Lancashire and South Cumbria Integrated Care Board

ICB Primary Care Commissioning Committee

Date of meeting	29 August 2024
Title of paper	P81740 Adlington Medical Centre – Application to Close a Branch Surgery (Medicare Unit Surgery, Lostock Hall)
Presented by	Peter Tinson - Director of Primary and Community Commissioning
Author	Donna Roberts - Associate Director of Primary Care Steven Harris - Delivery Assurance Business Partner
Agenda item	6
Confidential	No

Executive summary

This report presents an application received from P81740 Adlington Medical Centre to close its branch surgery site at Medicare Unit Surgery, 1 Croston Road, Lostock Hall, Preston, PR5 5RS. It details the benefits and risks of either approving or refusing the application.

Advise, Assure or Alert

Advises the Primary Care Commissioning Committee that an application has been received from P81740 Medical Centre requesting the closure of their branch surgery site at Medicare Unit Surgery, 1 Croston Road, Lostock Hall, Preston, PR5 5RS.

Assures the Primary Care Commissioning Committee that the application has been made in line with current processes and that all required checks have been made.

Recommendations

The Primary Care Commissioning Committee is asked to consider this report and agree the Primary Medical Services Group's recommendation to approve the closure of Medicare Unit Surgery, 1 Croston Road, Lostock Hall, Preston, PR5 5RS.

Which Strategic Objective/s does the report contribute to		Tick
1	Improve quality, including safety, clinical outcomes, and patient experience	✓
2	To equalise opportunities and clinical outcomes across the area	
3	Make working in Lancashire and South Cumbria an attractive and desirable option for existing and potential employees	
4	Meet financial targets and deliver improved productivity	
5	Meet national and locally determined performance standards and targets	
6	To develop and implement ambitious, deliverable strategies	

Implications

	Yes	No	N/A	Comments
Associated risks	✓			Detailed within the report.
Are associated risks detailed on the ICB Risk Register?		✓		

Financial Implications	✓			Detailed within the report.
Where paper has been discussed (list other committees/forums that have discussed this paper)				
Meeting	**Date**			**Outcomes**
Primary Medical Services Group	18/07/2024			Recommended to approve.
Conflicts of interest associated with this report				
Not applicable.				
Impact assessments				
	Yes	**No**	**N/A**	**Comments**
Quality impact assessment completed				
Equality impact assessment completed	✓			Appended to report.
Data privacy impact assessment completed				

Report authorised by:	Donna Roberts – Associate Director of Primary Care

Primary Care Commissioning Committee
29 August 2024

Application to close a branch surgery site
P81740 Adlington Medical Centre

1. Introduction and current position

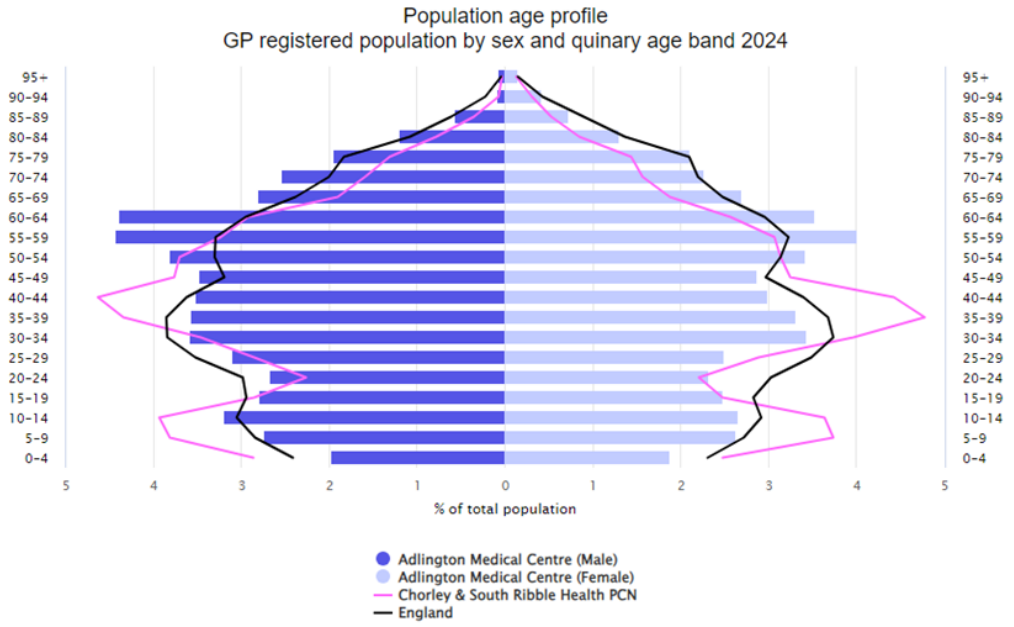
1.1 An application to close a branch surgery has been received from P81740 Adlington Medical Centre.

