

## ICB Primary Care Commissioning Committee

<b>Date of meeting</b>	20 December 2024
<b>Title of paper</b>	P81166 Dr Bello's Surgery - Premises Relocation
<b>Presented by</b>	Peter Tinson, Director of Primary & Community Care Collette Walsh, Associate Director of Primary Care
<b>Author</b>	Ismail Mulla, Primary Care Manager
<b>Agenda item</b>	5b
<b>Confidential</b>	No

### Executive summary

This report is to present an application that has been received from P81166 Dr Bello's Surgery to relocate from the current practice premises at Dill Hall Surgery, 6-8 Church Street, Accrington, BB5 4LF to Acorn Primary Health Care Centre, 421 Blackburn Road, Accrington, BB5 1RT.

The practice currently has no formal lease in place with their landlord creating a situation of instability.

Furthermore, a District Valuation Office assessment of the premises on the 21 March 2024 identified that the current premises was not compliant in terms of infection and prevention control and that significant levels of refurbishment and improvement works are required. The costs of repair for infrastructure and modernisation are prohibitive and the practice feels that the building is no longer fit for purpose.

To ensure business continuity, a suitable, modern premises has been identified 588 metres away (walking distance). The Acorn Primary Health Care Centre is a purpose-built medical health facility with excellent transport links which already accommodates existing GP practices with plans to include more. This provides a strategic opportunity for practices to learn from and support each other in an area of high deprivation with complex needs.

This move would also reduce the amount of unused ICB funded NHS space within the Acorn Health Care Centre.

The Quality Impact Assessment and EHIIRA have been undertaken. No issues have been identified as the new premises is 588 metres away (walking distance) and the current level of service provision will be maintained.

Through the patient engagement exercise no significant concerns were raised with the move to Acorn Primary Health Care Centre and patients recognised the importance of moving from the current outdated premises into a purpose-built and

modern facility. Feedback reflected very positively on the service provided by the practice and the staff, in particular Dr Bello.

This report considers the immediate premises concerns, patient and stakeholder engagement, strategic opportunity, and recommends that the committee approves the relocation to modern purpose-built premises at Acorn Health Care Centre.

### Advise, Assure or Alert

This report

**Alerts** the committee:

1. to the pressing requirement to relocate from current practice premises
2. details the significant risks that have been identified

**Assures** the committee:

- that this relocation offers a strategic opportunity to maximise usage of the NHS owned estate
3. that the identified risks will be mitigated
  4. that patient access to primary healthcare will be maintained

**Advises** the committee:

5. that the solution is achievable within the required timeframe
6. that the solution is within current resources

### Recommendations

The committee is asked to consider the contents of this report and agree the relocation of P81166 from Dill Hall Surgery, 6-8 Church Street, Accrington, BB5 4LF to Acorn Primary Health Care Centre, 421 Blackburn Road, Accrington, BB5 1RT.

The move will be implemented as soon as logistically possible.

	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	
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	
6	To develop and implement ambitious, deliverable strategies	✓

### Implications

	Yes	No	N/A	Comments
Associated risks	✓			As detailed within the report
Are associated risks detailed on the ICB Risk Register?		✓		
Financial Implications	✓			As detailed within the report

**Where paper has been discussed** (list other committees/forums that have discussed this paper)

Meeting	Date	Outcomes

Capital Group – verbal proposal.	Wednesday 30 October 2024	Supported in principle		
Primary Medical Services Group	Wednesday 13 November 2024	Approved in principle		
<b>Conflicts of interest associated with this report</b>				
Not applicable				
<b>Impact assessments</b>				
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>
Quality impact assessment completed	✓			Appended to report
Equality impact assessment completed	✓			Appended to report
Data privacy impact assessment completed			✓	

<b>Report authorised by:</b>	Craig Harris, Chief Operating Officer
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# Primary Care Commissioning Committee

## 20 December 2024

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### **P81166 Dr Bello's Surgery - Premises Relocation**

#### **1. Introduction**

- 1.1 An application to relocate practice premises has been received from P81166 Dr Bello's Surgery.
- 1.2 Dr Bello's Surgery has 2,484 number of patients and is currently located in premises at Dill Hall Surgery, 6-8 Church Street, Accrington, BB5 4LF.
- 1.3 It has been reported by Dr Bello's Surgery that there is currently no lease in place for their current Church Street premises.

