to all practice patients.

	<p>Closure of the branch surgeries will support the reduction of the carbon footprint of the practice by reducing the travel of the GPs however this may be offset by an increase in home visits of patients who are unable to travel to the main surgery.</p>
5.1.7	<p>Branch surgeries or list closure requests in the area</p> <p>It should be noted that an application has also been received from Chipping Surgery to close its branch surgeries at the same locations. It is therefore necessary that these applications are considered in parallel.</p> <p>There are no list closure requests from Gloucestershire practices in the area.</p> <p>NHS England South Region (South West) have stated there are no list closure requests from South Gloucestershire practices in the area.</p>
6.	<p>Summary</p> <p>The branch surgeries at Wickwar and Hawkesbury Upton take place in premises which are poor for delivery of GP services. In addition there are no appropriate examination facilities on site and there is lack of sufficient space for nursing support resulting in lack of facilities for a chaperone if required which would also contribute to an increased risk of lone working.</p> <p>There are no IT services available and therefore GPs are not able to access patient medical records or test results which could delay treatment.</p> <p>The number of patients attending the two sites is small (an average of four patients per week at Wickwar and two patients per week at Hawkesbury Upton). It is usually the same patients who attend these locations to see the GP but they will also attend the main surgery for nurse appointments.</p> <p>Transport for residents, particularly older residents without access to own means of transport is an issue and it would be important that the practice publicise all bus routes and volunteer transport</p>

	<p>services.</p> <p>For those patients who wish to access GP services at an alternative location to the Culverhay's main Wotton-under-Edge premises, options are available for them to register at alternative surgeries who have the capacity and willingness to take on additional patients.</p>
<p>7</p> <p>6.1</p>	<p>Recommendation</p> <p>The PCCC is asked to:</p> <ul style="list-style-type: none"> • Consider the recommendation from the Primary Care Operational Group meeting of 26 January 2016 • Make a decision regarding this request to close Culverhay's two branch surgeries
<p>7</p>	<p>Appendices</p> <p>Appendix 1 – Practice boundary and population spread Appendix 2, 2a, 2b, 2c – Index of multiple deprivation (IMD), IMD health, IMD Income, IMD Education Appendix 3 – Alternative surgeries Appendix 4 – An analysis of alternative practices' performance in relation to national patient survey and QOF and availability of male and female GPs Appendix 5 – Patient Letter and Questionnaire Appendix 6 – Patient consultation analysis Appendix 7 – An analysis of the Quality and Sustainability Impact Assessment</p>



The Culverhay Surgery (L84027) **Appendix 1**

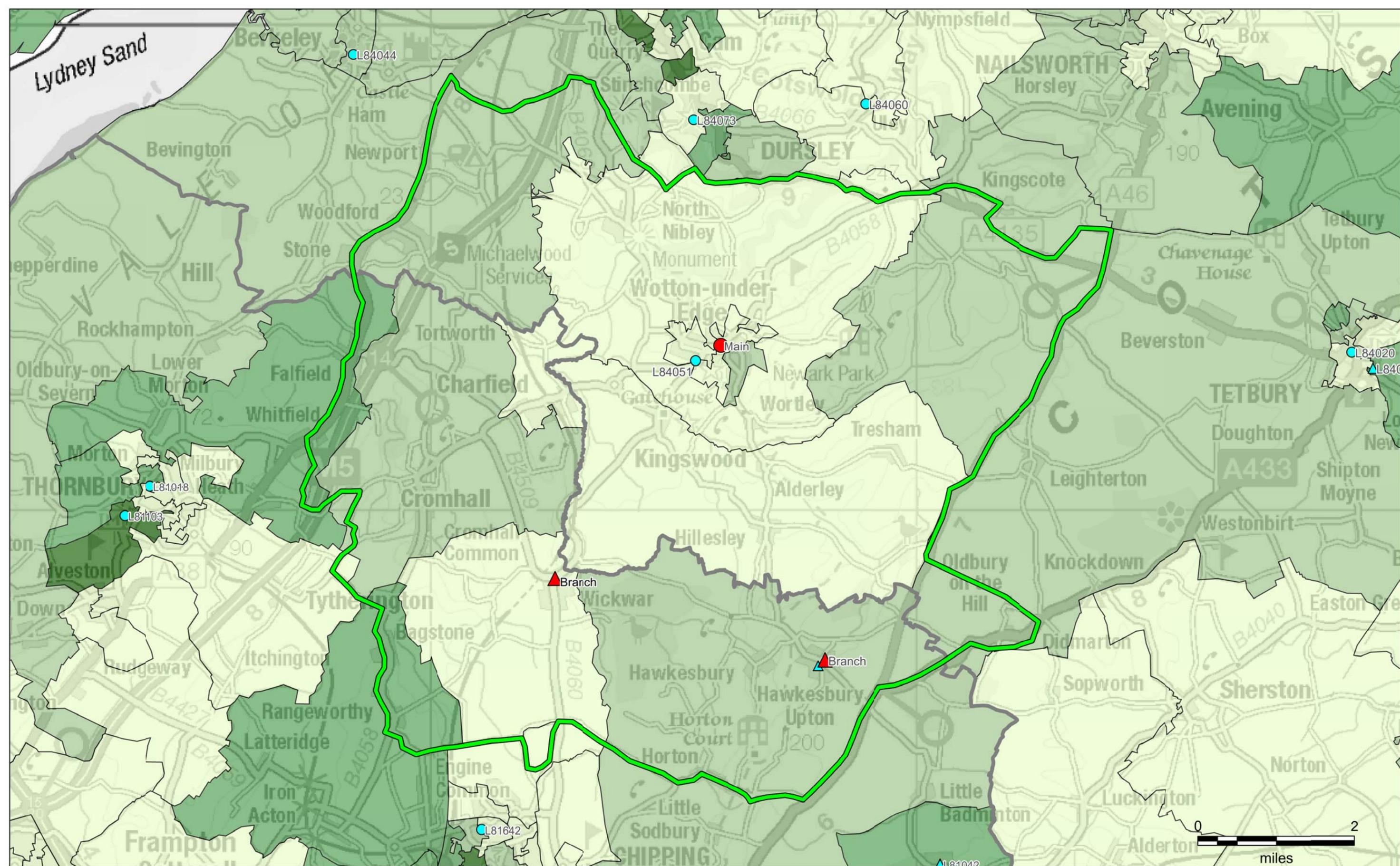
Practice Boundary and Population Spread

Population Data: 18 November 2015
Total Practice Population: 6,211
Within Contractual Boundary: 5,606 (90.3%)
Outside Contractual Boundary: 605 (9.7%)

- Main Surgery
- ▲ Branch Surgery
- Contractual boundary
- CCG boundary
- County Boundary

- Population Density
 1 circle = 1 postcode
- 50 to 100
 - 25 to 50
 - 10 to 25
 - 3 to 10
 - 1 to 3

South, Central and West **NHS**
 Commissioning Support Unit
 James Norris - 10 December 2015
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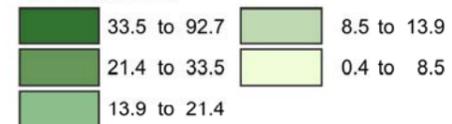
The Culverhay Surgery (L84027)

Appendix 2

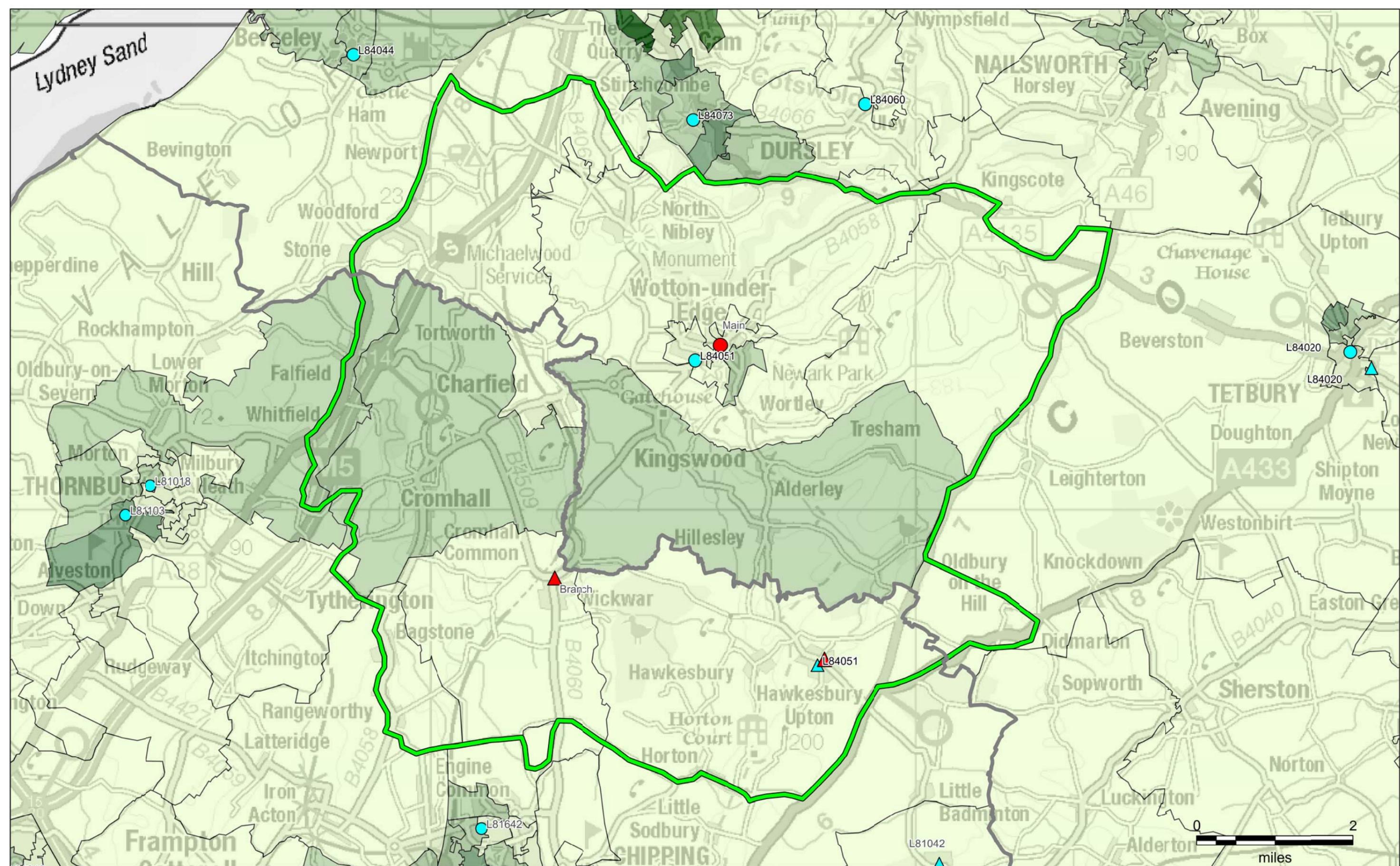
Index for Multiple Deprivation 2015

- Main Surgery
- ▲ Branch Surgery
- Contractual Boundary
- CCG Boundary

IMD Score 2015



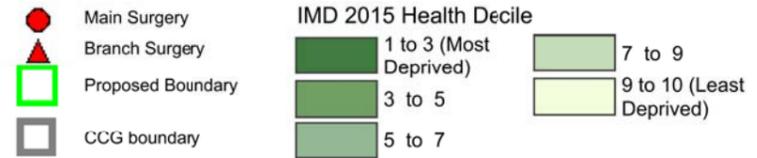
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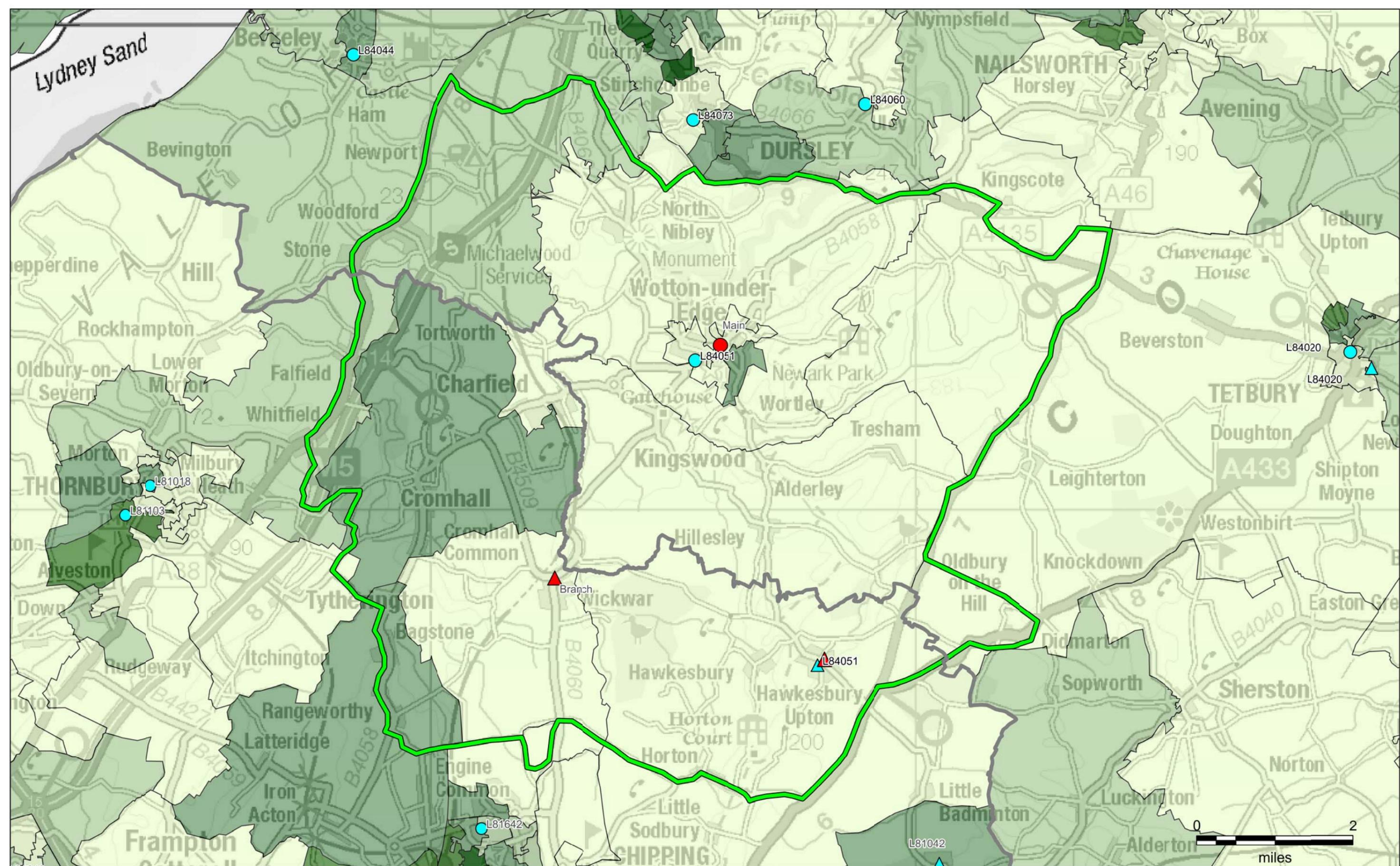
The Culverhay Surgery (L84027)

Appendix 2a

Index of Multiple Deprivation 2015 - Health Decile



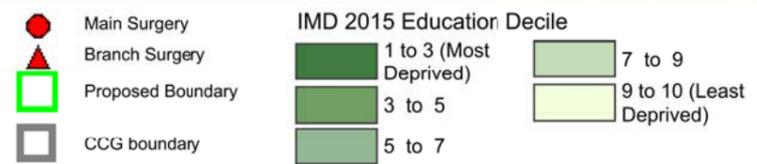
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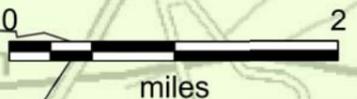
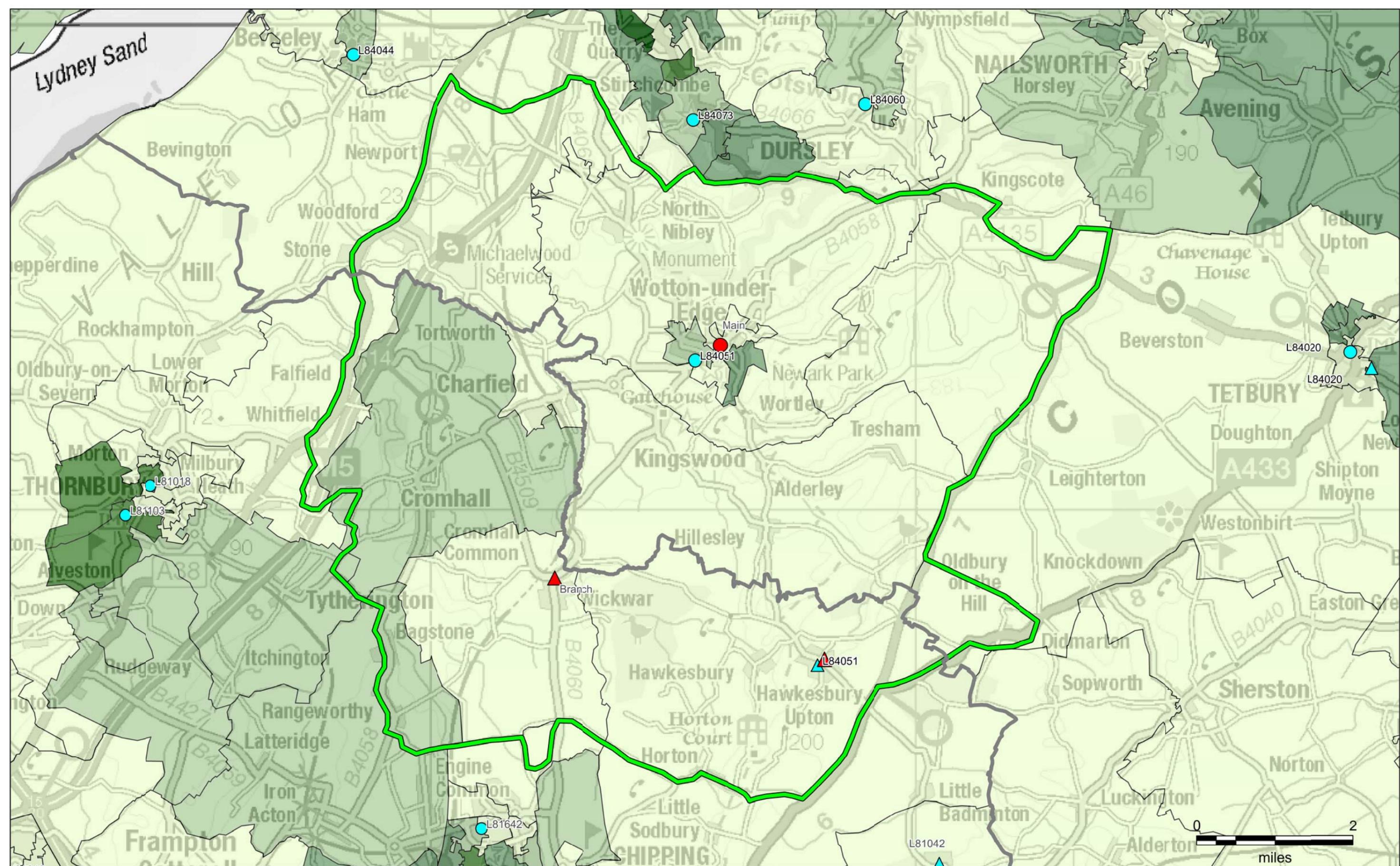
The Culverhay Surgery (L84027)

Appendix 2B

Index of Multiple Deprivation 2015 - Education Decile



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The Culverhay Surgery (L84027)

Appendix 2C

Index of Multiple Deprivation 2015 - Employment Decile

● Main Surgery	IMD 2015 Employment Decile	7 to 9
▲ Branch Surgery	1 to 3 (Most Deprived)	9 to 10 (Least Deprived)
 Proposed Boundary	3 to 5	
 CCG boundary	5 to 7	

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Appendix 3

The nearest alternative practices to the branch surgery at Wickwar, South Gloucestershire are:

3.9 miles away - The Chipping Surgery

The Chipping Surgery

Symn Lane

Wotton-under-Edge

Glos., GL12 7BD

Public Transport direct journeys from Wickwar numbers 82 or 84 (north) bus at 7.25, 7.35, 8.38, 9.10, 9.43, 10.26, 10.43, 11.26, 11.43, 12.26, 12.43, 13.26, 13.43, 14.26, 14.43, 15.43, 15.50, 16.59, 17.16, 18.09. An alternative route is on the 82 or 84 (south) via a change of bus in Chipping Sodbury to the number 86 at 7.34, 8.17, 8.28, 9.17, 9.59, 10.18, 10.59, 11.18, 11.59, 12.18, 12.59, 13.18, 13.59, 14.18, 15.18, 15.21, 16.17, 16.47, 17.17, 18.12.

4.3 miles away - Wellington Road Family Practice

The Surgery

Wellington Road

Yate, Bristol

BS37 5UY

Public Transport direct journeys from Wickwar number 82 or 84 (south) bus at 7.34, 8.17, 8.28, 9.17, 9.59, 10.18, 10.59, 11.18, 11.59, 12.18, 12.59, 13.18, 13.59, 14.18, 15.18, 15.21, 16.17, 16.47, 17.17, 18.12. An alternative route is on the 82 or 84 (north) via a change of bus in Wotton to the number 86 at 7.25, 8.38, 9.10, 9.43, 10.26, 10.43, 11.26, 11.43, 12.26, 12.43, 13.26, 13.43, 14.26, 14.43, 15.43, 15.50, 16.59, 17.18.

Note there will be a short walk (5 mins)

4.8 miles away - West Walk Surgery

West Walk Surgery

Yate West Gate Centre

21 West Walk

Yate, Bristol

BS37 4AX

Public Transport direct journeys from Wickwar number 82 or 84 (south) bus at 7.34, 8.00, 8.28, 9.15, 9.59, 10.18, 10.59, 11.18, 11.59, 12.18, 12.59, 13.18, 13.59, 14.18, 15.18, 15.21, 16.28, 16.47, 17.38. An alternative route is on the 82 or 84 (north) via a change of bus in Wotton to the number 86 at 7.25, 8.38, 9.10, 9.43, 10.26, 10.43, 11.26, 11.43, 12.26, 12.43, 13.26, 13.43, 14.26, 14.43, 15.43, 15.50, 16.59, 17.16.

4.9 miles away - Courtside Surgery

Kennedy Way

Yate, Bristol

BS37 4DQ

Public Transport direct journeys from Wickwar number 82 or 84 (south) bus at 7.34, 8.00, 8.28, 9.15, 9.59, 10.18, 10.59, 11.18, 11.59, 12.18, 12.59, 13.18, 13.59, 14.18, 15.18, 15.21, 16.28, 16.47, 17.38. An alternative route is on the 82 or 84 (north) via a change of bus in Wotton to the number 86 at 7.25, 8.38, 9.10, 9.43, 10.26, 10.43, 11.26, 11.43, 12.26, 12.43, 13.26, 13.43, 14.26, 14.43, 15.43, 15.50, 16.59, 17.16.

4.9 miles away - Kennedy Way Surgery

Kennedy Way Surgery

Kennedy Way

Yate, Bristol

BS37 4AA

Public Transport direct journeys from Wickwar number 82 or 84 (south) bus at 7.34, 8.00, 8.28, 9.15, 9.59, 10.18, 10.59, 11.18, 11.59, 12.18, 12.59, 13.18, 13.59, 14.18, 15.18, 15.21, 16.28, 16.47, 17.38. An alternative route is on the 82 or 84 (north) via a change of bus in Wotton to the number 86 at 7.25, 8.38, 9.10, 9.43, 10.26, 10.43, 11.26, 11.43, 12.26, 12.43, 13.26, 13.43, 14.26, 14.43, 15.43, 15.50, 16.59, 17.16.

5.8 miles away - Abbotswood Surgery

Leap Valley Surgery (branch – open Monday - Friday 8.30am – 6.30pm)

42 Abbotswood

Yate, BS37 4NG

Public Transport direct journeys from Wickwar number 82 or 84 (south) bus at 7.34, 8.00, 8.28, 9.15, 9.59, 10.18, 10.59, 11.18, 11.59, 12.18, 12.59, 13.18, 13.59, 14.18, 15.18, 15.21,

16.28, 16.47, 17.38. An alternative route is on the 82 or 84 (north) via a change of bus in Wotton to the number 86 at 7.25, 8.38, 9.10, 9.43, 10.26, 10.43, 11.26, 11.43, 12.26, 12.43, 13.26, 13.43, 14.26, 14.43, 15.43, 15.50, 16.59, 17.16.

Note there would be a short walk (7 mins)

The nearest alternative practices to the branch surgery at Hawkesbury Upton, South Gloucestershire are:

3.8 miles away - Kennedy Way Surgery

Badminton Surgery (branch – open Tuesdays 9.30am -11.00am)

Portcullis, High Street

Badminton, South Gloucestershire

GL9 1DD

Public Transport – There are no direct journeys from Hawkesbury Upton. An alternative route is on the 86 (south) bus via a change of bus in Chipping Sodbury to the number 41 at 10.11, 12.11, 14.11, 15.09, 16.23.

5.0 miles away - The Chipping Surgery

The Chipping Surgery

Symn Lane

Wotton-under-Edge

Glos., GL12 7BD

Public Transport direct journeys from Hawkesbury Upton number 86 (north) bus at 7.37, 9.16, 10.16, 12.16, 14.16, 15.49, 18.04. An alternative route is on the 86 (south) via a change of bus in Chipping Sodbury to the number 82, 84 at 8.10, 10.11, 12.11, 14.11, 15.09, 16.23.

8.3 miles away - West Walk Surgery

West Walk Surgery

Yate West Gate Centre

21 West Walk

Yate, Bristol

BS37 4AX

Public Transport direct journeys from Hawkesbury Upton number 86 (south) bus at 8.14, 10.11, 12.11, 14.11, 15.09, 16.23.

An alternative route is on the 86 (north) via a change of bus in Wotton to the number 82 or 84 at 7.37, 9.16, 10.16, 12.16, 14.16, 15.49, 18.04.

8.3 miles away - Kennedy Way Surgery

Kennedy Way Surgery

Kennedy Way

Yate, Bristol

BS37 4AA

Public Transport direct journeys from Hawkesbury Upton number 86 (south) bus at 8.14, 10.11, 12.11, 14.11, 15.09, 16.23.

An alternative route is on the 86 (north) via a change of bus in Wotton to the number 82 or 84 at 7.37, 9.16, 10.16, 12.16, 14.16, 15.49, 18.04.

8.5 miles away - Courtside Surgery

Kennedy Way

Yate, Bristol

BS37 4DQ

Public Transport direct journeys from Hawkesbury Upton number 86 (south) bus at 8.14, 10.11, 12.11, 14.11, 15.09, 16.23.

An alternative route is on the 86 (north) via a change of bus in Wotton to the number 82 or 84 at 7.37, 9.16, 10.16, 12.16, 14.16, 15.49, 18.04.

The nearest alternative practices to the branch surgery at Wickwar, South Gloucestershire are:

Data from GP Patient Survey - published on 7 January 2016

Set questions on NHS Choices	Gloucestershire CCG Average	South Gloucestershire Average	National Average	The Chipping Surgery	The Culverhay Surgery	Wellington Road Family Practice	West Walk Surgery	Courtside Surgery	Kennedy Way Surgery	Abbotswood Surgery
County				Gloucestershire	Gloucestershire	South Gloucestershire	South Gloucestershire	South Gloucestershire	South Gloucestershire	South Gloucestershire
Distance				3.9 miles away	4.2 miles away	4.3 miles away	4.8 miles away	4.9 miles away	4.9 miles away	5.8 miles away
Percentage whom would recommend this surgery to someone new to the area	83%	77%	78%	94%	86%	90%	74%	86%	78%	72%
Percentage whom are satisfied with the surgery's opening hours	76%	72%	75%	87%	82%	86%	76%	83%	74%	65%
Percentage which find it easy to get through to this surgery by phone	83%	68%	73%	97%	97%	100%	78%	67%	83%	75%
Percentage whom describe their experience of making an appointment as good	80%	71%	73%	94%	92%	94%	71%	80%	75%	69%
Percentage whom describe their overall experience of this surgery as good	89%	85%	85%	98%	96%	93%	83%	90%	85%	85%

Data from NHS National Performer List - January 2016 and Surgery websites

Male & Female GPs available				YES						
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Data from the Health and Social Care Information Centre Website

2014-15 QOF Overall Achievement				Higher than GCCG average score achieved	Lower than GCCG average score achieved					
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The nearest alternative practices to the branch surgery at Hawkesbury Upton, South Gloucestershire are:

Data from GP Patient Survey - published on 7 January 2016

Set questions on NHS Choices	Gloucestershire CCG Average	South Gloucestershire Average	National Average	Kennedy Way Surgery (Badminton Branch)	The Culverhay Surgery	Kennedy Way Surgery	The Chipping Surgery
County				South Gloucestershire	Gloucestershire	South Gloucestershire	Gloucestershire
Distance				3.8 miles away	4.8 miles away	4.9 miles away	5.0 miles away
Percentage whom would recommend this surgery to someone new to the area	83%	77%	78%	78%	86%	78%	94%
Percentage whom are satisfied with the surgery's opening hours	76%	72%	75%	74%	82%	74%	87%
Percentage which find it easy to get through to this surgery by phone	83%	68%	73%	83%	97%	83%	97%
Percentage whom describe their experience of making an appointment as good	80%	71%	73%	75%	92%	75%	94%
Percentage whom describe their overall experience of this surgery as good	89%	85%	85%	85%	96%	85%	98%

Data from NHS National Performer List - January 2016 and Surgery websites

Male & Female GPs available				YES	YES	YES	YES
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Data from the Health and Social Care Information Centre Website

2014-15 QOF Overall Achievement				Higher than GCCG average score achieved			
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CULVERHAY SURGERY

Dr. P.L.J. Pritchard Dr. R.M. Probert Dr.M Porter Dr. P. Munro
Wotton-Under-Edge, Gloucestershire GL12 7LS
Tel: 01453 843893 (Reception) 01453 844748 (Dispensary) Fax: 01453 521557

11th September 2015

Dear Patients

Proposed closure of the Practice Branch Surgeries at Wickwar and Hawkesbury

Background

As you may be aware, the doctors at Culverhay Surgery see patients at branch surgeries in Wickwar and Hawkesbury. Historically these have been held in Wickwar at the Avon Crescent community room on a Monday between 12 – 1.00pm and in Hawkesbury on a Wednesday at The Bethesda Chapel between 12.30 – 1.30pm.

