

Appendix 2

Wiltshire PCT

Outcome of Public Consultation on Avon Valley Practice's Proposal to close the Branch Surgery at Netheravon

18 September 2007

1. Background

In March 2007, the partners at the Avon Valley Practice, Drs Jenkins, Ross Russell and Green, approached the PCT with a proposal to change the way the practice served its patients and close the branch surgery at Netheravon.

This paper sets out:

- the background to the practice proposal,
- the consultation process and outcome,
- an analysis of the health needs of the local population
- options for alternative provision to mitigate the impact of the practice's plan.

2. Avon Valley Practice – Netheravon Branch Surgery

The practice has surgeries in Durrington, Netheravon and Upavon. The premises in Netheravon are not fit for purpose. They are inadequate in terms of disabled persons' access, confidentiality and the facilities required by a primary care team. Discussions about a redevelopment project between the landlord (Sarsen Housing Association), the Village Hall Committee and the practice have continued over the last eight years without reaching a mutually acceptable conclusion.

The Village Hall Committee, Parish Council and Sarsen Housing agree that the current surgery premises are not fit for purpose and remain committed to the scheme to re-provide the branch surgery in the village. Planning permission is in place and Sarsen Housing has advised the PCT that a new build would take around 7 months to complete.

In December 2006, following the introduction of DH guidance on quality standards for dispensing practices, the practice reached the provisional conclusion that it was no longer viable to operate from three sites. In the following weeks, the practice worked with a representative of the Village Hall Committee to consider what options were available. The practice concluded that it could not sustain a branch surgery in Netheravon.

The Parish Council, Village Hall Committee and Sarsen Housing were notified of the practice's decision to withdraw from the building project on 27 February 2007.

3. Engagement and Consultation

The Health OSC considered the practice's proposal at its meeting on 15 March 2007. The Health OSC decided that although the proposed change did not represent a substantial variation under the terms of Section 11 of the Health & Social Care Act, 2001, there should be a consultation period of not less than six weeks to consult with the patients registered with the practice.

The subject of the consultation was very specific ie. the closure of the surgery at Netheravon. The Health OSC concluded that the consultation should be focused on gathering the views of those directly affected by the proposal namely all those people registered with the Avon Valley Practice.

The consultation start date also took account of the local elections and the two Bank Holidays in May. It was agreed that consultation would commence at the end of May to allow the consultation documents and plan to be drawn up. Two OSC members and a Patient Forum representative worked with the PCT on the consultation documents.

In the event, the formal consultation process ran from 11 June to 23 July 2007. A consultation paper and questionnaire were sent to every adult registered with the practice and to key stakeholders including local government, voluntary sector organisations and public service providers. Three public meetings were publicised and held with the one in Netheravon attended by 266 people of whom 84% were registered with the practice.

Alongside the formal consultation process, the PCT has engaged with the Netheravon Surgery Development Group to understand the views of the wider community. The PCT has met with the Group's representatives throughout the last three months and has supported them in developing their own community survey to inform the Group's response to the formal consultation. The Group has also been involved in reviewing the public health data and has commented on this Board paper.

4. Outcome of Consultation

A summary of the results of the PCT's consultation is attached at Appendix 1.

4.1 Analysis of Consultation Responses

The PCT sent out 4578 consultation papers and received 907 responses (19.8%). The questionnaire asked for views on the practice's proposal and sought to identify key local information on use of primary care services.

The responses were received from patients registered at each of the three practice sites with 236 being received from patients registered with the Netheravon site. This is a 19.1% response rate for Netheravon patients.

People who register with the Avon Valley Practice can book an appointment at any one of the three practice sites. 77.2% of respondents reported that they always used the surgery closest to their home.

The PCT asked about travel arrangements for people attending surgeries. For Netheravon residents 54.8% travel by car, and 31.8% walk to their appointment.

The practice has proposed the following initiatives to mitigate the impact of the branch closure:

- Extended opening hours at Durrington and Upavon. 34.9% of respondents would like appointments in early morning or evening whilst 23.6% would prefer more availability in daytime hours.
- Home/Local delivery of dispensed medication. 64.3% of respondents would either use this regularly (12%) or would like it to be available for when they needed it (52.4%).

4.2 Written Comments and Responses

The written comments on the practice proposals were extensive and with noticeable differences of views from those who use Netheravon surgery and those using Durrington or Upavon.

Quantitative analysis of the comments identified a number of common themes:

- (i) concern about the availability of appointments in the two remaining sites
- (ii) concern about telephone access
- (iii) concern about transport and parking
- (iv) availability of home visits
- (v) support for a prescription delivery service
- (vi) erosion of rural facilities and communities

Hard copies of responses to the consultation will be available to members for five working days prior to the meeting (via the Community Engagement Team) and at the Board meeting in public.

4.3 Comments from key stakeholders

- A. Overview & Scrutiny Committee – The OSC will formally consider the outcome of the consultation and the PCT's decision at its meeting on 20 September 2007.