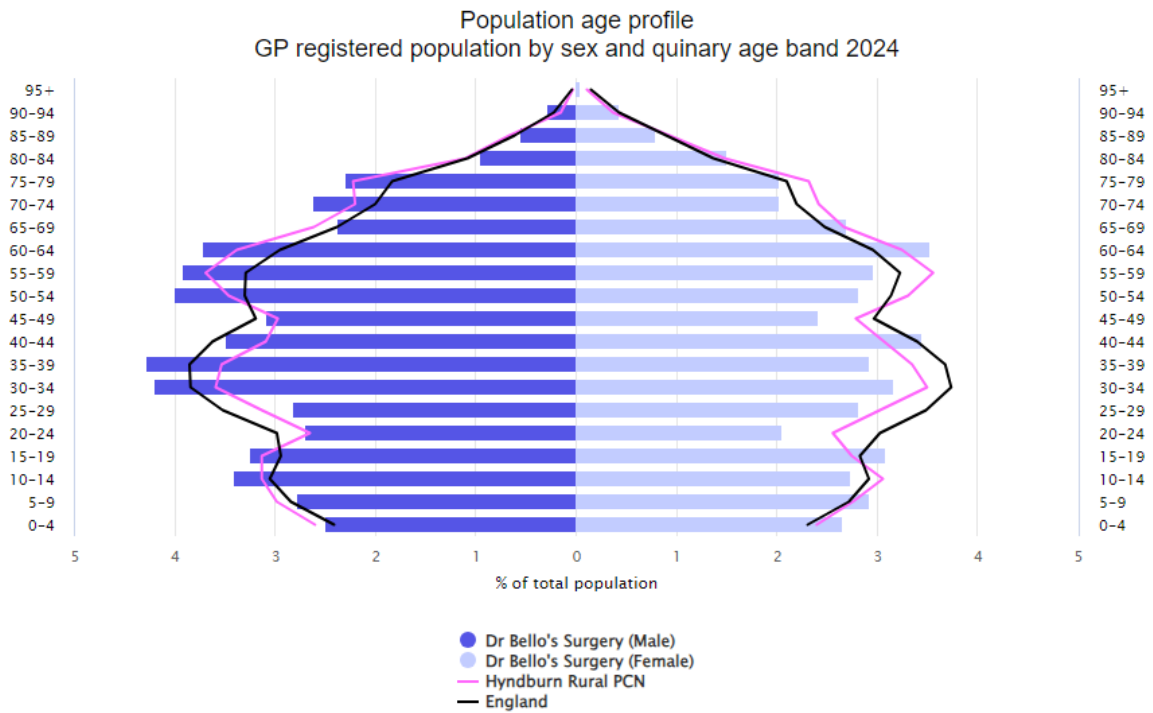
#### **2. Background and summary**

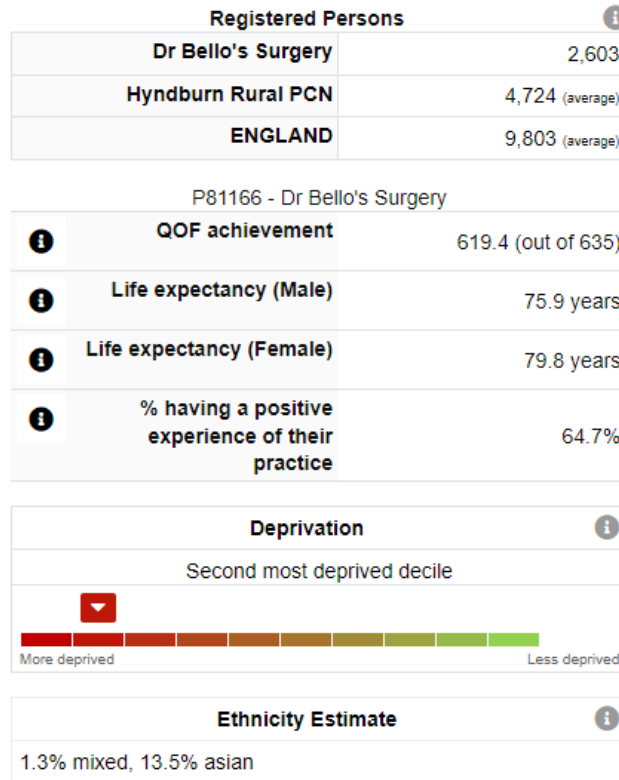
- 2.1 Dr Bello's Surgery is currently located within Dill Hall Surgery Church Street, which was until recently, adjacent to another practice (P81711 ELA - Dill Hall) which then relocated to the Acorn Centre.
- 2.2 The practice reports being in dispute with their landlord and having no formal lease in place.
- 2.3 The practice is concerned that this means that they are vulnerable and creates instability within the practice.
- 2.4 A District Valuer's report has identified that the surgery is not compliant in terms of infection and prevention control and that the premises require significant renovation works and maintenance of the building. The practice feels that any costs associated with renovation are financially unviable.
- 2.5 The practice also holds a separate GMS contract at King Street Medical Centre. The lease for those premises is due to end in February 2025 and the practice feels that this is an opportunity to relocate both practices into Acorn Primary Health Care Centre and achieve the strategic benefits of both practices being located within the same location.
- 2.6 A District Evaluation states that the current premises are not fit for purpose to provide modern healthcare.
- 2.7 The practice feels that the above factors are putting them in a position of increased instability for the future.