Although patients have been seen at these two venues for the past 30 years, the premises make it difficult for us to provide the high standard of care that we expect for our patients. Unfortunately neither of the premises that we use have examination facilities, nor do they provide enough space to bring nurse support for the doctors.

Proposed change

We are contacting you to let you know that after lengthy consideration in the practice we have concluded that we should propose to close the branch surgeries at Wickwar and Hawkesbury, and replace them with additional appointments at our main surgery. This will mean approximately 15 more GP appointments each week, available to all our patients. We have reached this conclusion following discussions with NHS England, and more recently Gloucestershire Clinical Commissioning Group, who took on responsibility for commissioning primary care GP services from 1 April 2015,

Why is this change being proposed?

We are aware that this will not be popular with some of our patients, but although many scenarios have been explored, we have been unable to develop a viable alternative that would allow us to continue to offer appointments to patients with one of our GPs in Wickwar and Hawkesbury in a safe and efficient manner.

We currently have 534 registered patients living in Wickwar and Hawkesbury (8% of the total practice population). An audit of patient attendance at Wickwar over the last 6 months shows that on average 4 patients are seen each week. Similarly the figures for Hawkesbury reveal

a weekly average attendance of just 2 patients. These are generally the same patients for each site.

Although closing the surgeries in Wickwar and Hawkesbury would make access to the practice more difficult for this very small number of patients, we believe this development will help to strengthen the practice as a whole. The problems associated with keeping the branch surgeries open are numerous and substantial, not least because the use of the resource is poor:

- The premises are not CQC (Care Quality Commission) compliant with regards to infection control. There are no examination facilities at either site, sometimes making it difficult to conduct a thorough examination when required.
- There is no nurse or reception cover at the two sites, making lone working for the doctors a serious and unacceptable risk. Therefore, if a patient or GP requires a chaperone, for example, the patient needs to make another appointment at the main surgery in Wotton. This is not an effective use of time and could delay treatment.
- The buildings cannot be made suitable for disabled access due to the practice not owning the buildings, nor would it be financially viable to do so.
- We spend at least 2 hours per week of GP time administering the surgeries and travelling between the branch surgeries and the main site in Wotton. This does not include the actual consultation time. There is no computer system at the branch surgeries so the GPs need to return to the main surgery to update patient records, review test results and follow up on any action required from the consultations. This is not a good use of precious clinical resource, and takes valuable time away from seeing and treating patients.
- As there is no access the practice computer system, GPs are unable to access test results and other information in the medical record, which could again delay treatment.

What this may mean for patients

The proposed change is as follows:

- We propose to close the branch surgeries at Wickwar and Hawkesbury, and continue to see these patients at the main surgery in Wotton.
- No patients will need to leave the practice. All patients currently registered will be able to make an appointment to see the GPs in Wotton.
- We recognise that travelling to Wotton may be an issue for some patients. The numbers 82 bus runs every hour (Monday to Friday 8.30am – 7.30pm) between Wickwar and Wotton. The number 86 bus runs at least every 2 hours (Monday to Friday 7.30am – 6.30pm) between Hawkesbury and Wotton. For detailed timetables please visit http://www.easytraveling.org.uk/gcc/bus_lookup.php?list
- Housebound or very frail patients living in either Wickwar or Hawkesbury who require a home visit will still be able to request one.
- The prescription collection and delivery service to and from Wickwar and Hawkesbury will remain unchanged.
- Closure of the branch surgeries will mean that the doctors will be able to provide a consistent quality of service to all patients. Patients will not need to rebook their

appointment at the main surgery for procedures that cannot be offered at the branch surgeries.

- Overall we believe this change will result in better use of GP time to meet patients' needs.

How you can have your say

Before we can make the change we want to conduct a consultation with all our patients and other stakeholders. The results of the consultation will be presented to Gloucestershire Clinical Commissioning Group with our formal application to close the branches.

We would therefore be grateful if you could take the time to give us your feedback. We have enclosed a simple survey form for you to complete (this is not compulsory). When you have completed the form please return it to the surgery via one of the following options:

- Post – please post your survey form back to the surgery for the attention of Caroline Pearmain, Practice Manager
- Deliver it to the practice by hand marked for the attention of Caroline Pearmain.
- Scan your completed survey and email to c.pearmain@nhs.net

Alternatively you can:

- Complete a form which is available from the reception whilst you are in the practice
- Go to our website www.culverhaysurgery.com and complete the form online.

The consultation period will end on 31st October 2015. The deadline for return of questionnaires is 5pm on Friday 23rd October 2015.

Please be assured that your feedback will be treated confidentially and will not be shared outside of the practice and the Clinical Commissioning Group.

The anonymous results of the survey will be published in the main surgery waiting room and on the practice website.

Yours sincerely

Dr P Pritchard and Dr R Probert

Proposed closure of Wickwar and Hawkesbury Upton Branch Surgeries

Consultation Survey

This survey is available to complete online – please go to: www.culverhaysurgery.com
Otherwise please complete the survey below and return it to the practice. Thank you.

Please complete ALL the questions in Section 1:

Section 1:

1. Are you/your child registered with Culverhay Surgery? Yes No
2. What is the first part of your postcode:
3. Do you understand the practice's reason for the branch closures? Yes No
4. Having read the information in this letter do you support the practice's plan in principle to close the branch surgery? Yes No
5. Where do you normally go for your appointments? Branch surgery Main Surgery
6. When did you last visit the practice? If you visited the practice today do not count this in your response:
 In the last month 1-3 months ago 3-6 months ago 6-12 months ago
 It is more than 12 months since I visited
7. Thinking about the last 12 months, how often have you visited the main practice (Culverhay)?
 Not visited 1-3 times 3-6 times 6-12 times more than 12 times
8. How many times in the last 12 months have you visited a branch surgery?
 Not visited 1-3 times 3-6 times 6-12 times more than 12 times
9. In the likely event of Wickwar and Hawkesbury Upton branch surgeries closing, how do you think you would access GP services?
 Travel to the main surgery (Culverhay) Register with another practice

We would welcome any other comment you may have:

- On the change
- What is good about the service
- What could improve – please relate any ideas you may have

Section 2: (optional)

Some questions about you:

These questions are optional, but to help us ensure we reach a good cross-section of the local population we would be very grateful if you could complete the following questions:

10. Are you: Male Female

11. Your age range is: Under 18 18 - 25 26 – 35 36 – 45 46 – 55 56 – 65 66 - 75
 over 75 years

12. Overall, how would you rate your health during the past 4 weeks?

Excellent Very good Good Fair Poor Very poor

13. Do you consider yourself to have a disability? No Yes – please see below

Visual impairment Hearing Impairment Physical disability Mental Health problem

Learning difficulties Long term condition

14. Do you look after, or give special help to anyone who is sick, has a disability, or is an older person, other than in a professional capacity?

No, I don't care for another person Yes I care for a person in my own household

Yes, I care for a person in another household

15. To which ethnic group would you say you belong? (Please tick ONE only)

WHITE: British Irish Any other white background (Please specify).....

MIXED: White & Black Caribbean White & Black African White & Asian

Any other Mixed background (Please specify)

ASIAN OR ASIAN BRITISH: Indian Pakistani Bangladeshi

Any other Asian background (Please specify)

BLACK OR BLACK BRITISH: Caribbean African

Any other Black background (Please specify).....

CHINESE: Chinese

OTHER ETHNIC GROUP: Any other ethnic group (Please specify)

Thank you for taking the time to complete this survey. Please return to Caroline Pearmain by 5pm Friday 23rd October 2015.

The Culverhay Surgery Branch Closure Consultation Survey

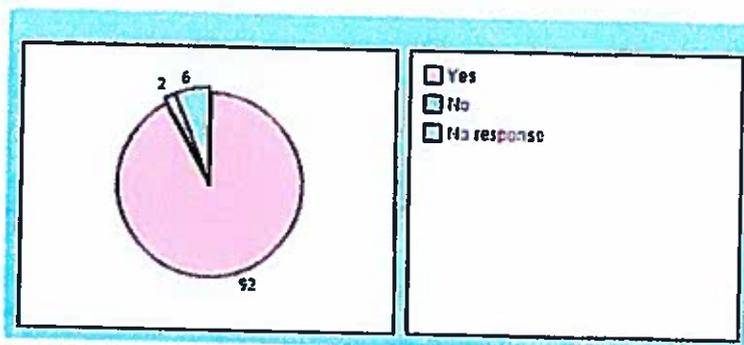


[Excel Report \(click here for full dataset\)](#) Number of Responses: 70

Branch Closure Consultation Survey

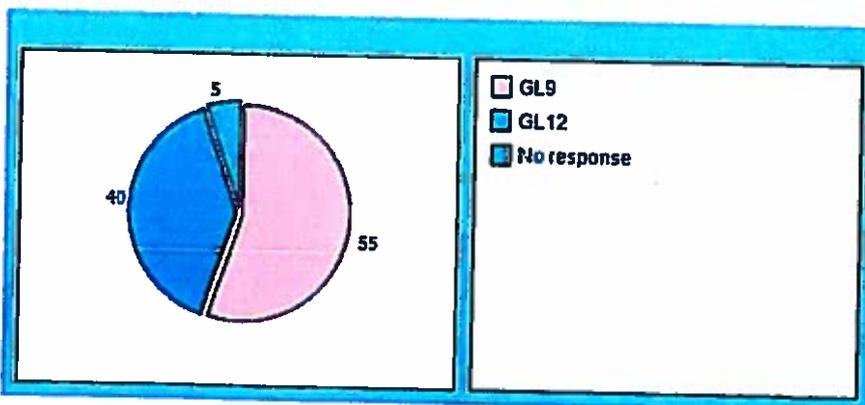
Are you/your child registered with The Culverhay Surgery?

Yes 92%
No 2%
No response 6%



What is the first part of your postcode?

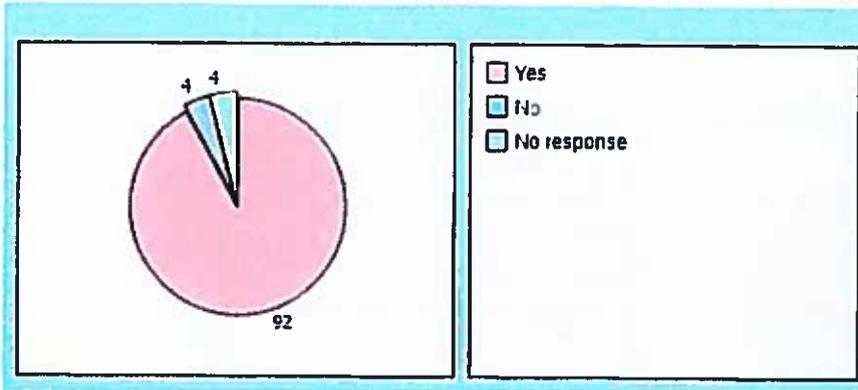
BS16 0%
BS32 0%
BS34 0%
BS35 0%
BS36 0%
BS37 0%
GL2 0%
GL4 0%
GL5 0%
GL6 0%
GL8 0%
GL9 55%
GL10 0%
GL11 0%
GL12 40%
No response 5%



The Culverhay Surgery Branch Closure Consultation Survey

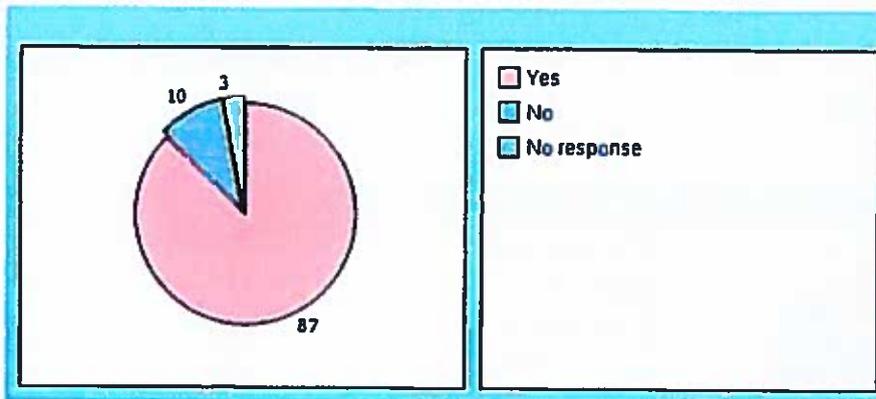
Do you understand the practice's reason for the branch closures?

Yes 92%
No 4%
No response 4%



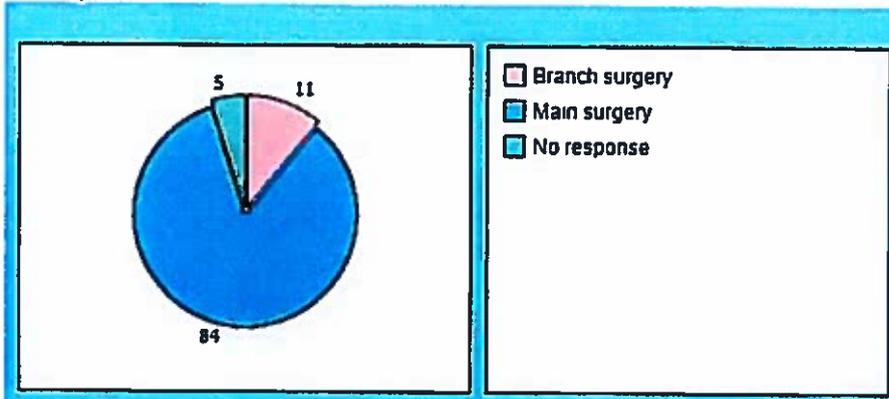
Do you support the practice's plan in principle to close the branch surgeries?

Yes 87%
No 10%
No response 3%



Where do you normally go for your appointments?

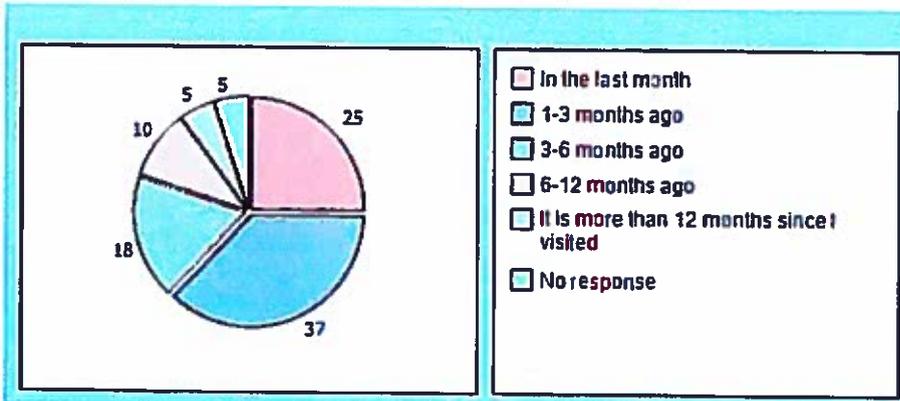
Branch surgery 11%
Main surgery 84%
No response 5%



The Culverhay Surgery Branch Closure Consultation Survey

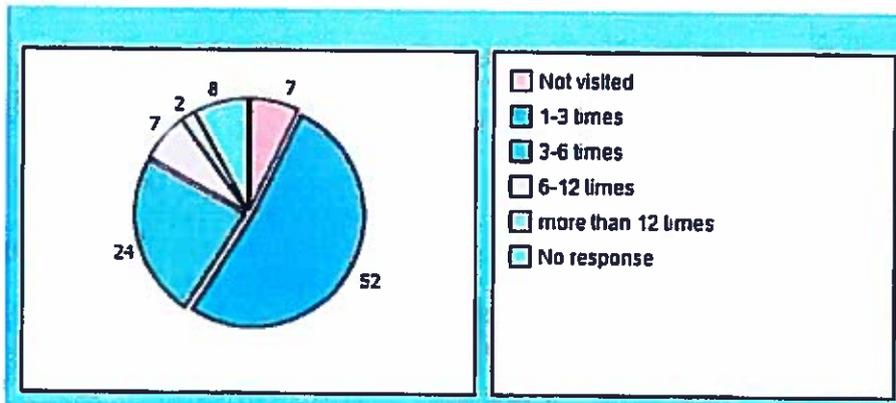
When did you last visit the practice? If you visited the practice today do not count this in your response.

In the last month 25%
 1-3 months ago 37%
 3-6 months ago 18%
 6-12 months ago 10%
 It is more than 12 months since I visited 5%
 No response 5%



Thinking about the last 12 months, how often have you visited the main practice (Culverhay)?

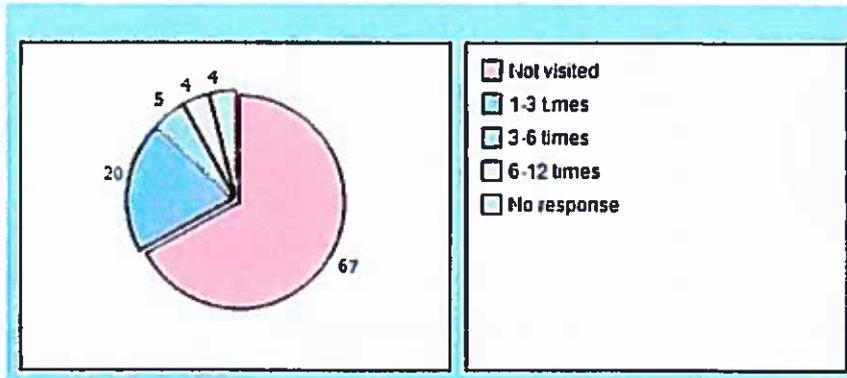
Not visited 7%
 1-3 times 52%
 3-6 times 24%
 6-12 times 7%
 more than 12 times 2%
 No response 8%



The Culverhay Surgery Branch Closure Consultation Survey

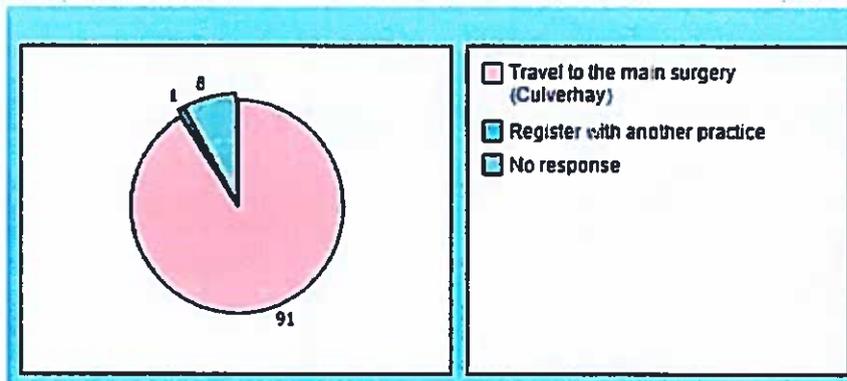
How many times in the last 12 months have you visited a branch surgery?

Not visited 67%
1-3 times 20%
3-6 times 5%
6-12 times 4%
more than 12 times 0%
No response 4%



In the likely event of Wickwar and Hawkesbury Upton branch surgeries closing, how would you access GP services?

Travel to the main surgery (Culverhay) 91%
Register with another practice 1%
No response 8%



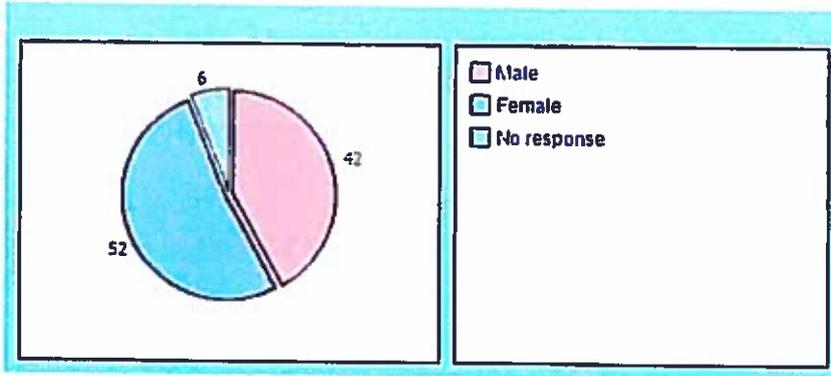
We would welcome any other comment you may have.

SEE PAGES 8 - 10 BELOW

The Culverhay Surgery Branch Closure Consultation Survey

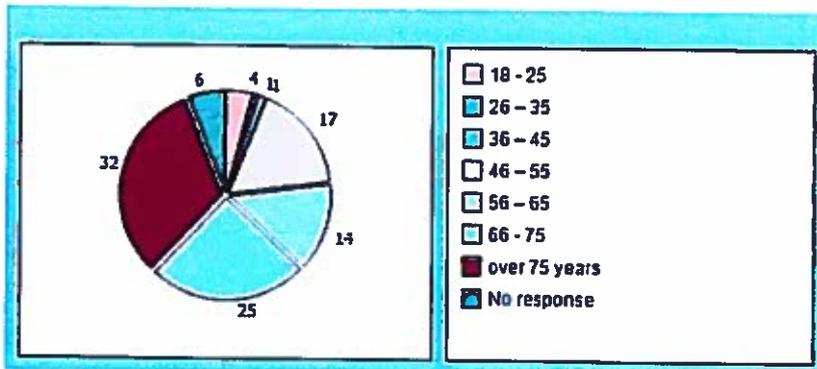
The remaining questions are optional: Are you male or female?

Male 42%
 Female 52%
 No response 6%



What is your age?

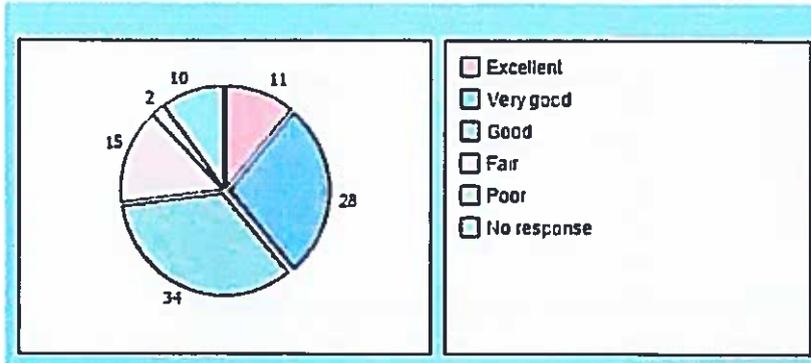
Under 18 0%
 18 - 25 4%
 26 - 35 1%
 36 - 45 1%
 46 - 55 17%
 56 - 65 14%
 66 - 75 25%
 over 75 years 32%
 No response 6%



The Culverhay Surgery Branch Closure Consultation Survey

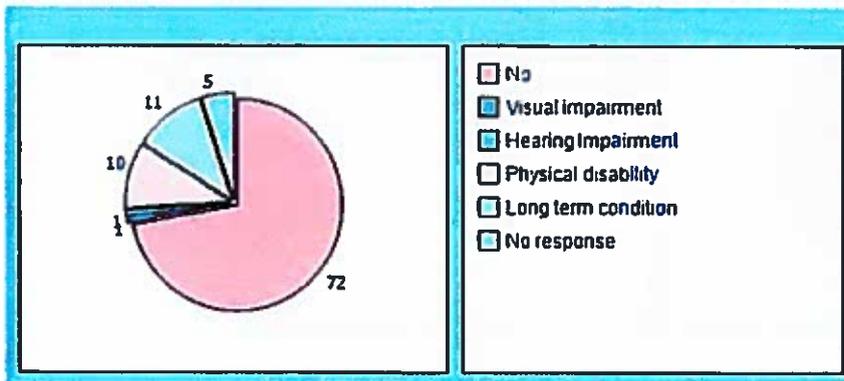
Overall, how would you rate your health during the past 4 weeks?

Excellent 11%
 Very good 28%
 Good 34%
 Fair 15%
 Poor 2%
 Very poor 0%
 No response 10%



Do you consider yourself to have a disability?

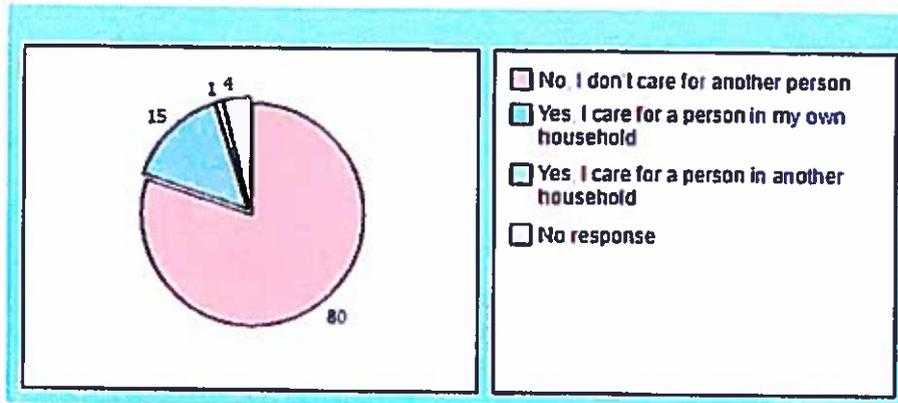
No 72%
 Visual impairment 1%
 Hearing Impairment 1%
 Physical disability 10%
 Mental Health problem 0%
 Learning difficulties 0%
 Long term condition 11%
 No response 5%



The Culverhay Surgery Branch Closure Consultation Survey

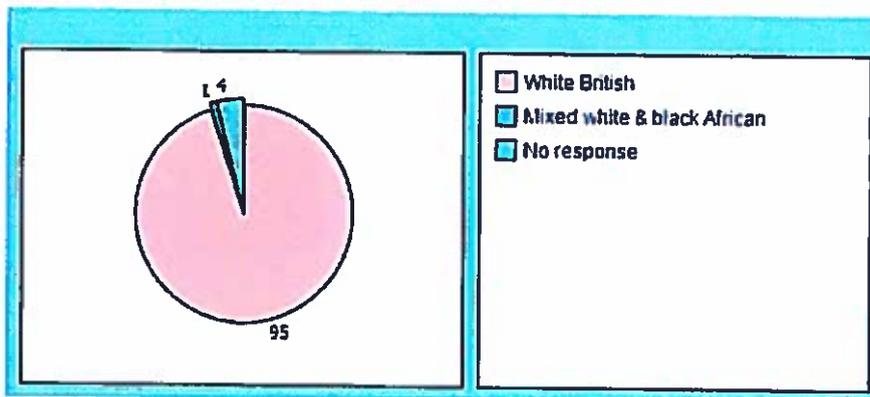
Do you look after, or give special help to anyone who is sick, has a disability, or is an older person, other than in a professional capacity?

- No, I don't care for another person 80%
- Yes, I care for a person in my own household 15%
- Yes, I care for a person in another household 1%
- No response 4%



To which ethnic group would you say you belong?

