

Appendix 2

THE NETHERAVON COMMUNITY CASE TO MAINTAIN A SURGERY

The Netheravon Surgery Development Group (NSDG) had been working with the Avon Valley Practice (AVP) to replace the current surgery. It includes leaders from both Netheravon and Fittleton Parish Councils and representatives or links to all the principal community organizations. Public meetings, liaison with adjacent parish councils and local bodies and an extensive survey of the community have given us the understanding and authority to represent the needs and views of the community concerned. A detailed case is available.

- The case presented by the AVP, which the PCT drew on in their consultation document, has serious inaccuracies and is badly biased to their wish to close the Netheravon surgery. It dwells on the inadequacies of the existing surgery, which is irrelevant. It exaggerates the problem of extra dispensing costs. The £45000/yr they claim could be £12,500 or less. Their travelling and stress is nothing to that about to fall on hundreds of poor, disabled or elderly villagers. They offer additional services and hours when the community's priority is for local access. And they make little of the considerable transport problems for which they have no adequate solution.
- We surveyed the entire community on three principal options and obtained good information to enable analysis of needs, priorities and circumstances. A return of over 50% and a match with National Census age bands give validity. The survey shows that the residents are not very interested in offers of improved services or longer hours, but that the priority for over 90% is local access. Personal circumstances answers showed that the less independent by virtue of income, disability or age are concentrated among the AVP patients. So closure would create considerable cost and hardship concentrated on those least able to cope. The annual travel cost to the community will exceed £55,000 i.e an average of £28 to each adult & child. For the over 60's (31.6% of the AVP patients) the average rises to £48. About a ¼ of these will be paying more than double that.
- The size of the community (approx 2500), the level of need and the enthusiasm to support a local provider brings financial viability. All the components are in place to go ahead and build the new surgery that the AVP helped to design. Contrary to what the main body of your brief claims, we are aware that other providers are interested in operating the surgery. It may help to ease the growing pressure on facilities in the Amesbury area.

Closure would represent an undoubted reduction in provision, flying in the face of nationally and regionally declared objectives in primary care. **We urge the PCT Board to place the needs of the community before the commercial preference of AVP and support retention of a surgery in Netheravon.**