

## ICB Primary Care Commissioning Committee

<b>Date of meeting</b>	12 October 2023
<b>Title of paper</b>	Haverthwaite Practice Premises Relocation Application
<b>Presented by</b>	Amy Lepiorz, Associate Director of Primary Care Phil Hargreaves, Head of Estates
<b>Author</b>	Sarah Bloy, Head of Primary Care
<b>Agenda item</b>	7b
<b>Confidential</b>	No

Executive summary		
<p>Haverthwaite Surgery is a general practice holding a General Medical Services contract located in Backbarrow, a small village near Ulverston. It is part of the Grange and Lakes Primary Care Network.</p> <p>The practice has submitted a relocation application to ensure that they meet their contractual requirements of having suitable premises. The patient population is supportive of a relocation. A new premises will help support national and local strategic requirements.</p>		
Advise, Assure or Alert		
<p>The purpose of the report is to:</p> <p><b>Alert</b> the committee:</p> <ul style="list-style-type: none"> <li>- Of an application to relocate a GP Practice in Backbarrow, South Cumbria.</li> </ul> <p><b>Advise</b> the committee:</p> <ul style="list-style-type: none"> <li>- Of the regulatory framework governing this application.</li> <li>-</li> </ul>		
Recommendations		
<p>Members of the Primary Care Commissioning Committee are asked to approve the application from Haverthwaite Surgery to relocate the practice.</p>		
Which Strategic Objective/s does the report contribute to		Tick
1	Improve quality, including safety, clinical outcomes, and patient experience	X
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	X
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			The main risk outlined in section 7 is associated with obtaining planning permission.
Are associated risks detailed on the ICB Risk Register?		X		
Financial Implications	X			The revenue consequences associated with an increase in rent are outlined in section 6.
Where paper has been discussed				
Meeting	Date		Outcomes	
Primary Medical Services Group	20 July 2023 and 17 August 2023		Suggested additions to the options	
Primary Medical Service Working Group	23 August 2023		Agreement of the preferred option	
Primary Care Commissioning Committee (Part 2)	10 August 2023		Request for recommendation from Group and suggested content	
Primary Care Commissioning Committee	14 September 2023		Support in principle a premises relocation subject to receiving the full application.	
Conflicts of interest associated with this report				
Not applicable				
Impact assessments				
	Yes	No	N/A	Comments
Quality impact assessment completed			X	QIA completed during the high level options appraisal
Equality impact assessment completed	X			Included in the appendix
Data privacy impact assessment completed		X		
<b>Report authorised by:</b>	Craig Harris, Chief of Strategy, Commissioning and Integration			

# ICB Primary Care Commissioning Committee

12 October 2023

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## Haverthwaite Practice Premises Relocation Application

### 1. Purpose

- 1.1 The purpose of this paper is to present a premises relocation application from Haverthwaite Surgery, a practice in Backbarrow, Ulverston, South Cumbria, and to seek approval in the recommendations section.
- 1.2 The framework that underpins applications to relocate a GP Practice is articulated in the NHS England Primary Medical Care Policy and Guidance Manual.

### 2. Background

- 2.1 Haverthwaite Surgery (A82650) is a general practice (GP) holding a General Medical Services (GMS) contract located in Backbarrow, a small village near Ulverston. It is part of the Grange and Lakes Primary Care Network (PCN).
- 2.2 The practice list size is 2,854 and due to the rural nature of the location it is also a dispensing practice. A dispensing practice means that the GP can provide medication prescribed from a stock held by the practice. Only patients who live remotely from a community pharmacy are eligible to request medicines from a dispensing doctor.
- 2.3 The practice is located in purpose-built premises, built in 1999. Though there are no quality or immediate safety concerns the premises are not currently at the standard that are expected for the delivery of primary medical services.
- 2.4 Under the GMS contract the contract holder is responsible for ensuring that the premises used for the provision of services under the contract are suitable for the delivery of services. The minimum standards for practice premises are set out in schedule 2 of the National Health Service (General Medical Services – Premises Costs) Directions.
- 2.5 The ICB has engaged in conversations with the practice to understand their plan to meet this contractual requirement and in September the committee give indicative support for a relocation as one of the options

to secure premises for the delivery of primary medical services in Backbarrow.

2.6 Appended to the paper are background documents to support the committee in its decision making, these are:

- Appendix A Premises Guidance- NHS England Policy Manual
- Appendix B Application To Relocate
- Appendix C Patient Survey Results
- Appendix D Practice Boundary
- Appendix E Patient Plot
- Appendix F Patient Plot 2
- Appendix G Architect Plans
- Appendix H Equality and Health Inequalities Impact and Risk Assessment (EHIRA)

### **3. Strategic Context**

3.1 Nationally and locally GP practices are encouraged to work together within PCNs and with wider partners as part of Integrated Neighbourhood Teams (INTs). A key limitation to effective joint working across PCNs and INTs is the lack of suitable space for partners to come together and for new services to be delivered. This is an issue across the ICB and is one echoed within the Grange and Lakes PCN footprint.

3.2 Within the PCN there are limited opportunities to develop current estates to meet the developing needs of the PCN and INT, and from a geographic/ease of patient access viewpoint Backbarrow is strategically placed to help meet this need.

3.3 The application and proposed new development offers more space than is available at the current premises to meet the growing estate needs.

### **4. Premises Relocation Application**

4.1 Below is a high-level summary of the application that has been received:

- Extensive patient engagement has taken place.
- The proposed new site is 200 yards away from the current site on the same road.
- The proposed new site is closer to public transport.
- The proposal provides a solution to the existing premises issues and overcrowding whilst considering the future needs of the population.
- The proposal would positively impact groups protected under the Equality Act.

- 4.2 Architect plans have been drawn for the proposed new site and planning permission is being sought. Plans have been developed should the current premises no longer be suitable or available for the practice's use whilst the new premises are built. Should these plans need to be invoked these will be overseen by the Primary Medical Services Group.

## 5. Financial Consequences

- 5.1 There are no capital requests associated with this application; all capital costs will be covered by the developer.
- 5.2 The current rental (revenue) costs and associated projected costs are outlined below:

<b>Current/Future Premises</b>	<b>Revenue Consequence</b>
<b>Current Premises</b>	Rent is assessed and paid at £33,900 per annum. The level of rent is low reflecting the current state of repair of the premises. If the premises were brought up to standard the ICB's financial obligations would be in the region of £50,000 to £55,000 per annum.
<b>New Practice Premises</b>	Rent is estimated to be £72,000* per annum for a 15-year lease.

\*subject to District Valuer assessment

- 5.3 The ICB are obliged to pay all rental values that have been assessed by the District Valuer.

## 6. Risks

- 6.1 If the application to relocate is supported the main risk is the unknown time period for planning permission to be granted. Contingency plans are in place and will be managed by the Primary Medical Services Group. There is not expected to be opposition from the public as indicated by the high positive response to the patient survey. The local MP is also supportive of this relocation.
- 6.2 If the application to relocate is not supported the premises will continue to not meet the minimum standards.

## **7 Conclusion**

- 7.1 Haverthwaite practice serves a small rural community and dispenses medicines.
- 7.2 The premises have declined over the last 12 years and options have been explored to ensure premises are fit for purpose and meet the strategic direction of primary care and integrated neighbourhood teams for the future.
- 7.3 The Primary Care Commissioning Committee considered a high-level options paper in September and supported in principle the relocation of this practice subject to receiving the application which is attached to this paper.
- 7.4 The proposed site is 200 yards away on the same road from the existing premises and will provide additional space immediately and with expansion options for the future.
- 7.5 The rental revenue is always assessed by the District Valuer and the ICB are obliged to pay that rate.

## **8 Recommendations**

- 8.1 Members of the Primary Care Commissioning Committee are asked to:
  - Approve the application from Haverthwaite Surgery to relocate the practice.

**Sarah Bloy**

**September 2023**

## Appendix A - Guidance

### **Extract from NHS England Primary Medical Care Policy and Guidance Manual**

#### 7.15

##### Premises

- 7.15.1 A contractor may wish to make changes to its contracted practice premises (including branch surgeries – for further information, see paragraphs 7.15.7 to 7.15.25 below) from which services are provided.
- 7.15.2 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.
- 7.15.3 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.
- 7.15.4 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.
- 7.15.5 The contractor will be fully responsible for cessation or assignment of the lease for any rented premises and any disposal of owner occupied premises.
- 7.15.6 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 relates to removing the closing premises and any rights associated with that premises.

Appendix B – Application to Relocate

**Premises Relocation Application submitted by the practice**

**Practice Details**

Practice code	A82650
Practice name	HAVERTHWAITE SURGERY
Current practice address	BACKBARROW, ULVERSTON, CUMBRIA, LA12 8QF
Proposed practice address	AS ABOVE. Proposed site is 200 yards further along Backbarrow's Main Street.
Proposed relocation date	SUBJECT TO PLANNING

**Engagement and consultation**

What level of engagement has been undertaken with the following groups? Please provide detailed information and analysis of the feedback received from each group?



<p>Lancashire &amp; South Cumbria Integrated Care Board</p>	<p>The Partners have engaged extensively with the ICB since May 23, meeting in person several times with both the Head of Primary Care and the Head of Estates as well as on site the property developer. The feedback on the options and appraisals has been extremely positive from the ICB.</p>
<p>Registered Patients – please detail the number of patients consulted, the methodology used and the responses received. Please also detail the reassurances given to specific queries/concerns raised by patients during this consultation exercise.</p>	<p>Patient Survey: Sent out via Accurx text link and made available via surgery social media pages and website. Physical copies made available within patient waiting room.</p> <p>Over 1,500 patients have now responded, more than a 50% response rate. Detailed report is attached.</p> <p>Individual consultations with patients have been managed regarding queries or concerns raised. Patients have been reassured that the partners are fully committed to the protection of Haverthwaite Surgery and the continuation of primary care services to our patients.</p> <p>The response from patients has been overwhelmingly positive in regard to the proposed re-location given that the new site is just 200 yards walking distance away and will provide easier access from the perspective of public transport and additional parking.</p>

<p>Patient Participation Group (PPG)</p>	<p>Our Patient Participation Group (PPG) have been kept fully informed with the progress of our proposal to move premises. In our most recent meeting on Friday 8<sup>th</sup> September, they met with both the Head of Primary Care and Dan Clough, Comms &amp; Engagement Manager of the ICB to raise questions/concerns. The patients felt very reassured from the face-to-face engagement and the survey results. They expressed a desire to help in any way they could and should the proposal go ahead, are already looking at fundraising for new equipment and furniture etc.</p>
<p>Healthwatch</p>	<p>A representative from Healthwatch attended the Primary Care Commissioning Committee meeting on Thursday 14<sup>th</sup> September and has fully supported in principle the proposed re-location.</p>
<p>Local Medical Committee (LMC)</p>	<p>The Partners have received full support from our LMC in regard to the re-location proposal.</p>
<p>Local Acute and Community Trusts</p>	<p>The Partners have not felt the need to communicate with local acute and community trusts as the physical re-location of the surgery is of minor concern given that it will be extremely close to the original premises.</p>

<p>Local practices / network / neighbourhood / other networks</p>	<p>We have received overwhelming support from both Cartmel Surgery and Ulverston Practices given that Haverthwaite Surgery is integral to maintaining a consistent level of healthcare services which in turn mitigates the risk of unsafe overcrowding at neighbouring practices.</p> <p>We have consulted with our PCN (Grange and Lakes) and received support in respect of the continuation of our services for the mutual benefit of our member practices.</p>
<p>Partner organisation's teams e.g. District Nurses, Health Visitors, School Nurses, etc.</p>	<p>As above with Local Acute and Community Trusts, the move from their perspective is insignificant regarding physical re-location.</p>

### Transport Links/Services

Please provide details regarding how you intend to support patients who are reliant upon public transport to access the surgery.