1.2 The practice currently has a GMS contract and provides General Medical services to its registered population from 5 sites:

- Adlington Medical Centre - 22-24 Babylon Lane, Adlington, Chorley, PR6 9NW
- Croston Medical Centre - 30 Brookfield, Croston, Preston, PR26 9HY
- Medicare Unit Surgery - 1 Croston Road, Lostock Hall, Preston, PR5 5RS
- Eaves Lane Surgery - 311 Eaves Lane, Chorley, PR6 0DR
- Village Surgery - 1 William Street, Lostock Hall, Preston, PR5 5RZ

1.3 The practice is applying to close its branch surgery site at Medicare Unit Surgery - 1 Croston Road, Lostock Hall, Preston, PR5 5RS.

1.4 The registered list size of the of the practice as at 1 June 2024 is 10,647.



1.5 A map showing the locations of Medicare Unit Surgery (site of proposed closure) and Village Surgery (continuing site) are at Appendix A.

1.6 The distance between to the two sites is approximately 120 metres, crossing a side street and public car park.

1.7 The practice has stated that they took over the premises in 2017, following a merger of practices.

1.8 Following the merger, the practice shared their proposed plans to close one of the Lostock Hall sites. Evaluation of the premises led the practice to conclude that the Village Surgery was most suitable for investment, refurbishment and renovation.

1.9 The practice has identified that the improvement works and renovations of the Village Surgery site were completed in 2019 and resulted in an increase of 100% of clinical capacity within the site.

1.10 Following the completion of the improvement works, initially the Medicare Unit Surgery was temporarily closed, opening again as a cold safe site for baby vaccinations and baby checks during the pandemic and throughout 2022.

1.11 Currently the Medicare Unit Surgery site has been predominantly used for Nursing and Additional Roles Reimbursement Scheme (ARRS) appointments.

1.12 Following the increase in ARRS and PCN activity, the practice had considered renovating the Medicare Unit Surgery site to create capacity for the new emerging out of hospital services. Following a full building inspection, and as part of the Reinforced Autoclaved Aerated Concrete (RAAC) issue, considerable structural improvements are needed to keep the building fit for purpose.

1.13 The practice feels that this would not be financially viable to them.

1.14 They feel that the refurbishment of Village Surgery, has overall, provided more capacity than existed in 2019 across the two sites. The Village Surgery site is now modern, fully renovated, and has been altered on the first floor to allow for the centralisation of their administrative team, with enough space to house teams from the wider estate.

1.15 They feel that Village Surgery is more accessible to patients and already includes disabled patient for access.

1.16 The practice has summarised by stating that the closure of Medicare Unit Surgery would not result in a reduction in clinical capacity for patients, with access having already increased since 2019.

1.17 Practice opening hours will remain unchanged with extended access appointments available at Buckshaw Village Surgery.

1.18 Travel from Medicare Unit Surgery to the Village Surgery site is minimal and would offer no additional travel time or disruption to patients.

1.19 With reference to paragraph 8.15.3 of the Policy & Guidance Manual (appendix c); we have considered these matters and assure the committee that is compliance with this and no risks or concerns

2. Patient engagement

2.1 The practice has detailed that following the merger in 2017, the practice actively engaged with patients regarding their proposal to relocate services from the Medicare Unit Surgery site into the Village Surgery site, resulting in the closure of the Medicare Unit Surgery premises. At this time, the practice included details of their proposal on the practice's website to keep patients informed about the proposal.

2.2 In 2020, the practice implemented the use of the Village Surgery site with patients accessing services from the site instead of the Medicare Unit Surgery site.

