

ICB Primary Care Commissioning Committee

Date of meeting	29 August 2024
Title of paper	Lancaster Medical Practice – Scale Hall Branch Closure Application
Presented by	Peter Tinson - Director of Primary and Community Commissioning
Author	Mike Anderson - Delivery Assurance Manager (Medical & Optometry)
Agenda item	5
Confidential	No

Executive summary		
<p>The Scale Hall branch of Lancaster Medical Practice (LMP) was closed in March 2020 as part of the practice response to the Covid pandemic. Since then, LMP has successfully operated from seven branches across Lancaster, instead of the original eight.</p> <p>The purpose of this report is to present an application received from Lancaster Medical Practice to close their branch surgery site currently located at Scale Hall, 1 West Drive, Lancaster, LA1 5BY</p>		
Advise, Assure or Alert		
<p>Advise the committee:</p> <ul style="list-style-type: none"> - Lancaster Medical Practice wish to close their branch surgery site currently located at Scale Hall, 1 West Drive, Lancaster, LA1 5BY <p>Assure the committee:</p> <ul style="list-style-type: none"> - The application has been made in line with current processes and that all required checks have been made. 		
Recommendations		
<p>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 Lancaster Medical Practice's branch surgery site currently located at Scale Hall, 1 West Drive, Lancaster, LA1 5BY</p>		
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	X
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	X
6	To develop and implement ambitious, deliverable strategies	

Implications				
	Yes	No	N/A	Comments
Associated risks	X			
Are associated risks detailed on the ICB Risk Register?		X		
Financial Implications	X			
Where paper has been discussed (list other committees/forums that have discussed this paper)				
Meeting	Date		Outcomes	
Primary Medical Services Group	18/04/2024		<p>The Primary Medical Services Group noted the contents of the paper and agreed to recommend the closure of the branch to the Primary Care Commissioning Committee at its June meeting.</p> <p>To note: The delay in presenting the paper is due to the ICB awaiting the recently completed PCN estates review and to ensure it would align with those recommendations.</p>	
Conflicts of interest associated with this report				
n/a				
Impact assessments				
	Yes	No	N/A	Comments
Quality impact assessment completed		X		To Follow
Equality impact assessment completed		X		To Follow
Data privacy impact assessment completed			X	
Report authorised by:	Craig Harris, Chief Operating Officer			

ICB Primary Care Commissioning Committee

29 August 2024

Lancaster Medical Practice – Scale Hall Branch Closure Application

1. Introduction & Current Position

- 1.1 The Scale Hall branch of Lancaster Medical Practice (LMP) was closed in March 2020 as part of the practice response to the Covid-19 pandemic. Since then, LMP has successfully operated from seven branches across Lancaster, instead of the original eight.
- 1.2 Lancaster Medical Practice has an overall list size of 67,000. It was identified by registrations that 2,000 had registered at Scale Hall. However, this does not reflect a list size at Scale Hall as those patients were able to attend other sites.
- 1.3 The way that patient services are provided by LMP has now changed since Scale Hall was in operation and the branch can no longer accommodate modern healthcare provision.
- 1.4 Very few appointments and services can be offered due to the small size of the Scale Hall branch. The nearby large Owen Road site offers facilities that are more suitable for modern healthcare provision just one mile away. Therefore, it was proposed that the Scale Hall branch would close.
- 1.5 LMP has seven other sites patients can access, one of which (Owen Road) is within walking distance of the Scale Hall site. By land transport, this is 1.1 miles, as the crow flies it is 0.66 miles. All other sites are much larger than Scale Hall and are easily accessible by public transport.
- 1.6 All services that are offered at Scale Hall are also offered at all other sites. The practice have a centralised booking team, so patients are not adversely impacted for access to appointments.
- 1.7 Opening times at all other LMP sites are the same as Scale Hall (0800 – 1830 Monday - Friday).
- 1.8 The site is also not EA (Equality Act) compliant, so patients will benefit from better access at other LMP locations.
- 1.9 It is important to highlight that all patients have now moved to either an alternative branch of Lancaster MP or to another practice to suit their needs or location.
- 1.10 With reference to paragraph 8.15.3 of the Policy & Guidance Manual (appendix B); we have considered these matters and assure the committee that is compliance with this and no risks or concerns.

2. Patient Engagement

- 2.1 Patients have not attended appointments at Scale Hall for over three years, however, it is acknowledged that the permanent closure may be unwelcome news for some patients. Therefore, a consultation process was launched in October 2023 to understand patient concerns and challenges associated with the proposed closure.
- 2.2 The consultation was supported by a robust communications and engagement plan to ensure patients were informed of the proposed closure of Scale Hall, the reasons for it and how to engage with the consultation process.
- 2.3 A range of communications and engagement activities were delivered as part of the consultation on the permanent closure of Scale Hall branch. These activities intended to:
 - Ensure patients were informed of the closure of the Scale Hall branch and the reasons for the closure;
 - Reassure patients that the practice has adequate provision in place to provide their care without Scale Hall branch;
 - Ensure relevant stakeholders are kept up to date, and
 - Capture and understand insights into any issues the closure may raise for patients and to mitigate these where possible.

The consultation ran over a three-week period commencing on Wednesday 20 September and ending on Friday 13 October. Care was taken to ensure no other patient surveys or engagement initiatives were conducted during this period.

The patient engagement report including findings can be found in **appendix A**

3. EHIIRA

An Equality and Health Inequalities Impact and Risk Assessment has been undertaken and has raised no concerns. A copy of the EHIIRA will be available upon request.

4. Financial Implications

- 4.1 If the proposed branch closure is approved, patients may choose to register at an alternative practice in the area. This would impact on the financial income for the practice and could put an unforeseen financial pressure on the practice.

5. Risks

- 5.1 **Registrations** – If patients registered at Scale Hall feel that travel to another LMP site would be too great, they may feel they wish to register at a practice nearer to their home address as an alternative to travelling a longer distance.
- 5.2 **Neighbouring Practices** – If patients do wish to register at an alternative practice to accommodate their location preference, this might increase demand on neighbouring practices.
- 5.3 Any risks are considered to be at a very low level due to the practice being obsolete since 2020 and the patients having already adapted to the temporary closure, which is still ongoing.

6. Policy

- 6.1 The policy for branch closures is demonstrated in **appendix B** of this paper. The policy has been extracted from the NHS England Policy and Guidance Manual. The requirements for application have been met by LMP.

7. Recommendations

- 7.1 The committee is requested to:
- Note the contents of the report.
 - Approve the proposal to close Lancaster Medical Practice's Scale Hall branch surgery.

Mike Anderson

July 2024

Appendix A – Patient Engagement Report

(Also attached separately)



Scale Hall branch
site closure consultat

Appendix B – Process for Branch Closures from the Policy & Guidance Manual

Branch Surgeries

8.15.9 It is important to note that unless there are specific reasons for variation, branch surgeries should be held to the same standard of service level as a ‘main surgery’, unless there is specific reason for a lesser service provision. An example of this may be in rural areas, where the principle is ensuring local access and this would be for local commissioning determination.

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.