- White British 95%
- White Irish 0%
- Other white background 0%
- Mixed white & black Caribbean 0%
- Mixed white & black African 1%
- Mixed white & Asian 0%
- Other mixed background 0%
- Indian 0%
- Pakistani 0%
- Bangladeshi 0%
- No response 4%



Survey link

<http://www.mysurgeryoffice.co.uk/psurvey.aspx?p=246231&v=L84027>

The Culverhay Surgery Branch Closure Consultation Survey

Patient Comments

>> Always see you if possible. <<

>> For existing patients that visit the branch in Hawkesbury, if they have problems with transport they could use the Hawkesbury voluntary transport group which is free of charge. <<

>> Hawkesbury runs a voluntary transport to surgeries, medical appointments etc. This is used very regularly to the 2 surgeries in Wotton and is free of charge. <<

>> I agree with closure of hawkesburyupton branch as I believe the time and cost will be beneficial to the future of the practice <<

>> I always request a home visit <<

>> I did not know the branch was in Hawkesbury I was never made aware. My mum is thinking of moving to the village but decided not to as there were no Doctors. If she'd have known it may have changed her decision. A VILLAGE THIS SIZE SHOULD HAVE A DOCTORS. <<

>> I found the branch surgery invaluable when the children were small and I had no transport - 20 years ago! I am a healthy 63 year old so slight unease about the future. What to do when I am unwell and cannot drive? Branch surgery a nice service and comfort but I understand your proposal. <<

>> I had tried to use the Hawkesbury surgery many years ago, but never found it very satisfactory as on the couple of occasions I waited to be seen it was very clear that no doctor was in attendance. So I gave up using the branch surgery & always came to Wotton. So it comes as no surprise that you have decided to close it. I do welcome additional appointment times as the last couple of times I have tried to attend there were no appointments within a reasonable timeframe available so I elected not to bother at all leaving my ailments untreated. <<

>> I understand the reasons but feel sad for those people in Wickwar who rely on public transport, it might be difficult for them. <<

>> I understand why you are closing Wickwar. It will take us most of the morning on the bus which is a long time just to ask about something. You should have put bus 84 that is our main bus a lot of people don't know the 82 runs. To me you are a top class surgery so I don't mind you have been very good to me and my family. <<

>> I work 5 days a week so the main surgery is my only option. I have used the later surgery times thank you. Dispensary closing for half day on a Wednesday is inconvenient. Nurse services i.e. blood tests, in an evening please. I would welcome more GP appointments each week. I sometimes have to wait 4 - 7 days to book a suitable time (evenings). <<

>> I would visit A&E in the event of the branch surgeries closing. (See letter enclosed with survey response). <<

>> I write in response to the consultation on the proposed closure of the Branch Surgeries at Hawkesbury Upton in my capacity as local unitary councillor for the area. I am very disappointed about the survey itself and accompanying letter - it is not a consultation it is an information letter telling people why the branch surgeries must close, rather than garnering any views or seeking suggestions and offering any alternatives for development opportunities. It is also being sent to all those who are registered with the practice regardless of whether they would use the service or not - any response is going to be biased. When I first moved into the village, many years ago, I was a user of the branch surgery and found it helpful and effective. As a household with one car and two children - the branch surgery was

The Culverhay Surgery Branch Closure Consultation Survey

highly valued. Things have changed, however, I am aware that some people find it difficult to access the Wotton surgery, as a user of the bus service; I do know how unreliable the service is. We are fortunate in having a Voluntary Car Scheme for medical appointments in the parish, however closure of the branch service will put further pressure on this well used voluntary service. I suspect the branch surgery is used by older residents who are aware that the service exists

>> If it were necessary to visit the surgery would Wednesday be the same as other days?

<<

>> It make sense- presumably financial- to close these surgeries. It must be a tiny number of people who really can't get to the main surgery. Surely other provisions could be made for these? In Hawkesbury there is also the Volunteer Transport Services that can be accessed by all. <<

>> It was always nice to know a local surgery was available, very disappointed to read it is to close <<

>> MAKES PERFECT SENSE! <<

>> Please could you ask the dispensary staff to be more helpful? It doesn't cost much to smile, say good morning and ask what they can do for you. They let the Practice down. <<

>> Problems at times with the dispensary re repeat prescriptions <<

>> Telephone acceptance for repeat prescriptions. <<

>> The closure of Hawkesbury surgery will be inconvenient for some. I have used it when unable to get an appointment in Wotton, but realize its limitations. <<

>> The service is very good - efficient and courteous. The proposed change is quite understandable. <<

>> The surgery times are not advertised, consequently are underused. in the past I have uses the surgery. There are no alternatives suggested, such as developing a nurse led surgery. Many people cannot easily get the surgery and it puts further pressure on the much used voluntary car scheme. The survey is biased as it is open to all those registered at the practice not just those who are able to use the service. <<

>> Unfair to people who have visited and supported this surgery for many years and feel very comfortable and easy access to it. You could support it by requesting an examination room as the room at Wickwar is big enough and not really used for anything. When the building was built it was about the old age community to use etc. <<

>> unsure the additional appointments a week will be enough to cover people needing them from Wickwar or Hawkesbury. Will these appointments be set aside for people living in these areas, as we have found it difficult to get an appointment normally! <<

>> Very happy with your service and hope it will continue. <<

>> We weren't aware of the branch surgeries however would have still booked appointments for the main branch in order to collect prescriptions and have more selection regarding appointment times <<

>> With the extra appointments being made available could half a day be made available for residents of Wickwar/Hawkesbury to get a same day appointment? <<

The Culverhay Surgery Branch Closure Consultation Survey

>> Would ask Dr to call if the branch surgeries are closed. <<

>> Without being personal to anybody from the letter you have written to me/us it seems you have already made up your minds on the matter. Some of the points you have made are not really valid e.g. like - Unacceptable risk to Doctors to examine a patient I would have thought that there is an agreement between the patient and the Doctor to carry this out as required. Children are usually accompanied by a parent. You haven't mentioned a person visiting the surgery by bus standing in the pouring rain -or snow -sweltering heat etc. As for wheelchair access at Wickwar - This should have been done anyway and someone has fallen down on the job - considering the community centre is used by older persons. Again are you going to Guarantee that the Bus service is always going to run as you have stated - err NO It means persons will have to arrange other transport to attend and if you look outside your surgery can you see any place where anyone can park to attend - especially for persons with walking difficulty (like myself) at times. As for computer access to medical records that can be done remotely anyway -A bloke who set -up a music website could access his computer for building up my website 20yrs ago and things have moved on since then. In the future you will know -doubt have to build a surgery on its own in Wickwar -as all the residence are getting older just because a few of the regular patients have passed on it will not decrease the need for a local surgery to be maintained. It will also be the case that Doctors could well be called out for a home visits more especially for very young children - or do you expect parents to haul up to Wotton children who really should be in bed. The Wickwar surgery is usually timed for 12oclock - where the Doctor who attends can usually fit it in with his/her lunch break so all this about 15 extra appointments are really a red-herring and will prove to be so. It also means that the extra booking of appointments at Wotton and getting through on the phone to do so. What you're proposing is a short term solution and not planning for the future and it's not a very good one. It seems full of bureaucracy - a bureaucratic answer to a bureaucratic question and it seems to me that any failings in the plan will just increase demand in A&E and that bad enough as it is. I back along was sent for a scan by the dentist at Frenchay Hospital all I saw was yellow lines and drove around for nearly an hour to get out of the car to go to the appointment cars behind cars in front -it was beyond it seems the Hospital Trust to have a car park in the field opposite the Hospital and now they have shut down the A&E there -So one would have to travel to Southmead right in the middle of a congested traffic area. One of the only ways of getting there is by Helicopter in a given time. Bristol has one of the most ridiculous Trust I have seen -it just gets worse -OH "We have a wonderful building" but don't try traveling there. They could have built a brand-new Hospital just off the motorway instead they built the defence place and a industrial complex and if one tries to travel home that way allow 2 hours to get home. So the conclusion all I see is -in line with the Bristol Hospital Trust way of thinking -Lets mess the Patients around a bit more perhaps they will go away -then we can have what we are really here for -"a hospital" and "surgeries" -for bureaucratic administration only- loads of yellow lines around the perimeter in case someone stops here. PS- it's the worst idea I have heard this year -but its only October I am sure there is more in the pipeline.

NHS Gloucestershire Clinical Commissioning Group

Quality and Sustainability Impact Assessment Tool

This tool involves an initial assessment (stage 1) to quantify potential impacts (positive or negative) on quality from any proposal to change the way services are commissioned and/or delivered. Where potential negative impacts are identified they should be risk assessed using the risk scoring matrix to reach a total risk score.

Quality is described in 6 areas, each of which must be assessed at stage 1. Where a potentially negative risk score is identified and is greater than (>) 8 this indicates that a more detailed assessment is required in this area. All areas of quality risk scoring greater than 8 must go on to a detailed assessment at stage 2.

Scoring

A total score is achieved by assessing the level of impact and the likelihood of this occurring and assigning a score to each. These scores are multiplied to reach a total score.

The following tables define the impact and likelihood scoring options and the resulting score: -

LIKELIHOOD		IMPACT	
1	RARE	1	MINOR
2	UNLIKELY	2	MODERATE / LOW
3	MODERATE / POSSIBLE	3	SERIOUS
4	LIKELY	4	MAJOR
5	ALMOST CERTAIN	5	FATAL / CATASTROPHIC

Risk score	Category
1 - 3	Low risk (green)
4 - 6	Moderate risk (yellow)
8 - 12	High risk (orange)
15 - 25	Extreme risk (red)

A fuller description of impact scores can be found at appendix 1.

		IMPACT				
		1	2	3	4	5
LIKELIHOOD	1	1	2	3	4	5
	2	2	4	6	8	10
	3	3	6	9	12	15

4	4	8	12	16	20
5	5	10	15	20	25

Please take care with this assessment. A carefully completed assessment should safeguard against challenge at a later date.

Stage 1

The following assessment screening tool will require judgement against the 6 areas of risk in relation to Quality. Each proposal will need to be assessed whether it will impact adversely on patients / staff / organisations. Where an adverse impact score greater than (>) 8 is identified in any area this will result in the need to then undertake a more detailed Quality Impact Assessment. This will be supported by the Clinical Quality & Nursing team.

Title and lead for scheme: Culverhay – Closure of Branch Surgeries at Wickwar and Hawkesbury

Brief description of scheme. The Culverhay medical Practice in Wootton Under Edge, is proposing to close the two branch surgeries that are operated by the practice in Wickwar (Mondays 12 – 1p.m.) and in Hawkesbury (Wednesdays 12.30 – 1.30p.m.).

Answer positive/negative (P/N) in each area. If N score the impact, likelihood and total in the appropriate box. If score > 8 insert Y for full assessment

Area of Quality	Impact question	P/N	Impact	Likelihood	Score	Full Assessment required
Duty of Quality	Could the proposal impact positively or negatively on any of the following - compliance with the NHS Constitution, partnerships, safeguarding children or adults and the duty to promote equality?	P	Scoring not applicable			N
Patient Experience	Could the proposal impact positively or negatively on any of the following - positive survey results from patients, patient choice, accessibility, personalised & compassionate care?	N	3	2	6	N
Patient Safety	Could the proposal impact positively or negatively on any of the following – safety, systems in place to safeguard patients to prevent harm, including infections?	P	Scoring not applicable			N
Clinical Effectiveness	Could the proposal impact positively or negatively on evidence based practice, clinical leadership, clinical engagement and/or high quality standards?	P	Scoring not applicable			N
Prevention	Could the proposal impact positively or negatively on promotion of	P	Scoring not applicable			N

	self-care and health inequality?			
Productivity and Innovation	Could the proposal impact positively or negatively on - the best setting to deliver best clinical and cost effective care; eliminating any resource inefficiencies; low carbon pathway; improved care pathway?	P	Scoring not applicable	N

Please describe your rationale for any positive impacts here:

Duty Of Quality – Positive. Closure of the two branch surgeries will contribute to a reduction of access and patient choice to residents of Wickwar and Hawkesbury, however the quality of care currently delivered in these two branch surgeries is compromised due to the lack of appropriate facilities available to operate a modern medical surgery eg computer access, examination facilities, compliance with mandatory infection control legislation.

Patient Experience – Negative. The practice has undertaken an effective consultation with patients including the practice patient participation group. The response rate was 15%. The practice has undertaken an evaluation of the responses, and included the narrative responses from individual respondents. It is clear from reading these; there is some disquiet from some patients particularly in relation to transport (public/voluntary). However a small number of patients will be affected.

Patient Safety – Positive. The medical facilities at the two branch surgeries are not fit for purpose, and as such the closure of them, will contribute to an increase in patient safety.

Clinical Effectiveness – Positive. The quality and standard of the medical services provided and delivered by the practice at the main surgery will be consistent.

Prevention – Positive. The provision of services at the main surgery will support patients to stay well and support the provision of self care to patients which will also include reducing health inequalities. These services are unlikely to have been available to the same standard from the branch surgeries.

Productivity and Innovation – Positive. The proposal supports the provision of primary medical care in the most clinically and cost effective manner. There will be a consistent delivery of care pathways to all practice patients. Closure of the branch surgeries supports the reduction of the carbon footprint of the practice, by reducing the travel undertaken by the GPs, however this may be off-set by the potential increase in home visits to patients who are unable to travel to the main surgery.

Signature: Teresa Middleton	Designation: Deputy Director of Quality	Date: 9.12.15
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Stage 2

Area of quality	Indicators	Description of impact (Positive or negative)	Risk (5 x5 risk matrix)			Mitigation strategy and monitoring arrangements
			Impact	Likelihood	Overall Score	
DUTY OF QUALITY	What is the impact on the organisation's duty to secure continuous improvement in the quality of the healthcare that it provides and commissions. In accordance with Health and Social Care Act 2008 Section 139?					
	Does it impact on the organisation's commitment to the public to continuously drive quality improvement as reflected in the rights and pledges of the NHS Constitution?					
	Does it impact on the organisation's commitment to high quality workplaces, with commissioners and providers aiming to be employers of choice as reflected in the rights and pledges of the NHS Constitution?					
	What is the impact on strategic partnerships and shared risk?					
	What is the equality impact on race, gender, age, disability, sexual orientation, religion and belief, gender reassignment, pregnancy and maternity for individual and community health, access to services and experience of using the NHS (Refer to PCT Equality Impact Assessment Tool)?					
	Are core clinical quality indicators and metrics in place to review impact on quality improvements?					
	Will this impact on the organisation's duty to protect children, young people and adults?					

PATIENT EXPERIENCE	What impact is it likely to have on self reported experience of patients and service users? (Response to national/local surveys/complaints/PALS/incidents)				
	How will it impact on choice?				
	Does it support the compassionate and personalised care agenda?				
	Will the service change have a positive or negative impact on accessibility? This includes access by walking, cycling and public transport along with DDA compliance.				
PATIENT SAFETY	How will it impact on patient safety?				
	How will it impact on preventable harm?				
	Will it maximise reliability of safety systems?				
	How will it impact on systems and processes for ensuring that the risk of healthcare acquired infections is reduced?				
	What is the impact on clinical workforce capability care and skills?				
CLINICAL EFFECTIVENESS	How does it impact on implementation of evidence based practice?				
	How will it impact on clinical leadership?				
	Does it support the full adoption of Better care, Better Value metrics?				
	Does it reduce/impact on variations in care?				
	Are systems for monitoring clinical quality supported by good information?				
	Does it impact on clinical engagement?				

PREVENTION	Does it support people to stay well?				
	Does it promote self-care for people with long term conditions?				
	Does it tackle health inequalities, focusing resources where they are needed most?				
	Does it enhance opportunities for social cohesion?				
PRODUCTIVITY AND INNOVATION	Does it ensure care is delivered in the most clinically and cost effective way?				
	Does it eliminate inefficiency and waste (in terms of time and productivity)?				
	Does it eliminate inefficiency and waste (in terms of physical resources – reducing medicines, packaging, and transport and buildings)?				
	Does it support low carbon pathways?				
	Will the service innovation achieve large gains in performance?				
	Does it lead to improvements in care pathway(s)?				

Signature:	Designation:	Date:
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Appendix 1.

Impact / Consequence score (severity levels) and examples of descriptors					
1	2	3	4	5	
Negligible	Minor (Green)	Moderate (Yellow)	Major (Orange)	Catastrophic (Red)	
Informal complaint/inquiry	Formal complaint (stage 1)	Formal complaint (stage 2) complaint	Multiple complaints/ independent review	Gross failure of patient safety if findings not acted on	
	Local resolution	Local resolution (with potential to go to independent review)	Low performance rating	Inquest/ombudsman inquiry	
	Single failure to meet internal standards	Repeated failure to meet internal standards	Critical report	Gross failure to meet national standards	
	Minor implications for patient safety if unresolved	Major patient safety implications if findings are not acted on			
	Reduced performance rating if unresolved				
Short-term low staffing level that temporarily reduces service quality (< 1 day)	Low staffing level that reduces the service quality	Late delivery of key objective/ service due to lack of staff	Uncertain delivery of key objective/service due to lack of staff	Non-delivery of key objective/service due to lack of staff	
		Unsafe staffing level or competence (>1 day)	Unsafe staffing level or competence (>5 days)	Ongoing unsafe staffing levels or competence	
		Low staff morale	Loss of key staff	Loss of several key staff	
		Poor staff attendance for mandatory/key training	Very low staff morale	No staff attending mandatory/ key training	No staff attending mandatory training /key training on an ongoing basis
No or minimal impact on breach of guidance/ statutory duty	Breach of statutory legislation Reduced performance rating if unresolved	Single breach in statutory duty	Enforcement action	Multiple breaches in statutory duty	
		Challenging external recommendations/ improvement notice	Multiple breaches in statutory duty	Prosecution	
			Improvement notices	Complete systems change required	
			Low performance rating	Zero performance rating	
			Critical report	Severely critical report	
Rumours	Local media coverage –	Local media coverage –	National media coverage with <3 days service well below reasonable public expectation	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House)	
	short-term reduction in public confidence	long-term reduction in public confidence			
Potential for public	Elements of public expectation			Total loss of public confidence	

concern	not being met			
Insignificant cost increase/ schedule slippage	<5 per cent over project budget	5–10 per cent over project budget	Non-compliance with national 10–25 per cent over project budget	Incident leading >25 per cent over project budget
	Schedule slippage	Schedule slippage	Schedule slippage	Schedule slippage
			Key objectives not met	Key objectives not met
Small loss Risk of claim remote	Loss of 0.1–0.25 per cent of budget	Loss of 0.25–0.5 per cent of budget	Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget	Non-delivery of key objective/ Loss of >1 per cent of budget
	Claim less than £10,000	Claim(s) between £10,000 and £100,000	Claim(s) between £100,000 and £1 million	Failure to meet specification/ slippage
			Purchasers failing to pay on time	Loss of contract / payment by results
			Claim(s) >£1 million	
Loss/interruption of >1 hour	Loss/interruption of >8 hours	Loss/interruption of >1 day	Loss/interruption of >1 week	Permanent loss of service or facility
Minimal or no impact on the environment	Minor impact on environment	Moderate impact on environment	Major impact on environment	Catastrophic impact on environment

Likelihood score				
1	2	3	4	5
Rare	Unlikely	Possible	Likely	Almost certain
This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur but it is not a persisting issue	Will undoubtedly happen/recur, possibly frequently

Agenda Item 7

Primary Care Commissioning Committee

Meeting Date	Thursday 28th January 2016
Title	Application from Chipping Surgery to close their two branch surgeries in Wickwar and Hawkesbury Upton
Executive Summary	<p>Chipping Surgery, based at Wotton-under-Edge within the Stroud and Berkeley Vale locality, currently have two branch surgeries which are open for one hour per day, once per week:</p> <ul style="list-style-type: none"> • Wickwar branch at Avon Crescent Community Centre, Wickwar • Hawkesbury branch at Bethesda Congregational Chapel, Hawkesbury Upton <p>Following a consultation period with their patients who live in the Wickwar and Hawkesbury Upton area, the practice have submitted an application to close their branch surgeries.</p> <p>It should be noted that an application has also been received from Culverhay Surgery to close its branch surgeries at the same locations. It is therefore necessary that these applications are considered in parallel.</p>
Risk Issues: Original Risk Residual Risk	<p>Continued provision of offering patient care with local practices is the principal risk with a branch surgery closure.</p> <p>With this application, the risk is assessed as low, predominantly due to the very short opening times and services available at the two locations, combined with the continued access to services at both the main surgery</p>

	site and a choice of other local primary care providers.
Financial Impact	Closure of the branch surgery will result in a small saving on notional rent, but this factor is not a consideration in the decision.
Legal Issues (including NHS Constitution)	<p>Gloucestershire CCG needs to act within the terms of the Delegation Agreement with NHS England dated 26 March 2015 for undertaking the functions relating to Primary Care Medical Services.</p> <p>A branch surgery closure represents a variation to a practice's GMS contract and therefore requires agreement by GCCG under delegated commissioning arrangements.</p> <p>The PCCC approved a GCCG Standard Operating Procedure for a branch closure application in November 2015, which also sets out the prevailing guidance, legislation and regulations to be considered. This protocol has been followed in handling this application.</p>
Impact on Health Inequalities	Assessed as low as patients will continue to have access to services at Chipping's main surgery site, or can choose to register with another local practice.
Impact on Equality and Diversity	Assessed as low as patients will continue to have access to services at Chipping's main surgery site or can choose to register with another local practice.
Impact on Quality and Sustainability	Assessed as low impact through the Quality and Sustainability Impact Assessment.
Patient and Public Involvement	The practice has undertaken a patient and public consultation period from 14 September to 31 October 2015. Details are within the main paper, with patients broadly supporting the practice's application, albeit with a few concerns and a fairly low response rate.
Recommendation	<p>The PCCC is asked to:</p> <ul style="list-style-type: none"> • Consider the recommendation from the Primary Care Operational Group meeting

	<p>of 26 January 2016</p> <ul style="list-style-type: none"> • Make a decision regarding this request to close Chipping's two branch surgeries
Author	Jeanette Giles / Stephen Rudd
Designation	Head of Primary Care Contracting / Head of Locality & Primary Care Development
Sponsoring Director (if not author)	Helen Goodey, Director Locality Development and Primary Care

**Primary Care Commissioning Committee
28th January 2016
Application to close branch surgeries at Hawkesbury Upton
and Wickwar from The Chipping Surgery**

1 Introduction and background

1.1 Chipping Surgery, based at Wotton-under-Edge within the Stroud and Berkeley Vale locality, currently have two branch surgeries which are open for one hour per day, once per week:

- Wickwar branch at Avon Crescent Community Centre, Wickwar, GL12 8NL (Monday afternoon opening)
- Hawkesbury branch at Bethesda Congregational Chapel, Hawkesbury Upton (Tuesday afternoon opening).

1.2 The location of the branch surgeries are shown at Appendix 1.

1.3 After careful consideration and exploration of other possible solutions, the practice has decided to submit an application for closure of these sites. The principal reason for the application relates to the poor quality of the two premises for providing a high standard of care. This includes:

- Non-Care Quality Commission (CQC) compliant with regards to infection control
- No examination facilities
- Not sufficient space for nursing support, resulting in no chaperone facilities and a lone worker risk
- Inability to adjust the rooms for disabled access
- No IT services available, meaning no access to patient medical records or test results.

1.4 Therefore, there is often a need for patients to attend the main surgery, resulting in an inefficiency and frustration for both patients and doctors.

1.5 Many patients will be on repeat medications and the practice have confirmed the prescription request and delivery service to and from Wickwar and Hawkesbury Upton will remain unchanged.

2 The branch surgery – demographics, utilisation and alternative services available for patients

2.1 Chipping Surgery has a registered list size of c.8,419 patients (as at January 2016), with total of 633 patients living in the Wickwar area and 457 patients in Hawkesbury Upton area.

2.2 At the time of patient consultation, average patient attendance at the two sites was measured over a six month period. This demonstrated an average of four patient attendances per week at Wickwar, two patients per week at Hawkesbury.

A more recent review indicated 16 out of the 19 patients who attended Wickwar branch also visited the main practice to see a GP or nurse. 16 out of 22 patients who attended Hawkesbury Upton also visited the main practice to see a GP or nurse.

2.3 Wickwar and Hawkesbury Upton are not areas of deprivation (see Appendix 2) as measured by the index of multiple deprivation. They are also in the least deprived category with regard to Health, Education and Income (Appendices 2a, 2b and 2c).

2.4 The practice demographic profile in Wickwar and Hawkesbury Upton is as follows:

Age Range	Wickwar	Hawkesbury Upton
0 – 20 yrs	157	92
21 – 40 yrs	124	69
41 – 60 yrs	207	152
61 – 75 yrs	107	101
Over 76	38	43

Although the practice population in these areas are small, when compared against the practice population as a whole, the following is noted:

- The Wickwar area has a higher proportion of under 20 year olds.
- Hawkesbury Upton area has a higher proportion of patients over 61 years old and a lower proportion of 21-40 year olds.

2.5 Alternative services – Wickwar branch

2.5.1 Main surgery – Chipping

Patients will be able to continue to use Chipping Surgery's main site, which is 4 miles from the Wickwar branch. Travelling times are approximately:

- By Car: 7 minutes
- Public Transport: 22 minutes
 - Direct: Buses 82 or 84 (north) running regularly throughout the day (7.25 through to 18.09)
 - Indirect: Buses 82 or 84 (south) and change to 86 at Chipping Sodbury, also running regularly throughout the day (7.34 through to 18.12)
- Voluntary transport service: Kingswood Community Transport (<http://www.kingswoodct.org.uk/>) provides accessible vehicles for people who cannot easily use public transport or are transport-disadvantaged, for an annual fee of £20. Patients who are holders of a South Gloucestershire Council Diamond

Travel Card can use their Dial-&-Ride and Doctors Shuttle trips for a cost of £1 per one-way trip.

2.5.2 Neighbouring practices

The nearest alternative practices to the branch surgery at Wickwar are:

- Culverhay Surgery, Wotton-under-Edge: 4.2 miles
- Wellington Road Family Practice, Yate: 4.3 miles
- West Walk Surgery, Yate: 4.8 miles
- Courtside Surgery, Yate: 4.9 miles
- Kennedy Way Surgery, Yate: 4.9 miles
- Leap Valley Surgery, Abbotswood, Yate: 5.8 miles

2.6 Alternative services – Hawkesbury Upton branch

2.6.1 Main surgery – Chipping

Patients will be able to continue to use Chipping Surgery's main site, which is 5 miles from the Chipping branch. Travelling times are approximately:

- By Car: 12 minutes
- Public Transport: 24 minutes
 - Direct: Bus 86 (north) running regularly throughout the day (7.37 through to 18.04)
 - Indirect: Bus 86 (south) and change at Chipping Sodbury to 82 or 84 (north), also running regularly throughout the day (8.10 through to 16.23)
- Voluntary transport service:
 - Hawkesbury Volunteer Transport provides transport for health-related appointments for patients living in Hawkesbury Upton who have transport difficulties. Patients with a bus pass travel free.
 - Kingswood Community Transport (<http://www.kingswoodct.org.uk/>) – as above for Wickwar.

2.6.2 Neighbouring practices

The nearest alternative practices to the branch surgery at

Hawkesbury Upton are:

- Kennedy Way Surgery (branch, open Tuesdays 9.30-11am), Badminton: 3.8 miles
- Culverhay Surgery, Wotton-under-Edge: 4.8 miles
- West Walk Surgery, Yate: 4.8 miles
- Kennedy Way Surgery, Yate: 4.9 miles
- Courtside Surgery, Yate: 4.9 miles

2.7 Details of public transport routes to alternative practices are shown in Appendix 3.

2.8 Furthermore, an analysis of alternative practices available to Chipping patients has been carried out, relating specifically to the national patient survey, QOF and availability of male and female GPs, has been undertaken (see Appendix 4).

3 Consultation and engagement for the branch closures

3.1 As per the Standard Operating Procedure (SOP) for the application to close a branch surgery, the practice had preliminary discussions with the GCCG Primary Care and Localities Directorate along with the Patient Engagement and Experience Team.

3.2 The proposed branch surgery closures were discussed with the practice's Patient Participation Group meetings and the consultation period commenced on 14 September, finishing on 31 October 2015. Doctors and nurses also took the opportunity to discuss the closure with patients on an ad-hoc basis.

3.3 Chipping Surgery sent 1,262 individual letters and questionnaires to patients (18 years and over) in Wickwar and Hawkesbury Upton. (see Appendix 5).

3.4 The same letter and questionnaire were also made available on the practice's website and waiting room to obtain the views of the wider practice population.

3.5 Gloucestershire CCG, again in accordance with the SOP, have consulted with:

- Neighbouring practices

- Healthwatch Gloucestershire
- South Gloucestershire CCG
- The Local Medical Committee
- The Health and Care Overview and Scrutiny Committee (HCOSC)
- The Health and Wellbeing Board (to be consulted)

4 Consultation: the responses

4.1 Patients

The practice received 145 completed questionnaires, representing approximately 11% response rate (which is in accordance with other branch surgery consultations conducted recently). An analysis of responses has been submitted by Chipping Surgery (see Appendix 6), which can be briefly summarised for the purposes of this paper as follows:

- 88% of respondents supported the practice's plan to close the branch surgeries
- 8% of the respondents stated they normally attended the branch surgery for appointments
- 43 patients said they had visited the branch surgery in the last 12 months and 3 patients said they had visited it over 6 times in this period.
- 0 respondents said they would register with another practice if the branch surgeries closed.
- 84 of the respondents were over 66 years of age
- The key issues raised by residents was transport and access to additional appointments at the main surgery

4.2 Neighbouring practices

4.2.1 West Walk Surgery: *"We cover Wickwar and Hawkesbury Upton areas, but have relatively few patients. We can totally understand their wish to close the branch surgeries. We don't have any concerns about it and it wouldn't be a problem if we did end up getting additional patients."*

4.2.2 Leap Valley Surgery: *"We totally understand the practices' reasons for wishing to close these branch surgeries and would simply add that our branch surgery at Abbotswood in Yate has capacity should*

any patients wish to reregister. The opening hours are Monday to Friday 8.30am until 6.30pm but closed 1.00 – 2.00pm every day except Wednesday when the surgery closes at 1.00pm.”

4.2.3 Kennedy Way Surgery, Yate: *“we would support this application to close their branch surgery*

4.2.4 Any further responses received between the time of writing and the meeting of the PCCC, will be tabled accordingly.