2.3 During 2022, the practice ran a series of open days from across the practice sites.

2.4 Throughout all stages of the history associated with this application, the practice has engaged with the previous practice's Patient Participation Group (PPG), and the new PPG following the merger of the practices. No issues regarding the proposal have been raised with the practice via the previous or current PPGs.

3. Equality and Health Inequalities Impact and Risk Assessment (EHIIRA)

3.1 A detailed stage 2 Equality and Health Inequalities Impact and Risk Assessment has been completed by the practice and can be found at Appendix B.

3.2 The EHIIRA has been fully assessed and approved by The Inclusion Team at Midlands and Lancashire Commissioning Support Unit.

3.3 Conclusions of the EHIIRA were that the proposal would have a positive effect on the following groups with protected characteristics:

- Age
- Disability
- Sex
- Religion and belief
- Pregnancy and maternity

3.4 Whilst having a neutral/no impact on the following groups with protected characteristics:

- Sexual orientation
- Gender reassignment

- Race
- Marriage and civil partnerships

4. Financial impact

4.1 The proposed branch closure would result in a notional rent and rates per annum saving to the ICB of:

£16,200pa - rent
£6,487pa - rates

5. Risks

5.1 Should the application be approved, the practice would be able to commence with their longer-term vision for the development of the practice. Village Surgery has been fully modernised and developed to provide patients with access to services in fully modernised premises, with significantly increased clinical capacity. The surgery is accessed off the public car park with patients benefitting from large number of parking spaces and disabled access to the building. The practice has centralised a large portion of their back-office functions into the redeveloped surgery, and this proposal would be the next step in the practice's sustainable development.

5.2 Should the applications be refused, the practice would be required to invest substantial amounts of funding into renovating and improving Medicare Unit Surgery. The premises has been assessed as including RAAC and asbestos which would result in significant remediation costs on top of renovation costs. The premises are currently not fit for purpose and do not offer access to disabled patients.