2.8 The practice has an average but decreasing list size as detailed below.

Sep 2022	Dec 2022	Mar 2023	June 2023	Sep 2023	Dec 2023	Mar 2024	June 2024	Sep 2024
2,614	2,601	2,601	2,568	2,547	2,545	2,537	2,500	2,468

2.9 The practice's registered population is identified as being within the second most deprived decile.





- 2.10 Due to the short timescales for vacating the current practice premises, an assessment of locally available NHS owned estate was conducted.
- 2.11 Following assessment of the local NHS owned estate, Accrington PALS and Acorn Primary Healthcare Centre were identified as possible premises solutions.
- 2.12 Accrington PALS does not have the required clinical space available to facilitate the relocation.
- 2.13 Acorn Primary Health Care Centre has sufficient available space for the practice and any other services needing to relocate to continue to be co-located.
- 2.14 This solution would ensure the continuity of care for all patients, with services relocated to modern, purpose-built premises within the required timeframe.
- 2.15 Access to services would be improved for patients with disabilities and reduced mobility. Acorn Primary Health Care Centre can be accessed from either the adjoining car park or the main high street entrance via automatic (powered) doors.
- 2.16 The building benefits from lift access to all floors. Wayfinder signage is also currently under review by Community Health Partnerships.
- 2.17 The new premises is 588 meters (8 minutes walking distance).

### 3. Practice area and maps

- 3.1 Maps showing practice area, patient plots, distances and travel times between the practice's current location and proposed location are all detailed at **Appendix A**.
- 3.2 There are 12 GP Practices in the Hyndburn Area (covered by two PCNs), please see below. Currently this practice along with King St Medical Centre and PWE Accrington Victoria will be relocating to Acorn Health Centre. These changes require careful co-ordination to ensure patient care is not adversely affected and will influence the future options for the provision of long-term care.

Hyndburn Central	Hyndburn Rural
Peel House Medical Practice  Oswald Medical Centre  ARG Healthcare  Richmond Medical  PWE Accrington Victoria (at Acorn)	<b>Dr Bello's Surgery</b>  <b>King St Medical Centre [also owed by Dr Bello]</b>  <b>ELA - Dill Hall (at Acorn)</b>  Clayton Medical Centre  Higher Heys Surgery  Great Harwood Medical Group  The Weavers Practice

- 3.3 The maps show that there are 4 GP practices in the neighbouring area of the current practice -
- P81182 Richmond Medical Centre - Acorn Primary Health Care Centre
  - P81711 ELA - Dill Hall - Acorn Primary Health Care Centre
  - Y02905 PWE Accrington Victoria - Acorn Primary Health Care Centre (to relocate 29/11/24)
  - P81147 ARG Healthcare – 0.7miles (4 minutes by car, 16 minutes' walk)
- 3.4 The above practices have open lists and are accepting new patient registrations.
- 3.5 The Sole Contractor at P81147 ARG Healthcare is also a partner at P81166 Dr Bello's Surgery.
- 3.6 Patients could choose to register with one of these practices instead of remaining registered with Acorn Primary Health Care Centre.