There will be no change. Public transport to Backbarrow has always been poor but there is a regular bus service from Ulverston to Kendal which runs along the A590. Although the new site is just 200 yards from the original premises, the distance from public transport will therefore be closer given its location directly next to the A590. By car the new premises will be less than 1 minutes' drive from the original surgery. The majority of our patients drive to the surgery given our semi-rural location.

### Proposal

Please provide details regarding the primary reasons for the proposed relocation and how it is expected that the new premises would address these issues.

Due to a long-running dispute with the current landlord which extends beyond the tenure of the current Partners, there has never been an agreed lease in place on the current premises. The building has long since fallen into a state of disrepair which the current landlord has refused to rectify. In 2019 an NHS Estates Review confirmed that the current surgery premises was 10% overcrowded and supported a relocation. Both current and previous partners have funded various large projects on the building over the years to ensure a minimum level of safety and compliance but many of the repairs required are now structural.

Sarah Edwards, Managing Partner has spent the last 12 months investigating potential new premises for the surgery. A proposed new location was found 8 months ago, and the partners have met with, and agreed on plans for a new build funded by a third-party property developer. The proposed new premises is located two minutes' walk further down the road within the same postcode. There is no capital outlay for the ICB.

The resulting build will not only provide a spacious, modern, compliant, and environmentally friendly public space for patients and staff, future-proofing the needs of our patient population, but will also create a much-needed central hub for an ever-increasing rural population, already geographically displaced from community centres. In essence the new building will additionally provide a solution to the difficult implementation of the Integrated Neighbourhood Teams model in a rural setting here in South Lakes. There is also future opportunity to expand into the property next door if needed.

Under the GMS contract the partners must ensure that the surgery premises is up to NHS regulatory standards and the proposed location fully supports this.

What would be the strategic benefits/service improvements to the Commissioner by them agreeing to the relocation? Provide details of what the improvements will be to:

Opening hours	Monday	8am to 18h30pm
	Tuesday	8am to 18h30pm
	Wednesday	8am to 18h30pm
	Thursday	8am to 18h30pm
	Friday	8am to 18h30pm
	Saturday	Shut except for vaccination clinics
	Sunday	Shut except for vaccination clinics

<p>Range of services to be made available</p>	<p>Primary Medical Services offered.</p> <p>In addition, the new premises will serve as an Integrated Neighbourhood Teams hub and enable improved communication and a much-needed meeting space for practices within our PCN.</p>
<p>Availability of appointments</p>	<p>Emergency appointments seen on the day either face to face or phone consultation. Also, home visits on the day.</p> <p>Non-urgent appointments seen within 2 weeks.</p>
<p>Financial savings</p>	<p>No capital cost for the ICB. Rental income to be approved by District Valuer.</p>
<p>I.T. (including telephony improvements e.g. number 4 of patient line, dedicated prescription lines, etc)</p>	<p>Digital telephone system already implanted which provides call waiting, call back etc.</p>

<p>Workforce capability</p>	<p>Overall, the working environment for staff will be much improved. The new premises will be light, airy and calm with modern kitchen and bathroom facilities. The additional space will better accommodate the increased workforce (ARRS staff etc) and upstairs will allow for health and wellbeing mindfulness/yoga classes which our Health and Wellbeing Lead is keen to implement and promote.</p> <p>The same applies to the reception and waiting areas for patients. Inclusive access will enable patients with physical impairments to freely enter the building unencumbered. The patient waiting areas and reception will be light and spacious allowing for a calmer, less frenetic environment, supporting patients' mental wellbeing and providing improved confidentiality when conversing with staff, compliant with standard policy and procedure.</p> <p>There are additional toilet facilities to accommodate physically impaired and gender reassignment patients and separate cleaner's utility room and clinical waste room to maintain infection control standards.</p> <p>In contrast to current premises, the dispensary area will be an enclosed space which will allow staff to better concentrate on prescriptions and medication, uninterrupted by reception noise and telephones, a problem that has repeatedly been raised by our dispensary manager.</p> <p>In addition, the new premises will have the external space to provide patients with an automated prescription kiosk – a 24/7 prescription pickup centre, which will enable our dispensary to provide completed prescription medication for patients to retrieve at any time at their convenience, thus offering patients a better service and our dispensary staff an improved workflow.</p>
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## Patients

Please provide details regarding the benefits to patients that the move would have, together with the support that the practice will make available to support displaced patients who may choose not to/not be able move to the new surgery location?

The new premises will be a two-minute walking distance from the original surgery, and so even closer to transport links with improved access and additional car parking spaces including for the physically impaired. Thus, the physical difference is negligible and of course outweighed by the comfort and convenience of a modern, new and easily accessible building.

What would be the potential impact on groups protected by the Equality Act 2010?

Age	Positive impact: modern facilities will encourage all ages to attend their doctors' surgery
Disability	Positive impact: accessible, safe facilities for patients with health conditions and/or impairments.
Gender reassignment	Positive impact – increased space and therefore improved confidentiality.
Race	Positive impact: all-inclusive environment
Religion or belief	Positive impact: all-inclusive environment
Sex	Positive impact: all-inclusive environment
Sexual orientation	Positive impact: all-inclusive environment
Marriage and civil partnership	Positive impact: all-inclusive environment
Pregnancy and maternity	Positive impact: more space for nursing parents and physically improved access for prams and buggies etc.

## Premises

Will the relocation result in services being provided from premises that are fit for purpose in accordance with minimum standards set out in 2013 GMS Premises Costs Directions, or do you have an approved Business Plan to achieve this within no more than 12 months?				
YES				
Details of the premises information for both the current and proposed sites:				
	Current site		Proposed site	
Neighbouring practices distance from both sites – specify name and practice code				
Surgery 1 Ulverston Practices	6.9 miles		6.8 miles	
Surgery 2 Cartmel Surgery	8.3 miles		8.2 miles	
Surgery 3 Nutwood Medical Centre	8.7 miles		8.6 miles	
Surgery 4 Duddon Valley	13.3 miles		13.2 miles	
Please detail the different room types specifying the number and m <sup>2</sup> for each				
	Number	m <sup>2</sup>	Number*	m <sup>2</sup>
Consulting rooms	3		3	
Nurses rooms	1		1	
Waiting areas	1		2	
Reception	1		1	
Medical records store	1		1	
Practice manager's office	1		1	
Staff room	1		1	
Dispensary	1		1	
Admin room	1		1	



Training room	0		1	
Cleaner's utility	0		1	
Clinical waste room	0		1	
Car parking spaces (number)	6		15	
Disabled car parking spaces (number)	0		2	
Rent (notional or cost) costs £s	£33,900 pa (reflects current state of the premises)		£60k - £72k per annum	
Service charge costs £s	n/a		n/a	
* Note all rooms are compliant with standard measurements as per NHS Estates regulations. Please provide details of references made in the GP Survey to the existing premises.				
Survey results attached.				
Please confirm that the existing agreed practice area will be retained if the proposed relocation is approved?				
Yes				
What are the risks associated with this proposed relocation for both if it is approved or not approved?				
<p>No risks if approved.</p> <p>If not approved, Haverthwaite Surgery will have no option but to close and this will of course negatively impact the healthcare provision of our existing registered patient list.</p>				
Is the proposed relocation supported by NHS Estates?				
Yes				

Appendix C – Patient Survey Results

October 2023

Dan Clough

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Version 1  
2 October 2023

## Contents

<a href="#">Introduction</a> .....	20
<a href="#">Executive summary</a> .....	20
<a href="#">Method</a> .....	21
<a href="#">Involving the patient participation group (PPG)</a> .....	21
<a href="#">Insights from the survey</a> .....	22
<a href="#">Response rate</a> .....	22
<a href="#">Results</a> .....	22
<a href="#">How would you normally travel to your GP practice?</a> .....	22
<a href="#">Approximately how long does it take you to get to Haverthwaite Surgery?</a> .....	23
<a href="#">Please rank the following in order of importance for you in terms of your GP practice.</a> .	23
<a href="#">Comments</a> .....	24
<a href="#">About you questions</a> .....	27
<a href="#">Age</a> .....	27
<a href="#">Gender</a> .....	28
<a href="#">Ethnicity</a> .....	28
<a href="#">Disability</a> .....	29
<a href="#">Carer</a> .....	29

## Introduction

NHS Lancashire and South Cumbria Integrated Care Board (ICB) is the organisation responsible for organising primary care services – including GP practices – across the region.

As a statutory NHS body, we have a legal and moral duty to consider how changes to services will affect local people and seek the views of patients.

Haverthwaite Surgery in Backbarrow is a GP practice which serves a small rural community and dispenses medicines. Due to historic issues a lease on the premises has never been agreed and the tenant, Haverthwaite surgery, and the property owner as landlord have not been able to reach an agreement on the terms of any future lease.

The premises have declined over the last 12 years and will require the investment of a significant amount of money to ensure it meets the necessary standards required by NHS England and the Care Quality Commission.

There are a range of options available to the Lancashire and South Cumbria Integrated Care Board (ICB). These include doing nothing, which may result in the practice not being able to deliver primary medical services to its registered population, investing in the current building or supporting the development of new premises.

The primary care team at the ICB, supported by the estates team, has presented to the primary care commissioning committee and recommended the development of new premises a short distance from the current practice.

The partners at the practice notified patients that they had been served an eviction notice by the landlord via a letter on the practice website posted on 16 August 2023. Public engagement on the future location had been planned to start once further discussions had been held by the primary care commissioning committee. This would support the decision-making process by providing feedback from patients on how they feel about the current building and any impact the closure of the building might have on the local community and the way in which patients access services. However following the publication of the letter, the timeline was moved forward.

The following report provides a summary of the methods used to undertake the survey and the feedback received.

## Executive summary

Almost half of the registered patients at Haverthwaite Surgery have provided comments during the public engagement exercise regarding the practice's current and future location. Those who have taken part have made it clear that the service is extremely highly valued within the local area and that any loss of primary care services in this rural location will be detrimental to many people locally. The services and staff at the surgery are highly rated and patients value this more than the bricks and mortar surroundings of the building those services are provided from.

However many respondents did accept that the current surgery building is not in an ideal state for the delivery of modern day primary health care services and accepted that refurbishment works were needed or a new facility developed nearby.

## Method

The ICB engaged with the practice patient participation group (PPG) and arranged to meet with them to listen to any concerns and provide an update on the situation.

Feedback was also sought via an online survey which asked a number of questions aimed at providing insight into how patients would be affected by the changes at the GP practice and how they felt about the state of the current building.

Respondents were also given a list of potential priorities and asked to rank them in order of importance in terms of their GP practice. These ranged from 'getting an appointment' and 'contacting the surgery by telephone' to 'having an on-site pharmacy available' and 'car parking'. Space was also left for people to add in their own priorities in the case they were not already stated.

All information about the engagement was hosted on a single webpage:

<https://www.healthierlsc.co.uk/ICB/get-involved/have-your-say-current-opportunities/haverthwaite-surgery>

Details of how to get involved were also included in a letter distributed by the practice to all patients, and information was also posted on social media.