6. Policies

6.1 Policy context from the Policy and Guidance Manual in relation to Branch Closures is attached at Appendix C.

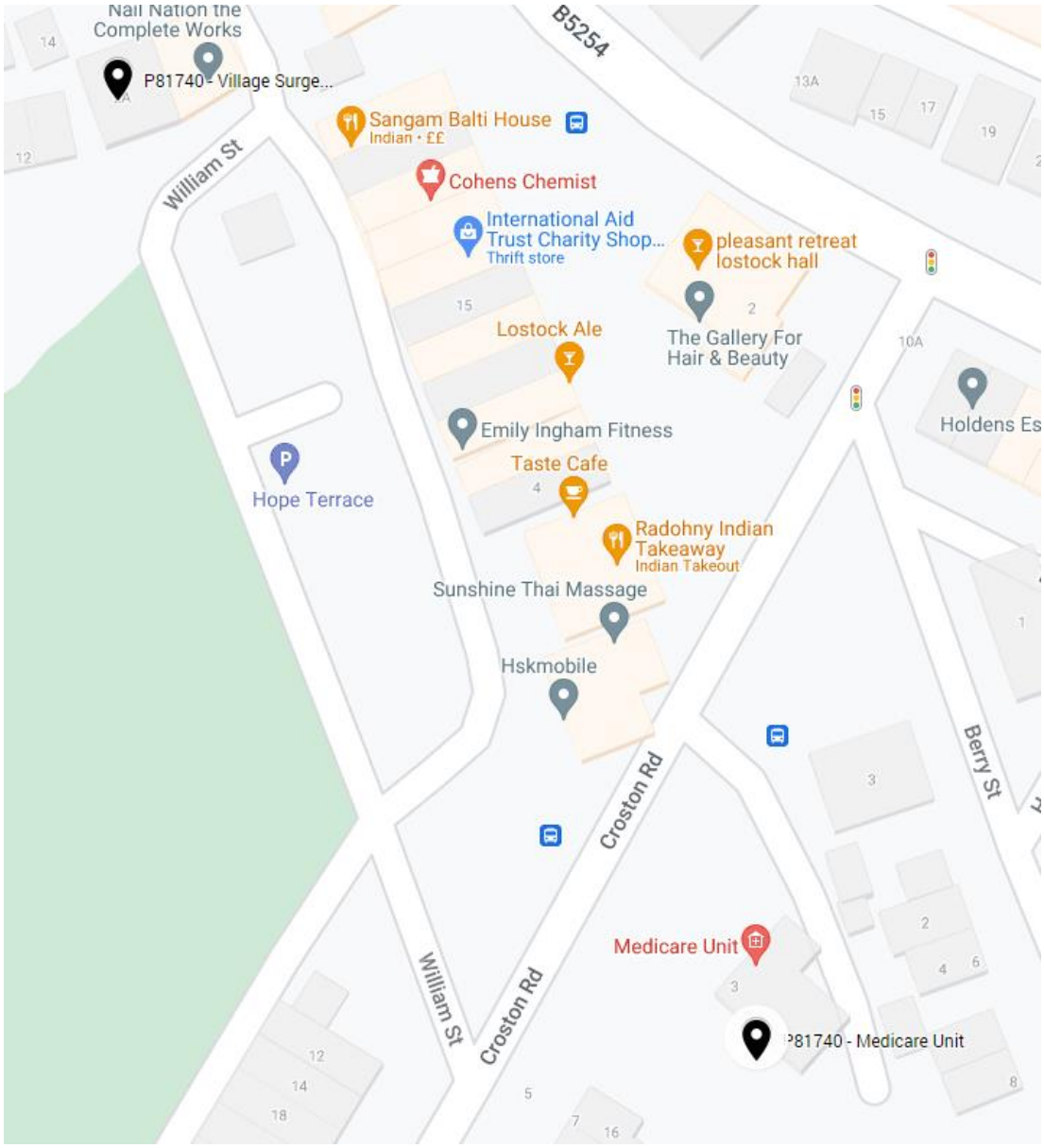
7. Recommendations

7.1 The Primary Care Commissioning Committee is recommended to approve the application to close the branch surgery site at Medicare Unit Surgery.

Steven Harris

17 June 2024

Appendix A – surgery locations



Appendix B – Equality and Health Inequalities Impact and Risk Assessment (EHIIRA)

Medicare - Stage 2
EHIIRA Template - M

Appendix C – Policy and Guidance Manual v4

Branch Closure

Branch Closure

8.15.10 The closure of a branch surgery may be as a result of an application made by the contractor to the Commissioner or due to the Commissioner instigating the closure following full consideration of the impact of such a closure.

8.15.11 In the circumstances that the Commissioner is instigating a branch closure, the Commissioner must be able to clearly demonstrate the grounds for such a closure and fully considered any impact on the contractors registered population and any financial impact on the actual contractor. The Commissioner will be expected to demonstrate that they have considered any other options available prior to instigating a branch closure and entering into a dialogue with the contractor as to how the closure is to be managed. The Commissioner will need to have complied with the duty (under section 13Q of the NHS Act) to involve patients in decision-making before any final decision to close a branch is made.

8.15.12 Where a contractor wishes to close a branch surgery, the contractor should have preliminary discussions with the Commissioner to determine appropriate and proportionate patient involvement requirements prior to the consideration of such a service provision change. Even though the closure is being instigated by the contractor, the Commissioner will still need to comply with the section 13Q duty to involve patients in decision-making before any final decision is made.

8.15.13 The closure of a branch surgery would be a significant change to services for the registered population and as such the Commissioner and the contractor should engage in open dialogue in the first instance to consider the consequences and implications of the proposed change and discuss any possible alternatives that may be agreed between them. At this stage, the duty to involve the public in proposals for change is triggered and the Commissioner and contractor should work together on fair and proportionate ways to achieve this. The Commissioner should ensure clarity on what involvement activities are required by the contractor.

Contractor and Commissioner discussions resulting ultimately in a decision about a branch closure will often include consideration of (but not be limited to):

- financial viability;
- registered list size and patient demographics;
- condition, accessibility and compliance to required standards of the premises;
- accessibility of the main surgery premises including transport implications;
- the Commissioner's strategic plans for the area;
- other primary health care provision within the locality (including other providers and their current list provision, accessibility, dispensaries and rural issues);
- dispensing implications (if a dispensing practice);
- whether the contractor is currently in receipt of premises costs for the relevant premises;
- other payment amendments;

- possible co-location of services;
- rurality issues;
- patient feedback;
- any impact on groups protected by the Equality Act 2010 (for further detail see chapter 4 (General duties of NHS England);
- the impact on health and health inequalities; and
- any other relevant duties under Part 2 of the NHS Act (for further detail see chapter 4 (General duties of NHS England).

