

A proposal on service changes at the Netheravon Branch Surgery of the Avon Valley General Practice by Drs Jenkins, Ross Russell and Green

1. Introduction

The Avon Valley Practice has approached Wiltshire Primary Care Trust with a proposal to close the Netheravon Branch Surgery. As the responsible authority, the Primary Care Trust is asking for your views on the Practice's proposal to close their branch surgery at Netheravon. This document aims to describe the changes, tell you why the doctors want to make them and give you a chance to tell us what you think.

The people we are consulting include patients and members of the local community affected by the changes.

We are also consulting with the Wiltshire Patient and Public Involvement Forum; Wiltshire County Council Health Scrutiny Committee; Councillors and MPs for the area; other health organisations in the vicinity; local doctors, dentists, pharmacists and opticians and their representative groups; local nursing and residential homes served by the Practice and interested community /voluntary groups.

The consultation period begins on Monday, 11th June 2007 and lasts for six weeks, ending on Monday, 23rd July 2007.

We encourage you to complete the questionnaire. If there are other comments you wish to make about the proposals please write to:

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Chief Executive
Wiltshire Primary Care Trust
Southgate House
Pans Lane
Devizes
SN10 5EQ

Fax: 01380 733856

Or e-mail: consultation@wiltshire-pct.nhs.uk

You can also leave your feedback to the consultation on our website: http://www.wiltshirepct.nhs.uk/GetInvolved

The Primary Care Trust is responsible for deciding to accept or reject the Practice's proposal. Before we make that decision we want to know your views. This document does three things, it tells you why the Practice is proposing this change, it describes the changes that are proposed and how they might affect you and it sets out how you can make your views known to us.

All the views we receive will be analysed and reported at a PCT Board meeting to be held in public. The date, time and venue for this board meeting will be advertised beforehand in the local newspaper, on our website and in the Practice.

During the six week consultation period, three public meetings will be held. **We will be publicising the dates of those meetings shortly.** Everyone is welcome to attend. Staff from the PCT and the Practice will be there to answer your questions and listen to your comments and concerns.

The Practice will also consult with its own staff affected by the proposed changes.

Copies of this document are available on request in a variety of formats. Please call PALS on 0800 389 7671 if you need assistance or have special requirements.

2. The Practice

The Avon Valley Surgery looks after the needs of 5839 patients living mainly in Devizes, Alton Barnes and Collingbourne Kingston in the North; Shrewton, Orcheston and Winterbourne Stoke to the West; Newton Tony, Idmiston and Allington to the South and Shipton Bellinger in Hampshire, to the East. The Practice also serves a large percentage of the service families from Trenchard Lines and Netheravon camp and some from Bulford and Larkhill.

The Avon Valley Practice operates from three sites; the main surgery is at Upavon with branches at Netheravon and Durrington. The distances between the sites are:

Upavon – Netheravon: 5 miles

• Netheravon – Durrington: 3 miles

• Upavon – Durrington: 8 miles

The GPs divide their time between the three surgeries. Avon Valley is also a training Practice and regularly has registrars and final year medical students in the Practice.

The Practice is a dispensing Practice, (that is one where GPs can provide drugs or appliances to patients), and the other staff include three Practice Nurses, two Health Care Assistants, a team of receptionists/dispensers for each site, an administrative team and a Practice Manager. In all, there are 26 staff working across the three sites.

Upavon:

The Upavon site serves 1675 patients and is open five days a week. It is the administrative centre of the Practice. It has recently undergone extensive extension and redevelopment to

improve working conditions for administrative staff and to increase and improve clinical space for patients. It now has four consulting rooms, a large waiting area and a large treatment room, with separate sluice, staff/meeting room and kitchen.

It has a disabled cloakroom and has full disabled access. This surgery has a dispensary store which stocks all three dispensaries. There is adequate car parking.

Durrington:

The Durrington site currently serves 2588 patients and was purpose built 15 years ago. It comprises two consulting rooms, Health Visitor's room, treatment room, small administration room and a larger administration room off the waiting area. It has a disabled toilet and disabled access. It has dedicated off road car parking for 10 cars. It is open five days a week and a full range of primary care services are delivered from the site.

Netheravon:

The Netheravon site currently serves a population of between 1000 and 1400 patients. Approximately 400+ of these patients live between Netheravon and Upavon, and between Netheravon and Durrington. They use the Upavon or Durrington surgeries as well as Netheravon, depending upon availability of doctors, convenience and surgery times.

The Netheravon Surgery was built by Kennet District Council in 1977 and the Practice rents this building from Sarsen Housing Association. It is a chalet bungalow style building with a converted flat upstairs, which is rented out separately. The Practice space comprises one consulting room and one treatment room, a waiting area, reception, dispensary and a cloakroom. There is one car parking space for staff and three on road parking spaces for patients. Access for disabled people is limited and there is no disabled toilet.

3. How services are currently provided

Netheravon site: Consultations with doctors and the practice nurse only. Dispensing (limited stocks are held on site). There is no service on Thursday and Friday afternoons.

Upavon and Durrington sites (both offer the same services): Consultations with doctors, practice nurse; minor surgery; retinal screening; counselling; baby clinics; baby immunisation; antenatal care. Open every week day mornings and afternoons.

4. The Proposal

For the last eight years, the Practice has worked to procure new premises for the village. Several schemes have been explored and partly progressed. The most recent scheme (originally planned to proceed to the building stage in September 2004) involved a joint venture with the current landlord, Sarsen Housing, resulting in a new site which the Practice would lease on a twenty five year Internally Repairing Lease. The project is a complex venture, involving Sarsen, the Parish Council, the Primary Care Trust and Netheravon School (Wiltshire County Council) and has still not yet broken soil.