Paper copies of the survey were also made available within the practice to support those without access to a computer or smartphone. For ease of analysis and reporting, all feedback received has been inputted into the online survey.

## Involving the patient participation group (PPG)

The ICB's communications and engagement manager and head of primary care met with the PPG on Friday 8 September. By this point the survey had been running for three weeks and generated a significant number of responses.

Five members of the PPG attended the meeting which was also attended by Sarah Edwards, a managing partner at the practice. The PPG members made it clear they had attended the meeting with a preconception that the practice was likely to close and stated they would be prepared to strongly campaign against any decision of this nature.

Following the update from the ICB which explained the officer recommendation to the primary care commissioning committee would be to develop a new health centre on land a short distance from the existing surgery, the group expressed it had been somewhat reassured. It was made clear to the group that this was by no means a foregone conclusion and that it was still required to go through the relevant committee stages for approvals and this was understood by the group.

The only additional comment made by the PPG during an extremely positive meeting was that due to the rural location of the practice, the current GP often carries out home visits at the local care home which helps to avoid a number of hospital admissions.

The PPG's key concern was that a service was required in the village itself and that if the service was lost and patients had to register with practices in Ulverston and other larger towns, this would cause significant difficulties for the residents of the village and the surrounding rural areas.

## Insights from the survey

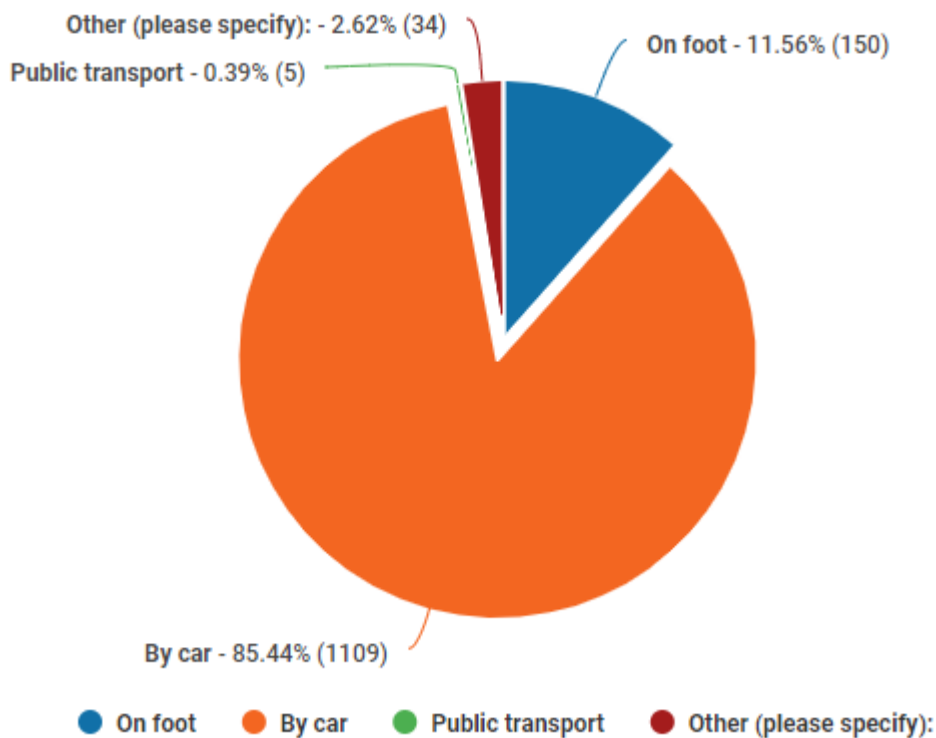
### Response rate

The survey ran for a month, from 21 August 2023 to 21 September 2023, and received a total of 1,323 completed responses. Haverthwaite Surgery has a list size of around 2,800, so the survey had a response rate of more than 47 per cent.

Of those who responded 25 declared they were not a patient of Haverthwaite Surgery and so were directed to the end of the survey. This leaves a patient sample size of 1,298.

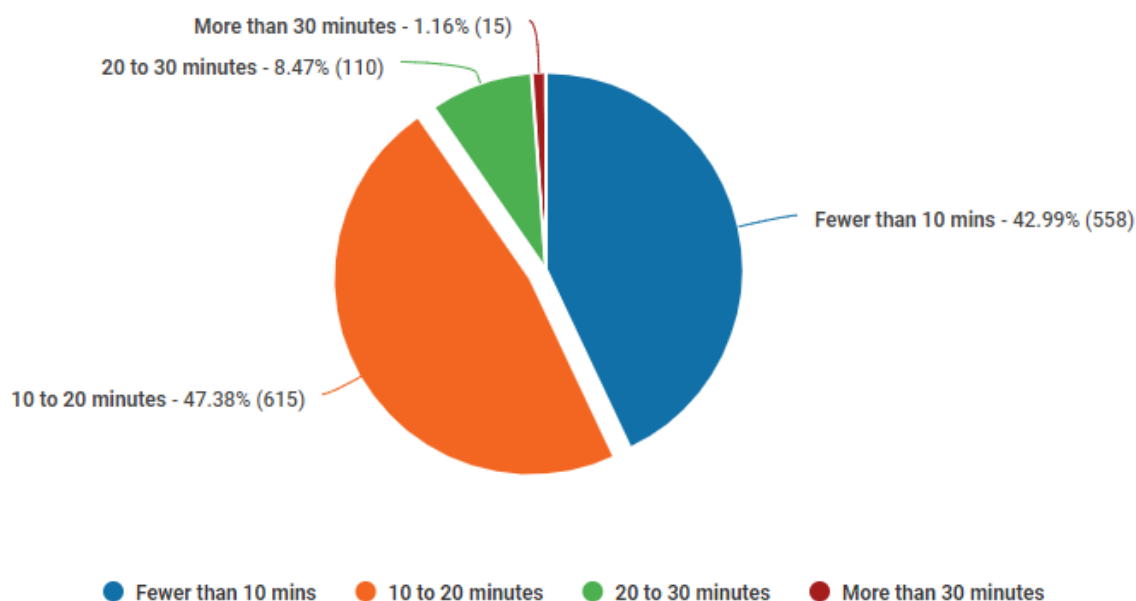
### Results

How would you normally travel to your GP practice?



Most of the small number of people who stated they travel to Haverthwaite Surgery by 'other' means stated they ride their bicycle.

Approximately how long does it take you to get to Haverthwaite Surgery?



More than 40 per cent of respondents stated they live within 10 minutes of the surgery, and 90 per cent within 20 minutes of the surgery.

Please rank the following in order of importance for you in terms of your GP practice.

Item	Total Score <sup>1</sup>	Overall Rank
Getting an appointment	11880	1
Seeing an appropriate health professional for my needs	10239	2
Having a face-to-face appointment	9639	3
Helpful reception staff	8418	4
Car parking	6451	5
On-site pharmacy available	6145	6
Booking appointments online	4947	7
Having a virtual appointment	4379	8
Availability of home visits	3873	9
Accessibility of the building	3713	10

Answered: 1,267 Skipped: 56

<sup>1</sup> Score is a weighted calculation. Items ranked first are valued higher than the following ranks, the score is a sum of all weighted rank counts.

## Comments

Respondents were asked for their comments specifically on the current surgery building as well as provided with an additional box for any further comments they wished to make.

Comments in both of these questions can be broadly themed into four different categories:

- Those who believe the current building is in need of repair or upgrading.
- Those who believe the current building is suitable in its current state.
- Those who were keen to point out the importance of having a primary care offering situated within the village.
- Those who took the opportunity to praise the service currently provided by staff at Haverthwaite Surgery.

What is clear from the comments is that the current situation has given rise to a fear that the practice could close or be relocated to somewhere that would be difficult for the community to access. Patients appear very appreciative of the service offered by the practice which clearly has very much a village practice feel with familiarity between staff and patients.

### **Building in need of improvement**

Almost 18 per cent stated they felt the current surgery building was in a poor condition. Comments ranged from the building was simply dated and in need of upgrade, to those who believe it is no longer fit for purpose.

Some commented that while the building seemed okay to them as a patient, they believed it wasn't a nice building for staff to work in. There were also comments that during busy times car parking can be challenging.

- "Although I like it for the family feel to the place, it is in desperate need of urgent repairs and is overall very tired."
- "Very run down building that needs work but inside is a lovely bubbly family feel surgery, the doctors have time to listen and it is just a great surgery."
- "Whilst the building does need major updates to comply with modern clinical and safety standards, the staff are excellent and provide a professional and welcoming surgery to attend."
- "The building looks shabby, dated, unhygienic and not fit for purpose as a GP surgery. In my opinion it needs substantial improvements to bring it up to modern health care standards."
- "Needs modernising to make it more efficient for staff and patients to use. It has a small car park which is a positive, but in busy periods people have to park further away."
- "Good location but inappropriate bad state of repair."
- "The building is old and tired. It does not reflect the quality of Care patients receive from this practice."
- "Tired - tatty - building needs updating in comparison with other surgeries in the area. But it is local, you can park, the telephone is answered and you can usually get an appointment."
- "Very tired and in need of repair. Does not match the service we receive."
- "In need of an update as it is dated/worn down, but a great location for the local community."
- "Outdated and needs to be replaced or large amounts of money spent on the building."
- "The building is old and you can see from the outside that extensive work is needed."



- “Tired, draughty, uninspiring, not really fit for purpose in the modern NHS.”
- “The team do their very best to make the waiting room and clinical rooms as clean and welcoming as possible, but it has become clear that the building itself is tired and in need of work, suffering the effects of damp and seclusion due to surrounding trees and embankments, not to mention technological advances that such an outdated building struggles to support.”
- “Old and tired but in a good location so we don't have to travel very far for regular appointments and prescription collections.”
- “The current building, whilst clean, does appear in a rather sorry and neglected state. It is obvious from both the outside and inside, that little money has been spent on the surgery's upkeep and maintenance.”
- “Of a low standard structurally, cosmetic repairs and maintenance needed.”
- “The outside of the surgery is an eyesore.”
- “Not inviting from outside. Needs sprucing up. Looks aged. Needs updating to suit all disabilities.”
- “Needs updating or new premises.”
- “A bit small and not modern. Looks as if it needs upgrading. Compares badly with say Ulverston Health Centre. Exterior very shabby.”

### **Building is fine as it is**

Just under half of those who responded stated they felt the building was fine as it is. Often these comments were accompanied by comments demonstrating a concern at loss of service in the area. Patients seem extremely satisfied with the level of service and less interested in the quality of the building and more in the quality of service.

- “From a Patient's point of view, the building is definitely adequate. I feel for the staff at times and sense that they would welcome a little more space.”
- “The waiting room is always clean, light and well aired, yet warm enough in the colder weather.”
- “It is clean, waiting room perhaps a bit small but not a big problem. Can always park on the road if no space in car park. Never had any problems.”
- “It's a great building. Lovely little waiting room and great toilet facilities with a baby changing table which is brilliant for my little boy. A very clean place.”
- “It's a great building in a great place, enough for the amount of patients and that it's in a place where it's never too busy for an appointment for me and that there is always room within a week or two to get me seen too as quick as possible.”
- “It is local, has everything a patient needs and does the job. It's not modern but that's not the priority.”
- “The current building is great; obviously fit for purpose, it is situated conveniently and has good public transport links (until very recently, I would get the bus to the surgery).”
- “The building has always seemed fit for purpose and I have had no problems with the services offered by the practice, due to the building or location.”
- “It's okay. The important thing is the people.”
- “All necessary treatments / consultations are available to me. I am far less concerned with the fabric of the building than retaining access to the outstanding team at this practice.”

