

## **HIGHTOWN VILLAGE SURGERY LISTENING EVENTS QUESTIONS**

### **1. How many patients would make Hightown viable?**

There are not a finite number of patients which would make Hightown Village Surgery viable, that is dependent on what a provider deems to be sustainable. However, the average practice size nationally is 7,500 patients and recent procurement exercises in the Sefton area of a practice with 4,000 registered patients was unable to find a suitable, quality provider.

### **2. What is the total number of patients across both the Hightown and Freshfield practices?**

Hightown Village Surgery has 1,974 patients registered and Freshfield Surgery has 2,654 patients registered, totalling 4,628 patients.

### **3. Why can't the subsidy be maintained?**

NHS England (Cheshire and Merseyside) are currently subsidising Hightown Village Surgery significantly above the standard General Medical Service (GMS) rates. This is not sustainable long-term. We must ensure that there is equity of service across the whole area in the future and therefore cannot be subsidising a single provider more than another.

### **4. Why can't Ashurst continue?**

Ashurst Medical was awarded the interim contract at Hightown Village Surgery in March 2016, which has been extended until December 31, 2017. NHS England (Cheshire and Merseyside) cannot simply give the contract for Hightown Village Surgery to Ashurst Medical, as this would be 'gifting' the surgery without giving any other provider the chance to bid. In addition, Ashurst Medical has indicated that they would not be happy to continue to run Freshfield surgery under the standard GMS rates without additional subsidy.

### **5. Is Ashurst interested in bidding to provide a future service?**

Ashurst Medical has indicated that they would not be interested in bidding during a future procurement process to continue to deliver services at Hightown Village Surgery at the standard rate. They have said that they would be unable to deliver a sustainable, quality service under the standard General Medical Service rates without additional subsidy.

### **6. If Ashurst did bid to provide a future service, would they get any merit for having previously provided a quality service?**

NHS England (Cheshire and Merseyside) will follow a procurement process, and all bids will be considered impartially. Bids will be scored against pre-set criteria and the contract would be awarded to the provider achieving the highest overall score.

### **7. Why can't we have another interim arrangement with Ashurst?**

NHS England (Cheshire and Merseyside) need to establish a long-term solution for the future of Hightown Village Surgery, and this cannot be achieved with another interim arrangement. Additionally procurement law prohibits the use of interim arrangements except in exceptional circumstances.

### **8. Will NHS England subsidise travel costs or provide a shuttle bus?**

NHS England (Cheshire and Merseyside) and NHS South Sefton Clinical Commissioning Group (CCG) are not responsible for providing transport or parking for primary care services.

### **9. What is a reasonable distance patients can be expected to travel?**

There is no maximum distance patients can be expected to travel to see a GP. However GP practices set practice boundaries based up on what the practice considers to be reasonable. If a patient lives within a boundary, and the practice list is open, they can register at the practice. GPs are obliged to provide primary medical services to their registered patients. This includes home visits.

### **10. What is the breakdown of the extra subsidy? And what percentage of this is a consistent additional cost?**

The exact breakdown will not be available until an audit of accounts is undertaken at termination of the current contract. However it is estimated that the additional support required to ensure the practice is viable on an ongoing basis is an additional 40% above GMS standard rates.

### **11. Why can't we have a single GP provider ie Dr Welch?**

A single GP operating alone in a practice is regarded as potentially presenting a clinical risk. GPs do not like working alone and value the peer support other GPs can offer. The General Practice Forward View, describes the future view of primary care to be a multi-disciplinary team, including GPs, allowing patients to be treated by the most appropriate practitioner.

### **12. What's the definition of 'urban' and 'rural'?**

There is no formal definition of what constitutes a rural GP practice as there is no differentiation between rural and urban practices in terms of the GP contract. The services they provide and payments made are the same regardless of the setting.