3.7 The local place-facing team will continue to engage with local practices to ensure they are fully briefed on the potential impact should patients choose to register with them.

#### **4. Equality and Health Inequalities Impact and Risk Assessments (EHIIRA)**

4.1 A full Equality and Health Inequalities Impact and Risk Assessments (EHIIRA) has been completed by the practice and is at **Appendix B**.

4.2 No issues identified as the new premises is 588 metres away (walking distance).

4.3 All services will remain the same but delivered in a newer, modern premise.

#### **5. Engagement**

5.1 A patient engagement exercise has been completed with all patients and stakeholders being formally written to regarding the proposed relocation.

5.2 Views were sought regarding:

- How patients travel to the current practice and the time it takes them to do so.
- What factors are most important to them, for example the ability to have a face-to-face appointment or car parking
- Comments in relation to the current Dr Bello's Surgery
- Any other comments

5.3 An in-person patient engagement event led by the ICB Communication and Engagement was held on Friday 8 November 2024.

5.4 This was to allow the practice, with support from the ICB, to provide patients with reassurance regarding their continued access to primary healthcare services following the proposed relocation.

5.5 The practice currently does not have a Patient Participation Group (PPG). They had tried without any success. They hope that co-locating the two practices will provide new opportunities.

5.6 A summary of feedback and comments received is detailed in **Appendix C** and key headlines include the following:

5.7 Almost 114 people (around five per cent of the total number of patients registered at the practice) provided feedback. Engagement included an online survey, which ran from Tuesday 29 October to Monday 25 November, and a face-to-face drop-in session on Friday 8 November at the practice.

5.8 Most respondents were generally unconcerned with the move to Acorn Primary Health Care Centre and recognised the importance of moving from the current outdated premises into a purpose-built and modern facility.



- 5.9 Feedback reflected very positively on the service provided by the practice and the staff, in particular Dr Bello.
- 5.10 No significant concerns were raised about the relocation, other than any potential impact on the friendly local service currently experienced.
- 5.11 106 completed responses to the survey were received and 8 people attended the drop-in session.
- 5.12 From the survey, 68% of respondents access the practice by car, 23% on foot, 6% on public transport.

## **6. Patient Benefits**

- 6.1 The proposed new premises location would allow the practice the opportunity to continue to provide their patients with continuity of care within purpose-built NHS premises.
- 6.2 The site benefits from improved public transport access for patients. There are buses travelling to the new site every hour. Details of travel information will be provided both in the practice premises and on their website.
- 6.3 Access is at street level with the bus stop immediately outside the new premises.
- 6.4 For patients travelling by car, the new site offers free onsite parking.
- 6.5 Disabled patients will benefit from dedicated disabled parking and extensive improved access to the building with lifts to all floors of the health centre.
- 6.6 The practice has confirmed that there would be no change to the current practice opening hours or the range of services delivered following the move.
- 6.7 The practice feels that the new premises would afford them the opportunity to develop patient group consultations and patient support groups to enhance patient care.
- 6.8 There are no planned changes to practice staff following the move which would ensure continuity of care for patients. The practice does feel that the proposed relocation of King Street Medical Centre will allow for the cross cover of staff, development of that staff, and opportunities for shared learning.
- 6.9 Patients will be seen in a modern comfortable environment with ease of access and proximity to other services.
- 6.10 The proposed premises are modern, purpose-built healthcare premises which include designed disabled access to all levels of the building.

6.11 The close proximity of local pharmacies will provide patients with easier access to a wider range of support services.

## **7. Practice Benefits**

7.1 The proposed relocation would provide the practice with purpose built, fully maintained premises within 588 metres of their current premises.

7.2 The practice will benefit from securing an immediate solution to their premises.

7.3 The proposed premises are modern, purpose-built healthcare facilities.

7.4 With the proposed relocation of King Street Medical Centre, the practice will benefit from having access to their wider workforce.

7.5 There would be the opportunity for staff cover and cross working between the teams.

7.6 Travel time between site will be removed allowing for efficiencies to be achieved.

7.7 Acorn Primary Health Care Centre would allow the practice the opportunity to book additional accommodation within the building for ad hoc clinics, workshops, and patient support groups.