It should be noted that Culverhay Surgery have simultaneously applied to close their branch surgeries at Wickwar and Hawkesbury Upon for the same reasons. Therefore, this application must be considered concurrently with Culverhay Surgery to ensure the combined impact is understood.

5 GCCG Quality and Sustainability Impact Assessment

5.1 In accordance with the SOP, a Quality and Sustainability Impact Assessment with regard to this application was undertaken (see Appendix 7).

The process for completing a Quality and Sustainability Impact Assessment necessitates a process that considers six criteria of quality. Each criteria is assessed positively or negatively and scored in terms of impact and likelihood. If the area of quality criteria is identified as negative, then the risk of impact and likelihood is scored using the commonly accepted charts. Each score is then multiplied to identify the level of risk and if the score is less than 8 a full assessment of the individual criteria is not required as the resultant risk is low. If the area of quality criteria is positive, it is not necessary to risk score impact and likelihood.

The overall impact on quality and sustainability was assessed to be low. A summary of the findings are detailed below for ease of reference:

- 5.1.1
- **Duty of Quality: Positive** Closure of the two branch surgeries will contribute to a reduction of access and patient choice to residents of Wickwar and Hawkesbury, however the quality of care currently delivered in these two branch surgeries is compromised due to the lack of appropriate facilities available to operate a modern medical surgery, e.g. computer access,

examination facilities, compliance with mandatory infection control legislation.

- 5.1.2 • **Patient Experience: Negative** The practice has undertaken an effective consultation with patients including the practice patient participation group. The response rate was 11%. The practice has undertaken an evaluation of responses and included the narrative of responses from individual respondents. It is clear from reading these there is some disquiet from some patients particularly in relation to transport (public / voluntary). However a small number of patients will be affected.
- 5.1.3 • **Patient Safety: Positive** The medical facilities at the two branch surgeries are not fit for purpose, and as such the closure of them will contribute to an increase in patient safety.
- 5.1.4 • **Clinical Effectiveness: Positive** The quality and standard of the medical services provided at the main surgery will be consistent.
- 5.1.5 • **Prevention: Positive** The provision of services at the main surgery will support patients to stay well and support the provision of self-care to patients which will also include reducing health inequalities. These services are unlikely to have been available to the same standard from the branch surgeries.
- 5.1.6 • **Productivity and Innovation: Positive** The proposal supports the provision of primary medical care in the most clinically and cost effective manner. There will be a consistent delivery of care pathways to all practice patients. Closure of the branch surgeries will support the reduction of the carbon footprint of the practice by reducing the travel of the GPs however this may be offset by an increase in home visits of patients who are unable to travel to the main surgery.

5.1.7 **Branch surgeries or list closure requests in the area**

It should be noted that an application has also been received from Culverhay Surgery to close its branch surgeries at the same locations. It is therefore necessary that these applications are

considered in parallel.

There are no list closure requests from Gloucestershire practices in the area.

NHS England South Region (South West) have stated there are no list closure requests from South Gloucestershire practices in the area.

6. Summary

The branch surgeries at Wickwar and Hawkesbury Upton take place in premises which are poor for delivery of GP services. In addition there are no appropriate examination facilities on site and there is lack of sufficient space for nursing support resulting in lack of facilities for a chaperone if required which would also contribute to an increased risk of lone working.

There are no IT services available and therefore GPs are not able to access patient medical records or test results which could delay treatment.

The number of patients attending the two sites is small (an average of four patients per week at Wickwar and two patients per week at Hawkesbury Upton). A recent review of patients indicated that the majority of patients who attend the branch sites also attend the main surgery for nurse appointments.

Transport for residents, particularly older residents without access to own means of transport is an issue and it would be important that the practice publicise all bus routes and volunteer transport services.

For those patients who wish to access GP services at an alternative location to the Chipping's main Wotton-under-Edge premises, options are available for them to register at alternative surgeries who have the capacity and willingness to take on additional patients.

6 Recommendation

6.1 The PCCC is asked to:

- Consider the recommendation from the Primary Care Operational Group meeting of 26 January 2016

- Make a decision regarding this request to close Chipping's two branch surgeries

7 Appendices

Appendix 1 – Practice boundary and population spread

Appendix 2, 2a, 2b, 2c – Index of multiple deprivation (IMD), IMD health, IMD Income, IMD Education

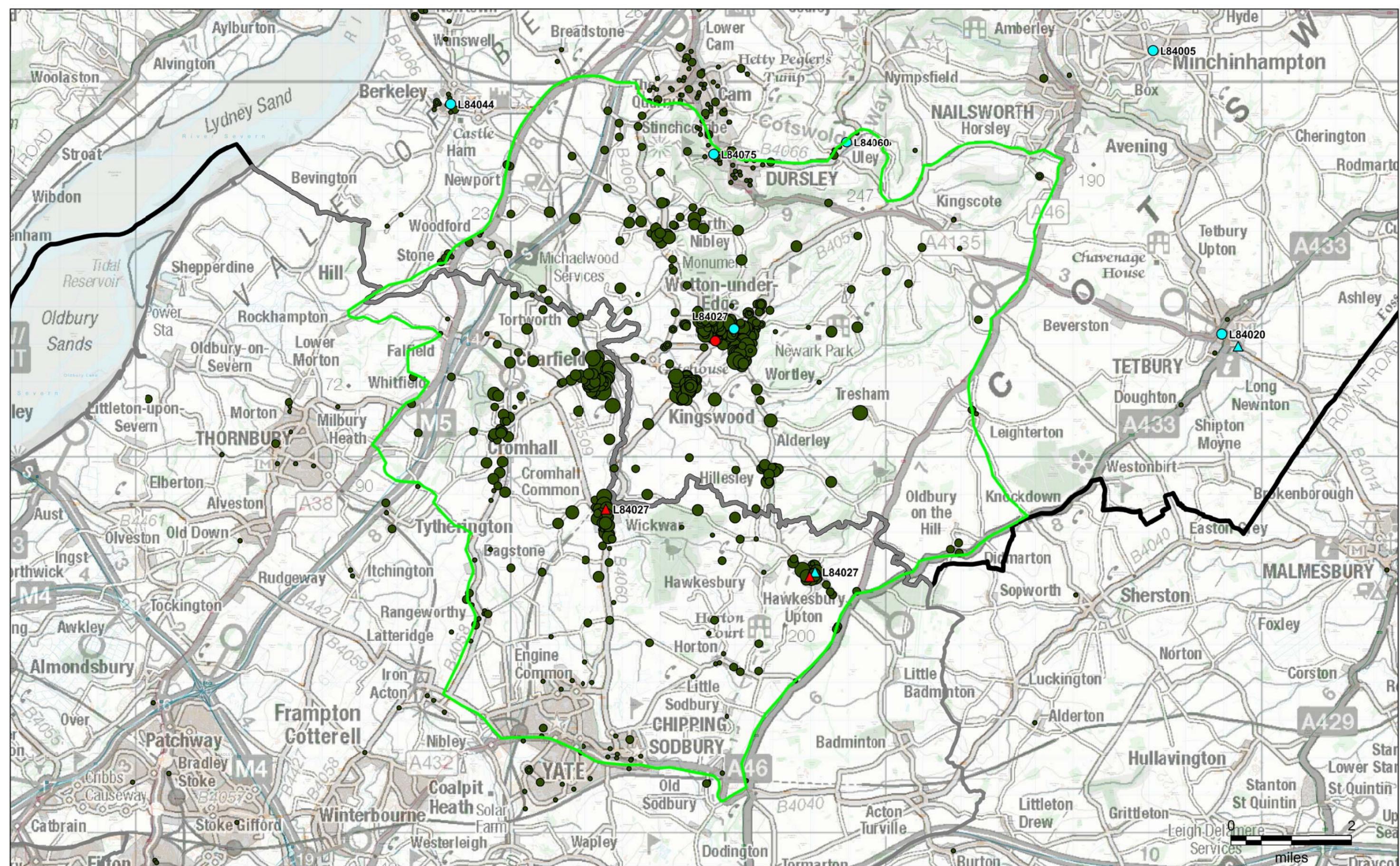
Appendix 3 – Alternative practices

Appendix 4 – An analysis of alternative practices' performance in relation to national patient survey and QOF and availability of male and female GPs

Appendix 5 – Patient Letter and Questionnaire

Appendix 6 – Patient consultation analysis

Appendix 7 – An analysis of the Quality and Sustainability Impact Assessment



The Chipping Surgery (L84051) **Appendix 1**

Practice Boundary and Population Spread

Population Data: 18 November 2015
Total Practice Population: 8,422
Within Contractual Boundary: 8,086 (96%)
Outside Contractual Boundary: 336 (4%)

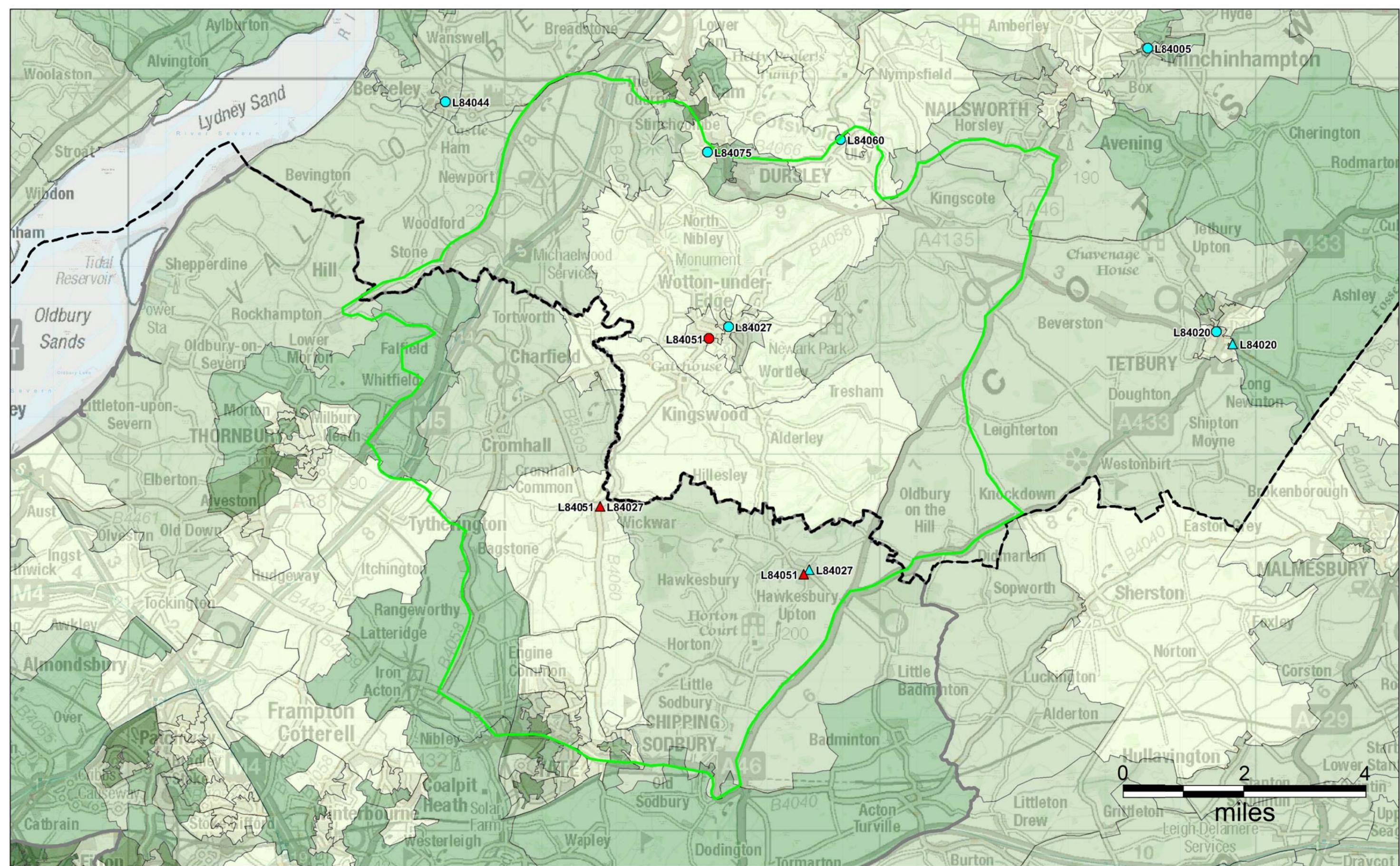
Population Density
 1 circle = 1 postcode

- 50 to 100
- 25 to 50
- 10 to 25
- 3 to 10
- 1 to 3

- Main surgery
- ▲ Branch surgery
- ▲ Chipping surgery branch
- Chipping surgery main
- ▭ Practice boundary

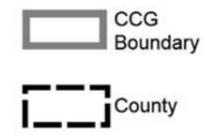
- ▭ CCG Boundary
- ▭ County

South, Central and West **NHS**
 Commissioning Support Unit
 GIS Team - 17 December 2015
 © Crown copyright and database rights 2015
 Ordnance Survey 100050537.
 Contains Royal Mail data © Royal Mail
 copyright and database right 2015.
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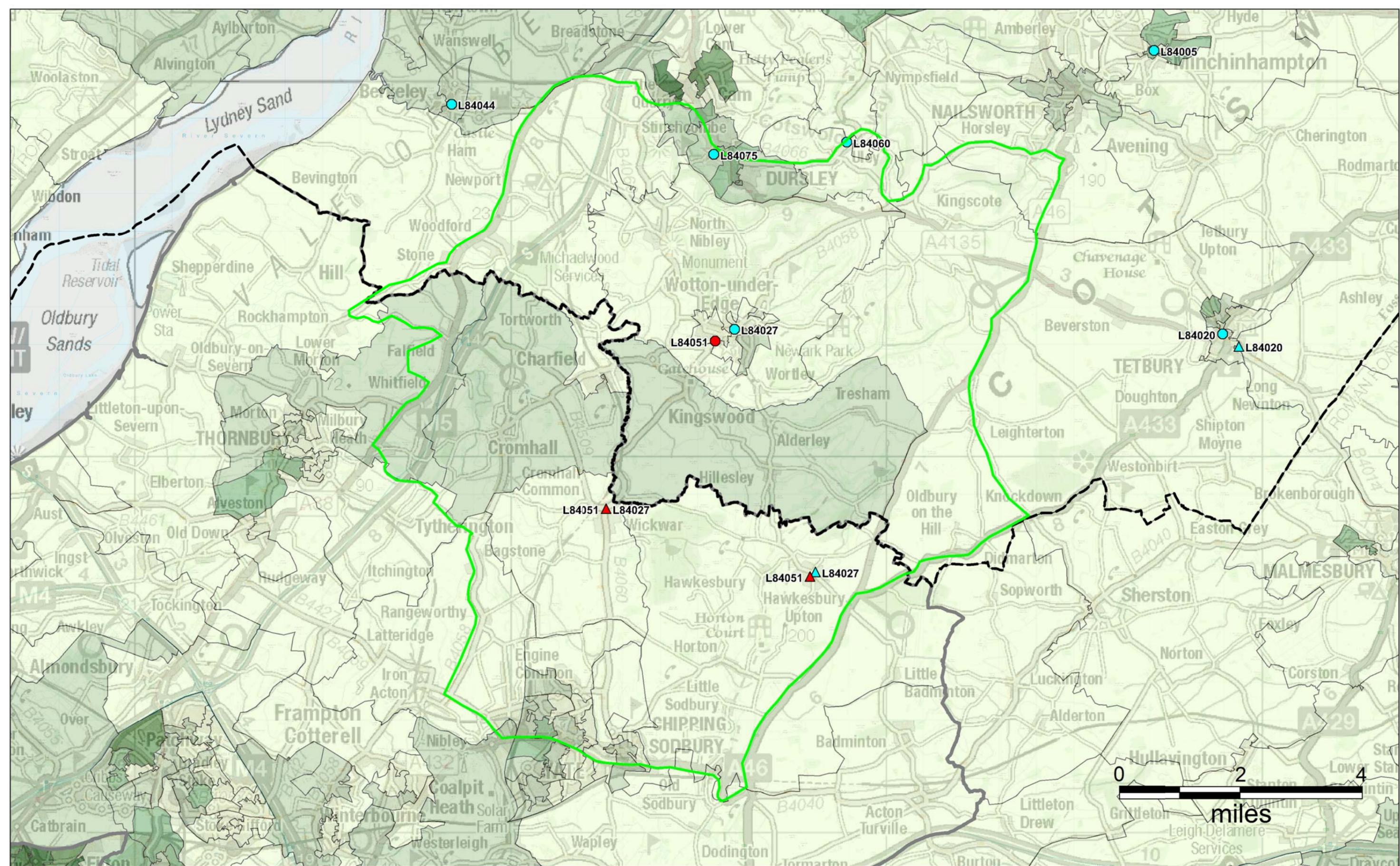
The Chipping Surgery (L84051) **Appendix 2**

Index of Multiple Deprivation (IMD) 2015



South, Central and West Commissioning Support Unit NHS

GIS Team - 17 December 2015
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 Ordnance Survey 100050537.
 Contains Royal Mail data © Royal Mail copyright and database right 2015.
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The Chipping Surgery (L84051) Appendix 2a

Index of Multiple Deprivation (IMD) 2015 - Health Domain

IMD 2015 Health Decile

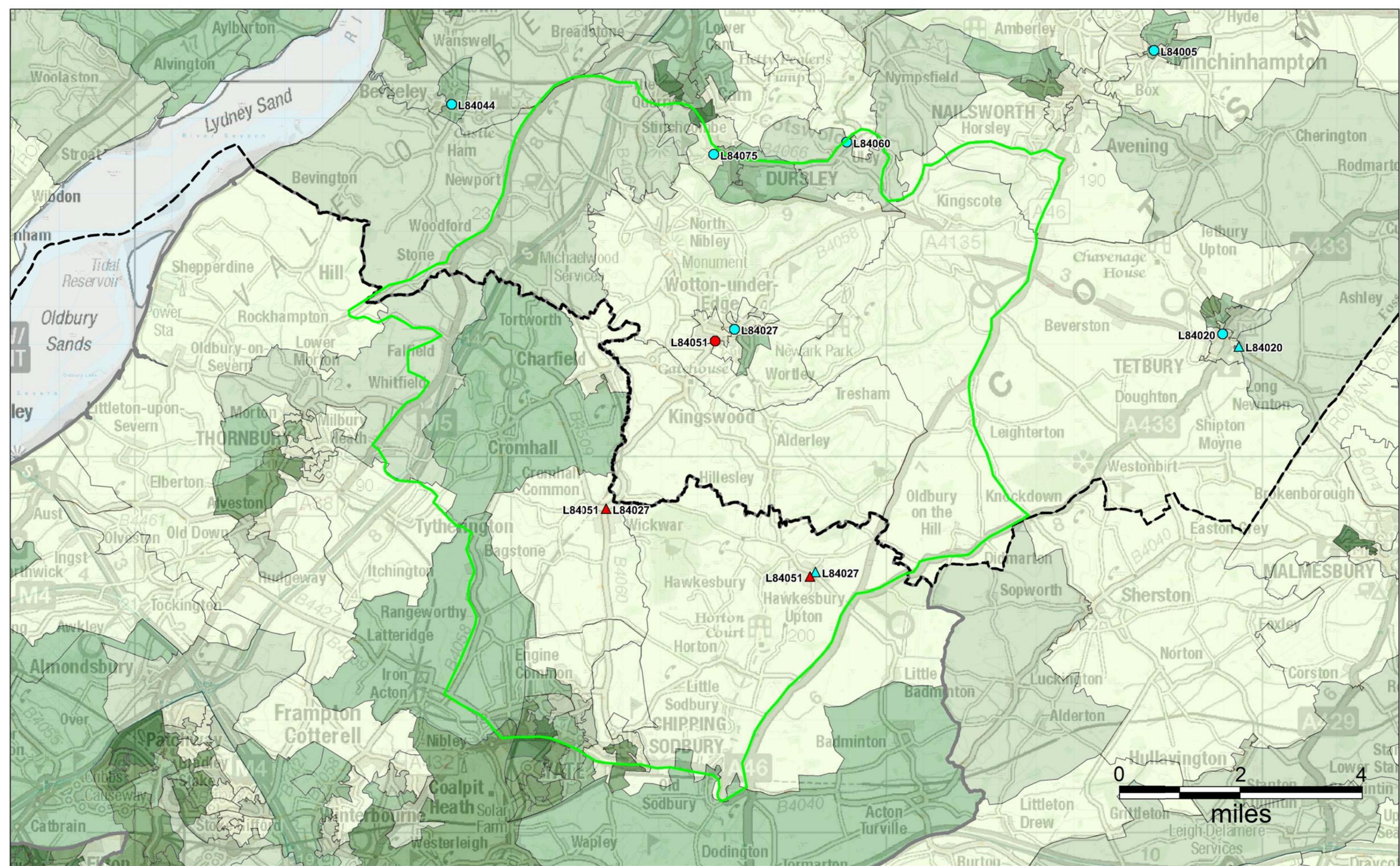
- 1 to 3 (Most Deprived)
- 3 to 5
- 5 to 7
- 7 to 9
- 9 to 10 (Least Deprived)

- Main surgery
- ▲ Branch surgery
- ▲ Chipping surgery branch
- Chipping surgery main
- Practice boundary

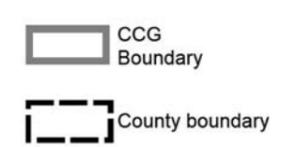
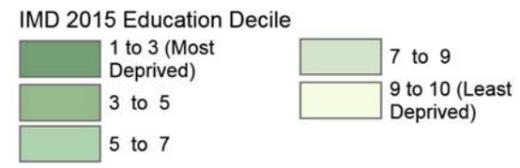
- CCG Boundary
- County boundary

South, Central and West Commissioning Support Unit NHS

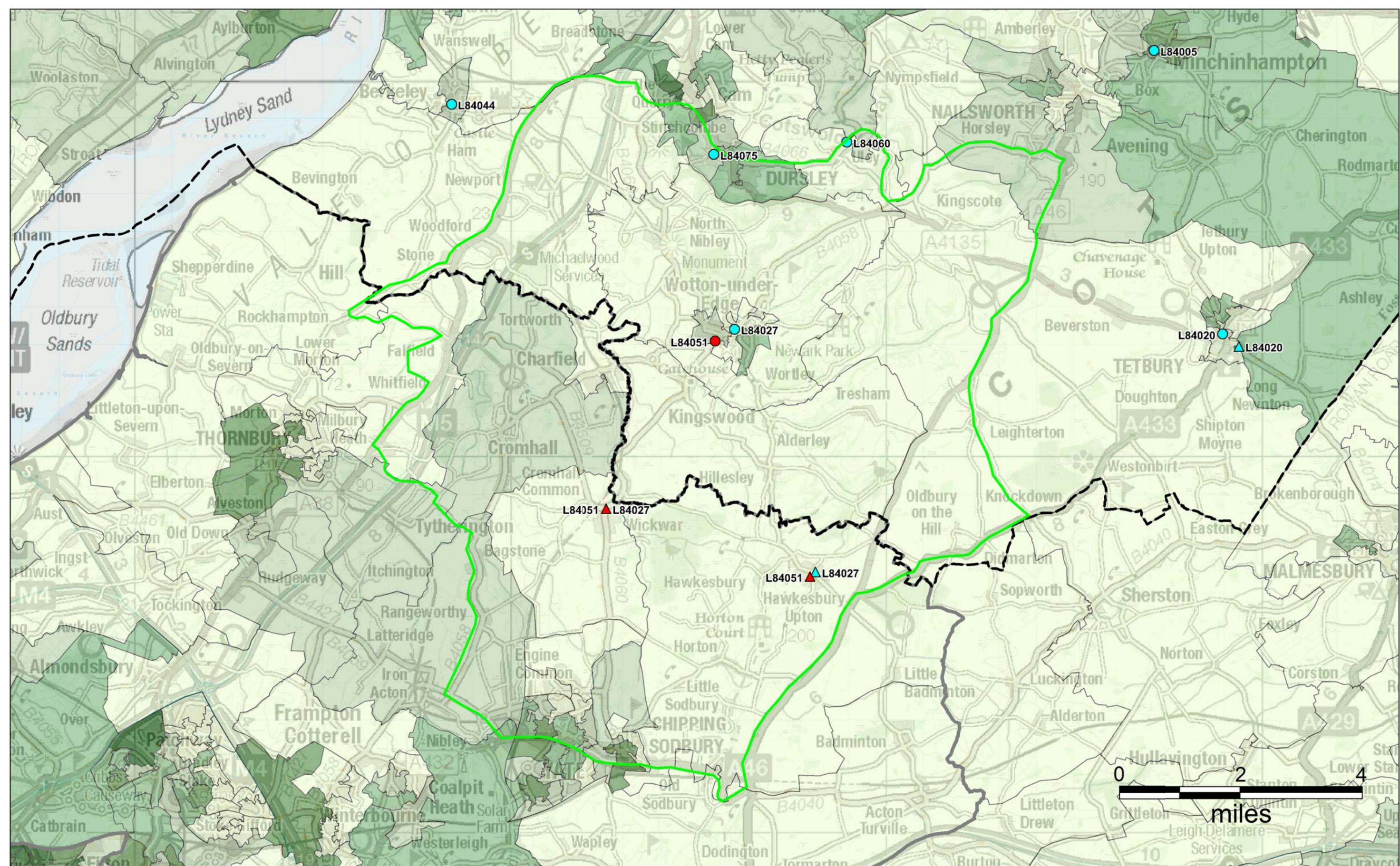
GIS Team - 17 December 2015
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The Chipping Surgery (L84051) Appendix 2B
Index of Multiple Deprivation (IMD) 2015 - Education Domain

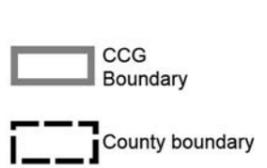
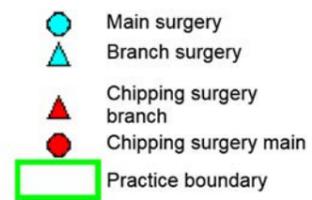
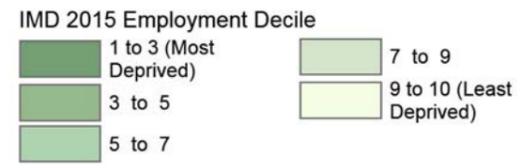


South, Central and West Commissioning Support Unit NHS
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The Chipping Surgery (L84051) Appendix 2C

Index of Multiple Deprivation (IMD) 2015 - Employment Domain



South, Central and West Commissioning Support Unit NHS

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Appendix 3

The nearest alternative practices to the branch surgery at Wickwar, South Gloucestershire are:

4.2 miles away - Culverhay Surgery

Culverhay Surgery

Culverhay

Wotton-under-Edge

Glos., GL12 7LS

Public Transport direct journeys from Wickwar numbers 82 or 84 (north) bus at 7.25, 7.35, 8.38, 9.10, 9.43, 10.26, 10.43, 11.26, 11.43, 12.26, 12.43, 13.26, 13.43, 14.26, 14.43, 15.43, 15.50, 16.59, 17.16, 18.09. An alternative route is on the 82 or 84 (south) via a change of bus in Chipping Sodbury to the number 86 at 7.34, 8.17, 8.28, 9.17, 9.59, 10.18, 10.59, 11.18, 11.59, 12.18, 12.59, 13.18, 13.59, 14.18, 15.18, 15.21, 16.17, 16.47, 17.17, 18.12.

4.3 miles away - Wellington Road Family Practice

The Surgery

Wellington Road

Yate, Bristol

BS37 5UY

Public Transport direct journeys from Wickwar number 82 or 84 (south) bus at 7.34, 8.17, 8.28, 9.17, 9.59, 10.18, 10.59, 11.18, 11.59, 12.18, 12.59, 13.18, 13.59, 14.18, 15.18, 15.21, 16.17, 16.47, 17.17, 18.12. An alternative route is on the 82 or 84 (north) via a change of bus in Wotton to the number 86 at 7.25, 8.38, 9.10, 9.43, 10.26, 10.43, 11.26, 11.43, 12.26, 12.43, 13.26, 13.43, 14.26, 14.43, 15.43, 15.50, 16.59, 17.18.

Note there will be a short walk (5 mins)

4.8 miles away - West Walk Surgery

West Walk Surgery

Yate West Gate Centre

21 West Walk

Yate, Bristol

BS37 4AX

Public Transport direct journeys from Wickwar number 82 or 84 (south) bus at 7.34, 8.00, 8.28, 9.15, 9.59, 10.18, 10.59, 11.18, 11.59, 12.18, 12.59, 13.18, 13.59, 14.18, 15.18, 15.21, 16.28, 16.47, 17.38. An alternative route is on the 82 or 84 (north) via a change of bus in Wotton to the number 86 at 7.25, 8.38, 9.10, 9.43, 10.26, 10.43, 11.26, 11.43, 12.26, 12.43, 13.26, 13.43, 14.26, 14.43, 15.43, 15.50, 16.59, 17.16.

