

Joint Commissioning Committee							
<b>Date of Meeting</b>		10 <sup>th</sup> January 2017		<b>Paper Number</b>		Paper 6	
<b>Title</b>				Colnbrook Branch Surgery Closure			
<b>Sponsoring Director</b> (name and job title)				Debra Elliott, Director of Commissioning, NHS England (South Central)  John Lisle , Accountable Officer , Slough CCG			
<b>Sponsoring Clinical / Lay Lead</b> (name and job title)							
<b>Author(s)</b>				Nicky Wadely, Programme Manager – Medical, NHS England (South Central)			
<b>Purpose</b>				<i>This paper has been produced to appraise the JCC of the results of the work that has been undertaken to review the options regarding the future of the Langley Health Centre's (LHC) branch surgery at Colnbrook to enable the JCC to make an informed decision in regard to LHC's application to close the branch surgery in Colnbrook.</i>			
<b>The Joint Commissioning Committee is required to (please tick)</b>							
<b>Approve</b>	<input checked="" type="checkbox"/>	<b>Receive</b>	<input type="checkbox"/>	<b>Discuss</b>	<input type="checkbox"/>	<b>Note</b>	<input type="checkbox"/>
<b>Risk and Assurance</b> <i>(outline the key risks / where to find mitigation plan in the attached paper and any assurances obtained)</i>				Concerns and mitigating activity are highlighted in the paper.			
<b>Legal implications/regulatory requirements</b>				Contract variation to meet new circumstances and NHS England Standard Operating Procedures			
<b>Public Sector Equality Duty</b>				N/A			
<b>Links to the NHS Constitution (relevant patient/staff rights)</b>				Patients have been be consulted on the available options and stakeholders kept apprised of ongoing developments.			
Links to the Primary Care Strategy.				Links to the Primary Care Strategy.			
<b>Commercial and Financial Implications</b> <i>(Identify how the proposal impacts on existing contract arrangements and have these been incorporated?)</i>				Current contractual arrangements less provision of premises rental.			
<i>Include date Deputy CFO has signed off</i>							



<p><i>the affordability and has this been incorporated within the financial plan. Include details of funding source(s)</i></p>	<p>Date Deputy CFO sign off .....</p>
<p><b>Quality Focus</b> <i>(Identify how this proposal impacts on the quality of services received by patients and/or the achievement of key performance targets)</i></p> <p><i>Include date the Director of Nursing has signed off the quality implications)</i></p>	<p>Contract will continue to be monitored as per the current schedules.</p> <p>Date Director of Nursing sign off.....</p>
<p><b>Clinical Engagement</b> <i>Outline the clinical engagement that has been undertaken</i></p>	<p>Langley Health Centre GP partners closely engaged.</p>
<p><b>Consultation, public engagement &amp; partnership working implications/impact</b></p>	<p>Patients have been be consulted on the available options and kept apprised of ongoing developments.</p>
<p><b>NHS Outcomes</b> <i>Please indicate (highlight) which Domain this paper sits within by highlighting or ticking below: Please note there may be more than one Domain.</i></p>	<p>Domain 1 Preventing people from dying prematurely;</p> <p>Domain 2 Enhancing quality of life for people with long-term conditions;</p> <p>Domain 3 Helping people to recover from episodes of ill health or following injury;</p> <p><b>Domain 4 Ensuring that people have a positive experience of care; and</b></p> <p><b>Domain 5 Treating and caring for people in a safe environment; and protecting them from avoidable harm.</b></p>
<b>Co-Commissioning Governance</b>	
<p>Which CCG does this paper relate to or potentially effect?</p>	<p>Slough</p>
<p>Is this paper related to a CCG statutory function?</p>	<p>Not a CCG statutory function though Slough CCG have joint responsibility for decision making and management under Co-commissioning of primary medical services</p>
<p>Is this paper related to a NHS England statutory function?</p>	<p>Yes, the commissioning of Primary Care Medical Services</p>
<p>Potential conflicts of interest (who for?) <i>GPs, Practice Managers, Federations, Councils</i></p>	<p>None</p>
<p>Are all voting members eligible to vote?</p>	<p>Yes</p>