## **8. Financial impact**

8.1 This move would also reduce the amount of unused ICB funded NHS space within the Acorn Health Care Centre. This move would generate a saving for the ICB of £14,771pa for non-reimbursable items.

8.2 The proposed relocation does not have any negative financial implications.

8.3 Existing IT infrastructure would be transferred to the proposed premises resulting in no financial impact on the practice or the ICB.

## **9. Risks**

9.1 The practice reports that it does not hold a lease for their current premises.

9.2 If the proposed relocation is not agreed, the practice will continue to be in a position where they would not have appropriate premises to provide their registered list of patients with access to primary healthcare.

9.3 Disputes with the current landlord would persist resulting in continued instability for both the practice and patients.

- 9.4 The practice would not be able to achieve the strategic benefits associated with Acorn Primary Health Care Centre.
- 9.5 If approved, patients may choose to register with the other practices in the surrounding area, as detailed in paragraph 3.2.
- 9.6 This could place additional pressure on the neighbouring practice and would also impact Dr Bello's Surgery income due to the reduction in their registered list size. This could impact on the practice's viability, dependent upon the degree of any list reduction.

## 10. Options

- 10.1 In arriving at the recommended option, several options have been considered which are outlined below.

Option	Advantages	Disadvantages
Do nothing.	None.	There would be no service for patients unless alternative premises are found, or if the list is dispersed.
Relocation to Acorn Primary Health Care Centre.	This provides a strategic opportunity that mitigates the identified risks. Patient access to primary healthcare will be maintained within the required timeframe and within current resources.	<p>Patients may choose to register with neighbouring practices.</p> <p>This practice would be relocating from the Hyndburn Rural PCN into the Hyndburn Central PCN Geographic area, and there could be financial implications for the Hyndburn Rural PCN.</p> <p>Hyndburn Rural PCN is made up of seven GP Practices covering a population of 34,000. The relocation of Dr Bello's Surgery and King St Medical centre will reduce this by 4,245.</p>
Relocation to alternative non-NHS owned premises.	Patient access to primary healthcare is maintained.	The practice would be unable to secure timely and appropriate privately rented facilities that would achieve the strategic benefits associated with

		Acorn Primary Health Care Centre.
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## **11. Policy**

11.1 Current NHS policy as detailed within the Primary Medical Services Policy and Guidance Manual – version 5, is detailed at **Appendix D**.

11.2 The policy states that the relocation of practice premises is likely to be a significant change to services for the registered population and as such, the commissioner and the contractor must 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. Section 5 of this paper outlines the engagement that has taken place.

## **12. Conclusion**

12.1 P81166 Dr Bello's Surgery is in a pressing situation and alternative premises must be secured.

12.2 The ICB has undertaken a review of all available accommodation within the local area.

12.3 It has identified Acorn Primary Health Care Centre, which is a purpose-built medical health facility with excellent transport links.

12.4 It provides an immediate solution which also provides strategic benefits in that there will then be five practices within the Acorn Centre and able to support each other if needed.