They provided a formal response to the consultation which expressed regret that the re-provision of the surgery had not been resolved over the last eight years.

OSC members noted that transport would be a significant concern for many people although people are already travelling to Upavon or Durrington for services which are not available at Netheravon. The OSC noted that certain proposals such as extended appointment times, increased home visits, more appointment times, development of minor surgery and dispensary delivery would be viewed of benefit to the wider community. They also expressed an expectation that the neighbourhood teams would improve services for patients with long term conditions.

- B. Wiltshire Patient & Public Involvement Forum
The Forum recognises the problems faced by the practice in operating from three locations but believe that there is a good case for continued provision of general practice from alternative premises in the village because of limited access to transport.
- C. Kennet District Council
Members expressed a view that the discussions over the last eight years concerning the redevelopment of the surgery had raised expectations in the village. They were concerned about equity of access and transport, and asked that the PCT to consider the impact of population growth in the area along with the links to the Urgent Care strategy. The members disagreed with the OSC decision that the consultation should focus on the registered population of the practice.
- D. Parish Councils (Netheravon, Enford, Fittleton, Durrington)
The four parish councils expressed concern about the practice proposal and its impact on the rural communities they cover. They were all particularly concerned about transport issues especially for older people.
- E. Netheravon Surgery Development Group
The Group conducted a community survey which formed the basis of their formal response to the consultation. Their formal response and a summary of the results of the community survey are attached at Appendix 2.

The Group have been given the opportunity to present the full findings of their community survey to members of the PCT Board on 13 September.

The formal response asks the PCT Board to consider that:

- (i) the services offered by the practice as mitigation for the closure are incidental to the community's desire for local access;

- (ii) the closure will impact more heavily on people in the community who are older, disabled or less well-off;
- (iii) the annual travel cost for each patient will be £28;
- (iv) the size of the community, the level of need and the willingness to change GP makes commissioning an alternative provider a viable proposition.

5. Health Needs Assessment

The PCT reviewed the Neighbourhood Statistics and Quality Outcome Framework data on chronic disease prevalence for Netheravon ward. Full results of the assessment are attached at appendix 3.

5.1 Kennet

Netheravon ward is part of Kennet District Council. The District is a generally prosperous, rural area with some problems of access to services. Most health indicators are better than for England. On average people in Kennet live longer than in England as a whole.

Data on access to services are available for 18 out of the 29 wards in Kennet. Access to services is a composite measure derived from access to GP, supermarket, school and post office. 16 wards are ranked in the bottom quartile, nationally, and 8 of these are in the bottom 5%, nationally.

5.2 Netheravon ward

Age profile – the age profile for Netheravon shows that there are a lower proportion of children aged 0-4years and adults aged 65 years and over, than for Kennet and England.

Access to services – the ward is in the bottom quartile nationally for the indicator of “overall access to services”, mainly due to its distance from a supermarket, but scores better than 12 of the 18 wards in Kennet where data are available. The ward statistics record a road distance of 2.88km on average to access a GP service. 86% of households in Netheravon have access to a car compared to 75% in England.

Employment status – more people are in full time employment and fewer people are at home as a carer than in Kennet and England.

Housing – a greater proportion of households in Netheravon are owner occupier when compared to Kennet and England. A lower proportion of houses fall into council tax bands A and B than Kennet and England. Kennet District Council records that there are 103 “affordable” houses available to rent in the ward out of 744 households. There are 70 married quarter houses for the military.

Health status – 27.28% of households have a person with a long-term limiting illness. This compares to 27.75% in Kennet and 33.55% in England. 72% of people report that they are in “good health”, compared to 73.7% in Kennet and 68.9% in England., The primary care disease registers from the practice show that, for the registered population of Netheravon, prevalence of chronic disease is broadly similar to the rest of Wiltshire.

Recorded crime – in the first three months of 2007/08, Wiltshire Police recorded 12 crimes in Netheravon suggesting an annual rate of 22 / 1000 population. This is better than the overall rate for Wiltshire.

5.3 Future Population Growth

There are no data for population growth at ward level but the population of Kennet is expected to grow by 5.8% in the ten years between 2005 and 2015. The majority of this growth will be in the population aged 65 and over and is consistent with national population projections.

The South West Regional Spatial Strategy (2006 – 2026) has no specific plans for housing development in the Netheravon area.

The Kennet and Swindon Structure Plan (2006) records that there should be no greenfield development in Kennet and that any development should be “limited in scale, well integrated and limited to settlements that have employment opportunities”.

The Pewsey Community Plan (2007) covers Netheravon ward and records that the Wiltshire Structure Plan requires 5250 houses to be built in Kennet with around 600 in the Pewsey area. The 5250 houses for Kennet have already been built or are in development.

There are no planning applications lodged or approved with Kennet District Council for housing developments in Netheravon or the neighbouring parishes of Fittleton and Enford.