- “I have always found Haverthwaite surgery a pleasant environment to visit. It is a good size and the staff have always been very helpful. It has never felt too formal there.”
- “The present building reflects the needs of the patients and provides excellent local care.”

### **Service needs to remain local**

Fourteen per cent of respondents were keen to state that having a service in the village was vital. It was clear from the comments that travelling to Ulverston or Windermere could be extremely detrimental and challenging for a number of patients of Haverthwaite Surgery. The rural location of the practice makes it an extremely valued community asset that would clearly be missed by many.

- “The surgery is a lifeline for a rural and ageing community and needs to keep running.”
- “The surgery is a vital part of the Haverthwaite, Backbarrow and surrounding communities.”
- “It would be a great loss to the community if we no longer had a surgery here. Would mean travelling to Ulverston or Grange. These surgeries are already full and will struggle with extra patients. The elderly in the community would suffer as they would have to get transport relying on bus service, etc.”
- “The greatest aspect is the locality serving Levens valley and the availability of quick appointments. Staff are always helpful and it’s great to be able to collect prescriptions from reception.”
- “It would be a travesty if a GP surgery is not maintained in the local area. The service it provides is invaluable and a real asset to the community.”
- “We need this practice to stay local even if it’s in different premises. We have very few amenities as it is - this amenity is essential for us locals.”
- “In a rural community I consider it important to have a small local surgery, that is easily contactable and easy to make appointments at suitable times from early morning to early evening.”
- “It would be incredibly sad to lose Haverthwaite Surgery. It services many patients who live in fairly remote locations. For the elderly and unwell it would be very difficult for them to travel further or into a busy town to visit a GP. I would personally be very sorry to see this great facility disappear.”
- “Given the lack of decent public transport from the village to either Ulverston or Grange (buses are only one an hour) and given the seemingly older population of the village, moving the surgery would be detrimental.”
- “Having a surgery in Haverthwaite is very important for what is a quiet a large rural community. To take it away would be detrimental to the health of many of its patients.”
- “It is vitally important that there is a medical practice in the vicinity of Haverthwaite to accommodate the population of the surrounding country area especially for the elderly and infirm.”

### **Praise for the practice**

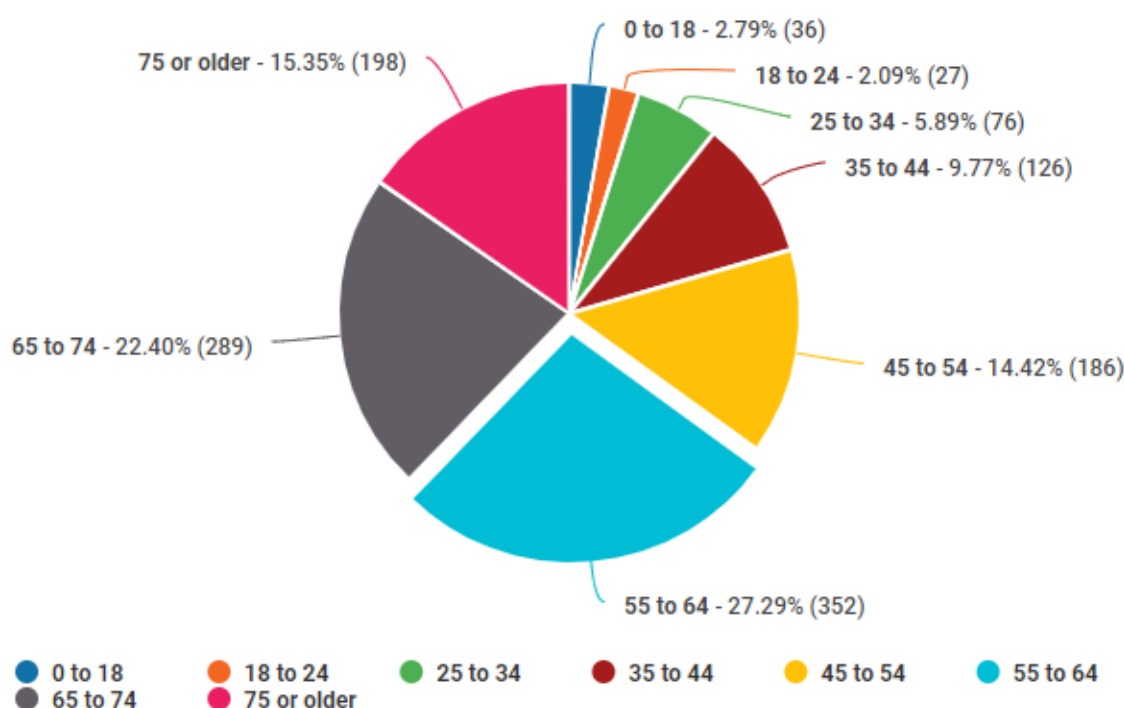
Around 13.5 per cent of respondents took the opportunity to heap praise on the team at Haverthwaite Surgery for the service it offers. There were no comments reporting negatively about any aspect of the practice.

- “The staff - doctors, nurses, reception team are all fabulous and keep us going, literally in my case.”

- “This is a brilliant little surgery that caters for a very local community in a great manner. I’m staggered they have been asked to leave.”
- “As a family, we massively appreciate using Haverthwaite surgery who we feel has cared for us and supported us and has always done an excellent job of fulfilling our needs. We would be devastated if the practice closed as it offers a vital service to so many people.”
- “We would be lost without it.”
- “The staff are more important than the building. The latter can be superb but it’s worth nothing if the staff are poor.”
- “The Haverthwaite team strike me as excellent in every way. I’d just like to see them able to go on working in the same way from a base which works for them. I trust their judgment of what exactly that means regarding premises.”
- “I am deeply indebted to the Haverthwaite Surgery for the care they gave my terminally-ill wife and the ability to see her at home at short notice when urgent care was needed.”
- “Haverthwaite Surgery is THE BEST Surgery I have ever used and it would be awful to lose it!”

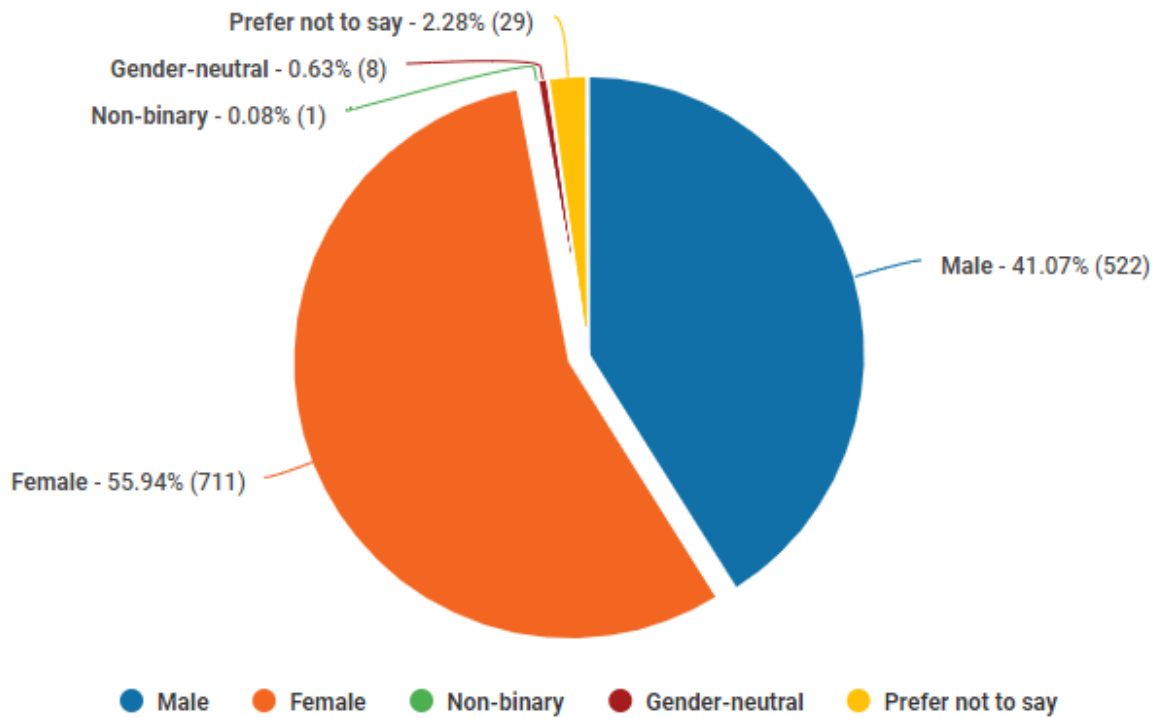
### About you questions

#### Age

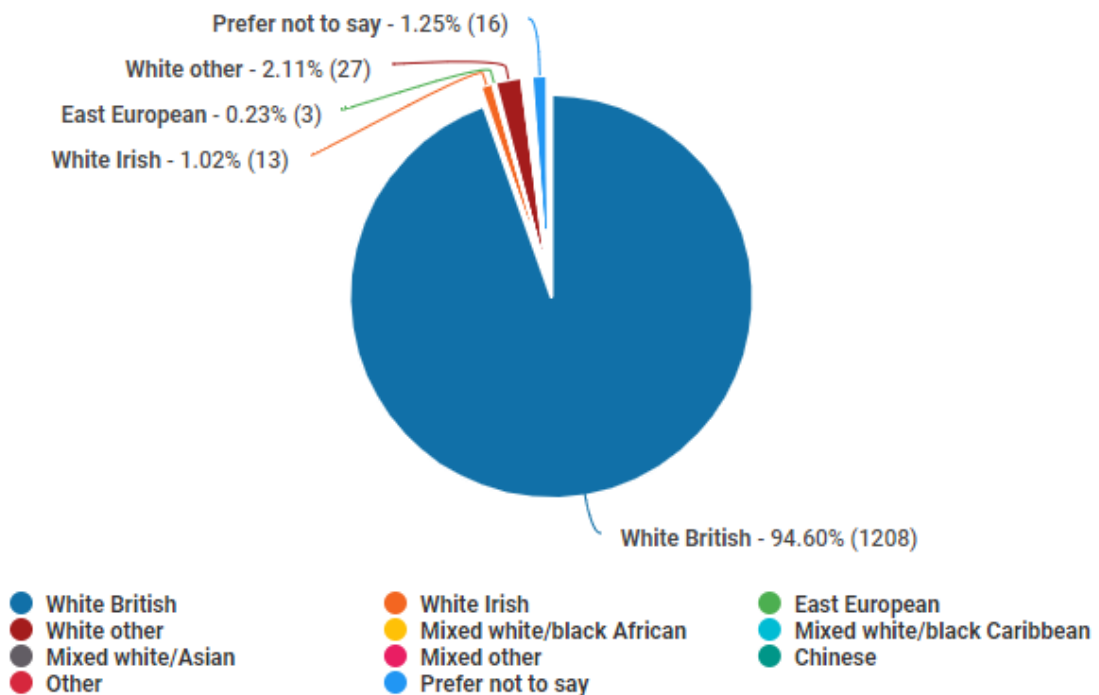


Around 80 per cent of respondents were aged 45 and older. However, with 236 responses from people aged 35 to 44 and 139 from people younger than 34 (including 36 from under-18s), it is felt the sample is sufficiently representative of the practice population.