At the same time that this work was going on, NHS Estates assessed the current premises in Netheravon and expressed grave concerns regarding the state of the building. There is considerable movement in the foundations and the whole electrical system needs replacing. There are serious issues - people can be heard speaking in the consulting room, access is poor for patients with disabilities and dispensing has become high risk because of the lack of storage space and new rules about security.

The Government has introduced new working arrangements for General Practices concerning how they meet clinical and safety standards. The most recent set of guidance to GPs was released in Autumn 2006 and concerned how drug dispensing should be set up to ensure patient safety.

In view of these changes, the doctors believe that their branch surgery in Netheravon does not comply with Regulations and is therefore no longer a viable option in the provision of an excellent range of modern, high quality services to all of the Practice population. The PCT agrees that the building is not suitable for use as a doctor's surgery.

The challenge facing the doctors is the need to do one of the following:

- a) Modify the existing premises
- b) Establish whether relocating to new premises within Netheravon is viable
- c) Concentrate services at Durrington and Upavon

The doctors feel that investment in new premises, together with other ongoing running costs could be better used towards improving services for patients. Consequently, Dr Jenkins, Ross Russell and Green propose the closure of their branch surgery at Netheravon with a view to concentrating all their activity on the two remaining sites at Durrington and at Upavon. The doctors believe that providing services from these two sites is in the long-term best interests of all their patients and staff.

They believe the benefits would be as follows:

Improved services:

There will be no reduction in the number of sessions available to all patients by the closure of the current site at Netheravon. There is capacity at both Durrington and particularly at Upavon to incorporate the current doctor sessions now at Netheravon.

The doctors would be able to expand and improve the services they offer, for instance by offering extended appointment times and offering increased home visits to housebound patients. This is not an option in the building in Netheravon, although the doctors are keen to look at feasibility of offering doctor/nurse sessions in Netheravon at an alternative site.

Choice of GP

If Practice staff work on two sites instead of three, there will be more appointment times available and a wider choice of personnel. Time spent travelling between the three sites by the doctors will be reduced, allowing more time for consultations at the remaining surgery locations and for home visiting.

Patients living in Netheravon already travel to either Durrington or Upavon surgery to see a particular doctor at a preferred time of day, when the Netheravon surgery is not open or for antenatal care, counselling, minor operations and baby immunisations.

Specialist clinics:

Community Midwives and Health Visitors hold clinical sessions at the Upavon and Durrington surgeries. Patients already travel to whichever of these sites is offering a clinic that is at a more convenient time and/or place for them.

Prescriptions:

The Dispensing Services Quality Scheme (DSQS) was introduced In August 2006 for Dispensing Practices such as Avon Valley. Because of the limitations of the building, there is no General Practitioner present, and so dispensing is "unsupervised". The GPs feel that this is not a situation that can be sustained in the light of the DSQS.

Because of the size of the dispensary, the Practice holds a smaller range and quantity of stock in the Netheravon dispensary and patients who live in Netheravon often collect their repeat medication from one of the other surgeries. The Practice is conscious of the need for accessible dispensing for the village and is looking at the possibility of developing a prescription delivery service for all patients, along similar lines to those offered by some community pharmacies.

Long term conditions:

The care of patients with long-term conditions is changing with more proactive management of their illness and regular reviews for patients with conditions such as diabetes or coronary heart disease. By focussing activity on two sites the Practice will be able to increase access to these types of clinics.

Minor Surgery:

By operating from two sites instead of three, the time and staff released will enable any necessary further development of minor surgery sessions.

Staff:

With the Practice consolidated on two sites, it is anticipated that improved ease of training and supervision will ensure the development of a more corporate feeling amongst all the staff, which would be to the advantage not only of the staff, but also to the patients.

Transport:

Public transport in the area is reasonable (there are buses running on an hourly basis during the day) and the Practice would welcome the chance to support other transport schemes in the village. This would not only benefit patients travelling to the surgery, but also other important services, including hospital appointments and dental appointments.

4. To sum up

The issues affecting the use of the Netheravon site are non compliance with the regulations around dispensing; clinical safety; lack of space; lack of privacy and confidentiality; disability access; parking and problems with the building itself.

The Practice has reached the conclusion that keeping the Netheravon branch surgery open is no longer sustainable. They feel that there are benefits to patients if the service is provided on two sites: Netheravon patients would be seen in better facilities with a wider range of services and treatment, the possibility of extended opening times, more staff on each site and a repeat prescription delivery service to households.

The Practice recognises that this change may be met with concern in the local community.

The Practice will consider alternative ways of working and delivering services so that the overall impact on the village will be as small as possible and will be of overall benefit to all patients registered with the Practice.

What does this mean for you?

Subject to the outcome of this formal consultation process, Drs Jenkins, Ross Russell and Green would like to transfer all their services currently provided at the branch surgery in Netheravon to the surgeries in Durrington and Upavon.

You would not have to change doctors or move to a different Practice because of this proposal. For those who are happy to stay with the Practice, Drs Jenkins, Ross Russell and Green would continue to be your family doctors.

We understand however that some patients may wish to, or find it more convenient to, move to another Practice. If you would like to choose to join another Practice in the area who may provide medical services in your postcode area, please contact the PCT's PALS team.

5. What can you do now?

Remember this consultation only concerns the proposed closure of the Branch surgery of Drs Jenkins. Ross Russell and Green at Netheravon.

Please write to us with your comments about the proposal by **23rd July 2007**. You can complete the attached questionnaire or if you would prefer you can write, e-mail or fax your comments or post them on our website (see the front page of this document for details). Your comments will be considered along with all the others received by the Board of Wiltshire Primary Care Trust who will decide whether the changes should go ahead.