## **13. Recommendations**

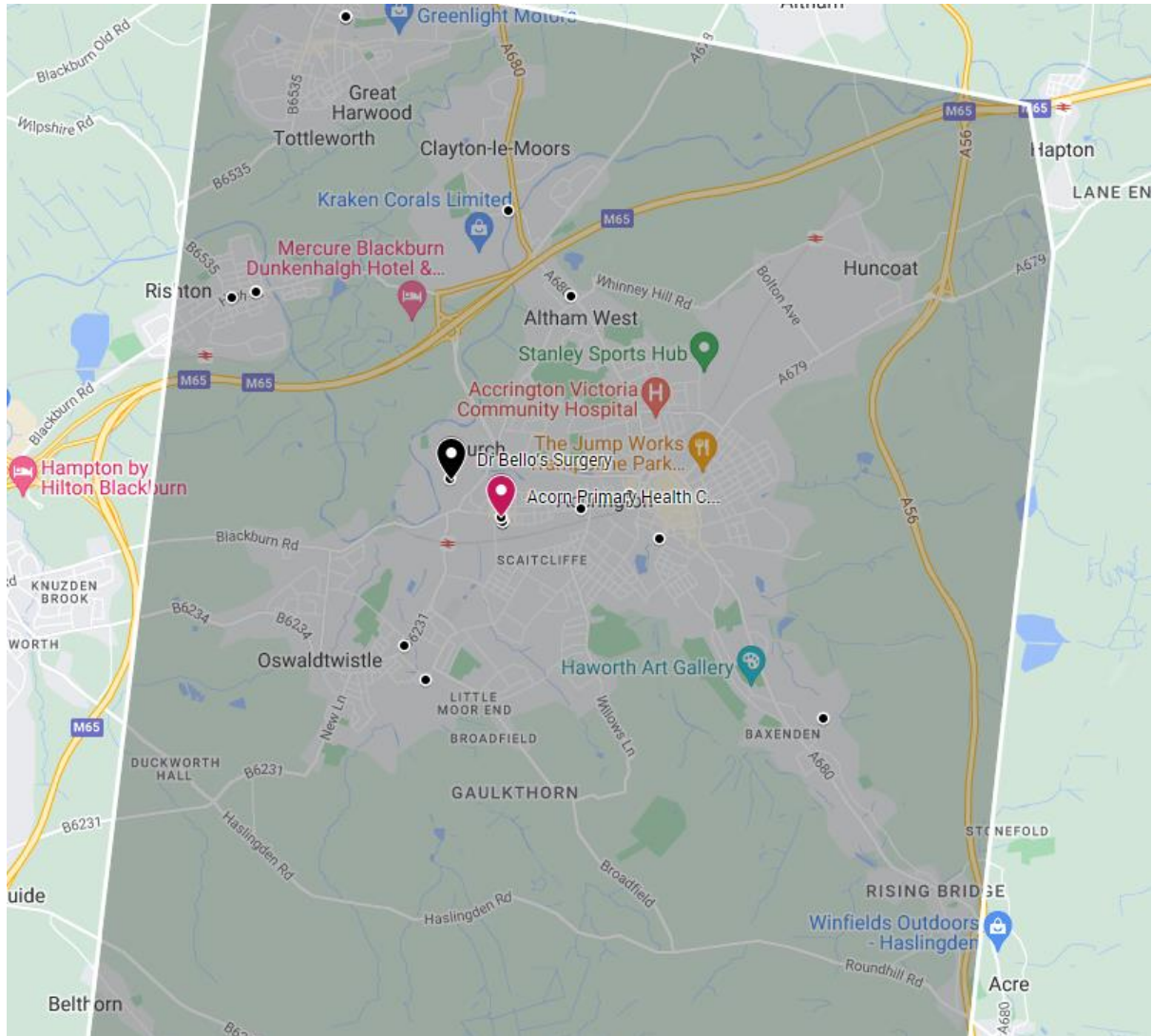
13.1 The committee is requested to:

- Note the contents of the report.
- Approve the proposed relocation of Dr Bello's Surgery to Acorn Primary Healthcare Centre.