4.9 miles away - Courtside Surgery

Kennedy Way

Yate, Bristol

BS37 4DQ

Public Transport direct journeys from Wickwar number 82 or 84 (south) bus at 7.34, 8.00, 8.28, 9.15, 9.59, 10.18, 10.59, 11.18, 11.59, 12.18, 12.59, 13.18, 13.59, 14.18, 15.18, 15.21, 16.28, 16.47, 17.38. An alternative route is on the 82 or 84 (north) via a change of bus in Wotton to the number 86 at 7.25, 8.38, 9.10, 9.43, 10.26, 10.43, 11.26, 11.43, 12.26, 12.43, 13.26, 13.43, 14.26, 14.43, 15.43, 15.50, 16.59, 17.16.

4.9 miles away - Kennedy Way Surgery

Kennedy Way Surgery

Kennedy Way

Yate, Bristol

BS37 4AA

Public Transport direct journeys from Wickwar number 82 or 84 (south) bus at 7.34, 8.00, 8.28, 9.15, 9.59, 10.18, 10.59, 11.18, 11.59, 12.18, 12.59, 13.18, 13.59, 14.18, 15.18, 15.21, 16.28, 16.47, 17.38. An alternative route is on the 82 or 84 (north) via a change of bus in Wotton to the number 86 at 7.25, 8.38, 9.10, 9.43, 10.26, 10.43, 11.26, 11.43, 12.26, 12.43, 13.26, 13.43, 14.26, 14.43, 15.43, 15.50, 16.59, 17.16.

5.8 miles away - Abbotswood Surgery

Leap Valley Surgery (branch – open Monday - Friday 8.30am – 6.30pm)

42 Abbotswood

Yate, BS37 4NG

Public Transport direct journeys from Wickwar number 82 or 84 (south) bus at 7.34, 8.00, 8.28, 9.15, 9.59, 10.18, 10.59, 11.18, 11.59, 12.18, 12.59, 13.18, 13.59, 14.18, 15.18, 15.21,

16.28, 16.47, 17.38. An alternative route is on the 82 or 84 (north) via a change of bus in Wotton to the number 86 at 7.25, 8.38, 9.10, 9.43, 10.26, 10.43, 11.26, 11.43, 12.26, 12.43, 13.26, 13.43, 14.26, 14.43, 15.43, 15.50, 16.59, 17.16.

Note there would be a short walk (7 mins)

The nearest alternative practices to the branch surgery at Hawkesbury Upton, South Gloucestershire are:

3.8 miles away - Kennedy Way Surgery

Badminton Surgery (branch – open Tuesdays 9.30am -11.00am)

Portcullis, High Street

Badminton, South Gloucestershire

GL9 1DD

Public Transport – There are no direct journeys from Hawkesbury Upton. An alternative route is on the 86 (south) bus via a change of bus in Chipping Sodbury to the number 41 at 10.11, 12.11, 14.11, 15.09, 16.23.

4.8 miles away - Culverhay Surgery

Culverhay Surgery

Culverhay

Wotton-under-Edge

Glos., GL12 7LS

Public Transport direct journeys from Hawkesbury Upton number 86 (north) bus at 7.37, 9.16, 10.16, 12.16, 14.16, 15.49, 18.04. An alternative route is on the 86 (south) via a change of bus in Chipping Sodbury to the number 82, 84 at 8.10, 10.11, 12.11, 14.11, 15.09, 16.23.

8.3 miles away - West Walk Surgery

West Walk Surgery

Yate West Gate Centre

21 West Walk

Yate, Bristol

BS37 4AX

Public Transport direct journeys from Hawkesbury Upton number 86 (south) bus at 8.14, 10.11, 12.11, 14.11, 15.09, 16.23.

An alternative route is on the 86 (north) via a change of bus in Wotton to the number 82 or 84 at 7.37, 9.16, 10.16, 12.16, 14.16, 15.49, 18.04.

8.3 miles away - Kennedy Way Surgery

Kennedy Way Surgery

Kennedy Way

Yate, Bristol

BS37 4AA

Public Transport direct journeys from Hawkesbury Upton number 86 (south) bus at 8.14, 10.11, 12.11, 14.11, 15.09, 16.23.

An alternative route is on the 86 (north) via a change of bus in Wotton to the number 82 or 84 at 7.37, 9.16, 10.16, 12.16, 14.16, 15.49, 18.04.

8.5 miles away - Courtside Surgery

Kennedy Way

Yate, Bristol

BS37 4DQ

Public Transport direct journeys from Hawkesbury Upton number 86 (south) bus at 8.14, 10.11, 12.11, 14.11, 15.09, 16.23.

An alternative route is on the 86 (north) via a change of bus in Wotton to the number 82 or 84 at 7.37, 9.16, 10.16, 12.16, 14.16, 15.49, 18.04.

The nearest alternative practices to the branch surgery at Wickwar, South Gloucestershire are:

Data from GP Patient Survey - published on 7 January 2016

Set questions on NHS Choices	Gloucester-shire CCG Average	South Gloucester-shire Average	National Average	The Chipping Surgery	The Culverhay Surgery	Wellington Road Family Practice	West Walk Surgery	Courtside Surgery	Kennedy Way Surgery	Abbotswood Surgery
County				Gloucestershire	Gloucestershire	South Gloucestershire	South Gloucestershire	South Gloucestershire	South Gloucestershire	South Gloucestershire
Distance				3.9 miles away	4.2 miles away	4.3 miles away	4.8 miles away	4.9 miles away	4.9 miles away	5.8 miles away
Percentage whom would recommend this surgery to someone new to the area	83%	77%	78%	94%	86%	90%	74%	86%	78%	72%
Percentage whom are satisfied with the surgery's opening hours	76%	72%	75%	87%	82%	86%	76%	83%	74%	65%
Percentage which find it easy to get through to this surgery by phone	83%	68%	73%	97%	97%	100%	78%	67%	83%	75%
Percentage whom describe their experience of making an appointment as good	80%	71%	73%	94%	92%	94%	71%	80%	75%	69%
Percentage whom describe their overall experience of this surgery as good	89%	85%	85%	98%	96%	93%	83%	90%	85%	85%

Data from NHS National Performer List - January 2016 and Surgery websites

Male & Female GPs available				YES						
-----------------------------	--	--	--	-----	-----	-----	-----	-----	-----	-----

Data from the Health and Social Care Information Centre Website

2014-15 QOF Overall Achievement				Higher than GCCG average score achieved	Lower than GCCG average score achieved					
---------------------------------	--	--	--	---	---	---	---	---	---	--

The nearest alternative practices to the branch surgery at Hawkesbury Upton, South Gloucestershire are:

Data from GP Patient Survey - published on 7 January 2016

Set questions on NHS Choices	Gloucestershire CCG Average	South Gloucestershire Average	National Average	Kennedy Way Surgery (Badminton Branch)	The Culverhay Surgery	The Chipping Surgery	Kennedy Way Surgery
County				South Gloucestershire	Gloucestershire	Gloucestershire	South Gloucestershire
Distance				3.8 miles away	4.8 miles away	5.0 miles away	8.3 miles away
Percentage whom would recommend this surgery to someone new to the area	83%	77%	78%	78%	86%	94%	78%
Percentage whom are satisfied with the surgery's opening hours	76%	72%	75%	74%	82%	87%	74%
Percentage which find it easy to get through to this surgery by phone	83%	68%	73%	83%	97%	97%	83%
Percentage whom describe their experience of making an appointment as good	80%	71%	73%	75%	92%	94%	75%
Percentage whom describe their overall experience of this surgery as good	89%	85%	85%	85%	96%	98%	85%

Data from NHS National Performer List - January 2016 and Surgery websites

Male & Female GPs available				YES	YES	YES	YES
-----------------------------	--	--	--	-----	-----	-----	-----

Data from the Health and Social Care Information Centre Website

2014-15 QOF Overall Achievement				Higher than GCCG average score achieved			
---------------------------------	--	--	--	---	---	---	---

**Dr J J Kabler
Dr C L Thompson
Dr R S Hampson
Dr R Ward
Dr R Usher
Dr K Jones**

**The Chipping Surgery
Wotton-under-Edge
Gloucestershire
GL12 7BD
VAT Reg No: 876 6480 72
Tel: (01453) 842214
Fax: (01453) 521558**

Date as postmark

Dear <<Title>> <<Surname>>

Proposed closure of the Practice Branch Surgeries at Wickwar and Hawkesbury by both The Chipping Surgery & The Culverhay Surgery

Background

As you may be aware, the doctors at The Chipping Surgery see patients at branch surgeries in Wickwar and Hawkesbury. Historically these have been held on a Tuesday at the Avon Crescent Community Centre in Wickwar and on a Monday in the Bethesda Chapel in Hawkesbury.

Although patients have been seen at these two venues for many years these premises make it difficult to provide the high standard of care that we expect for our patients. Unfortunately neither of the premises that we use have examination facilities nor do they provide enough space to bring nurse support for the doctors.

Proposed change

I am contacting you to let you know that after lengthy consideration in the practice, we have concluded that we should propose to close the branch surgeries at Wickwar and Hawkesbury and replace them with additional appointments at our main surgery. This will mean approximately 15 more GP appointments available each week to ALL our patients. We have reached this conclusion following discussions with NHS England and more recently with the Gloucestershire Clinical Commissioning Group who took on responsibility for commissioning primary care GP services from 1st April 2015.

Why is this change being proposed?

We are aware that this will not be popular with some of our patients, but although many scenarios have been explored, we have been unable to develop a viable alternative that would allow us to continue to offer appointments to patients with one of our GPs in Wickwar and Hawkesbury in a safe and efficient manner.

We currently have 1097 registered patients living in Wickwar and Hawkesbury. An audit of patient attendance at Wickwar over the last 6 months shows that on average 4 patients are seen each week. Similarly the figures for Hawkesbury reveal a weekly attendance of just 2 patients. These are generally the same patients for each site.

Although closing the surgeries in Wickwar and Hawkesbury would make access to the practice more difficult for this very small number of patients, we believe this development will help to strengthen the practice as a whole. The problems associated with keeping the branch surgeries open are numerous and substantial, not least because the use of the resource is poor:

- The premises are not CQC (Care Quality Commission) compliant with regards to infection control.
- There are no examination facilities at either site, sometimes making it difficult to conduct a thorough examination when required.
- There is no nurse or reception cover at the two sites, making lone working for the doctors a serious and unacceptable risk.
- As there is no nurse cover, if a patient or GP requires a chaperone the patient needs to make another appointment at the main surgery in Wotton. This is not an effective use of time and could delay treatment.
- The buildings cannot be made suitable for disabled access due to the practice not owning the buildings.
- We spend at least 2 hours per week of GP time administering the surgeries and traveling between the branch surgeries and the main site in Wotton. This does not include the actual consultation time. There is no computer system at the branch surgeries so the GPs need to return to the main surgery to update patient records, review test results and follow up on any action required from the consultations. This is not a good use of precious clinical resource, and takes valuable time away from seeing and treating patients.
- As there is no access to the practice computer system, GPs are unable to access test results and other information in the medical record, which could again delay treatment.

What this may mean for patients

The proposed change is as follows:

- We propose to close the branch surgeries at Wickwar and Hawkesbury, and continue to see these patients at the main surgery in Wotton.
- No patient will need to leave the practice. All patients currently registered will be able to make an appointment to see the GPs in Wotton.
- We recognise that travelling to Wotton may be an issue for some patients. The number 63A bus runs once a day in each direction, numbers 82 and 84 buses run hourly every day with approximately 30 minutes between them (Monday to Friday 7.00am – 7.30pm) between Wickwar and Wotton. The number 86 Bus runs at least every 2 hours (Monday to Friday 7.30am – 6.30pm) between Hawkesbury and Wotton.
- There is a voluntary car service available to patients – The Community Transport Service is a voluntary car service which covers Wotton and the surrounding villages. Fares are charged at a rate of 35p per mile travelled with a minimum fare of £2.50. Contact Mrs Holcombe directly to book the transport service on 01453 542091

- The prescription collection and delivery service to and from Wickwar and Hawkesbury will remain unchanged.
- Closure of the branch surgeries will mean that the doctors will be able to provide a consistent quality of service to all patients. Patients will not need to rebook their appointment at the main surgery for procedures that cannot be offered at the branch surgeries.
- Overall we believe this change will result in better use of GP time to meet patients' needs.

How you can have your say

Before we can make the changes we are want to conduct a consultation with all of our patients and other stakeholders. The results of the consultation will be presented to the Gloucestershire Clinical Commissioning Group with our formal application to close the branches.

We would therefore be grateful if you could take the time to give us your feedback. We have enclosed a simple survey form for you to complete (this is not compulsory). When you have completed the form please return it to the surgery via one of the following options (closing date for survey replies will be 23rd October 2015):

- Post – please post your survey form back to the main surgery for the attention of the Practice Manager
- Deliver it to the main practice by hand
- Email – please scan your completed survey form and email to debraphillips@nhs.net

Alternatively you can:

- Complete a form which is available from the reception whilst you are in the main practice

Please be assured that your feedback will be treated confidentially and will not be shared outside of the practice and the Clinical Commissioning Group.

The anonymous results of the survey will be published in the main surgery waiting room and on the practice website.

The consultation period will end on 31st October 2015.

Kind regards

Drs Kabler, Thompson, Hampson & Ward

Proposed closure of Wickwar and Hawkesbury Upton Branch Surgeries

Consultation Survey

This survey is available to complete online – please go to: www.thechippingsurgery.co.uk
Otherwise please complete the survey below & return it to the main practice. Thank you.

Please complete ALL the questions in Section 1:

Section 1:

1. Are you/your child registered with The Chipping Surgery? Yes No
2. What is the first part of your postcode:
3. Do you understand the practice's reason for the branch closures? Yes No
4. Having read the information in this letter do you support the practice's plan in principle to close the branch surgeries? Yes No
5. Where do you normally go for your appointments? Branch surgery Main Surgery
6. When did you last visit the practice? If you visited the practice today do not count this in your response:
 In the last month 1-3 months ago 3-6 months ago 6-12 months ago
 it is more than 12 months since I visited
7. Thinking about the last 12 months, how often have you visited the main practice (Chipping)?
 Not visited 1-3 times 3-6 times 6-12 times more than 12 times
8. How many times in the last 12 months have you visited a branch surgery?
 Not visited 1-3 times 3-6 times 6-12 times more than 12 times
9. In the likely event of Wickwar and Hawkesbury Upton branch surgeries closing, how would you access GP services?
 Travel to the main surgery (Chipping) Register with another practice

We would welcome any other comment you may have:

- On the change
- What is good about the service
- What could improve – please relate any ideas you may have

Section 2: (optional)

Some questions about you:

These questions are optional, but to help us ensure we reach a good cross-section of the local population we would be very grateful if you could complete the following questions:

10. Are you: Male Female

11. Your age range is: Under 18 18 - 25 26 – 35 36 – 45 46 – 55 56 – 65 66 - 75

over 75 years

12. Overall, how would you rate your health during the past 4 weeks?

Excellent Very good Good Fair Poor Very poor

13. Do you consider yourself to have a disability? No Yes – please see below

Visual impairment Hearing Impairment Physical disability Mental Health problem

Learning difficulties Long term condition

14. Do you look after, or give special help to anyone who is sick, has a disability, or is an older person, other than in a professional capacity?

No, I don't care for another person Yes I care for a person in my own household

Yes, I care for a person in another household

15. To which ethnic group would you say you belong? (Please tick ONE only)

WHITE: British Irish Any other white background (Please specify).....

MIXED: White & Black Caribbean White & Black African White & Asian

Any other Mixed background (Please specify)

ASIAN OR ASIAN BRITISH: Indian Pakistani Bangladeshi

Any other Asian background (Please specify)

BLACK OR BLACK BRITISH: Caribbean African

Any other Black background (Please specify).....

CHINESE: Chinese

OTHER ETHNIC GROUP: Any other ethnic group (Please specify)

Thank you for taking the time to complete this survey (Please return by 23rd October 2015)

The Chipping Surgery

Branch Closure Consultation

<http://www.mysurgeryintranet.co.uk/psurvey.aspx?p=245732&xls=1>

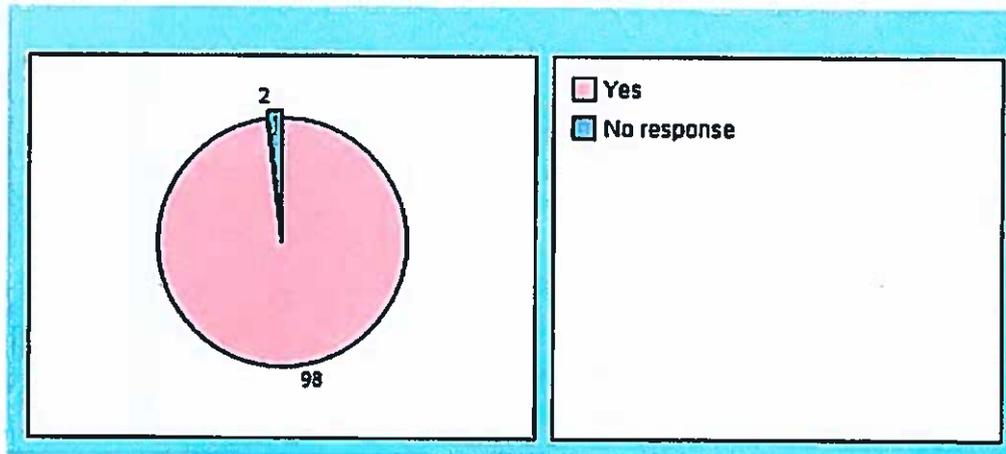
<http://www.mysurgeryintranet.co.uk/psurvey.aspx?p=245732&xls=2>

Number of Responses: 145

Branch Closure Consultation

Are you/your child registered with The Chipping Surgery?

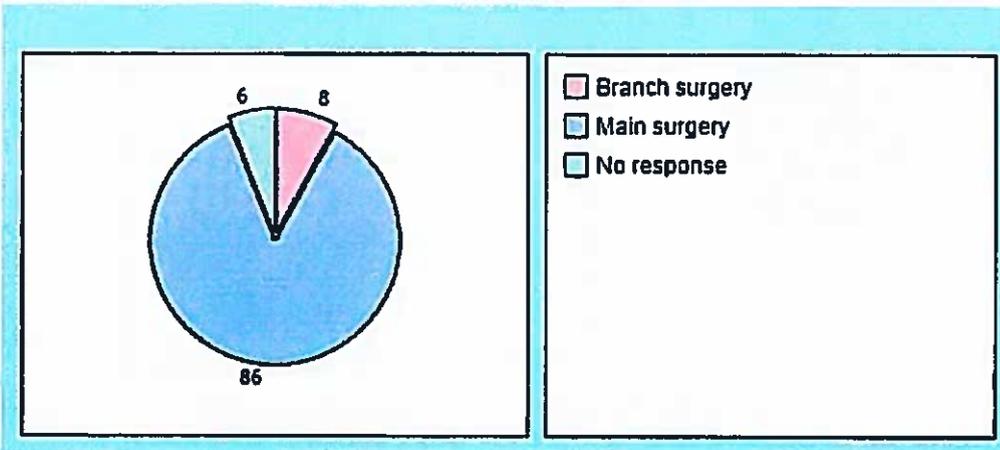
Yes	98%
No	0%
No response	2%



What is the first part of your postcode?

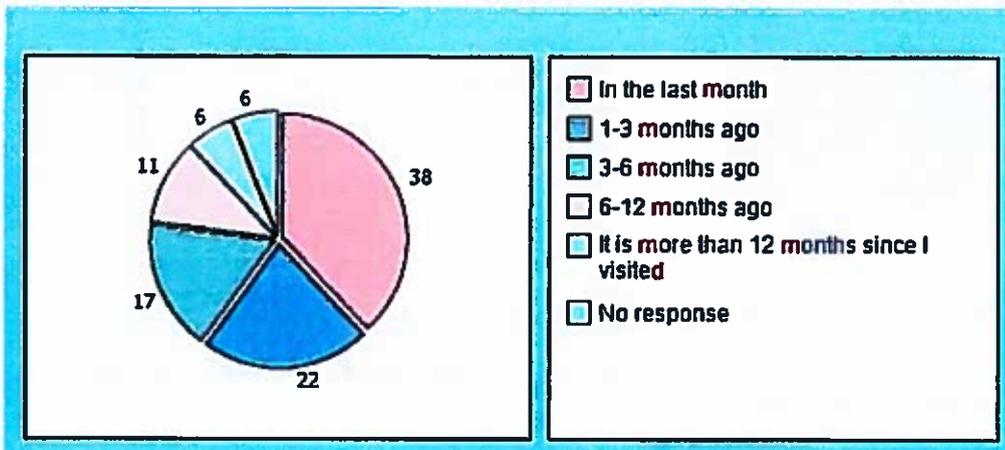
BS16	0%
BS32	0%
BS34	0%
BS35	0%
BS36	0%
BS37	0%
GL2	0%
GL4	0%
GL5	0%
GL6	0%
GL8	0%
GL9	44%
GL10	0%
GL11	0%
GL12	53%
No response	3%

Branch surgery	8%
Main surgery	86%
No response	6%



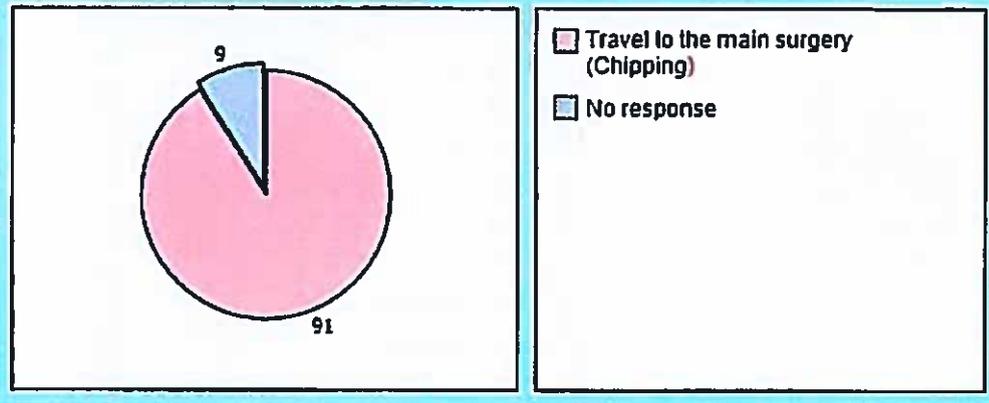
When did you last visit the practice? If you visited the practice today do not count this in your response.

In the last month	38%
1-3 months ago	22%
3-6 months ago	17%
6-12 months ago	11%
It is more than 12 months since I visited	6%
No response	6%



Thinking about the last 12 months, how often have you visited the main practice (Chipping)?

Not visited	4%
1-3 times	41%
3-6 times	28%
6-12 times	14%
more than 12 times	10%

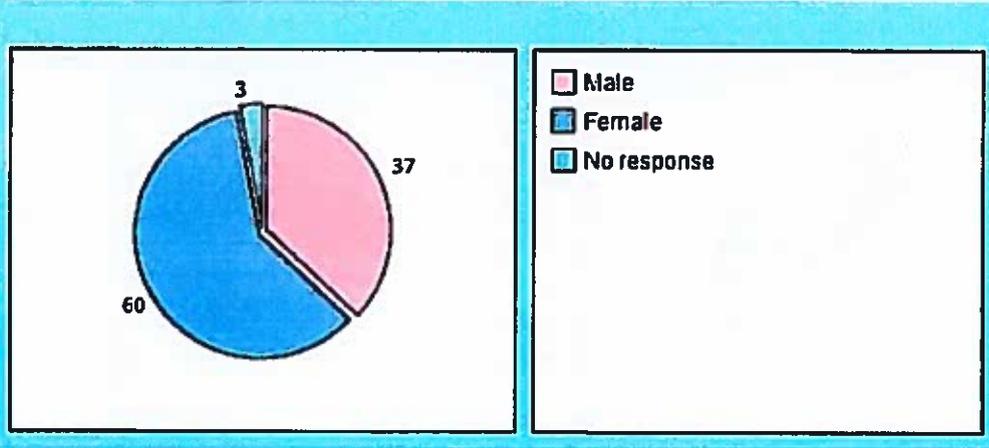


We would welcome any other comment you may have.



The remaining questions are optional: Are you male or female?

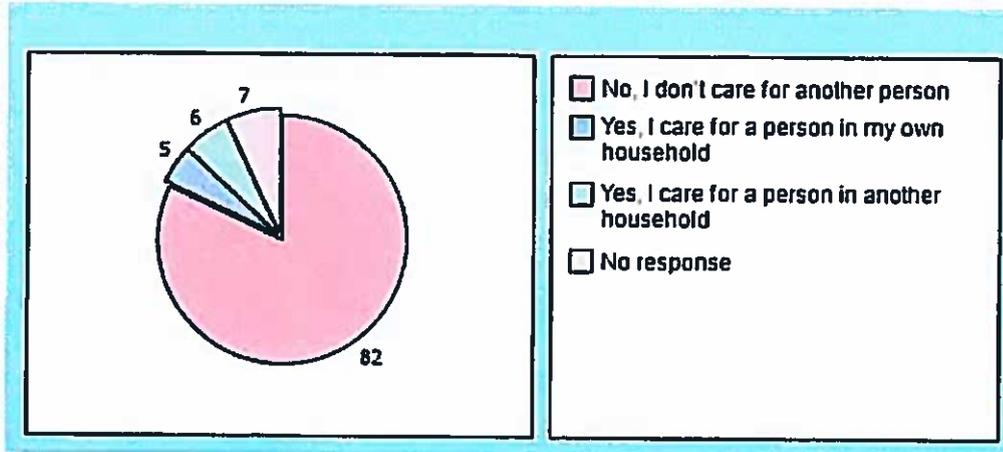
Male	37%
Female	60%
No response	3%



What is your age?

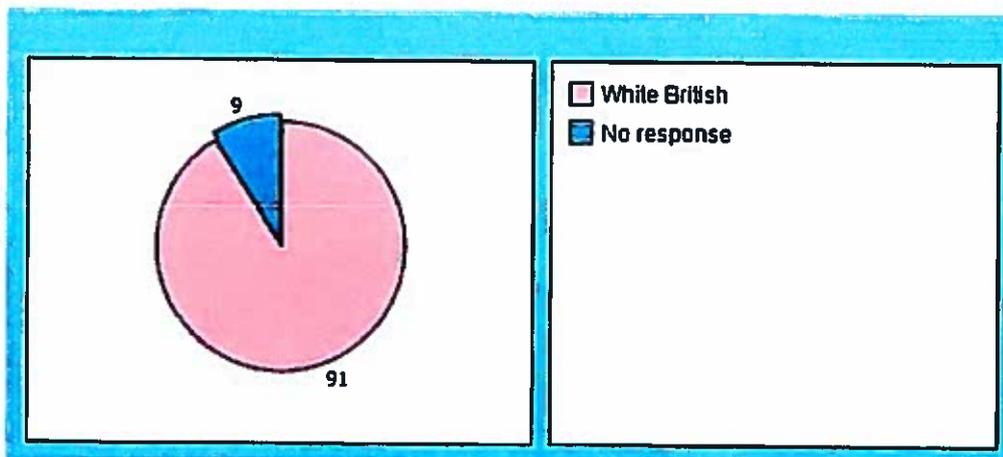
Under 18	0%
18 - 25	2%
26 - 35	2%
36 - 45	2%
46 - 55	6%
56 - 65	24%
66 - 75	30%
over 75 years	28%
No response	6%

Yes, I care for a person in my own household	5%
Yes, I care for a person in another household	6%
No response	7%



To which ethnic group would you say you belong?