# Primary Care Commissioning Committee



**Report to the Joint Primary Care Commissioning Committee January 2017**

Prepared by: Nicky Wadely, Programme Manager Co-commissioning, NHS England

Lead Directors:

Debra Elliott, Director of Commissioning NHS England (South Central)

John Lisle Accountable Officer, Slough CCG

Classification: OFFICIAL

The National Health Service Commissioning Board was established on 1 October 2012 as an executive non-departmental public body. Since 1 April 2013, the National Health Service Commissioning Board has used the name NHS England for operational purposes.



## **Executive Summary**

This paper provides an update to the paper presented to JCC in July 2016 (paper 3). The Langley Health Centre practice has explored all options regarding the continued provision of services from Colnbrook branch surgery and has submitted an application to formally close the branch. In line with the regulations the practice have undertaken wide ranging engagement with patients and local stakeholders to keep them apprised of the situation and explored multiple options for future provision of services to this group of patients.

## **Background**

NHS England South (South Central) has worked with Langley Health Centre (LHC) and Slough CCG over the past 12 months throughout the consultation and application process, the culmination of which is the practice submitting an application to close the Colnbrook branch surgery.

## **Langley Health Centre (LHC) and Colnbrook Branch Surgery**

Colnbrook surgery is a subsidiary branch of LHC and is some 2 miles from the main site. The Colnbrook surgery delivers 4 sessions of GP consultations per week. All other services have to be delivered at the LHC main site due to size and the available facilities at the Colnbrook surgery.

LHC is the closest surgery to the residents of Colnbrook. Of the 18000+ LHC patient registered list, 2813 patients have a Colnbrook address, of whom 1162 have been seen in the preceding 12 months (Dec 15 – Dec 16). Of the 1162 'Colnbrook' patients seen, only 39 had not attended LHC for other appointments (i.e. to see a nurse). Of the 39 'Colnbrook only' patients the following data was derived from a clinical system audit (X/39): the majority were of working age (27/39); most had only required 'single' attendances (30/39) and none of the 39 had attended more than twice; eight of this cohort of patients had a chronic disease.

## **Lease and Rent Arrangements**

The practice signalled issues with lease renewal and the potential need to close the branch surgery in the first half of 2015. Extensive negotiations have taken place. The landlord's terms dictated an extremely high rent, that exceeded the District Valuer's valuation. The revised lease arrangements saw a rental increase of 45% setting the rent at £8500 above reimbursement levels and a rent review after 5 years could leave the practice responsible for a rent liability in the order of £15,000 per annum over and above any rent reimbursement for the remaining tenure of the new lease. The practice partnership is not able to sustain the level of rent subsidy on the new lease going forward beyond the 2 year investigative period to find an alternative solution. To this end, the practice exercised the 2 year break clause in the new lease week ending 27 September 2016 for vacation by 27 March 2017 with the building 'returned to previous condition'.

## **Alternative Options to Branch Closure**

The practice has worked tirelessly to identify and then explore potential options for the continued provision of primary medical services from a Colnbrook branch surgery. In consultation with the practice's PPG, Parish Councillors and representatives from Slough Borough Council, the practice identified and considered 10 alternative options. Unfortunately, all of the options tested have been found to be either financially unviable or



undeliverable in an appropriate timeframe with the exception of the option to transfer service provision to LHC. It is therefore with some reluctance that LHC has been forced to submit an application for closure of their Colnbrook branch surgery with effect from 27 March 2017.

The date of closure must factor in enough time to allow for renovation and return of the building to its previous condition within the time-scale of the lease period and this will impact on the closure date, determined by the time required to complete the works. The application has been made on the limits of timely notice; however, it is felt that given the extensive consultation undertaken in advance of submission and to maximise the time available to assess the various alternative options that this was an appropriate proposal.