**Ismail Mulla**  
**November 2024**

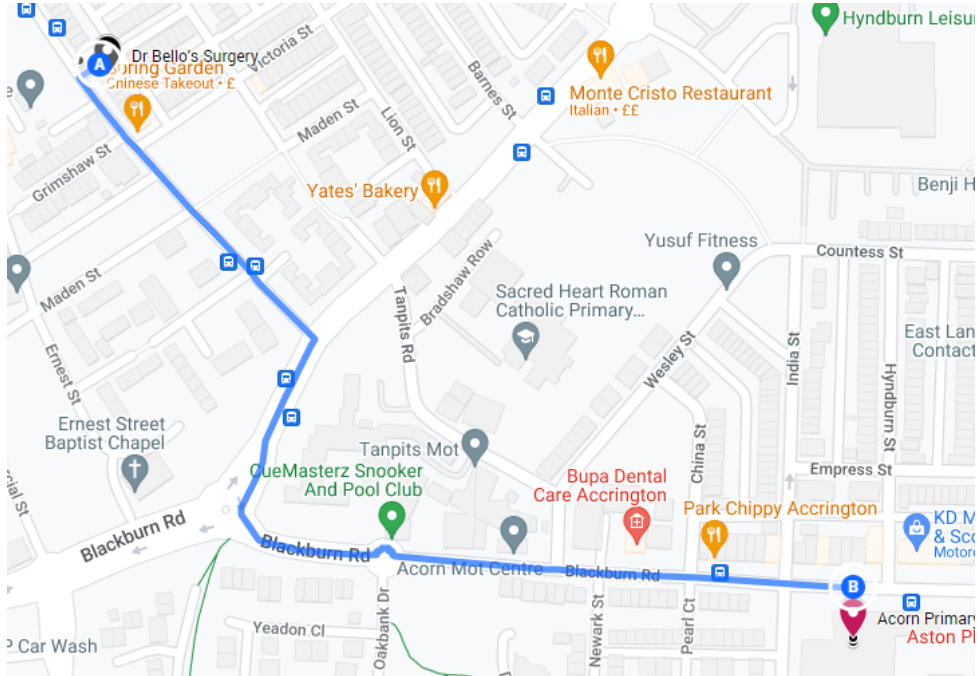
## Appendix A – Maps

### Practice Boundary

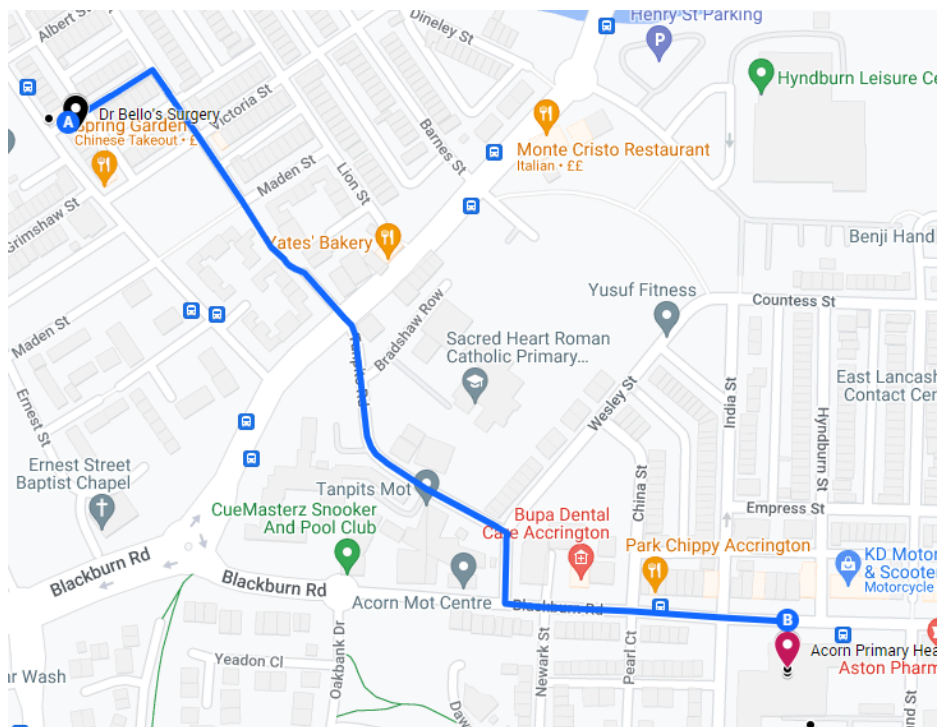


## Appendix A – Maps

Dr Bello's Surgery to Acorn Primary Healthcare Centre – by car – 634 metres - 2 minutes