White British	91%
White Irish	0%
Other white background	0%
Mixed white & black Caribbean	0%
Mixed white & black African	0%
Mixed white & Asian	0%
Other mixed background	0%
Indian	0%
Pakistani	0%
Bangladeshi	0%
Any other Asian background	0%
Black Caribbean	0%
Black African	0%
Any other black background	0%
Chinese	0%
Any other ethnic group	0%
No response	9%





Patient Comments

>> Always travel to main surgery <<

>> As part of the community in Hawkesbury Upton I find it such a shame for the closure as I am aware of a number of community members who rely on the branch service for support <<

>> Closure of branch surgeries seems a logical move. Perhaps this communication could have been by email - one per household given inancial constraints/efficiency <<

>> Completely unaware that these satellite surgeries existed <<

>> Consider giving support publicity to the existing transport schemes that help get patients to and from medical appointments e.g. Hawkesbury Upton transport in Hawkesbury <<

>> Diasabled parking needs to be improved a - more spaces including on the road b - better signage as lines on road almost obliterated. I have reported this 3 times <<

>> Friendly service Availability of appointments <<

>> General improvement in the online system - pay for prescriptions (if applicable)# - book appointments - make more user friendly for users who are parents (whn using for child) <<

>> Hard choices have to be made to make the most effective use of limited resources <<

>> Hawkesbury has a voluntary car serice (Hawkesbury Volunteer Transport - HVT- funded by S Glos council if you have a bus pass the first 25 miles are free, then it is 40pence per mile <<

>> Hawkesbury Upton has a voluntary Transport Service to ferry people to the main surgery <<

>> HVT Hawkesbury Volunteer Transport is a scheme supported by South Glos Council that provides transport for health related appointments for patients living in Hawkesbury Upton who have transport difficulties. Volunteer drivers often take passengers to the Chipping Surgery as well as to hospitals in Cheltenham, Southmead, Bristol etc. You should check further as I do not think The Wotton Community transport service operated by Mrs Holcombe, and referred to in the consultation document, applies to Hawkesbury Upton. <<

>> I always beenable to see (or talk to) a doctor when I need to. I greatly value the in-surgery pharmacy The nurses are always very pleasant and helpful, so are the office staff <<

>> I did not realise that Wickwar had a branch surgery. I have the flexibility to attend the main surgery and am in excellent health. This questionnaire should be weighted to ensure the

views of those who have difficulties travelling to the main surgery or are in poor health are given greater consideration <<

>> I didn't know there was a surgery in Wickwar. I might have used it. I like much about Chipping Surgery, I feel I am known and listed to by the nurses. I feel reluctant to make GP appointments because they are busy but so are the nurses. Some GP's don't seem interested sometimes <<

>> I fully understand your reasons and agree with your decisions <<

>> I have always had difficulty in telephoning to make an appointment - the line always seems to be engaged. Better luck has been achieved on-line but available and suitable appointment generally always mean that I have to take time off work to visit. The ability to get a really early appointment, prior to general opening times is really valuable. Whatever happens, do not axe the very early appointment capability ! <<

>> I have had a very good service from the surgery over the past having been a patient there for over 20 years <<

>> I have used the branch service in the past when there was quite a queue of patients. I think the elderly will miss the service <<

>> I think it is a lot better for all patients <<

>> I understand the reason The practise could do with more car parking space <<

>> I used the branch surgery a lot when I had young children but haven't used it for many years now <<

>> Immediately though "Oh No" but on reading the reasoning - it makes sense <<

>> In Hawkesbury Upton we are fortunate to have a voluntary transport scheme which enables less mobile patients to attend the main surgery <<

>> In my opinion, by any standards this must be one of the best GP practices in the South West. <<

>> In the 16yrs I have lived in Wickwar I have visited the branch surgery 2 or 3 times. It was convenient not to have to make an appointment but I make appointments on the internet anyway. At present I am very satisfied with The Chipping Surgery and get there by car or bus <<

>> It is not always possible to get to wotton surgery Even if you go to wotton you still need to book with nurse for blood tests <<

>> It is wonderful that "care in the community" is part of your ethos and that you make it easier for patients to get to you. I personally can access the main surgery but I think it is essential to not lose the Hawkesbury Branch. I would put it with equal importance as our

shops, post office & pubs especially when buses aren't always reliable and not everyone has access to a car. Please keep this valuable service <<

>> It makes good sense to have all patients seen at main surgery. Travelling for the convenience of 6 people is an utter waste of time. The plan seems well thought out. Hawkesbury also has a volunteer transport service. <<

>> It will be a shame to lose such a nice personal service you feel when entering the surgery and the fast home visit service will be severely missed <<

>> It would be a great shame to close the branch surgery as it is easier to access for many people in the village particularly if illness experience over a weekend & appointment with GP is difficult to make on a Monday morning. I do, however understand the reason for closure <<

>> Its the first I've ever heard of these surgeries. Luckily I drive so always go to Main Surgery <<

>> Keep up the good work <<

>> My concern would be for people who find it difficult to get to Wotton <<

>> no further comments <<

>> Of course it is disappointing to see the service at Hawkesbury close but perfectly understandable. Those without transport could be affected but there are alternatives. The elderly with chronic conditions need to be considered seriously <<

>> Once a month or fortnight would be very helpful - to close altogether would be a great pity <<

>> Once patients get used to the changes it should be a lot better for everyone <<

>> Residents of other villages such as Kingswood and Charfield have to travel to the main surgery. <<

>> Seems very sensible - resources must be stewarded <<

>> Short waiting time for appointments <<

>> The Chipping Surgery provides an excellent service - thank you <<

>> The only reason we do not use the branch surgery is that we forget it is there. More awareness may have brought more use/viability. I do worry for older folk <<

>> The reasons are very practical and therefore more patients will benefit for the time period currently used for Branch surgeries. <<

>> The service from main surgery is excellent <<

>> The service from the Chipping Surgery is very good however the parking facility is very limited <<

>> The service is excellent, however older people who don't have a car will find it very unpleasant to get to Wotton. Although there is normally a bus service it is very erratic as to when it eventually turns up and this will cause older people a great deal of suffering in the wind corridor that is Wickwar high street while waiting for the bus to decide to arrive. Could some kind of "lifts" service be organised for infirm and elderly people to get to the surgery <<

>> Thoroughly understand the reasons for closure, though have some concerns about elderly/those with young children/disabled people being able to access main surgery if buses are just not an option. NB Hawkesbury does have a volunteer transport service <<

>> Though I have not used the Hawkesbury branch recently I know that older members of the community use it and it means they are more likely to access a doctor. <<

>> To have access to a doctor without an appointment in walking distance is a godsend. We need to keep it <<

>> Try not to visit either but when something happens and you need a doctor you know you can see a doctor on a Monday <<

>> Until receiving this survey I was not aware of the branch surgeries. I am fortunate in having good health and the means to easily attend the main surgery. In deciding on the future of branch surgeries greatest weight should be given to those who use them and not share such advantages. Could practice co-ordinate with volunteer driver groups to help with transport <<

>> Very disappointment - it has been really good all these years <<

>> Visited branch surgery once in last 12 months as I could see Dr before an appointment was available at main surgery. Transport from H/Upton to surgery is available if booked in time. <<

>> Was not aware of the branch surgery in Wickwar <<

>> Wickwar was convenient if you didn't need an examination <<

>> Would a compromise solution be possible - eg open the branch surgery at Hawkesbury Upton once a month <<

>> Would request a home visit if branch surgery closed - can't cope with changes <<

>> Would request a visit if branch surgery closes <<

>> You have your say in the country, but the decision to close the branch surgeries has already been made <<

NHS Gloucestershire Clinical Commissioning Group

Quality and Sustainability Impact Assessment Tool

This tool involves an initial assessment (stage 1) to quantify potential impacts (positive or negative) on quality from any proposal to change the way services are commissioned and/or delivered. Where potential negative impacts are identified they should be risk assessed using the risk scoring matrix to reach a total risk score.

Quality is described in 6 areas, each of which must be assessed at stage 1. Where a potentially negative risk score is identified and is greater than (>) 8 this indicates that a more detailed assessment is required in this area. All areas of quality risk scoring greater than 8 must go on to a detailed assessment at stage 2.

Scoring

A total score is achieved by assessing the level of impact and the likelihood of this occurring and assigning a score to each. These scores are multiplied to reach a total score.

The following tables define the impact and likelihood scoring options and the resulting score: -

LIKELIHOOD		IMPACT	
1	RARE	1	MINOR
2	UNLIKELY	2	MODERATE / LOW
3	MODERATE / POSSIBLE	3	SERIOUS
4	LIKELY	4	MAJOR
5	ALMOST CERTAIN	5	FATAL / CATASTROPHIC

Risk score	Category
1 - 3	Low risk (green)
4 - 6	Moderate risk (yellow)
8 - 12	High risk (orange)
15 - 25	Extreme risk (red)

A fuller description of impact scores can be found at appendix 1.

		IMPACT				
		1	2	3	4	5
LIKELIHOOD	1	1	2	3	4	5
	2	2	4	6	8	10
	3	3	6	9	12	15
	4	4	8	12	16	20
	5	5	10	15	20	25

Please take care with this assessment. A carefully completed assessment should safeguard against challenge at a later date.

Stage 1

The following assessment screening tool will require judgement against the 6 areas of risk in relation to Quality. Each proposal will need to be assessed whether it will impact adversely on patients / staff / organisations. Where an adverse impact score greater than (>) 8 is identified in any area this will result in the need to then undertake a more detailed Quality Impact Assessment. This will be supported by the Clinical Quality & Nursing team.

Title and lead for scheme: **Chipping Surgery – Closure of Branch Surgeries at Wickwar and Hawkesbury**

Brief description of scheme. The Chipping medical Practice in Wootton Under Edge, is proposing to close the two branch surgeries that are operated by the practice in Wickwar and in Hawkesbury. Monday and Tuesday afternoons.

Answer positive/negative (P/N) in each area. If N score the impact, likelihood and total in the appropriate box. If score > 8 insert Y for full assessment

Area of Quality	Impact question	P/N	Impact	Likelihood	Score	Full Assessment required
Duty of Quality	Could the proposal impact positively or negatively on any of the following - compliance with the NHS Constitution, partnerships, safeguarding children or adults and the duty to promote equality?	P	No scoring required			N
Patient Experience	Could the proposal impact positively or negatively on any of the following - positive survey results from patients, patient choice, accessibility, personalised & compassionate care?	N	3	2	6	N
Patient Safety	Could the proposal impact positively or negatively on any of the following – safety, systems in place to safeguard patients to prevent harm, including infections?	P	No scoring required			N
Clinical Effectiveness	Could the proposal impact positively or negatively on evidence based practice, clinical leadership, clinical engagement and/or high quality standards?	P	No scoring required			N
Prevention	Could the proposal impact positively or negatively on promotion of self-care and health inequality?	P	No scoring required			N
Productivity and Innovation	Could the proposal impact positively or negatively on - the best setting to deliver best clinical and cost effective care; eliminating any resource inefficiencies; low carbon pathway; improved care pathway?	P	No scoring required			N

Please describe your rationale for any positive impacts here:

Duty Of Quality – Positive. Closure of the two branch surgeries will contribute to a reduction of access and patient choice to residents of Wickwar and Hawkesbury, however the quality of care currently delivered in these two branch surgeries is

compromised due to the lack of appropriate facilities available to operate a modern medical surgery eg computer access, examination facilities, compliance with mandatory infection control legislation.

Patient Experience – Negative. The practice has undertaken an effective consultation with patients including the practice patient participation group. The response rate was 11%. The practice has undertaken an evaluation of the responses, and included the narrative responses from individual respondents. It is clear from reading these; there is some disquiet from some patients particularly in relation to transport (public/voluntary). However a small number of patients will be affected.

Patient Safety – Positive. The medical facilities at the two branch surgeries are not fit for purpose, and as such the closure of them, will contribute to an increase in patient safety.

Clinical Effectiveness – Positive. The quality and standard of the medical services provided and delivered by the practice at the main surgery will be consistent.

Prevention – Positive. The provision of services at the main surgery will support patients to stay well and support the provision of self care to patients which will also include reducing health inequalities. These services are unlikely to have been available to the same standard from the branch surgeries.

Productivity and Innovation – Positive. The proposal supports the provision of primary medical care in the most clinically and cost effective manner. There will be a consistent delivery of care pathways to all practice patients. Closure of the branch surgeries supports the reduction of the carbon footprint of the practice, by reducing the travel undertaken by the GPs, however this may be off-set by the potential increase in home visits to patients who are unable to travel to the main surgery.

Signature:

Teresa Middleton

Designation:

Deputy Director of Quality

Date:

9.12.15

Stage 2

Area of quality	Indicators	Description of impact (Positive or negative)	Risk (5 x5 risk matrix)			Mitigation strategy and monitoring arrangements
			Impact	Likelihood	Overall Score	
DUTY OF QUALITY	What is the impact on the organisation's duty to secure continuous improvement in the quality of the healthcare that it provides and commissions. In accordance with Health and Social Care Act 2008 Section 139?					
	Does it impact on the organisation's commitment to the public to continuously drive quality improvement as reflected in the rights and pledges of the NHS Constitution?					
	Does it impact on the organisation's commitment to high quality workplaces, with commissioners and providers aiming to be employers of choice as reflected in the rights and pledges of the NHS Constitution?					
	What is the impact on strategic partnerships and shared risk?					
	What is the equality impact on race, gender, age, disability, sexual orientation, religion and belief, gender reassignment, pregnancy and maternity for individual and community health, access to services and experience of using the NHS (Refer to PCT Equality Impact Assessment Tool)?					
	Are core clinical quality indicators and metrics in place to review impact on quality improvements?					
	Will this impact on the organisation's duty to protect children, young people and adults?					

PATIENT EXPERIENCE	What impact is it likely to have on self reported experience of patients and service users? (Response to national/local surveys/complaints/PALS/incidents)				
	How will it impact on choice?				
	Does it support the compassionate and personalised care agenda?				
	Will the service change have a positive or negative impact on accessibility? This includes access by walking, cycling and public transport along with DDA compliance.				
PATIENT SAFETY	How will it impact on patient safety?				
	How will it impact on preventable harm?				
	Will it maximise reliability of safety systems?				
	How will it impact on systems and processes for ensuring that the risk of healthcare acquired infections is reduced?				
	What is the impact on clinical workforce capability care and skills?				
CLINICAL EFFECTIVENESS	How does it impact on implementation of evidence based practice?				
	How will it impact on clinical leadership?				
	Does it support the full adoption of Better care, Better Value metrics?				
	Does it reduce/impact on variations in care?				
	Are systems for monitoring clinical quality supported by good information?				
	Does it impact on clinical engagement?				

PREVENTION	Does it support people to stay well?				
	Does it promote self-care for people with long term conditions?				
	Does it tackle health inequalities, focusing resources where they are needed most?				
	Does it enhance opportunities for social cohesion?				
PRODUCTIVITY AND INNOVATION	Does it ensure care is delivered in the most clinically and cost effective way?				
	Does it eliminate inefficiency and waste (in terms of time and productivity)?				
	Does it eliminate inefficiency and waste (in terms of physical resources – reducing medicines, packaging, and transport and buildings)?				
	Does it support low carbon pathways?				
	Will the service innovation achieve large gains in performance?				
	Does it lead to improvements in care pathway(s)?				

Signature:	Designation:	Date:
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Appendix 1.

Impact / Consequence score (severity levels) and examples of descriptors					
1	2	3	4	5	
Negligible	Minor (Green)	Moderate (Yellow)	Major (Orange)	Catastrophic (Red)	
Informal complaint/inquiry	Formal complaint (stage 1)	Formal complaint (stage 2) complaint	Multiple complaints/ independent review	Gross failure of patient safety if findings not acted on	
	Local resolution	Local resolution (with potential to go to independent review)	Low performance rating	Inquest/ombudsman inquiry	
	Single failure to meet internal standards	Repeated failure to meet internal standards	Critical report	Gross failure to meet national standards	
	Minor implications for patient safety if unresolved	Major patient safety implications if findings are not acted on			
	Reduced performance rating if unresolved				
Short-term low staffing level that temporarily reduces service quality (< 1 day)	Low staffing level that reduces the service quality	Late delivery of key objective/ service due to lack of staff	Uncertain delivery of key objective/service due to lack of staff	Non-delivery of key objective/service due to lack of staff	
		Unsafe staffing level or competence (>1 day)	Unsafe staffing level or competence (>5 days)	Ongoing unsafe staffing levels or competence	
		Low staff morale	Loss of key staff	Loss of several key staff	
		Poor staff attendance for mandatory/key training	Very low staff morale	No staff attending mandatory/ key training	No staff attending mandatory training /key training on an ongoing basis
No or minimal impact on breach of guidance/ statutory duty	Breach of statutory legislation Reduced performance rating if unresolved	Single breach in statutory duty	Enforcement action	Multiple breaches in statutory duty	
		Challenging external recommendations/ improvement notice	Multiple breaches in statutory duty	Prosecution	
			Improvement notices	Complete systems change required	
			Low performance rating	Zero performance rating	
			Critical report	Severely critical report	
Rumours	Local media coverage –	Local media coverage –	National media coverage with <3 days service well below reasonable public expectation	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House)	
	short-term reduction in public confidence	long-term reduction in public confidence			
Potential for public concern	Elements of public expectation not being met			Total loss of public confidence	

Insignificant cost increase/ schedule slippage	<5 per cent over project budget	5–10 per cent over project budget	Non-compliance with national 10–25 per cent over project budget	Incident leading >25 per cent over project budget
	Schedule slippage	Schedule slippage	Schedule slippage	Schedule slippage
			Key objectives not met	Key objectives not met
Small loss Risk of claim remote	Loss of 0.1–0.25 per cent of budget	Loss of 0.25–0.5 per cent of budget	Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget	Non-delivery of key objective/ Loss of >1 per cent of budget
	Claim less than £10,000	Claim(s) between £10,000 and £100,000	Claim(s) between £100,000 and £1 million	Failure to meet specification/ slippage
			Purchasers failing to pay on time	Loss of contract / payment by results
				Claim(s) >£1 million
Loss/interruption of >1 hour	Loss/interruption of >8 hours	Loss/interruption of >1 day	Loss/interruption of >1 week	Permanent loss of service or facility
Minimal or no impact on the environment	Minor impact on environment	Moderate impact on environment	Major impact on environment	Catastrophic impact on environment

Likelihood score				
1	2	3	4	5
Rare	Unlikely	Possible	Likely	Almost certain
This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur but it is not a persisting issue	Will undoubtedly happen/recur, possibly frequently

Agenda Item 8

Primary Care Commissioning Committee

Meeting Date	Thursday 28th January 2016
Title	Draft Primary Care Infrastructure Plan 2016 to 2021
Executive Summary	<p>NHS Gloucestershire Clinical Commissioning Group (GCCG) has had delegated authority for primary care commissioning since April 2015. In respect of premises, the CCG responsibilities are mostly set out in The National Health Service (general medical services premises costs) and include the determination of new primary care premises priorities.</p> <p>Consequently, GCCG is developing a five year prioritised Primary Care Infrastructure Plan (PCIP) to set out where investment is anticipated to be made in either, new, or extended buildings, subject to business case approval and available funding for the period 2016 to 2021.</p> <p>In summary, the PCIP needs to respond to the following challenges:</p> <ul style="list-style-type: none"> • an emerging direction of travel for primary care service provision where bigger, extended teams are providing a greater range of services across 7 days in larger facilities or networked facilities across a given area of around 30,000 population to 40,000; • there will be significant population growth in Gloucestershire over the next 15 years and in a small number of geographical areas, this growth will be exceptional; • there are a number of practices presently who are providing services in facilities significantly smaller than would be expected. This position

	<p>worsens over the next ten to fifteen years if there is no investment in new buildings, or extended buildings;</p> <ul style="list-style-type: none"> • for a number of practices in Gloucestershire, the current physical conditions and functional suitability of the main surgery building are no longer satisfactory; • there are likely to be a very small number of unique situations, which the CCG will need to take into account as part of the strategic prioritisation process; and • in some instances, the PCIP will be informed by other service strategies. <p>The draft plan and supporting appendices is attached. It sets out a number of proposed schemes to meet the above challenges, the process for developing these proposals, a high level financial framework for planning processes and a programme timetable.</p> <p>It should be noted that for the next couple of months, the draft plan will be further informed by engagement through various groups, committees and engagement events. A finalised version is planned to be presented to the PCCC and ratified by the Governing Body at the March 2016 meetings.</p>
<p>Risk Issues: Original Risk Residual Risk</p>	<p>A strategic risk assessment is set out in Section 6.7 of the draft plan and key risks are set out for programme coordination, the availability of finance and stakeholder/ planning support.</p>
<p>Financial Impact</p>	<p>At this stage of planning and subject to individual business case approval, the additional net revenue costs for delivering proposed schemes are estimated to be £2.81m. It should be noted that some of these costs are anticipated to be offset for 15 years, through capital contributions funded via the national Primary Care Transformation Fund.</p>
<p>Legal Issues (including NHS</p>	<p>In respect of individual premises schemes there are likely to be legal issues around land purchase,</p>

Constitution)	disposal of sites and lease arrangements (where a practice is to be a tenant in the building). The CCG will also need to apply NHS Directions. In terms of the NHS Constitution, the author considers 'You have the right to expect your NHS to assess the health requirements of your community and to commission and put in place the services to meet those needs as considered necessary' and 'You have the right to be cared for in a clean, safe, secure and suitable environment' as the most pertinent NHS Constitution rights applicable to the PCIP.
Impact on Health Inequalities	An impact assessment has not been completed and it is assumed this will be required for each specific premises proposal.
Impact on Equality and Diversity	To be considered through each specific premises proposal.
Impact on Sustainable Development	To be considered through each specific premises proposal.
Patient and Public Involvement	The draft plans sets out patient and public involvement and engagement requirements for each individual scheme.
Recommendation	Members of the Committee are asked to consider the contents of the draft plan and:- <ul style="list-style-type: none"> • provide comments and feedback on the key aspects; • suggest areas for refinement and/ or where further information is required; and • confirm how members wish to be kept up to date and the proposal that a finalised version be presented at the March 2016 meeting.
Author	Andrew Hughes
Designation	Locality Implementation Manager
Sponsoring Director (if not author)	Helen Goodey Director of Locality Development and Primary Care

Version 1.3 (iv)

Issued 21/01/2016

Author: Andrew Hughes

Contact andrew.hughes8@nhs.net



**4th draft Primary Care Infrastructure
Plan 2016 to 2021**

1. Table of contents

	Page
1. Table of contents.....	2
2. Introduction & background.....	3

Section A – Where are we and where do we need to be?

3. Strategic context.....	5
3.1 The future direction of primary care service provision	
3.2 CCG strategy - A people and place approach to joined up care	
3.3 Meeting the estate challenge	
3.4 Planned population growth	
4. The current state.....	10
4.1 Primary care buildings in Gloucestershire	
4.2 Conditions and suitability of current estate	
4.3 current financial expenditure	
4.4 Current committed developments	
4.5 Summary and challenges	

Section B – How are we going to get to get to where we need to be?

5. The Primary Care Infrastructure Plan.....	17
5.1 Methodology, approach and assumptions	
5.2 strategic priorities	
5.3 Proposed Locality developments	
6. Delivery.....	28
6.1 Business case processes	
6.2 Use of the Primary Care Transformation Fund	
6.3 Engagement and stakeholder involvement	
6.4 Fees assumptions	
6.5 Financial revenue investment profile	
6.6 Governance & Decision making and approvals	
6.7 Risks & risk management	
6.8 Key programme timelines	

2. Introduction & background

NHS Gloucestershire Clinical Commissioning Group (GCCG) has had delegated authority for primary care commissioning since April 2015. In respect of premises, the CCG responsibilities are mostly set out in The National Health Service (general medical services premises costs) Directions 2013 and include:-

- Managing the rents reimbursed to practices for the provision of general medical services in buildings owned by Practices or another body, where the Practice is a tenant and is charged a lease;
- Managing the reimbursement of business rates for the provision of general medical services in buildings owned by Practices or another body, where the Practice is a tenant and is charged a lease
- Determining improvement grant priorities- the NHS is able to provide some funding to help surgeries improve, or extend their building;
- Determining new primary care premises priorities;
- Funding new premises annual revenue requirements as a result of additional/ new rent reimbursement requirements of new premises

Currently, any capital funding requirements is not delegated to the CCG and NHS England approval is required.

As part of delegated authority, GCCG has developed this five year prioritised Primary Care Infrastructure Plan (PCIP) to set out where investment is anticipated to be made in either, new, or extended buildings, subject to business case approval and available funding for the period 2016 to 2021.



Part A -Where are we and where do we need to be?

3. strategic context



3.1 The future direction of primary care service provision

A number of strategic plans recognise that day to day primary care services still need to be delivered but some care, currently provided in hospital settings, also needs to become a much larger part of what the NHS does in local facilities.

The wider range of services - extended primary care- is expected to include increased community services, Out of Hours services and other specialist based services such as diagnostics, more case management of vulnerable patients and more working with non-statutory bodies. These services will respond to local need and help keep people independent.

This broader range of services need to be available 24hrs per day and seven days per week and for some services will require practices to work together to improve urgent access at evenings and weekends. It is expected that Doctors will lead the provision of this extended primary care. The services will be better integrated, be at the heart of a stable care system and will remain connected with the local communities they serve.

GPs will work even closer with nursing disciplines, other community health practitioners, hospital specialists mental health and social care – so there is a wider team including District Nursing, community matrons (case managers) health visitors, midwives and social workers.

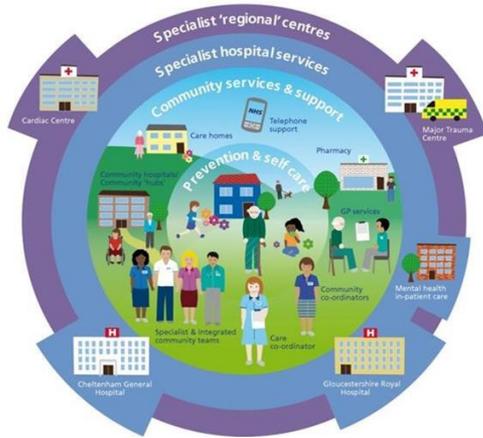
Practices are increasingly expected to employ bigger teams, which in turn work together as well as with other health and social care providers through formal networks. Reference has also been made to emerging 'Super' practices – one practice operating from a number of sites – essentially general practice operating at larger scale. Increasingly, local primary care services will be delivered for around 25,000 to 100,000 population.

In order to deliver this emerging service strategy, literature refers to the development of local primary care hubs that practices are likely to be co-located within and/ or access for diagnostics, extended care and out of hospital services.

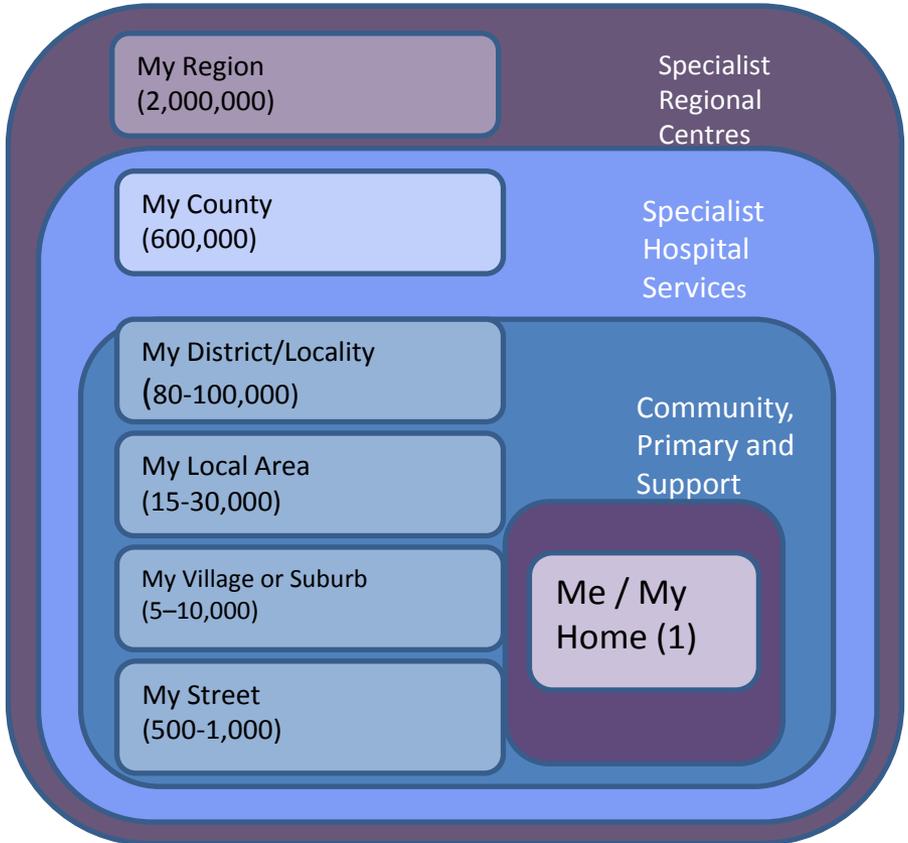


3.2 Gloucestershire CCG strategy – A people and Place approach to joined up care

To improve health and wellbeing, we believe that by all working better together - in a more joined up way - and using the strengths of individuals, carers and local communities, we will transform the quality of care and support we provide to all local people



Services plans responding to a 'people and place' perspective / Place based commissioning based on certain population sizes



Key focus for primary and community will be joined up care for the populations of around 30,000 to 40,000 people

Some geographical areas are already undertaking service reviews e.g. Forest of Dean to consider this emerging model. The development of primary care infrastructure could be required to deliver the agreed new models of care

3.3 The challenge of the existing estate

Across England, 40% of practices surveyed by the British Medical Association felt premises were not adequate to deliver existing services and 70% were too small to deliver extra services.

GCCG needs to ensure there is sufficient capacity for future need, whilst maximising use of facilities and delivering value for money as limited financial investment is available to fund requirements.

There needs to be a focus on enhancing patients' experience and improving the environment for staff to provide the best care. GCCG commissioned an estates survey in the Spring of 2015 that has highlighted spatial constraints in some buildings, that the condition of some buildings are no longer suitable for the long term and the functionality/ layout in some buildings is not satisfactory.

Whilst there are a number of committed developments and improvements, the survey suggests that Gloucestershire needs a programme to improve the quality and capacity of primary care buildings.

Whilst it is still essential to ensure core primary care services are available, there is also a need to modernise premises to ensure more services can be delivered out of hospital and that some of this additional capacity will not be done at the single practice level. Further, improved and/ or enlarged infrastructure can be both catalyst for delivering change or an enabler to deliver agreed service models.



3.4 Rising population

This plan is using the period up to 2031. The registered population is set to rise from 622,000 in 2015 to 713,000 in 2031. An increase of over 90,000 people over a fifteen year period.