The MOD is currently carrying out a strategic review of married accommodation in Wiltshire. The survey will be complete at the end of November 2007. Initial conclusions are that there will be a need for some married quarters north of the Salisbury Plain but they are not likely to be in Netheravon as the infrastructure of the village will not support it.

6. Opportunities for Alternative Provision

Sarsen Housing remains committed to building a branch surgery for the village. This would be available for an alternative GP practice to lease at an estimated cost of £36,500 (exc VAT) per annum to the PCT. Current rent and rates for the branch surgery are £6,000.

The measure used nationally when calculating list size per whole time equivalent GP is 1850 registered population. There are just under 1600 residents of Netheravon registered with the Avon Valley Practice and a further 294 registered with other Wiltshire practices. In principle, therefore, it might be argued that the local population would justify the engagement of a General practitioner. In practice the PCT would not commission new single-handed practices for clinical governance reasons (such as those identified in the Shipman Inquiry), and for reasons of effectiveness and efficiency in use of resources. There is also no certainty about the registration intentions of the residents. For all these reasons, any alternative provision would be commissioned from an existing provider of primary care services.

The results of the PCT questionnaire were that of the 236 Netheravon residents who responded, 79 would leave the practice if the branch surgery closed.

The community survey recorded that if the branch surgery closed and there was no alternative provision then 84 households would leave the practice. If another GP practice provided a surgery in the village, 251 households would transfer to the new provision.

The PCT has written to the five GP practices (Barcroft, Castle, Cross Plains, Pewsey and St Melor House) who provide primary care to the area around the Avon Valley practice. Each of these practices, with the exception of the Castle Practice, currently has patients from Netheravon. None of the practices has indicated that they would consider providing a branch surgery in Netheravon. One private provider of primary care services has indicated that they would consider providing GP services in the village.

7. Discussion

The GPs' proposal and the formal consultation process concerned the issue of location of primary care services for the village of Netheravon. There are no plans to reduce the level of primary care provision for the residents. The PCT's Reforming Community Services programme will introduce a neighbourhood team that will improve access to community nurses and therapists.

The engagement and consultation process demonstrated that there is a strong desire amongst local residents and their representatives to maintain a branch surgery in Netheravon.

The Avon Valley Practice partners met with the PCT at the start of September. Having considered the outcome of the consultation, they re-confirmed their intention to close the branch surgery. All three GP partners believe that this is the right decision for the practice and their patients.

The practice has re-confirmed its commitment to putting in place additional services to mitigate the impact of the closure:

- (i) extended opening hours at both remaining sites, to ensure that there is sufficient appointment capacity and that patients are able to book appointments that coincide with public transport.
- (ii) a prescription delivery service for repeat prescriptions.
- (iii) home visits for patients where required.

In view of the practice's continuing intention to close the branch surgery, the PCT needs to consider whether there are grounds for commissioning an alternative provider.

The needs assessment demonstrates that the village is a prosperous rural community with some problems of access to services. This is consistent with the remainder of Kennet and much of Wiltshire.

The main driver for usage of primary care services is age with children aged 0-4 years and adults over 65 being higher than average users. The population profile of Netheravon shows that there is a lower proportion of 0-4 years and a lower proportion of over 65's than the rest of Kennet.

In terms of access to primary care services, Netheravon has better access than many wards in Kennet and the rest of Wiltshire:

- 86 out of Wiltshire's 143 wards are without a surgery
- 29 of these 86 wards are in a rural area, and 19 of these have a population greater than that of Netheravon
- the average travel distance to a GP is 4.4km (range: 0.6 – 8.11km).

The village has a higher proportion of households with one or more cars than Kennet and the rest of England. There is also an hourly bus service which connects the village to Upavon and Durrington, where the other surgeries are located.

Some local residents feel very strongly about the closure of the branch surgery and have indicated that they will transfer to another practice. It is extremely difficult to confirm how many patients will actually transfer. The results of the community survey indicate that it may be as many as 600. Wiltshire PCT data on the number of our residents who changed their GP (for reasons other than moving house) shows that less than 0.5% (around 2000 people) transfer each year. In 2003, a practice in West Wiltshire closed a branch surgery in a similarly rural village with no significant transfer of patients.

8. Conclusion

The Avon Valley Practice will continue to provide primary care services to the patients living in and around the village.

The needs assessment does not demonstrate any specific reason for the PCT to commission an alternative provider. Similarly, there is no evidence that the village population will increase in size over the next 10 years beyond normal population growth.

The Netheravon ward has the challenge of access to services in common with many rural communities but its access to primary care provision is not outside of the range of access across Wiltshire.

9. Recommendation

The PCT Board is asked to:

- I. formally consider the outcome of the public consultation, and
- II. approve the withdrawal of the Avon Valley Practice from the branch surgery in Netheravon
- III. require the Practice to provide the agreed additional services to mitigate the impact of the closure ie. extended opening hours, a prescription delivery services and access to home visits.

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