Gender

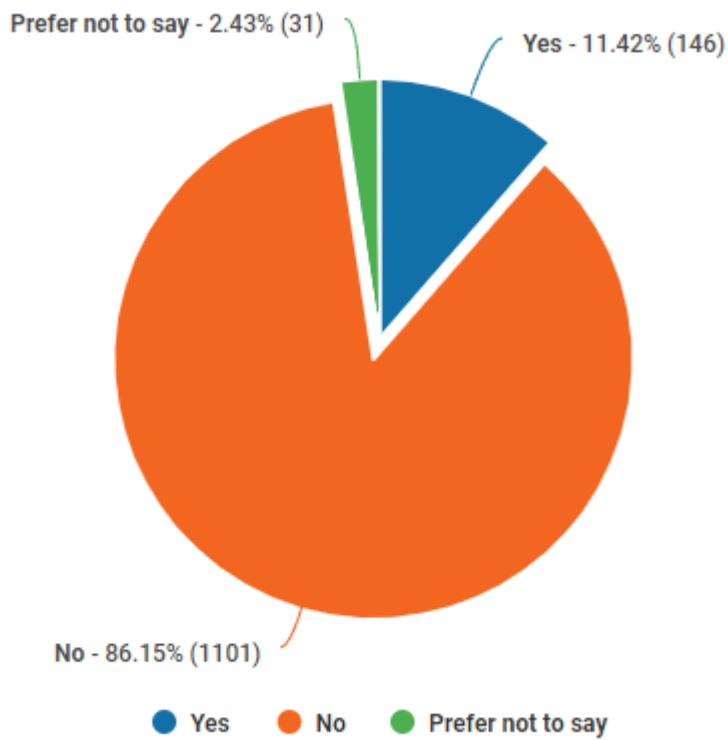


Ethnicity

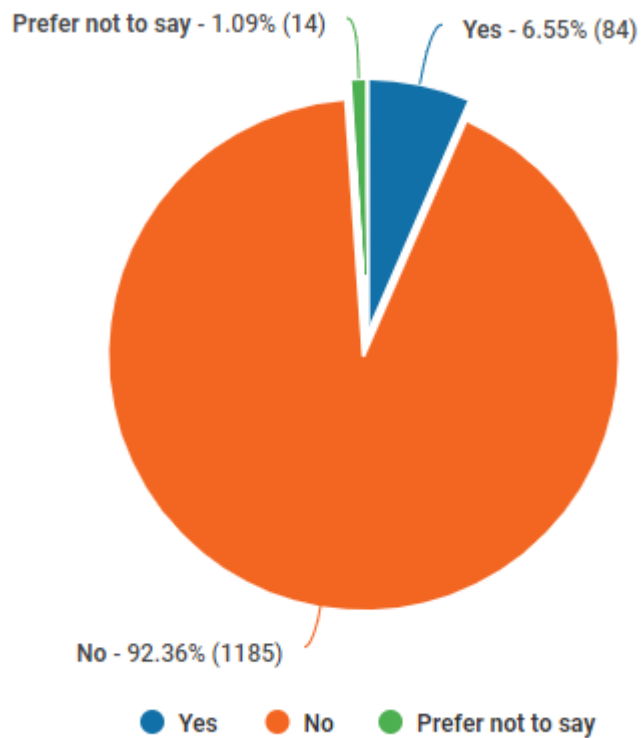


Almost all of the respondents were white British, however this is representative of the practice population as a whole.