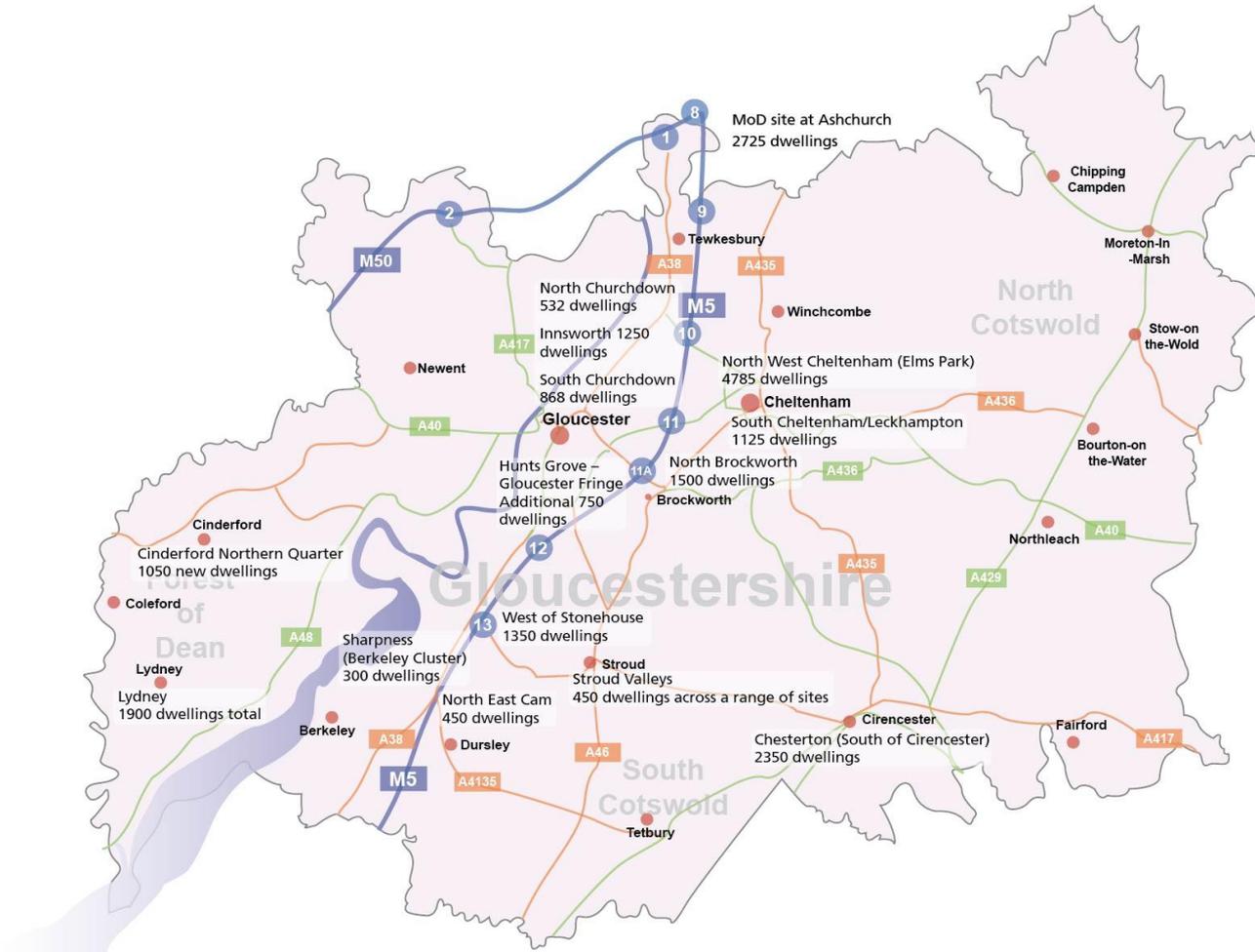
There will be significant housing developments in different parts of the County. The impact will fall more on some practices compared to others.

A number of existing committed schemes will deal with some of growth in population.

Significant pressure remains in the Brockworth and Coopers Edge areas; the far southern Gloucester City fringe/ west and north west of Stonehouse; West and North West of Cheltenham, Bishops Cleeve; parts of Cirencester and parts of the Forest of Dean.

Assumptions have been made on where patients are likely to register (patient flow)

There are opportunities to work with District Councils and housing developers to ensure contributions are made towards costs of new health centres required because of the construction of new homes



4. The Current state



4.1 Current buildings

There are currently 82 practices providing general medical services to 630,000 registered patients.

Services are provided in 108 buildings. There are 73 main buildings, housing 82 practices and 35 branches. Although some practices operate more as split sites

58 of the buildings are owned by the Practices themselves. 32 of the buildings are leased, where the GP Practice is a tenant. 1 building is part leased and part owned. In one situation, the Practice is expecting to have to vacate their main leased site within the next 5 years

For 17 buildings, the ownership status is not available

On current registered list sizes, 90% of practices are in buildings smaller than current recommended sizes

Almost a quarter of practices are in buildings significantly smaller than current recommended sizes – that is 45% of more smaller. A breakdown by Practice is attached at appendix 1a

Taking into account future population growth, the proportion of practices in building significantly smaller than current recommended sizes increases to one third. A breakdown is attached at appendix 1b



4.2 Conditions and suitability of estate

A key part in determining future investment priorities relates to the current building condition, the building functionality and other key aspects relating to the estate. GCCG commissioned a six Facet survey. The survey is part of a suite of guidance referred to as NHS Estatecode. Originally aimed at hospital buildings, it can also be used for primary care buildings. The survey is aimed at helping to inform maintenance programmes and are also used to help inform future strategic investment. It is a set of standardised core information and comprises of a combination of six separate surveys: -

- Facet 1 – Physical Condition Survey (including mechanical and electrical aspects). A risk-based survey providing practical information for assessing building stock condition, which covers 23 elements;
- Facet 2 – Functional Suitability Review Assesses the appropriateness of the function/facility in relation to the activities taking place;
- Facet 3 – Space Utilisation Review Assesses the physical use of the building, identifying low use, empty and overcrowded rooms;
- Facet 4 – Quality Audit Based on factors which relate to the quality of the internal spaces when assessed. Enables premises to be judged and compared with one another. It determines those that are most and least pleasant for both staff and visitors;
- Facet 5 – Statutory Compliance Review -An assessment of statutory requirements, the elements of this audit help practices understand their position against their legal obligations. This audit identifies the extent to which the facilities comply with these statutory regulations;
- Facet 6 – Environmental Management Review - An assessment of the policies and procedures at the practice relating to the management of water consumption, energy usage, waste control and procurement (if applicable). It should be noted that facet 6 is not available for the Gloucestershire survey.

NHS England guidance recommends for primary care premises developments, attention should be placed on current buildings where the physical condition (facet 1) and/ or the functionality suitability review are deemed to be unsatisfactory. It should be noted that practices who are already progressing committed developments did not participate in the survey.

A summary of scores for Gloucestershire Practices without a committed development is provided at appendix 2. Scores of A and B are deemed as acceptable and scores of C & D are deemed not satisfactory. With regards to scores of C&D - this does not mean that the building is about to fall down or is dangerous, but is more likely to require improvement in the future. The scores for facet 1 and facet 2 have been taken forward as part of the prioritisation methodology and full reports have been shared with practices.

4.3 Current premises budget

The delegated premises budget agreed with NHS England for 2015/ 2016 is made up of the following items

Item	2015/ 2016 budget £m*
Rent	5.632
Rates	1.765
Clinical waste	0.134
Refuse	0.109
Water rates	0.076
Grand Total	7.716

The CCG medium term financial plan indicates that there will be significant financial challenges and the CCG premises will need to align with Quality & Productivity challenges. The CCG is producing wider Strategic Estates Plan, which the Primary Care Infrastructure Plan is a key element. One of the key aims of the plan, is maximum utilisation of the existing health and social care infrastructure and develop joint approaches that maximise any future investment. It will also be important to utilise all funding sources such as the national Primary Care Modernisation Fund.

*Source: NHS Gloucestershire CCG

4.4 Committed developments

As at December 2015, there are a number of committed developments in different stages of delivery. These deliver some of the solutions to the challenges faced and, of course, are excluded from the strategic prioritisation

Locality	Practice	Scheme	Status
Cheltenham	Sevenposts surgery	New building in Bishops Cleeve, closure of existing main site on Prestbury Road and closure of existing branch in Bishops Cleeve	Approved subject to District Valuation Value for Money confirmation
Cheltenham	Stoke Road Surgery	Refurbishment and extension to existing building	Approved, subject to Primary Care Infrastructure Fund due diligence
Gloucester City	Churchdown	New building in new location and closure of existing facilities	Approved
Gloucester City	Hadwen Medical Practice	Refurbishment and extension of Glevum surgery site	Approved
Gloucester City	Longlevens surgery	Extension to existing building	Approved, subject to Primary Care Infrastructure Fund due diligence
Gloucester City	Rosebank health	GP led scheme- new building in the Kingsway area of Gloucester City to deliver services to new population	Approved subject to District Valuation Value for Money confirmation
North Cotswolds	Stow Surgery	Third Party Development - Closure of existing building and new building	Previous approval remains with agree size and financial envelope. Developing on a different site
Tewkesbury	Church Street & Mythe	GP Led development – new building on Community Hospital site and closure of all existing Tewkesbury town centre medical facilities	Approved and construction commenced

4.5 Summary – the gap and challenges

In summary, the PCIP needs to respond to the following challenge:

- An emerging direction of travel for primary care service provision where bigger, extended teams are providing a greater range of services across 7 days for a larger population being served in larger facilities or networked facilities across a given area of around 30,000 population to 40,000;
- There will be significant population growth in Gloucestershire over the next 15 years and in a small number of geographical areas, this growth will be exceptional;
- There are a number of practices presently who are providing services in facilities significantly smaller than would be expected. This position worsens over the next ten to fifteen years if there is no investment in new buildings, or extended buildings;
- For a number of practices in Gloucestershire, the current physical conditions and functional suitability of the main surgery building are no longer satisfactory;
- There are likely to be a very small number of unique situations, which the CCG will need to take into account as part of the strategic prioritisation process;
- In some instances, the PCIP will be informed by other service strategies such as the Forest of Dean community services review;
- Due to financial constraints, the CCG will not be able to invest in all the schemes it would like to. Therefore, it will need to first strategically prioritise against these challenges and subsequently will require business cases for each proposal to ensure they provide a compelling Case for Change and represent Value for Money.

Part B -How are we going to get there? Our strategic priorities and delivery

5. Primary Care Infrastructure Plan



5.1 PCIP – methodology, approach and assumptions

- It is assumed that no new general medical service (GMS) contracts will be commissioned so that population growth and new service requirements will be delivered by existing contractors, or any merged contractors;
- Only main sites have been considered at this stage no branches. However engagement has indicated that the CCG might need to consider practices with split sites that have equal status;
- In considering future priorities, any practices with a committed development or significant extension are not included;
- Take into account current building condition – to what extent is the building not satisfactory?
- Take into account building functionality – to what extent is the building not satisfactory?
- Is the building 45% or more smaller than it should be to deal with current/ future predicted registered list size;
- Take into account housing and population growth and the assumptions of patient flow to practices and how this impacts on current facilities;
- Are there any specific unique factors to consider or wider tactical considerations;
- Following the early strategic determination of priorities, consideration then needs to be given to emerging service models and how priorities can be configured to best support this- i.e. more than one practice in a building – hubs;
- Identified priorities will also need to consider other concurrent service strategies such as the Forest of Dean community services review when identifying proposed solutions;
- It should be noted the PCIP will set out agreed priorities but any proposal will still need the development of a full business case before formal approval;
- The PCIP will support national Primary Care Transformation Fund bids and the CCG coordinate proposals with local practices in future years;
- It is assumed the national Primary Care Transformation Fund will be used to offset some of the capital costs – thus reducing revenue requirements (15 year rental abatement) and/ or to fund capital costs to support out of hospital service developments not part of GMS Premises Directions reimbursement;
- There needs to be patient engagement regarding the PCIP and this will commence through a Gloucestershire wide Patient Participation Group event planned for January 2016;
- Priorities will be grouped in assumed order of importance;
- An initial Financial framework will be produced to set out resource implications for identified priorities.

5.2 PCIP – Strategic prioritisation



Prioritisation explained

- High level assessment across five elements
- Assessment of how many of the five elements a practice appears in
- Essentially a point for each element – normally maximum of 5 points
- If the building condition was assessed as unsatisfactory in the recent estates survey, one point
- If the functionality of the building was assessed as unsatisfactory in the recent estates survey, one point;
- If the physical capacity of building (the gross internal area in square metres) is 45% or more smaller than current sizing regulations (as per NHS England guidance), 2 points, which recognises the added importance of prioritising practices that have a lack of space now in 2016;
- If physical capacity of building (the gross internal area in square metres is estimated to be 45% or more smaller than current sizing regulations (as per NHS England guidance) allow , 1 point;
- If there are specific, unique factors these have been taken into account with additional points and rationale added. For example, the extreme population growth predicted over the next fifteen years in and around Brockworth
- Priorities have then been grouped

Priority Groups explained

Appendix 3 set out priorities in groups

- Strategic groupings 1 and 2 are schemes the CCG is expected to consider its top priorities
- Strategic groups 3 and 4 are schemes the CCG that are expecting to be important over the medium term
- Strategic groupings 5 & 6 are schemes that are less likely to be considered for development during this period
- Strategic grouping 7 is not expected to be considered for the period 2016 to 2021

5.2 PCIP – Draft Key strategic priorities -

A full breakdown of scores and groupings is attached at appendix 3 . At the time of writing this version of the PCIP, the schemes below have been identified as the top priorities. These priorities might be refined and amended following further engagement with practices, patients and other stakeholders between January and March 2016. Or, as a result of additional information and data , the scoring might need to be changed. It should be noted that some schemes will be made up of more than one practice. Hence they will spread more than one priority. This plan assumes the proposals below will be the minimum taken forward by the CCG

Locality	Premises proposal
South Cotswolds	Replace Romney House with a new surgery building in Tetbury
Forest of Dean	Replace Cinderford Health Centre with a new health facility for the 2 surgeries currently residing within the new Building – Dockham Road and Forest Health care
Stroud & Berkeley Vale	Replace the existing Beeches Green with new building to accommodate the Health Centre, Stroud Valley Family Practice and also include Locking Hill
Gloucester City	Replace the existing Rikenel building with purpose built facility on a different site
Gloucester City	New surgery to replace the Brockworth and Hucclecote surgeries and cover major population growth
Cheltenham	Replace up to 5 practices with 1 or 2 new surgery sites (Berkeley Place, Crescent Bakery, Yorkleigh Surgery , Royal Crescent and Overton Park surgeries)
Forest of Dean	Replacement of Coleford Health Centre with new surgery building
Stroud & Berkeley Vale	Replace the existing Minchinhampton surgery
Stroud & Berkeley Vale	Review surgery provision in Stonehouse and north/ north west of Stonehouse , particularly for Regent street and Stonehouse health clinic
Cheltenham	Development of surgery provision for the West/ North West of Cheltenham due to new housing developments
South Cotswolds	Whilst individually, the four Cirencester Town Centres do not appear as top priorities, collectively and with planned housing developments due to take place, there is a potential Case for Change for a new model of primary care , which will necessitate infrastructure development.

5.3 (i) -Cheltenham locality priorities

Cheltenham

Additional population growth over the next 15 years expected to be around 21,000 additional people

Sevenposts surgery – closure of two sites and new build on new site (Bishops Cleeve)- approved by NHS England

Stoke Road (Bishops Cleeve) –Extension to existing building around - approved

Winchcombe – extension to existing building including space for physiotherapy

Leckhampton & Portland surgery second - further review on population growth in this area

New surgery building for the North West/ West of Cheltenham and further work on patient flow assumptions for existing practices. Current assumption that the new building would register this population and be managed by an existing practice

Development of new surgery site(s) for up to 5 Town Centre surgeries



Pop. approx: 151,016

17 practices
122 GPs

Covering Bishops Cleeve, Charlton Kings, Cheltenham, Hesters Way, Leckhampton, Prestbury, Springbank, Up Hatherley, Winchcombe

5.3 (ii) Gloucester city locality priorities

Overall local population set to rise by 27,000 in 2031 with significant growth in Churchdown, Innsworth, Brockworth, Coopers Edge and Southern fringes of the City

Hadwen medical practice- large extension to building and refurbishment around 840m2 additional space to existing building approved . At December 2015, planning permission granted but construction not yet started - expected Spring of 2017;

Churchdown surgery –new building approved and at December 2015, planning application waiting to be submitted

To deliver an existing commitment for a new surgery to cover population expansion in and around the Kingsway area of Gloucester City. Currently, finalising site acquisition before final approval

To deliver the existing committed to extend Longlevens surgery with 3 consultation rooms, health promotion room and other support space

To develop a new surgery site to replace the current Gloucester City Health surgery contained within the Rikenel building in the Centre of the City and consider the infrastructure requirements of other patients in the City Centre area

To develop and deliver a new surgery site to deal with increasing population in Brockworth, Coopers Edge and Hucclecote to replace the existing Brockworth and Hucclecote surgeries

To review the options and develop a business case for the infrastructure requirements of the patients served by Cheltenham Road surgery



5.3(iii) North & South Cotswolds priorities

Population growth estimated to grow by over 4,000 people by 2031

Stow surgery- approval for new build on specific site. Practice currently working with developer on design and layout and will require Value for Money confirmation

No other high priorities identified but building constraints for Chipping Camden likely to become an issue over the medium/ longer time (currently 32% below recommended size but by 2031 this becomes 44%



Population expected to rise by 14,000 over the next 15 years. Growth focused in Chesterton part of Cirencester and in and around Tetbury. Further refinement of the assumed patient flow for new Chesterton development required to finally determine impact on local surgeries

Romney House in Tetbury key priority as Practice have advised that it will need to vacate the building as the owner wishes to sell the property. Business Cass to set out and test options

Four Cirencester practices are currently exploring a new model of primary care across the Town. Whilst the strategic prioritisation has currently indicated that currently these practices are relatively less of a priority, changes to existing infrastructure are expected to be necessary to deliver this new model. This is anticipated to be no more than two sites housing the four practices .

5.3 (iv) Stroud & Berkeley Vale priorities

Stroud & Berkeley Vale population expected to be over 9,000 higher in 2031

Locking Hill, The Health Centre Beeches Green and Stroud Valleys Family Practice very high priority for CCG and there is a commitment from practices to develop a single scheme on the existing Beeches Green Health Centre site

Development of new surgery for Minchinhampton

The Stonehouse area (including up to Huntsgrove area and fringe of Frampton) is likely to experience significant population growth over the next 10 to 15 years. Prioritise Stonehouse Town Centre practices to agree a long term solution.

No other significant priorities identified relative to other practices across Gloucestershire.



5.3 (V) Forest of Dean, Tewkesbury, Staunton & Corse priorities

Population expected to increase by around 11,000 people over the next 15 years

Brunston Practice – extension to existing building for consultation rooms and practice manager rooms

Redevelopment of Cinderford Health Centre

Redevelopment of Coleford Health Centre

How any primary care premises developments align with proposals of the current review of community services across the Forest of Dean e.g. the potential for the development of Lydney Health Centre



Over 6,000 Increase in population by 2031

Completion of a new Tewkesbury Primary Care Centre and the closure of the current Tewkesbury Town Centre surgery buildings

Reviewing planned housing developments on former Ministry of Defence site at Ashchurch and further impact on primary care infrastructure



6. Delivering the Plan



6.1 Delivering the priorities – business case processes

For the 2016 to 2016 PCIP there will be a two stage process: -

Stage 1 -A relatively short proposal will be completed. Due to the timing of this plan being at the same time as the submission of proposals to NHS England's Primary Care Transformation Fund at the end of February 2016, the CCG will adopt this documentation. It will be referred to as a Project Initiation Document (PID) for 'X' development. At the time of writing, the documentation is not available (December 2015) once issued, it will be incorporated into this plan as an appendix.

Stage 2 – the completion of a detailed business case. Following stage 1 approval, a detailed business case will be completed to demonstrate, viability and service benefits and is the key document for obtaining CCG support and the necessary funding. It will need to be compliant with the principles set out in the HM Treasury's (HMT) Five case model style of business case development and contain, at a minimum the following and be referred to as the Business Case for 'X' development : -

- Executive summary;
- Strategic context and the case for change;
- Options and options appraisal;
- The preferred option;
- Financial appraisal;
- Commercial case including benefits and outcomes, value for money and affordability assessment;
- Patient and stakeholder engagement/ consultation, including, where appropriate other health and wellbeing partners ;
- Travel plans;
- Risk analysis;
- Project development adviser team and project timetable.

The CCG welcomes discussion on whether it should issue a specific format to be used. Or whether practices and their developers should have the flexibility in producing their business case so long as it meets the criteria set out above. The specific practice/ practices will be responsible for the completion of documentation. However, CCG resource will be available to facilitate, help and advise and/ or fund additional support.

6.2 Delivering the priorities – use of primary care transformation fund

To send a clear signal that The NHS England £1bn four year Primary Care Infrastructure Fund is designed to improve services, from 2016/ 2017 onwards it will be known as the Primary Care Transformation Fund (PCTF). The bulk of the fund will be deployed to improve estates and accelerate digital and technological developments in general practice, and will be subject to an initial bidding process. At the end of October 2015, CCGs received a letter asking that they make recommendations to NHS England to support the funding of improvements or developments in practices in its area, by the end of February 2016. The recommendations will need to demonstrate that they meet one or more of the criteria set out below:-

- Increased capacity for primary care services out of hospital (It is assumed this could include space that does not normally qualify for rent reimbursement);
- Commitment to a wider range of services as set out in your commissioning intentions to reduce unplanned admissions to hospital; (It is assumed therefore this could include spaces that do not qualify for rent reimbursement)
- Improving seven day access to effective care;
- Increased training capacity.

It is noted that CCG recommendations should reflect the wider local estates strategies that are being developed for December 2015 and required by NHS England. They should demonstrate engagement across the local health economy. CCGs should also produce phased funding plans (limited to 31 March 2019) for recommended developments, which take into account their long-term affordability. The PCIP approach completely reflects this. This PCIP sets out an approach where it is assumed a proportion of capital costs will be funded by PCTF for the provision of general medical services. In line with Premises Directions this will result in a revenue rental abatement for 15 years and it is expected, will be significantly lower than would be the case without the PCTF for the time period.

During January and February 2016, practices and the CCG will work together on the submission of prioritised proposals to NHS England. Consideration will also need to be given to any infrastructure requirements that would not be reimbursable via premises directions but deliver increased capacity for out of hospital provision and the other key PCTF objectives. However, it is assumed in the PCIP that there would be no revenue consequences relating to general medical services budgets

6.3 Engagement and stakeholder involvement approach

NHS England (NHSE) has recently published the Patient and Public Participation Policy and Statement of Arrangements and Guidance on Patient and Public Participation in Commissioning.

<https://www.england.nhs.uk/ourwork/patients/ppp-policy/>

These documents make it clear that responsibility for primary care commissioning engagement sits with 'delegated' CCGs under their duty to involve. Therefore, the NHSE policy and arrangements do not apply. This clarification from NHSE allows for the extension of the GCCG approach to engagement, which meets the CCG's duty in respect of the services we commission (section 14Z2 of the Health and Social Care Act, 2012), to primary care commissioning engagement. The GCCG Strategy for Engagement and Experience: *Our open culture* sets out GCCG's approach to engagement. It sets out our intention to promote 'Equality' and working in 'Partnership' and the desire to enable 'Anyone and Everyone' to have a voice. To achieve this we provide 'Information and good Communication', focus on 'Experience' feedback and undertake good 'Engagement and Consultation'.

<http://www.gloucestershireccg.nhs.uk/feedback/gccg-engagement-and-experience-strategy/>.

In respect of a proposed primary care premises development, the CCG sees two key stages and an engagement checklist is provided opposite: -

- Engagement during the completion of a business case where options are being considered
- Following approval, continued engagement through the detailed design and construction period



Engagement checklist

- A patient reference group in place [*which could be the patient participation group (PPG)*]
- Engagement Cycle: Agreed scope and level of engagement including collation, analysis and reporting of feedback [*It is expected that engagement will be on different options available and once the preferred option is agreed, further engagement on detailed design, layout and how the building will work day to day*]
- Identified a person(s) or project group to manage the engagement process
- A sound rationale for the change is described
- All stakeholders identified [*Our open culture identifies GCCG strategic partners. In respect to primary care infrastructure engagement and consultation GCCG will always involve relevant PPGs, Healthwatch Gloucestershire, relevant elected representatives and GCCG Lay Members.*]
- Identified engagement methods to be used
- Timetable for the engagement confirmed
- Engagement equality impact assessment completed
- Budget/resources to support the work identified

6.4 Financial assumptions

Locality	Premises proposal	Estimated List size	size m2 (gross internal area)	capital cost 1,725 per m2 + fees at 12% plus VAT (land costs not included) £	m2 rate inclusive of any VAT £	Assumed annual total rent/ rates @ 40% of rental value £	Less existing rent & Rates paid £	Net revenue increase £
South Cotswolds	Replace Romney House with a new surgery building in Tetbury	10,952	874	£2.03m	200	174,800	56,200/25,064	118,600
Forest of Dean	Replace Cinderford Health Centre with a new health facility for the 2 surgeries currently residing within the new Building – Dockham Road and Forest Health care	13,850	1,000	£2.32m	200	200,000	40,000/TBC	160,000
Stroud & Berkeley Vale	Replace the existing Beeches Green with new building to accommodate the Health Centre, Stroud Valley Family Practice and also to include Locking Hill	21,987	1,450	£3.36m	200	290,000	55,000/TBC	235,000
Gloucester City	Replace the existing Rikenel building with purpose built facility on a different site	8,405	750	£1.74m	200	150,000	18,500/TBC	131,500
Gloucester City	New surgery to replace the Brockworth and Hucclecote surgeries and cover major population growth (section 106 assumed)	26,892	1,833	£4.25m	200	366,600	120,950/54,827	245,650
Cheltenham	Replace up to 5 practices with 1 or 2 new surgery sites (Berkeley Place, Crescent Bakery, Yorkleigh Surgery, Royal Crescent and Overton Park surgeries)	47,031	3,083	£7.15m	200	587,800	263,906/92,497	323,894
Forest of Dean	Replacement of Coleford Health Centre with new surgery building	7,773	667	£1.55m	200	133,400	35,000/TBC	98,400
Stroud & Berkeley Vale	Replace the existing Minchinhampton surgery	7,271	667	£1.55m	200	133,400	38,000/14,924	95,400
Stroud & Berkeley Vale	Review surgery provision in Stonehouse and north/ north west of Stonehouse, joint development between Regent street and Stonehouse health clinic	10,549	850	£1.97m	200	170,000	36,600/25,865	133,400
Cheltenham	Development of surgery provision for North West of Cheltenham due to new housing developments	10,000	833	£1.93m	200	166,600	0	166,600
South Cotswold	Development of surgery provision for Cirencester Town primarily due to significant population growth in area known as Chesterton (section 106 assumed) with 1 or 2 surgery sites	17,326	1,136	£2.63m	200	227,200	115,274/42,536	111,926
		18,908	1,208	£2.80m	200	241,600	125,760/19280	115,840
Totals		201,000		£33.28m		Rent - £2.84m Rates – £1.14M	£905,190 rent £274,993 rates	£1.94m rent £0.87m

6.5 Fees & other cost assumptions

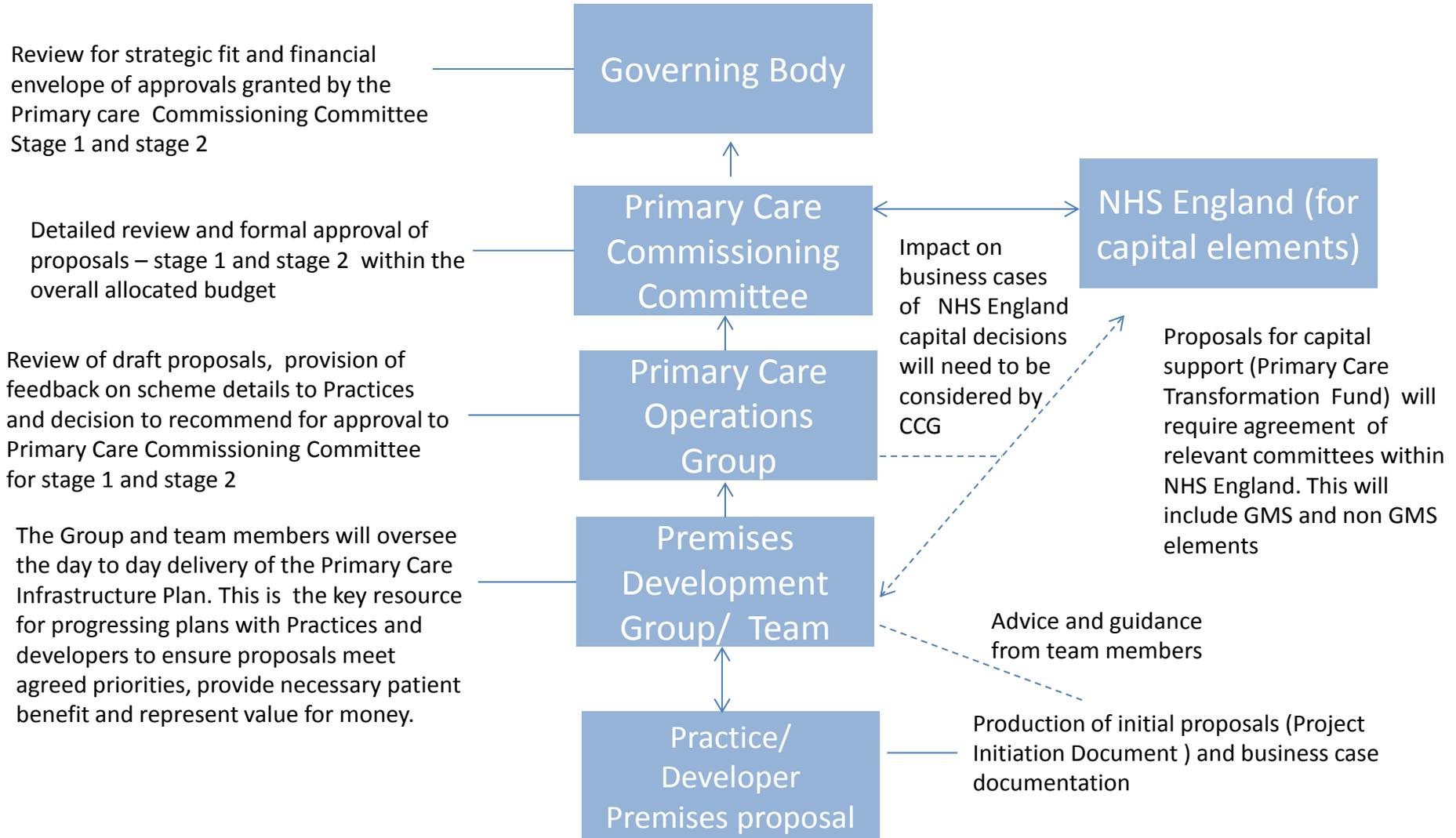
The CCG will follow the National Health Service (General Medical Services – Premises Costs) Directions 2013. Key elements regarding fees that may be reimbursed are as follows: -

1. In the case where notional rent payments are to be paid in respect of newly built or refurbished practices, the reimbursable professional expenses are: -
 - The reasonable costs of project manager to oversee the interest of and give advice to the contractor, up to a maximum reimbursable amount, which is 1% of the total reasonable contract sum relating to the construction or refurbishment;
 - Reasonable surveyors, architects and engineers fees, which, taken together may be paid up to a maximum reimbursable amount, which is 12% of the total reasonable contract sum relating to the construction or refurbishment;
 - Reasonable legal costs in connection with the purchase of a site (where applicable) and the construction or refurbishment work.
2. Where the practice premises are, or are to be, leasehold premises, the professional expenses are: -
 - The reasonable costs of engaging a project manager to over the interest of and give advice to the Contractor, up to a maximum reimbursable amount, which is 1% of the total reasonable contract sum relating to the construction or refurbishment work;
 - The reasonable legal costs incurred by the contractor;

In the case where other fees may need to be paid by the Contractor, such as Stamp Duty Land Tax (SDLT), there is no obligation for the CCG to reimburse any of these costs to the Contractor.