8.15.14 The Commissioner and contractor, through their dialogue, may establish that there is a need to retain medical service provision in the locality and must find a solution, which could include tendering for a new provider within that locality though not necessarily within the same premises. Note that most changes in premises will trigger the commissioner's duties to involve patients in decision-making.

8.15.15 The Commissioner should confirm any such arrangements and agreements in writing to the contractor as soon as is practicably possible after the agreement is reached and must notify PCSE of any branch closures.

8.15.16 If the Commissioner and the contractor are unable to reach an agreement to keep the branch surgery open, then the contractor, based upon their previous discussions with the Commissioner regarding appropriate and proportionate involvement, will continue to involve patients in the proposed changes.

8.15.17 The contractor is required to follow The Patient and Public Participation Policy, The Statement of Arrangements & Guidance on Patient and Public Participation in Commissioning and The Framework for Patient and Public Participation in Primary Care Commissioning process as appropriate to the arrangements agreed with the Commissioner, with support and advice as appropriate from the Commissioner. Adherence to the PPP involvement process will help ensure that an appropriate involvement exercise is carried out, that meets the legal obligations on the Commissioner.

8.15.18 Once this involvement exercise has been undertaken and the results provided to the Commissioner, the contractor would then submit a formal application to close the branch surgery to the Commissioner for consideration (Annex 14A).

8.15.19 The Commissioner will then assess the application regarding the closure and the outcome of the patient involvement exercise with a view to either accepting or refusing the proposal. These assessments will need to again consider all the relevant factors, including those listed in paragraph 7.15.13. The Commissioner should document how it has taken the various factors into account.

8.15.20 Either the contractor or the Commissioner may invite the LMC to be a party to these discussions at any time.

8.15.21 Where the Commissioner refuses the branch closure through its internal assessment procedure, the contractor shall be notified in writing within 28 days following the internal assessment and the contractor may then follow the relevant resolution process as referenced in the contract. Please refer to Annex 14B.

8.15.22 Where the Commissioner approves the branch closure, the Commissioner will need to ensure that it retrieves all NHS owned assets from the premises.

8.15.23 The contractor remains responsible for ensuring the transfer of patient records (electronic and paper Lloyd George notes) and confidential information to the main surgery, having full regard to confidentiality and data protection requirements, Records Management: NHS Code of Practice guidance and any relevant guidance from the NHS Digital or the Information Commissioner's Office. Where a third party contractor is being used to handle records, they must be vetted and appropriate contractual arrangements put in place. Further information is contained in Annex 15.

8.15.24 The contractor remains responsible for carrying out public involvement in accordance with the instructions given by the Commissioner and informing the registered patients of the proposed changes. However, ultimately it is the Commissioner's responsibility to ensure that involvement activities have met legal requirements, even if carried out by the contractor. Further guidance can be found in the NHS England documents The Patient and Public Participation Policy, The Statement of Arrangements & Guidance on Patient and Public Participation in Commissioning, and The Framework for Patient and Public Participation in Primary Care Commissioning.

8.15.25 Once the final date for closure is confirmed, the Commissioner will issue a standard variation notice to remove the registered address of the branch surgery from the contract, including the amended sections of the contract for completeness.

8.15.26 Where the contractor has previously been granted premises consent to dispense, and these rights are only associated with the closing premises in question (that is listed on the relevant dispensing contractor list), the contractor’s consent to dispense will cease.

8.15.27 The Commissioner shall update its records and ensure that the relevant dispensing contractor list is updated appropriately to reflect the removal of the premises.

8.15.28 It is possible that a PMS or APMS contract will reflect the terms as set out above. It is however essential that the Commissioner reviews the individual contract for these or any other relevant provisions to allow a variation to effectively remove the closing premises and any rights associated with that premises alone.

8.15.29 Where the commissioner is operating under delegated authority and is considering a branch closure, the commissioner must have regard to the matters set out in the Delegation Agreement as indicated in section 11.14 of this policy.