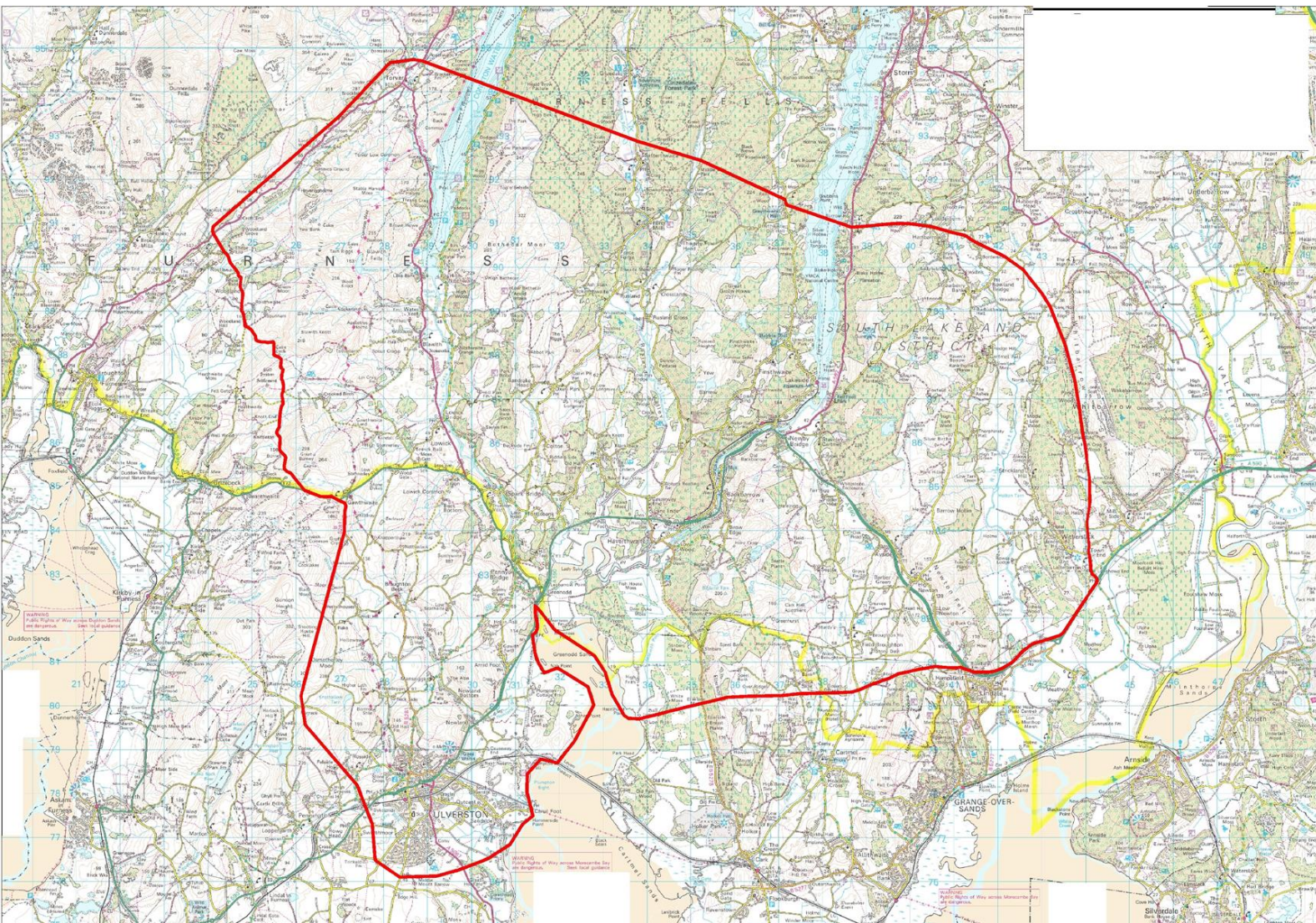
### Disability



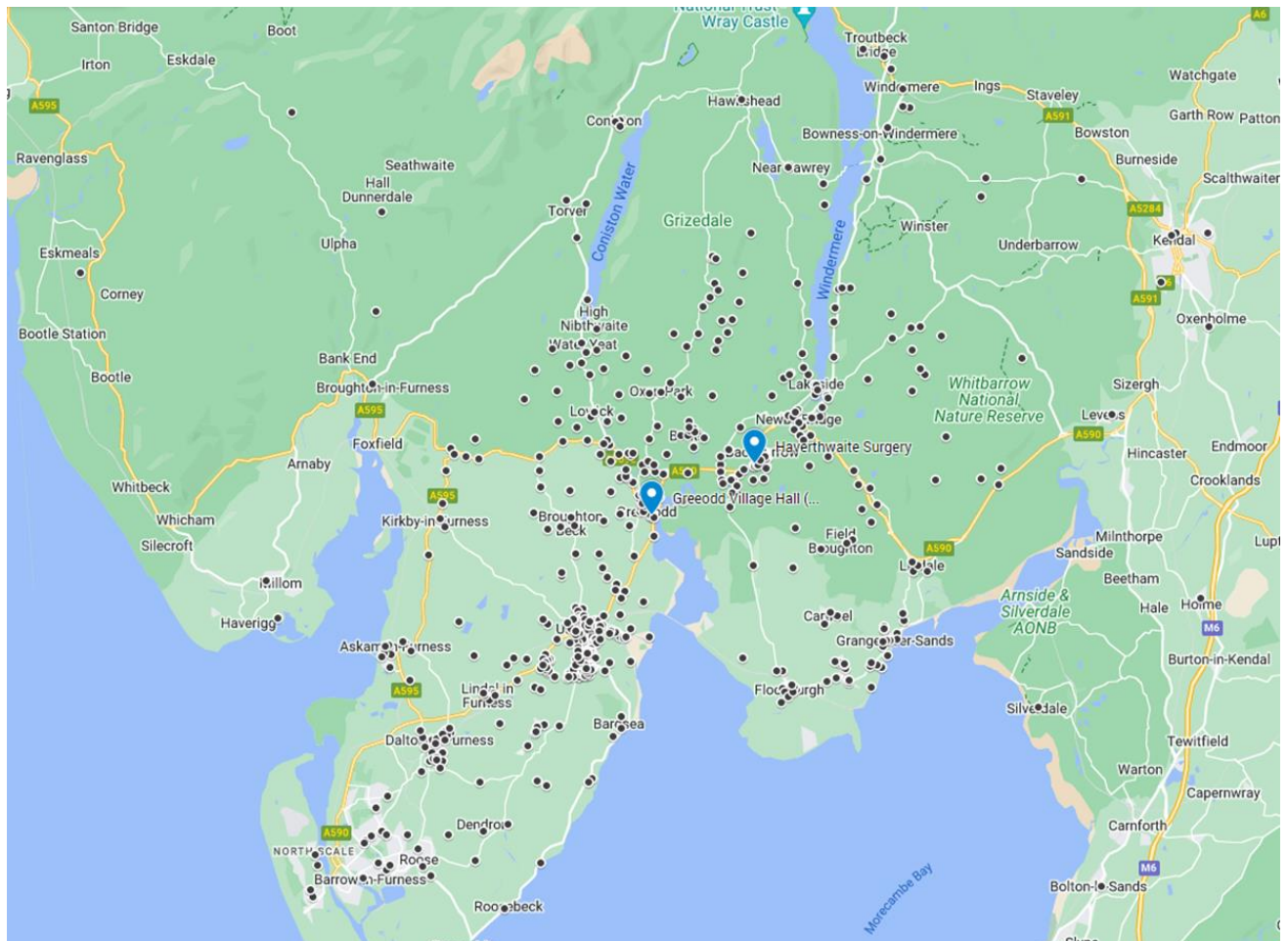
### Carer



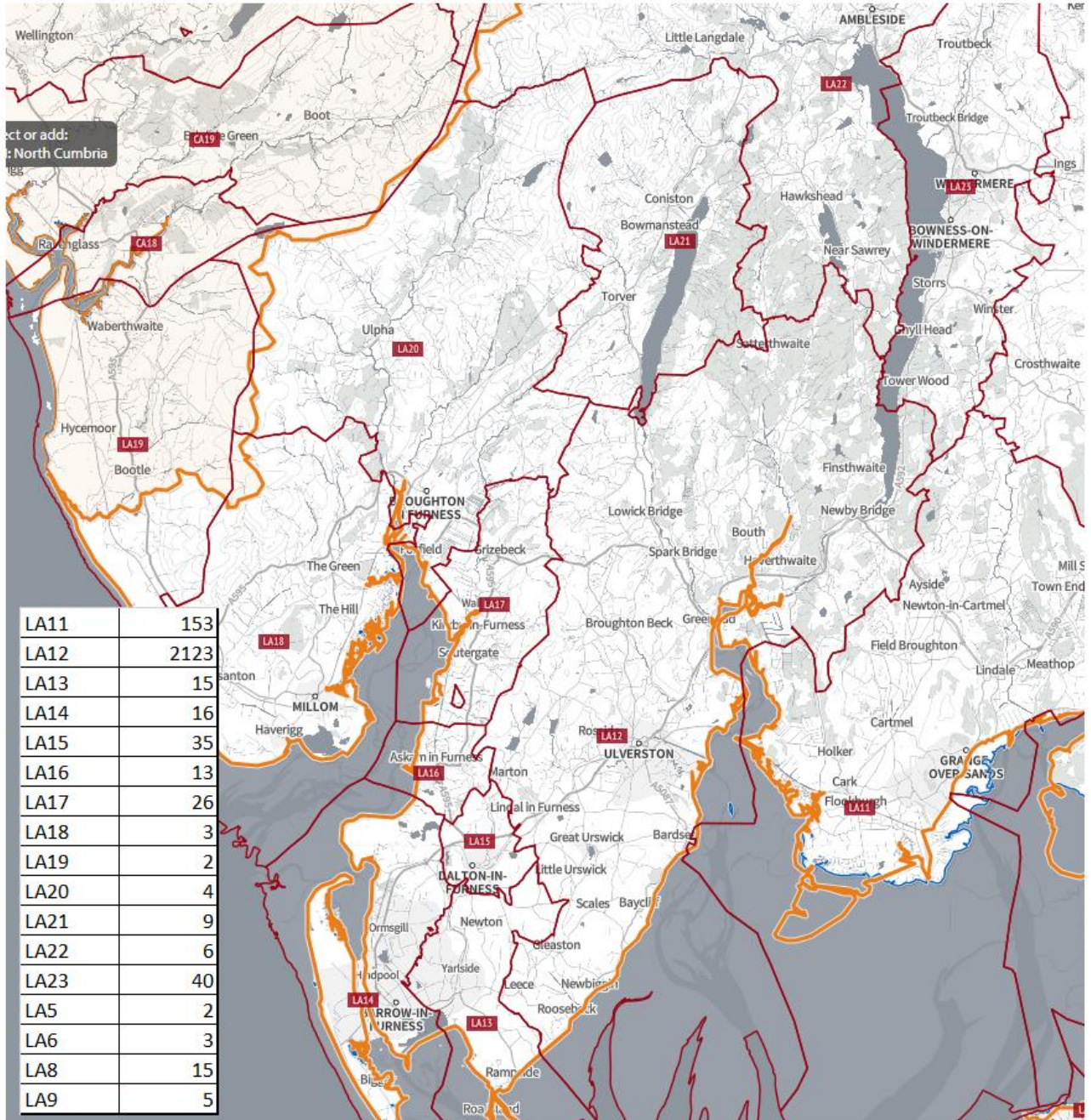
Appendix D - Practice Boundary



Appendix E - Patient Plot



Appendix F – Patient Plot 2



The red lines are showing the boundary of the postcodes. LA12 which covers Satterthwaite, Newby Bridge, Haverthwaite, Backbarrow, Greenodd and Ulverston is where the vast majority of patients live. It is not possible to break this down any further.



## Appendix G – Practice Information

Lancashire and South Cumbria Icb - 01K

GRANGE AND LAKES PCN

**A82650 Haverthwaite Surgery**

Practice Code

A82650

List Size	Patients 65Yrs and over	IMD Score	Care Home patients	CQC Rating	CQC Caring	CQC Effective	CQC Responsive	CQC Safe	CQC Well Led	CQC Inspection Rating Publication Date
2,854	850	15.47	13	---	---	---	---	---	---	Data not available for this period

### QOF overall achievement

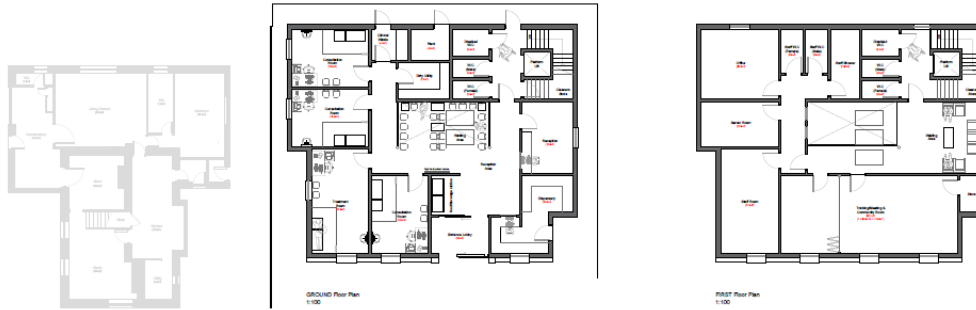
Clinical Domain	Public Health Domain	Vaccination and immunisation
90.58%	99.47%	100.00%

### eDec Data

Q2M The practice has policy(ies) for safeguarding both children and adults which includes: Domestic Violence, Mental Capacity,		Q6B. The practice has a nominated person who has responsibility for ensuring the effective operation of the system of clinical	
Q3A. The premises used for the provision of services under the contract are suitable for the delivery of those services and suf		Q6G. Does the practice have a lead for vulnerable adults?	
Q4M. During the preceding 12 months, the practice can confirm, that it can evidence (if requested), how it is meeting the reas		Q6M Does the practice have clear training agreements for safeguarding and records of training retained within the practice for	
Q5N All staff involved in administering vaccines are trained in the recognition of anaphylaxis and able to administer appropria			

GP Patient Survey	27/07/2022	Workforce	31/12/2022	GP Appointments	
Overall practice experience %	95.01%	GP Head Count	1.00	Same Day	290
Ease of getting through on phone %	99.10%	Total GP Fte	0.96	Within 2 weeks	1,078
Overall appointment experience %	89.66%	GP HC 55+	0.00	Within 2 weeks %	73.13%
Satisfaction with app times %	86.91%	Nurses Head Count	1.00	Total Appointments	1,474
LatestFriendsAndFamilyPercentageReco..	100.00%	TotalNursesFte	0.43	<b>Prescribing</b>	
		Total Nurses HC 55+	1.00	Total number of prescribed antibiotic items per STAR-PU by quarter	0.27
				Percentage of (cephalosporin, quinolone and co-amoxiclav class) by quarter	13.32

Appendix H– Architect Plans



# ***Equality and Health Inequalities Impact and Risk Assessment (EHIIRA)***

## **Stage 2 Template for Services, Policies & Functions**

Haverthwaite Surgery Relocation

## Assessment Overview

**Name of organisation:** Lancashire and South Cumbria ICB

**Assessment Lead Contact:** Sarah Bloy, Head of Primary Care

**Responsible Director/Board Member for this assessment:**

Peter Tinson, Director of Primary Care

**Other contacts involved in undertaking this assessment:**

Amy Lepiorz, Associate Director of Primary Care

**Start Date:** 17/08/2023

**Completed Date:** 14/09/2023

Who is impacted by this service / policy / decision?	Yes	No	Indirectly / Possibly
Patients / Service Users	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carers or Family	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Public	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner Organisations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

### Summary information of the service / policy / decision being assessed:

Haverthwaite Surgery (A82650) is a general practice (GP) holding a General Medical Services (GMS) contract located in Backbarrow, a small village near Ulverston. It is part of the Grange and Lakes Primary Care Network (PCN).

The practice has list size is 2,854 and due to the rural nature of the location it is also a dispensing practice. A dispensing practice means that the GP can provide medication prescribed from a stock held by the practice. Only patients who live remotely from a community pharmacy are eligible to request medicines from a dispensing doctor.

The practice is located in purpose-built premises, built in 1999. Though there are no quality or immediate safety concerns the premises are not currently at the standard that are expected for the delivery of primary medical services.

Under the GMS contract the contract holder is responsible for ensuring that the premises used for the provision of services under the contract are suitable for the delivery of services under the contract and sufficient to meet the reasonable needs of the contractor's patients. The minimum standards for practice premises is set out in schedule 2 of the National Health Service (General Medical Services – Premises Costs) Directions.

The ICB has engaged in conversations with the practice to understand what their plan is in order to meet this contractual requirement and in September the committee give indicative support for a relocation application to be submitted for consideration.

Given the close proximity of the current practice to the proposed premises this assessment focus on the impact should the practice not be able to secure premises suitable for the provision of primary medical services.

### **What are the aims and objectives of the service / policy / decision being assessed?**

The aim of this equality impact assessment is to consider the impact of approving a relocation of practice premises

### **If this assessment relates to a review of a currently commissioned service or an existing policy, what are the main changes proposed and what are the reasons for the review?**

N/A

### **What engagement work is planned (or has already been carried out)? How will you involve people from protected characteristics, vulnerable groups, and groups that experience health inequalities to ensure that their views inform this decision-making process?**

Work has been carried out to assess the impact on the relocation of the premises.

A survey has been carried out with the patients to listen to their views A face-to-face session has been held to listen to patient's views.

**Is this proposal likely to affect health inequalities – either positively or negatively? YES  / NO**

**Please provide rationale for your answer below:**

Supporting the relocation secures the provision of primary medical services in compliant premises that will meet future requirements 2.

## **Evidence Section**

**What evidence have you considered to inform your decision-making within this assessment?**

- The practice demographics below show a fairly high aging population – 56.96% of patients are over 50 and 30% are over 65. This is a relatively high proportion of patients. Some assumptions can be made about an aging population including a higher-than-average prevalence of long-term conditions, disabilities and people with caring responsibilities and needs.