It is assumed that the normal practice will be that fees will either be part of the overall financial appraisal considered for rent reimbursement, paid by the Practice or paid by the 3rd Party Developer. Only in exceptional circumstances, will the CCG consider reimbursement. In such circumstances, there will be no commitment to 100% reimbursement

6.6 Decision making and approval process



6.7 Risks & Risk management

Key initial strategic risks associated with this programme are set out in the table below. Risks will be managed through the Premise Development Group and reported through the CCG Risk Management process as part of the Directorate of localities and Primary Care Risk Register. Each development will also be required to produce, manage and if required, escalate key risks to the CCG.

Risk	Probability	Impact	Initial risk	Controls & assurance	Revised risk score
There is insufficient clarity on the aims and objectives of the programme, which means the benefits are not achieved, only partially achieved, delayed and/ or there is disagreement on proposed outputs and outcomes	3	5	15 high risk	<ul style="list-style-type: none"> • Programme owner in place; • Strategic Plan developed; • Business case process established • Governance arrangements agreed 	1x5=5 Low risk
There is insufficient programme resource to deliver the requirements of the programme, which leads to delay in completing	3	4	12 Medium risk	<ul style="list-style-type: none"> • Programme team in place • Additional resource being commissioned to work with partners • Focus on key priorities • Implementation in waves 	2x3 =6 Low risk
There is a risk that agreed developments are not supported by local people, patients and key stakeholders, which hinders implementation	3	4	12 Medium risk	<ul style="list-style-type: none"> • Engagement framework developed • Engagement with helping to agree key strategic priorities • Clear communication strategy • Enactment of engagement plan • Feedback mechanisms for key referrers to ICT 	1x4 = 4 Low risk
There is insufficient financial resource to fund the development of necessary premises requirements, which means that practices are unable to provide the right level of service to patients leading to less effective care	3	5	15 High risk	<ul style="list-style-type: none"> • Financial framework developed • Use of PCTF to offset some costs • Development of larger Centres, wherever possible to maximise estate efficiency • Prioritising developments • Scheduling developments 	2x4= 8 Low risk

6.8 Key programme timelines

Item	Planned date	status
Primary Care Infrastructure plan (PCIP)brief agreed	September 2015	Completed
Initial strategic prioritisation	October 2015	Completed
Initial engagement with CCG Member Localities and other CCG committees/ groups	October to December 2015	Completed
Primary Care Transformation Fund (PCTF)letter issued by NHS England outlining CCGS to act as coordinators of proposals	End of October 2015	Completed
Production of draft PCIP and issued.	December 2015	Completed
PCTF detailed guidance and application process issued	December 2015	Not issued at 21 st Jan 2016
Review by Primary Care Operational Group	January 2016	On track
Review by Primary Care Commissioning Committee	January 2016	On track
Review by CCG Governing Body in development session	January 2016	Previous draft issued to Governing Body members
Engagement with patients and stakeholders	January to March 2016	On track
Development and completion of PCTF proposals	January to February 2016	On track
Agreement and submission of PCTF proposals by CCG to NHS England, aligned with PCIP	End of February 2016	On track
PCIP refined and updated (if required)	March 2016	On track
Considered and approved by Primary Care Commissioning Committee and CCG Governing Body	March 2016	On track
PCIP agreed and programme implemented with commencement of prioritised business cases with request for approval anticipated second half of 2016/ 2017 onwards . Each business case will have a detailed project plan for delivery PCTF decisions assumed to be made the summer of 2016	April 2016 onwards	On track

Practice	Locality	Actual Population at April 2015	Gross Internal Area (GIA)	Size allowance (m2)	Gap in current provision (m2)	% above/below
Dockham Road Surgery	Forest of Dean	6115	164	511	-347	-68%
Crescent Bakery Surgery	Cheltenham	6069	193.78	584	-390	-67%
Gloucester City Health Centre	Gloucester City	7853	232.56	667	-434	-65%
Berkeley Place Surgery	Cheltenham	7495	240.00	667	-427	-64%
Springbank Community Resource Centre	Cheltenham	1596	76.66	199	-122	-61%
Stonehouse Health Clinic	Stroud & Berkeley Vale	2371	119.51	266	-146	-55%
Locking Hill Surgery	Stroud & Berkeley Vale	9248	385.56	833	-447	-54%
Regent Street Surgery	Stroud & Berkeley Vale	4115	195.26	417	-222	-53%
Overton Park Surgery	Cheltenham	11546	448.40	916	-468	-51%
Minchinhampton Surgery	Stroud & Berkeley Vale	7172	339.70	667	-327	-49%
Coleford Health Centre	Forest of Dean	7175	342.21	667	-325	-49%
Mann Cottage Surgery	North Cotswolds	3683	176.00	333	-157	-47%
Bartongate Surgery	Gloucester City	8885	403.50	740	-337	-45%
Hucclecote surgery	Gloucester City	8962	408.97	750	-341	-45%
Yorkeleigh Surgery	Cheltenham	8835	418.12	740	-322	-43%
Cheltenham Road Surgery	Gloucester City	8270	399.80	690	-290	-42%
Royal Crescent Surgery	Cheltenham	6916	339	584	-245	-42%
Saintbridge Surgery	Gloucester City	8149	405.19	680	-275	-40%
The Portland Practice	Cheltenham	13750	596.34	1,000	-404	-40%
Culverhay Surgery	Stroud & Berkeley Vale	6256	351.54	584	-232	-40%
Orchard Medical Centre	Stroud & Berkeley Vale	10116	520.00	875	-347	-40%
Rowcroft Medical Centre	Stroud & Berkeley Vale	11593	553.10	916	-363	-40%
The Medical Centre (Lechlade)	South Cotswolds	4627	255.05	417	-162	-39%
Holts Health Centre	Tewkesbury	10560	536.80	875	-338	-39%
St George's Surgery	Cheltenham	10127	538.82	875	-336	-38%
The Health Centre (Beeches Green)	Stroud & Berkeley Vale	7866	411.44	667	-256	-38%
Partners in Health (Pavilion)	Gloucester City	13804	629.14	1,000	-371	-37%
Sixways Clinic	Cheltenham	10864	550.59	875	-324	-37%
Yorkley Health Centre	Forest of Dean	7551	422.00	667	-245	-37%
The Avenue Surgery	South Cotswolds	6682	378.94	584	-205	-35%
Phoenix Surgery	South Cotswolds	12689	627.00	958	-331	-35%
Leckhampton Surgery	Cheltenham	12738	634.66	958	-323	-34%
Frithwood surgery	Stroud & Berkeley Vale	6606	390.00	584	-194	-33%
The Surgery (Newnham)	Forest of Dean	3256	223.25	333	-110	-33%
The High Street Medical Centre	Stroud & Berkeley Vale	5628	336.00	500	-164	-33%
Chipping Campden Surgery	North Cotswolds	4810	281.76	417	-135	-32%
Brockworth surgery	Gloucester City	8750	518.41	750	-232	-31%
The Surgery (Frampton)	Stroud & Berkeley Vale	5017	347.16	500	-153	-31%
Quedgeley Medical Centre	Gloucester City	4515	291.40	417	-126	-30%
Forest Health Care	Forest of Dean	7735	467.00	667	-200	-30%
Stroud Valleys Family Practice	Stroud & Berkeley Vale	4093	295.18	417	-122	-29%
Corinthian Surgery	Cheltenham	8651	537.10	750	-213	-28%
The Park Surgery	South Cotswolds	7543	478.50	667	-189	-28%
St Catherine's Surgery	Cheltenham	9793	542.15	750	-208	-28%
The Chipping Surgery	Stroud & Berkeley Vale	8370	542.47	750	-208	-28%
Kingsholm Surgery	Gloucester City	4950	309.78	417	-107	-26%
Romney House	South Cotswolds	7955	500.68	667	-166	-25%
Hilary Cottage Surgery	South Cotswolds	7261	509.87	667	-157	-24%
St Peter's Road Surgery	South Cotswolds	6678	455.53	584	-128	-22%
Acorn Practice	Stroud & Berkeley Vale	4204	325.50	417	-92	-22%
Walnut Tree	Stroud & Berkeley Vale	4671	325.50	417	-92	-22%
The Surgery (Corse/Staunton)	Tewkesbury	6107	460.40	584	-124	-21%
Winchcombe Medical Practice	Cheltenham	6787	475.70	584	-108	-19%
Rendcomb Surgery	South Cotswolds	3808	278.18	333	-55	-16%
Royal Well Surgery	Cheltenham	6755	492.37	584	-92	-16%
St Lukes Medical Centre	Stroud & Berkeley Vale	4058	352.15	417	-65	-16%
Brunston Practice	Forest of Dean	5730	428.03	500	-72	-14%
Underwood Surgery	Cheltenham	9866	662.90	750	-87	-12%
Mitcheldean Surgery	Forest of Dean	6025	524.10	584	-60	-10%
White House Surgery	North Cotswolds	4408	378.70	417	-38	-9%
The Surgery (Drybrook)	Forest of Dean	4436	380.00	417	-37	-9%
The Health Centre (Lydney)	Forest of Dean	6981	540.58	584	-43	-7%
The College Yard Surgery	Gloucester City	4542	395.44	417	-22	-5%
Rendcomb Surgery (branch)	Stroud & Berkeley Vale	8521	713.25	750	-37	-5%
The Surgery (Blakeney)	Forest of Dean	3292	322.78	333	-10	-3%
Severnbank Surgery	Forest of Dean	4199	406.88	417	-10	-2%
Barnwood surgery	Gloucester City	6016	620.00	600	20	3%
Marybrook Medical Centre	Stroud & Berkeley Vale	4959	464.61	417	48	11%
Hoyland House	Stroud & Berkeley Vale	4779	544.56	417	128	31%
Cotswolds Medical practice	North Cotswolds	10012	1182.00	833	349	42%
Matson Lane Surgery	Gloucester City	2181	341.00	219	122	56%
Gloucester Health Access Centre	Gloucester City	2208		199	-199	tbc

Practice	Locality	Est Forecast Population 2031	Size allowance (m2) with population growth	Gap to future need	% gap
Dockham Road Surgery	Forest of Dean	7,101	593	-429	-72%
Springbank Community Resource Centre	Cheltenham	2,830	266	-189	-71%
Crescent Bakery Surgery	Cheltenham	7,303	667	-473	-71%
Gloucester City Health Centre	Gloucester City	8,405	750	-517	-69%
Berkeley Place Surgery	Cheltenham	8,729	750	-510	-68%
Stonehouse Health Clinic	Stroud & Berkeley Vale	3,692	333	-213	-64%
Regent Street Surgery	Stroud & Berkeley Vale	5,436	500	-305	-61%
Mann Cottage Surgery	North Cotswolds	4,424	417	-241	-58%
The Medical Centre (Lechlade)	South Cotswolds	6,178	584	-329	-56%
Brockworth surgery	Gloucester City	17,382	1167	-649	-56%
Royal Crescent Surgery	Cheltenham	8,150	750	-411	-55%
Locking Hill Surgery	Stroud & Berkeley Vale	9,502	833	-447	-54%
Overton Park Surgery	Cheltenham	12,780	958	-510	-53%
Yorkleigh Surgery	Cheltenham	10,069	875	-457	-52%
Bartongate Surgery	Gloucester City	9,437	790	-387	-49%
Hucclecote surgery	Gloucester City	9,514	800	-391	-49%
The Avenue Surgery	South Cotswolds	8,233	750	-371	-49%
Yorkley Health Centre	Forest of Dean	9,704	833	-411	-49%
Minchinhampton Surgery	Stroud & Berkeley Vale	7,271	667	-327	-49%
Coleford Health Centre	Forest of Dean	7,733	667	-325	-49%
Cheltenham Road Surgery	Gloucester City	8,822	750	-350	-47%
Stoke Road Surgery	Cheltenham	11,314	916	-426	-47%
Saintbridge Surgery	Gloucester City	8,701	725	-320	-44%
The Health Centre (Beeches Green)	Stroud & Berkeley Vale	8,120	750	-339	-45%
Rendcomb Surgery	South Cotswolds	5,359	500	-222	-44%
Chipping Campden Surgery	North Cotswolds	5,659	500	-218	-44%
Rosebank Health	Gloucester City	23,664	1500	-650	-43%
Romney House	South Cotswolds	10,952	875	-374	-43%
The Portland Practice	Cheltenham	14,984	1042	-446	-43%
The Park Surgery	South Cotswolds	9,094	833	-355	-43%
Sixways Clinic	Cheltenham	12,098	958	-407	-43%
The High Street Medical Centre	Stroud & Berkeley Vale	6,949	584	-248	-42%
Quedgeley Medical Centre	Gloucester City	5,067	500	-209	-42%
Holts Health Centre	Tewkesbury	11,574	916	-379	-41%
St George's Surgery	Cheltenham	11,361	916	-377	-41%
St Catherine's Surgery	Cheltenham	11,027	916	-374	-41%
Orchard Medical Centre	Stroud & Berkeley Vale	10,968	875	-355	-41%
Phoenix Surgery	South Cotswolds	14,240	1042	-415	-40%
Culverhay Surgery	Stroud & Berkeley Vale	6,256	584	-232	-40%
Partners in Health (Pavilion)	Gloucester City	14,356	1042	-413	-40%
Rowcroft Medical Centre	Stroud & Berkeley Vale	11,847	916	-363	-40%
St Peter's Road Surgery	South Cotswolds	8,229	750	-294	-39%
Kingsholm Surgery	Gloucester City	5,502	500	-190	-38%
Forest Health Care	Forest of Dean	8,721	750	-283	-38%
Corinthian Surgery	Cheltenham	9,885	833	-296	-36%
The Health Centre (Lydney)	Forest of Dean	9,134	833	-292	-35%
Acorn Practice	Stroud & Berkeley Vale	5,056	500	-175	-35%
Walnut Tree	Stroud & Berkeley Vale	5,523	500	-175	-35%
Leckhampton Surgery	Cheltenham	13,972	958	-323	-34%
Frithwood surgery	Stroud & Berkeley Vale	6,705	584	-194	-33%
The Surgery (Newnham)	Forest of Dean	3,325	333	-110	-33%
Hilary Cottage Surgery	South Cotswolds	8,970	750	-240	-32%
The Surgery (Frampton)	Stroud & Berkeley Vale	5,017	500	-153	-31%
Severbank Surgery	Forest of Dean	6,352	584	-177	-30%
Stroud Valleys Family Practice	Stroud & Berkeley Vale	4,347	417	-122	-29%
Winchcombe Medical Practice	Cheltenham	7,300	667	-191	-29%
The Chipping Surgery	Stroud & Berkeley Vale	8,370	750	-208	-28%
Underwood Surgery	Cheltenham	11,100	916	-253	-28%
Brunston Practice	Forest of Dean	6,288	584	-156	-27%
Royal Well Surgery	Cheltenham	7,989	667	-175	-26%
White House Surgery	North Cotswolds	5,149	500	-121	-24%
The Surgery (Corse/Staunton)	Tewkesbury	6,107	584	-124	-21%
The College Yard Surgery	Gloucester City	5,094	500	-105	-21%
Hadwen Medical Practice	Gloucester City	18,097	1209	-222	-18%
St Lukes Medical Centre	Stroud & Berkeley Vale	4,312	417	-65	-16%
Mitcheldean Surgery	Forest of Dean	6,230	584	-60	-10%
The Surgery (Drybrook)	Forest of Dean	4,551	417	-37	-9%
Marybrook Medical Centre	Stroud & Berkeley Vale	5,739	500	-35	-7%
Rendcomb Surgery (branch)	Stroud & Berkeley Vale	8,775	750	-37	-5%
Barnwood surgery	Gloucester City	6,568	647	-27	-4%
The Surgery (Blakeney)	Forest of Dean	3,361	333	-10	-3%
Hoyland House	Stroud & Berkeley Vale	5,033	500	45	9%
Matson Lane Surgery	Gloucester City	2,733	266	75	28%
Cotswolds Medical practice	North Cotswolds	11,772	916	266	29%
Gloucester Health Access Centre	Gloucester City	2,760	240	-240	tbc

Practice Name	Locality	Condition Grade	Function Grade	Quality Grade	Space Grade	Statutory Gade
The Surgery (Corse/Staunton)	Tewkesbury	B	B	C	B	D
Holts Health Centre	Tewkesbury	B	B	B	B	D
Locking Hill Surgery	Stroud & BV	C	D	C	D	D
Orchard Medical Centre	Stroud & BV	C	B	C	D	D
Stonehouse Health Clinic	Stroud & BV	C	C	C	C	D
Culverhay Surgery	Stroud & BV	C	C	C	C	D
Marybrook Medical Centre	Stroud & BV	C	C	C	C	D
The Surgery (Frampton)	Stroud & BV	C	C	C	B	D
The Health Centre	Stroud & BV	C	C	C	B	D
Stroud Valleys Family Practice	Stroud & BV	C	C	C	B	D
The Surgery	Stroud & BV	C	C	C	B	D
Regent Street Surgery	Stroud & BV	B	C	C	B	D
Acorn Practice	Stroud & BV	B	B	B	C	D
Walnut Tree Practice	Stroud & BV	B	B	B	C	D
Rowcroft Medical Centre	Stroud & BV	B	B	B	C	D
The Chipping Surgery	Stroud & BV	C	B	B	B	D
The High Street Medical Centre	Stroud & BV	B	B	B	B	D
Rendcomb Surgery : Prices Mill Surgery	Stroud & BV	B	B	B	B	D
Frithwood surgery	Stroud & BV	B	B	B	B	C
Hoyland House	Stroud & BV	B	B	B	A	D
Romney House	South Cotswolds	C	D	C	C	D
St Peter's Road Surgery	South Cotswolds	C	C	C	C	D
The Avenue Surgery	South Cotswolds	B	C	C	B	D
The Park Surgery	South Cotswolds	C	B	C	B	D
Phoenix Surgery	South Cotswolds	B	C	C	B	D
The Medical Centre (Lechlade)	South Cotswolds	B	B	B	B	D
Hilary Cottage Surgery	South Cotswolds	B	B	B	B	D
Rendcomb Surgery	South Cotswolds	B	B	B	B	D
Chipping Campden Surgery	North Cotswolds	B	C	C	D	D
Cotswold Medical Practice	North Cotswolds	B	B	B	B	C
The Surgery (Hucclecote)	Gloucester	C	C	C	C	D
Gloucester City Health Centre	Gloucester	C	D	C	B	D
Bartongate Surgery	Gloucester	B	C	C	B	D
Saintbridge Surgery	Gloucester	B	C	B	C	D
Cheltenham Road Surgery	Gloucester	C	C	B	B	D
Partners in Health (Pavilion)	Gloucester	B	B	B	C	D
The College Yard Surgery	Gloucester	B	C	B	B	D
The Surgery (Brockworth)	Gloucester	B	B	C	B	C
Kingsholm Surgery	Gloucester	B	B	B	B	D
Matson Lane Surgery	Gloucester	B	B	B	B	D
Quedgeley Medical Centre	Gloucester	B	B	B	A	D
Gloucester Health Access Centre	Gloucester	A	A	A	A	D
Coleford Health Centre	Forest of Dean	C	C	C	D	D
Forest Health Care	Forest of Dean	C	C	C	C	D
Dockham Road Surgery	Forest of Dean	C	C	C	C	D
The Health Centre (Lydney)	Forest of Dean	C	C	C	C	D
Mitcheldean Surgery	Forest of Dean	B	B	C	C	D
Yorkley Health Centre	Forest of Dean	B	B	B	C	D
Brunston Practice	Forest of Dean	B	B	C	B	D
The Surgery (Newnham)	Forest of Dean	B	C	C	A	D
The Surgery (Blakeney)	Forest of Dean	B	B	B	B	D
Severnbank Surgery	Forest of Dean	B	B	B	B	D
The Surgery (Drybrook)	Forest of Dean	B	B	B	B	D
Crescent Bakery Surgery	Cheltenham	C	D	C	D	D
Royal Crescent Surgery	Cheltenham	C	D	C	C	D
Berkeley Place Surgery	Cheltenham	C	D	C	C	D
Leckhampton Surgery	Cheltenham	C	C	C	C	D
Yorkeleigh Surgery	Cheltenham	C	C	C	B	D
Sixways Clinic	Cheltenham	C	C	B	C	D
St George's Surgery	Cheltenham	B	B	B	C	D
The Portland Practice	Cheltenham	B	B	B	C	D
Corinthian Surgery	Cheltenham	B	B	B	C	D
St Catherine's Surgery	Cheltenham	B	B	B	C	D
Royal Well Surgery	Cheltenham	B	B	B	C	C
Seven Posts Surgery	Cheltenham	B	B	B	C	C
Overton Park Surgery	Cheltenham	B	B	B	B	D
Underwood Surgery	Cheltenham	B	B	B	B	D
Springbank Community Resource Centre	Cheltenham	B	A	A	A	D

Practice Name	Locality	building condition unsatisfactory	Functionality unsatisfactory -	Significantly undersized for current registered population (2 points)	Significantly undersized for future registered population	Additional unique situation to consider - assessment up to 4 points	Strategic priority group
Romney House	South Cotswolds	Yes	Yes	No	Yes	Yes- Owner selling building in next 5 years and informed Practice will need to vacate. Options to be tested through business case	1
Locking Hill Surgery	Stroud & BV	Yes	Yes	Yes	Yes		2
Crescent Bakery Surgery	Cheltenham	Yes	Yes	Yes	Yes		2
Coleford Health Centre	Forest of Dean	Yes	Yes	Yes	Yes		2
Stonehouse Health Clinic	Stroud & BV	Yes	Yes	Yes	Yes		2
Dockham Road Surgery	Forest of Dean	Yes	Yes	Yes	Yes		2
Gloucester City Health Centre	Gloucester	Yes	Yes	Yes	Yes		2
Yorkleigh Surgery	Cheltenham	Yes	Yes	Yes	Yes		2
The Surgery (Brockworth)	Gloucester	No	No	No	Yes	Yes - 100% popn growth - 4pts adjustment	2
Stroud Valleys Family Practice	Stroud & BV	Yes	Yes	No	No	yes- future viability of health centre and needs to partner Beeches Green	2
Berkeley Place Surgery	Cheltenham	Yes	Yes	Yes	Yes		2
The Surgery (Hucclecote)	Gloucester	Yes	Yes	Yes	Yes		2
The Surgery (minchinhampton)	Stroud & BV	Yes	Yes	Yes	Yes		2
Forest Health Care	Forest of Dean	Yes	Yes	No	No	yes- main site in Dockham Road H/C needs to partner	2
Regent Street Surgery	Stroud & BV	No	Yes	Yes	Yes		3
Springbank Community Resource Centre/ North &	Cheltenham	No	No	Yes	Yes	to act as proxy for extreme population growth in this area, score uplifted	3
The Health Centre (Beeches Green)	Stroud & BV	Yes	Yes	No	Yes	Would be part of wider beeches green development	3
Cheltenham Road Surgery	Gloucester	Yes	Yes	No	Yes		4
Bartongate Surgery	Gloucester	No	Yes	No	Yes		4
Royal Crescent Surgery	Cheltenham	Yes	Yes	No	Yes		4
Overton Park Surgery	Cheltenham	No	No	Yes	Yes		4
Saintbridge Surgery	Gloucester	No	Yes	No	Yes		5
St Peter's Road Surgery	South Cotswolds	Yes	Yes	No	No		5
Chipping Campden Surgery	North Cotswolds	No	Yes	No	Yes		5
Culverhay Surgery	Stroud & BV	Yes	Yes	No	No		5
Marybrook Medical Centre	Stroud & BV	Yes	Yes	No	No		5
The Health Centre (Lydney)	Forest of Dean	Yes	Yes	No	No		5
Leckhampton Surgery	Cheltenham	Yes	Yes	No	No		5
The Surgery (Frampton)	Stroud & BV	Yes	Yes	No	No		5
Sixways Clinic	Cheltenham	Yes	Yes	No	No		5
The Avenue Surgery	South Cotswolds	No	Yes	No	Yes		5
Phoenix Surgery	South Cotswolds	No	Yes	No	No		6
Orchard Medical Centre	Stroud & BV	Yes	No	No	No		6
Yorkley Health Centre	Forest of Dean	No	No	No	Yes		6
The Park Surgery	South Cotswolds	Yes	No	No	No		6
The Chipping Surgery	Stroud & BV	Yes	No	No	No		6
The Surgery (Newnham)	Forest of Dean	No	Yes	No	No		6
The College Yard Surgery	Gloucester	No	Yes	No	No		6
The High Street Medical Centre	Stroud & BV	No	No	No	Yes		6
Matson Lane Surgery	Gloucester	No	No	No	No		7
Gloucester Health Access Centre	Gloucester	No	No	No	No		7
Walnut Tree Practice	Stroud & BV	No	No	No	No		7
Holts Health Centre	Tewkesbury	No	No	No	No		7
Mitcheldean Surgery	Forest of Dean	No	No	No	No		7
Acorn Practice	Stroud & BV	No	No	No	No		7
Brunston Practice	Forest of Dean	No	No	No	No		7
The Surgery (Corse/Staunton)	Tewkesbury	No	No	No	No		7
Rowcroft Medical Centre	Stroud & BV	No	No	No	No		7
St George's Surgery	Cheltenham	No	No	No	No		7
The Portland Practice	Cheltenham	No	No	No	No		7
Corinthian Surgery	Cheltenham	No	No	No	No		7
St Catherine's Surgery	Cheltenham	No	No	No	No		7
Royal Well Surgery	Cheltenham	No	No	No	No		7
Seven Posts Surgery	Cheltenham	No	No	No	No		7
Partners in Health (Pavilion)	Gloucester	No	No	No	No		7
The Surgery (Blakeney)	Forest of Dean	No	No	No	No		7
Severnbank Surgery	Forest of Dean	No	No	No	No		7
The Surgery (Drybrook)	Forest of Dean	No	No	No	No		7
Kingsholm Surgery	Gloucester	No	No	No	No		7
Underwood Surgery	Cheltenham	No	No	No	No		7
Rendcomb Surgery : Prices Mill Surgery	Stroud & BV	No	No	No	No		7
The Medical Centre (Lechlade)	South Cotswolds	No	No	No	Yes		7
Hilary Cottage Surgery	South Cotswolds	No	No	No	No		7
Rendcomb Surgery	South Cotswolds	No	No	No	No		7
Cotswold Medical Practice	North Cotswolds	No	No	No	No		7
Frithwood surgery	Stroud & BV	No	No	No	No		7
Quedgeley Medical Centre	Gloucester	No	No	No	No		7
Hoyland House	Stroud & BV	No	No	No	No		7