### **Consultation Process**

When receiving a branch closure application NHS England are required to follow the guidance set out in the Policy Book for Primary Care Medical Services, The consideration for this application is set out in **Appendix 1**.

LHC has run an extended consultation process in regard to the available alternative options, including the potential to ultimately close the branch surgery, prior to the submission of the application to close the branch surgery. As well as the regular stakeholder meetings the practice ran two open public meetings. The process included all stakeholders: patients; parish and borough councils; local pharmacy; Slough CCG; NHS England; specialist property advisors, details can be found in the attached Annex A-C

Further to the broader consultation process, the LHC undertook a focussed consultation with the 39 patients that had only used the Colnbrook branch surgery in the preceding 12 months in December 2016. This provided a better understanding of the impact of the proposed branch closure on the branch surgery users, identified any potential vulnerable patients and informed recommendations for adoption by LHC post branch closure.

Pursuant to the themes identified during the consultation process, it is intended to implement a number of measures at the LHC to mitigate the impact of the closure of the Colnbrook branch surgery as a result of the consultation process. These are:

- a. No loss of specific 'Colnbrook sessional time' (4 sessions per week). These appointments will be ring-fenced and will be in addition to access to the general LHC appointment system, including Saturday morning;
- b. Colnbrook appointments will be scheduled to avoid local traffic issues;
- c. A percentage of Colnbrook appointment access will be made available through online booking, both 'on the day' and advance appointments;
- d. A monthly nurse-led chronic disease clinic will be run on a Saturday for the management of chronic illness;
- e. LHC will consider travel/traffic issues in regard to arrival times for appointments;
- f. Improved communication in regard to the practice appointment system and car parking arrangements;
- g. Slough Borough community transport facility operates within the Borough of Slough, providing services door to door at rates that are competitive to public transport, for those that find it difficult to use public transport more information can be found: <http://www.sloughcommunitytransport.com/>



**Key Points**

As a result of the consultation process and the scrutiny of the potential alternative options, the following key points were identified:

- a. Colnbrook branch surgery can only provide limited services and the premises are not modern or fit for purpose;
- b. Patients currently have to travel to the main site at Langley for services other than GP consultations, and when the branch is closed at Colnbrook;
- c. The extension of other practice boundaries would not help resolve the isolation of Colnbrook residents nor ease their access to GP medical services as Langley Health Centre is the closest of all practices to Colnbrook village;
- d. All reasonable alternatives have been explored. Further investigation will continue, with a 'new build' the most likely option. However, any realistic project is likely to be at least 2 years away and be subject to an approved business case; identification of affordable land and build costs.
- e. Limited accessibility to public transport links to/from Colnbrook has been highlighted. Although this would potentially only impact those patients that are unable to reach LHC by other means;
- f. The number of patients identified with extreme difficulty in accessing LHC is extremely limited (one) and community transport is available for patients with additional needs; <http://www.sloughcommunitytransport.com/>
- g. The level of financial subsidy required by the new lease over and above NHS rent reimbursement levels (£8,500 potentially rising to £15,000) is unsustainable by the practice partnership on a prolonged basis going forward;

**Conclusion**

The local importance of the Colnbrook branch surgery is recognised. Extensive consultation has taken place with patients and stakeholders as demonstrated in the reports provided by the practice and they have been extremely pro-active in its efforts to find a solution to this issue and explored all possible avenues in depth. It is acknowledged that the application is on the limits of what is deemed timely notice; however, it is felt that given the extensive consultation in advance of the application and the time needed to assess fully the various alternative options this proposal now comes to JCC for final decision.

**Recommendation(s)**

The JCC are asked to consider the application of the closure of the branch surgery at Colnbrook and to agree whether or not the closure that will come into effect at the end of February 2017 is supported, subject to the implementation and monitoring of the mitigating measures identified earlier above.