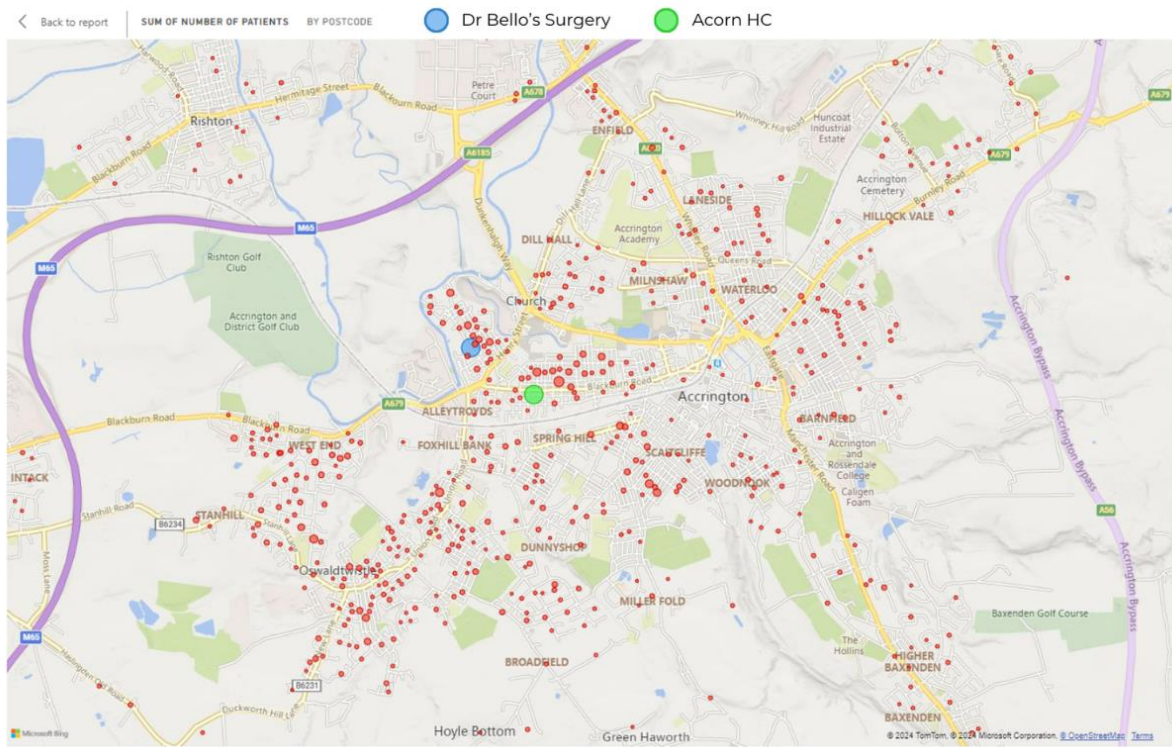
Dr Bello's Surgery to Acorn Primary Healthcare Centre – by foot – 588 metres - 8 minutes





# Appendix A – Maps

## Patient plot



## **Appendix B – Quality Impact Assessment and Equality and Health Inequalities Impact and Risk Assessments (EHIIRA) (both conducted by Dr Bellos Surgery at Dill Hall)**



LSCICB\_QIA - 1st  
stage screening - P81



EIA Dr Bello's  
Surgery.docx



## Appendix C – Patient Engagement summary



Dr Bello's Surgery  
Engagement Report .x

## Appendix D – Primary Medical Services Policy and Guidance Manual – v5

### 8.15 Premises

- 8.15.1 A contractor may wish to make changes to its contracted practice premises (including branch surgeries – for further information, [see paragraphs 8.15.10 to 8.10.30 below](#)) from which services are provided.
- 8.15.2 This would likely be a significant change to services for the registered population and as such, the commissioner and the contractor must 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.
- 8.15.3 The commissioner and contractor, through their dialogue, may establish that there is a need to retain medical service provision in the locality and must seek to find a solution, which could include tendering for a new provider within that locality, though not necessarily within the same premises.
- 8.15.4 Once, and if, the final date for closure is confirmed, the commissioner will issue a variation agreement notice to remove the registered address from the contract, and as in other variations under this policy, include the wording of the variation and the date on which it will take effect. The commissioner must also inform PCSE for changes to the main site location.
- 8.15.5 The contractor will be fully responsible for the cessation or assignment of the lease for any rented premises and any disposal of owner-occupied premises.
- 8.15.6 While it is likely that a PMS/APMS contract would reflect the terms as laid out in the GMS contract example above, it is essential that the commissioner reviews the individual contract for relevant provisions that relate to removing the closing premises and any rights associated with that premises.
- 8.15.7 Where the premises relocation is in relation to a dispensing doctor's practice, contract managers should also refer to the Pharmacy manual, as moving the site may have significant implications for which patients are eligible to be dispensed to by the practice.
- 8.15.8 The practice should also apply separately for permission to relocate the dispensing rights of the practice elsewhere, and the timeframes involved in getting approval for that relocation may influence the broader relocation plans and timetable.