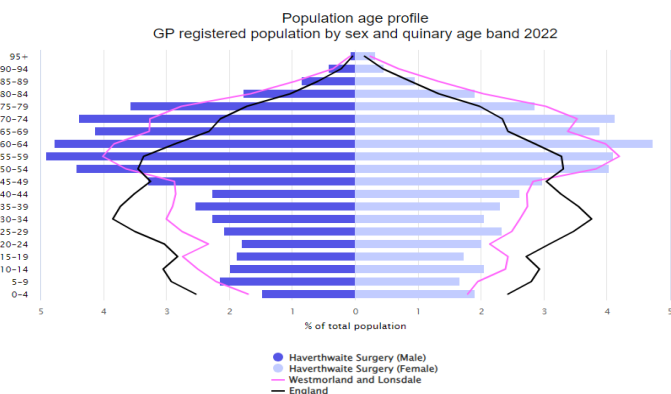
## GP profiles for patients

Data view  
Population

Geography  
A82650 - Haverthwaite Surgery, Haverthwaite, Backbarrow, Ulverston, Cumbria, LA12 8QF  
GPs in Westmorland and Lonsdale

Topic  
Key indicators

More options



**Registered Persons**

Haverthwaite Surgery	2,831
Westmorland and Lonsdale	6,761 (average)
ENGLAND	9,544 (average)

**A82650 - Haverthwaite Surgery**

- QOF achievement**: 596.1 (out of 635)
- Life expectancy (Male)**: 83.7 years
- Life expectancy (Female)**: 84.7 years
- % having a positive experience of their practice**: 95.0%

**Deprivation**  
Fourth less deprived decile

**Ethnicity Estimate**  
1.0% non-white ethnic groups

**CQC Rating**  
Overall: Good

Source: <https://www.cqc.org.uk/location/1-13368320125>  
Report published: 04/08/2016

### Population age profile - GP registered population by sex and quinary age band 2022

Age range	A82650 - Haverthwaite Surgery		Westmorland and Lonsdale		England	
	Male	Female	Male	Female	Male	Female
0-4	42	54	1,503	1,562	1,564,734	1,489,314
5-9	61	47	1,951	1,709	1,806,084	1,718,270
10-14	56	58	2,206	2,089	1,886,201	1,796,458
15-19	53	49	2,419	2,127	1,745,826	1,670,992
20-24	51	57	2,061	1,871	1,874,093	1,899,294
25-29	59	66	2,423	2,176	2,163,546	2,134,553
30-34	64	58	2,642	2,298	2,378,468	2,307,651
35-39	72	65	2,557	2,398	2,304,416	2,182,069
40-44	64	74	2,512	2,390	2,166,763	2,010,864
45-49	93	84	2,533	2,477	2,008,704	1,864,127
50-54	125	114	3,208	3,358	2,133,431	2,034,511
55-59	139	116	3,537	3,682	2,076,692	2,017,506
60-64	135	134	3,379	3,489	1,770,317	1,758,585
65-69	117	110	2,885	2,958	1,434,128	1,488,655
70-74	124	117	2,873	3,090	1,322,443	1,438,516
75-79	101	81	2,432	2,657	1,066,071	1,214,224
80-84	50	54	1,466	1,786	643,128	811,034
85-89	24	27	846	1,153	371,120	538,257
90-94	12	13	314	596	140,821	263,315
95+	2	9	78	206	31,278	86,888
<b>All ages</b>	<b>1,444</b>	<b>1,387</b>	<b>43,825</b>	<b>44,072</b>	<b>30,888,264</b>	<b>30,725,083</b>

- The profile shows that there is some deprivation in the area and this can be directly linked to low socio-economic status of some individuals.
- The prioritisation matrix – electoral ward profile below (under Cartmel) shows a high density of a number of conditions such as multiple co-morbidities, complex long-term conditions, high rural elderly community and many more conditions. Backbarrow is situated in between the borders of Broughton and Coniston and Cartmel.





- Dalton – in – Furness
- Barrow – in – Furness
- Cartmel
- Grange – over – Sands
  - Flookburgh
- Broughton – in – Furness
- Kirkby – in - Furness
- Coniston
- Windermere

There is a high concentration of patients from Greenodd, Backbarrow and Haverthwaite up in between Coniston and Windermere Lakes and on the other side of Windermere Lake that do not naturally fall closely to another practice. The impact on these patients was assessed by physically driving from different places to the closest practices. The routes assessed are listed below (shown as purple dots on the patient plot below) with the caveat that the description of roads is from the perspective of a non-resident of the Lake District and not somebody used to driving in this area.

**Summary:**

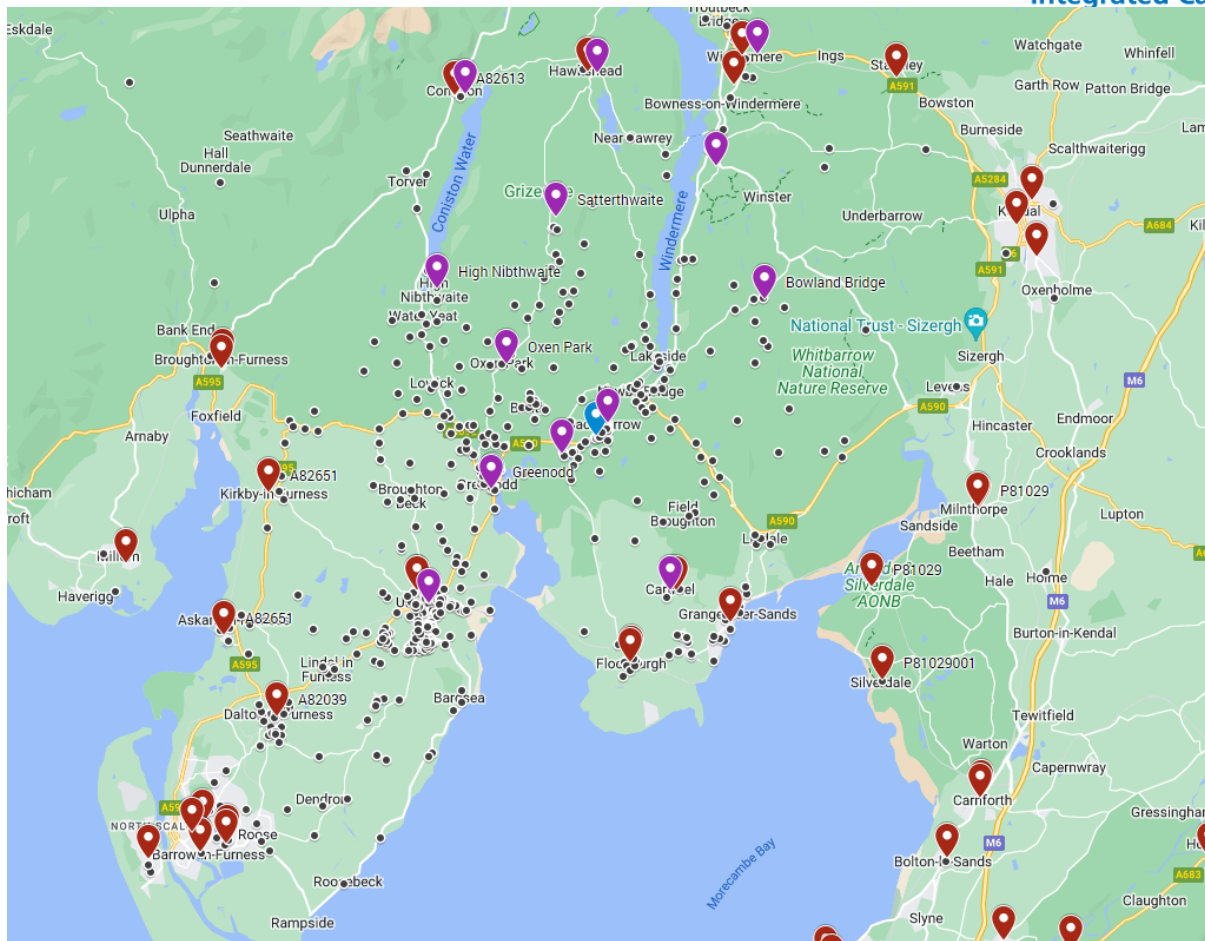
<b>From</b>	<b>To</b>	<b>Distance</b>	<b>Time</b>
<b>Haverthwaite Surgery</b>	Ulverston Health Centre	6.8 miles	15-20 minutes
<b>Greenodd</b>	Ulverston Health Centre	4.5 miles	10 minutes
<b>Haverthwaite Surgery</b>	Cartmel Surgery	5.5 miles	20 minutes
<b>Bowland Bridge</b>	Cartmel Surgery	8 miles	25 minutes
<b>Bowland Bridge</b>	Windermere Health Centre	7 miles	20 minutes
<b>Blackwell</b>	Windermere Health Centre	3 miles	10 minutes
<b>Blackwell</b>	Cartmel Surgery	12 miles	30 minutes
<b>Satterthwaite</b>	Hawkshead Medical Practice	5 miles	20 minutes +
<b>Satterthwaite</b>	Cartmel Surgery	7 miles	25 minutes
<b>Satterthwaite</b>	Ulverston Health Centre	12 miles	35 minutes

<b>High Nibthwaite</b>	Coniston Medical Practice	7 miles	30 minutes
<b>High Nibthwaite</b>	Broughton-in-Furness Valley Medical Practice (Duddon Valley Medical Practice)	11 miles	30 minutes

- Haverthwaite Surgery (closely covering Backbarrow and Haverthwaite patients) to Ulverston Health Centre is 6.8 miles (approximately 15-20 minutes depending on traffic) via the A590. The A590 is a good road, in places a dual carriageway but anecdotal local intelligence describes many accidents on the road that completely cut areas off that are linked by the A590. Ulverston is a much bigger, busier town than the villages and the Health Centre hosts 2 GP Practices. The car park is extremely busy due to inappropriate parking which is trying to be addressed.
- Patients residing in and around Greenodd would access Ulverston via the A590 and this would take approximately 10 minutes and 4.5 miles. Those patients currently travel 3 miles and 5 minutes to Haverthwaite Surgery in Backbarrow.
- Haverthwaite Surgery to Cartmel is 5.5 miles and 15 minutes initially via the A590 and then via smaller, narrower roads. There is an alternative route to Cartmel if the A590 is congested but the roads are much narrower.
- Patients residing East of Lake Windermere in and around Bowland Bridge would naturally travel to Cartmel in the absence of a surgery in Backbarrow. The fastest route is approximately 8 miles. 25 minutes, but the roads are very narrow and difficult to navigate. It currently takes these patients approximately 5 miles and 15 minutes to reach Haverthwaite Surgery. The alternative for these patients would be to travel up to Windermere where there are 2 practices. This would take just over 7 miles and 20 minutes. Windermere is completely different to the smaller villages and is incredibly busy with tourists all year round and especially in the summer months. This can extend journey times considerably.
- Blackwell, higher up towards Windermere than Bowland Bridge can access Windermere in around 10 minutes and 3 miles depending on the traffic when approaching Windermere. Currently these patients travel further to Haverthwaite Surgery (8 miles and 20 minutes) presumably to avoid the very busy tourist area of Windermere. If patients wanted to avoid Windermere they would travel to Cartmel and the quickest route would be approximately 30 minutes and 12 miles.
- Patients residing around Grizedale and in the villages below like Satterthwaite and Oxen Park could go towards Hawkshead which is a branch of Central Lakes Medical Centre and currently open only in the morning.

- Hawkshead Surgery to Satterthwaite is 5 miles but takes time, approximately 20 minutes, as the roads are very treacherous, often single track with passing places, very narrow and multiple bends. It is currently 7 miles and 20 minutes to Haverthwaite Surgery but the roads are better heading down to Backbarrow rather than up through Grizedale. If patients wanted to travel to Cartmel it would take 25 minutes and 7 miles via the quickest route. Or 30 – 35 minutes and 12 miles to Ulverston.
- Hawkshead Surgery to Oxen Park is approximately 9 miles and 25 minutes but as above the roads are very treacherous. Oxen Park to Ulverston would take approximately 15 - 20 minutes and 7 miles and the roads are better. Patients in and around Oxen Park are currently travelling 5 miles and 10 minutes to get to Haverthwaite Surgery.
- Patients residing in and around High Nibthwaite at the bottom of Lake Coniston would naturally travel up to Coniston Practice and this would take approximately 30 minutes and 7 miles on narrow often single lane, treacherous roads. The alternative would be to travel further to Broughton – in – Furness but with better roads and would take the same time. Currently these patients travel 8 miles and 15 – 20 minutes to reach Haverthwaite Surgery on better roads.

In conclusion, the patients from Greenodd, Backbarrow and Haverthwaite and areas like Satterthwaite and Oxen Park in between the two lakes will be disadvantaged compared to their existing primary care provision if there is no General Practice in Backbarrow. Practice boundaries will also dictate in some instances the choice that some patients have.



Key:

Red: Practices

Purple: Key towns/villages used in impact assessment

Small black dots: Patients

Public Transport:

The best option for public transport would be via bus. The 6X buses offer a service from Backbarrow to Ulverston approximately every hour. The bus stops at Backbarrow bypass (0.3 miles or 7 mins from Haverthwaite Surgery), stops at Haverthwaite Railway Crossroads and arrives at Ulverston, Library (stand A). There is a 10-minute walk from the Library in Ulverston to the GP Practice.

**If this assessment relates to a policy / strategy, has an equality statement been added (or is it planned to be added) to the document? YES  / NO  / N/A**

N/A

## Impact Assessment

Due to the closeness of the new premises, this section is reviewing the potential impact should suitable premises not be found.

### Protected Characteristics

Age	Positive impact	Negative impact	Neutral impact
Groups impacted may include young people, older people or working-age population.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

The demographics show an aging patient profile. From these, assumptions can be made about the higher prevalence of long term conditions, disabilities and caring needs. If suitable premises are not secured in Haverthwaite patients will be asked to

travel further in a rural area this would have a negative impact on them by making it more difficult to reach their primary health care provider.

Older people are more likely to experience visual and hearing impairment and mobility issues, They are more likely to have one or more long-term conditions such as dementia, diabetes, cardiovascular disease and other health problems. Older people are also more likely to be reliant on ongoing prescription medicines. If the dispensing service at Haverthwaite Surgery is removed, this is likely to disproportionately affect this cohort in a negative manner.

Older people with mobility issues and/or long-term conditions are may have difficulties in travelling , may be less likely to have access to a motor vehicle and may be more reliant on family, friends and carers to support them to attend an appointment. The extra distance required to access a GP practice in the event of Haverthwaite Surgery being close may disadvantage this cohort significantly.

This is further compounded by the infrequent public transport options in the area.

<b>Disability</b>	<b>Positive impact</b>	<b>Negative impact</b>	<b>Neutral impact</b>
Groups impacted may include people with physical / learning disabilities, long term conditions, or poor mental health	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

As above, if patients with disabilities who live in and around Backbarrow and Haverthwaite have to travel further on rural roads this would have a negative impact on them as they are more likely to have difficulties in travelling greater distances and are more likely to be reliant on friends, family or carers to support them to attend appointments.

Patients with disabilities are more likely to be accessing the dispensing service currently provided by Haverthwaite Surgery and will be significantly disadvantaged by the removal of this service in their local area.

	<b>Positive impact</b>	<b>Negative impact</b>	<b>Neutral impact</b>
--	------------------------	------------------------	-----------------------

### Sexual Orientation

Groups impacted may include gay / bisexual men, lesbian / bisexual women, or heterosexual people




There is no known positive or negative impact based on sexual orientation.

### Gender Reassignment

This includes people proposing to undergo, who are undergoing or have undergone gender reassignment.

Positive impact

Negative impact

Neutral impact

There is no known positive or negative impact based on patients who have undergone gender reassignment.

No information is available on the number of transgender patients at Haverthwaite Surgery. However, it should be noted that transgender patients tend to build a good relationship with their designated GP and may experience actual/perceived barriers to accessing routine healthcare and maintaining continuation of care if they were to be dispersed from their current GP.

### Sex (Gender)

Groups impacted may include males or females – or specific gendered groups such as boys and girls.

Positive impact

Negative impact

Neutral impact

There is no known positive or negative impact based on gender.

Positive impact

Negative impact

Neutral impact

<p><b>Race</b></p> <p>Groups impacted may include different ethnicities, nationalities, national identities, and skin colours.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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There is no known positive or negative impact based on race.

<p><b>Religion &amp; Belief</b></p> <p>Groups impacted can include all recognised faith groups and those who do not follow any religion or belief system</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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There is no known positive or negative impact based on religion and belief.

<p><b>Pregnancy &amp; Maternity</b></p> <p>Groups impacted may include pregnant women, people on maternity leave and those caring for a new-born / young child</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Any patients who are pregnant and receive maternity services from this practice would be negatively impacted if they have to travel further either via road or on public transport. It may be more difficult to navigate the roads when pregnant and if using public transport there may be a greater walking time or inconvenient bus times.

<p><b>Marriage &amp; Civil Partnership</b></p> <p>This includes people within a formal legal partnership – same sex and opposite sex</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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There is no known positive or negative impact based on a person's marital status or civil partnership.

## Inclusion Health Groups

Carers	Positive impact	Negative impact	Neutral impact
Select from the drop-down list above and add a new section using the '+' symbol in the bottom right of this table for each additional group you need to consider	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

The patient demographic profile shows a high aging population who may have greater need for carers. Patients whose closest practice is Haverthwaite Surgery, and their carer, would be negatively impacted if they have to travel further particularly on rural roads and with the public transport options.

People living in rural/remote communities	Positive impact	Negative impact	Neutral impact
Select from the drop-down list above and add a new section using the '+' symbol in the bottom right of this table for each additional group you need to consider	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

The impact assessment included in section 2, evidence, clearly shows the impact of people living in rural communities, whose closest practice is Haverthwaite and the impact having to travel further would have on them. It would take more time on treacherous roads and if public transport is used there is a walk to and from the bus stop and buses operate every hour.

## Core20PLUS5

Core20PLUS5 is a national NHS England and NHS Improvement approach to support the reduction of health inequalities at both national and system level. The approach defines a target population cohort – the 'Core20PLUS' – and identifies '5' areas of clinical focus requiring accelerated improvement.

**Core20** refers to the most deprived 20% of the national population as identified by the Index of Multiple Deprivation (IMD)

**PLUS** refers to ICS-chosen population groups experiencing poorer than average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach.

The **5** areas of clinical focus are as follows:

1. **Maternity** - Ensuring continuity of care for 75% of women from ethnically diverse backgrounds and from the most deprived groups.
2. **Severe Mental Illness** - Ensuring annual health checks for 60% of those living with SMI (bringing this in line with success seen in learning disabilities)
3. **Chronic Respiratory Disease** - A clear focus on COPD driving up uptake of COVID, flu and pneumonia vaccines
4. **Early Cancer Diagnosis** - Ensuring that 75% of cases are diagnosed at Stage 1 or Stage 2 by 2028.
5. **Hypertension Case-finding** - Allow for interventions to optimise blood pressure and minimise risk of myocardial infarction and stroke.

More information about Core20PLUS5 can be found using the following link - <https://www.england.nhs.uk/about/equality/equality-hub/core20plus5/>

Core20 - Deprivation	Positive impact	Negative impact	Neutral impact
The most deprived 20% of the population as identified by the national Index of Multiple Deprivation (IMD).	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

The practice demographics shows pockets of deprivation which means that these patients will have a lower socio-economic status. Patients who live nearer to Haverthwaite Surgery and would have to travel further in this cohort would be negatively impacted due to the cost of travelling further and ability to reach other practices.

1. Maternity	Positive impact	Negative impact	Neutral impact
Select from the drop-down list above and add a new section using the '+' symbol in the bottom right of this table for each additional group you need to consider	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Any patients who are pregnant and receive maternity services from this practice would be negatively impacted if they have to travel further either via road or on public transport.

<b>2. Severe Mental Illness</b>	Positive impact	Negative impact	Neutral impact
Select from the drop-down list above and add a new section using the '+' symbol in the bottom right of this table for each additional group you need to consider	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Patients with severe mental illness whose nearest practice is Haverthwaite Surgery would be negatively impacted by having to travel further. They would also be impacted by having to build a new relationship with a new provider.

<b>3. Chronic Respiratory Disease</b>	Positive impact	Negative impact	Neutral impact
Select from the drop-down list above and add a new section using the '+' symbol in the bottom right of this table for each additional group you need to consider	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Patients with chronic respiratory disease who may have to travel further will be negatively impacted. They may depend on carers who would also be negatively impacted by longer more complex travel times.

<b>4. Early Cancer Diagnosis</b>	Positive impact	Negative impact	Neutral impact
Select from the drop-down list above and add a new section using the '+' symbol in the bottom right of this table for each additional group you need to consider	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Patients with suspected cancer who may have to travel further will be negatively impacted by longer more complex travel times. There is high satisfaction from patients who attend this surgery with good, timely access.

<b>5. Hypertension Case-finding</b>	<b>Positive impact</b>	<b>Negative impact</b>	<b>Neutral impact</b>
Select from the drop-down list above and add a new section using the '+' symbol in the bottom right of this table for each additional group you need to consider	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Patients are very satisfied with this practice and the access options are very good. Patients may be negatively affected in this category if they had to join a new practice.

# Compliance with Legal Duties

Has the organisation given due regard and consideration to the following areas?

**Eliminating unlawful discrimination, harassment and victimisation** YES  / NO

N/A

**Advancing equality of opportunity between people who share a protected characteristic and those who do not.** YES  / NO

N/A

**Fostering good relations between people who share a protected characteristic and those who do not.** YES  / NO

N/A

**Are there any Human Rights concerns?** YES  / NO

**Compliance with the NHS Standard Contract?** YES  / NO

N/A

**Please provide a supporting narrative to support your responses to the above questions:**

The assessment and the accompanying paper are analysing the available options for the ICB to support Haverthwaite Surgery through this time of uncertainty and change. This assessment is being completed at the early stages of the decision-making to ensure that the ICB considers due regard towards all protected characteristics and inclusion health groups and identifies any areas of disproportionate impact at the earliest opportunity. These impacts will be robustly considered throughout the decision-making process and will inform any engagement plans (that may include targeted engagement with affected cohorts) that may need to be mobilised ahead of a final decision being made.

## Equality Related Risks

Likelihood of risk →	RARE	UNLIKELY	POSSIBLE	LIKELY	HIGH
Level of consequence ↓	= 1	= 2	= 3	= 4	= 5
<b>NEGLIGIBLE = 1</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>MINOR = 2</b>	2 <input type="checkbox"/>	4 <input type="checkbox"/>	6 <input type="checkbox"/>	8 <input type="checkbox"/>	10 <input type="checkbox"/>
<b>MODERATE = 3</b>	3 <input type="checkbox"/>	6 <input type="checkbox"/>	9 <input type="checkbox"/>	12 <input type="checkbox"/>	15 <input type="checkbox"/>
<b>MAJOR = 4</b>	4 <input type="checkbox"/>	8 <input type="checkbox"/>	12 <input type="checkbox"/>	16 <input checked="" type="checkbox"/>	20 <input type="checkbox"/>
<b>CATASTROPHIC = 5</b>	5 <input type="checkbox"/>	10 <input type="checkbox"/>	15 <input type="checkbox"/>	20 <input type="checkbox"/>	25 <input type="checkbox"/>

**Please provide a narrative to explain the risk score relating to your proposal:**

The score of 16 has been given because it is likely that there would be a major consequence to the population of Haverthwaite Surgery if the premises were lost. The consequence is higher for those patients who live close to the practice and would have to travel further in a rural area to access primary health care.

## Equality Action Plan

**A target completion date is required for all actions and recommendations**

Action Required	Lead Person	Target Date	Further Comments
Initial Patient Survey	Dan Clough	21/08/2023	This is an initial scoping to listen to views of patients as to how close they reside to the current practice

			and consequences of further travel.
Face to Face Patient Engagement	Dan Clough	11/09/2023	This is an initial scoping to listen to views of patients as to how close they reside to the current practice and consequences of further travel.