### **13. Where is the capacity for patients in surgeries in Formby and Crosby?**

<b>14. Name</b>	<b>Address</b>	<b>List Size</b>
Thornton Surgery	Bretlands Road, Thornton, L23 1TQ	2634
Crosby Village Surgery	3 Little Crosby Road, Crosby, L23 2TE	2989
Crossways	168 Liverpool Road, Crosby, L23 0QW	2653
Dr Misra and Bird	133 Liverpool Road, Crosby, L23 5TE	5320
The Hollies	10 Elbow Lane, Liverpool, L37 4AF	4928
Chapel Lane Surgery	13 Chapel Lane, Liverpool, L37 4DL	8071
The Village Surgery	12 Elbow Lane, L37 4AW	9851
Blundell Sands Surgery	1 Warren Road, Liverpool, L23 6TZ	10315

*Thornton Surgery, Crosby Village Surgery and Crossways have merged under a single provider with a combined list size of 8276.*

*Blundell Sands Surgery in Crosby has a closed list*

### **15. How much is it costing to keep the surgery open per year?**

NHS England will not be able to determine the running costs of the practice until the accounts have been audited at termination of contract. However NHS England is currently funding the provider at significantly above the standard rate. We are assured by the provider that all money paid is required to operate the practice. This will be confirmed when the accounts are audited at termination of contract. Any funds not used directly to allow the practice to continue will be recouped from the provider.

**16.If solution 2 is taken what would be the allocation process to another surgery?**

If the decision was taken to let the contract expire on December 31, 2017, and disperse the patient list, this would be a controlled exercise by NHS England (Cheshire and Merseyside). NHS England allocate vulnerable patients first, followed by families with young children, etc. until all patients have been safely registered with another practice. The practice to which patients will be allocated will be determined by the patient's home postcode. NHS England will then allocate patients to the closest practice with an open list to that postcode. By December 31 all patients would be written to informing them of which practice they have been allocated to. Patients can still exercise patient choice and choose to move to another practice of their choosing. **Note: In June 2017. NHS commissioners decided to go out to the market to try to identify a new provider to offer primary care services at the practice.**

**17.Will additional GPs be appointed to the practices we may be allocated to?**

NHS England (Cheshire and Merseyside) and NHS South Sefton Clinical Commissioning Group (CCG), are currently working with the surgeries in Formby and Crosby to understand their capacity and how they are managing that capacity. The funding of £85 plus a registration fee of around £42 per patient follows the patient, and should a practice have an increase in their patient list size, they will also have an increase in funding. This increase in funding would allow the practice to establish various methods in order to manage this increase in capacity, such as hiring additional staff. If patients were to be transferred, NHS England and South Sefton CCG would work with the practices to ensure that they have a well-established plan on how they will increase their capacity before any patient is allocated to their surgery.

**18.How long does it take to procure a provider?**

The procurement process typically takes around 6 months from publication of an invitation to tender to signing of contracts. The new provider then requires time to get ready to take over the practice. Ideally this should be at least three months but can be shorter depending up on circumstances.

**19.Why haven't you included ex-patients or residents in the Listening Exercise?**

NHS England (Cheshire and Merseyside) and NHS South Sefton CCG undertook a listening exercise and not a formal consultation. At that stage, we were only

discussing potential solutions with patients, as any potential changes to the service would directly affect them. Had we decided not to procure a new provider, we would have proceeded to formal consultation with all patients, residents, local business, key stakeholders and anyone with an interest.

**20. How can you be sure of a quality provider?**

Quality of provider is determined during the procurement process. Providers are asked to describe their governance arrangements, complaints procedures, how they deal with significant incidents as well as how they will provide the services to the patients of the practice. These are assessed against pre-determined criteria.

**21. Could the pharmacist bid to be a provider?**

The procurement process we use is an “open “ type of procurement, which means that any provider may bid. As part of this process they will need to demonstrate they are financially sound and can provide quality services.

**22. How much extra per patient is NHS England paying?**

The actual figure will not be determined until the practice accounts are fully audited at termination of contract.

**23. How many surgeries nationally are the same size or smaller and are viable?**

Whilst list size is important in determining whether a GP practice remains open, it is one of many factors. These include, but are not limited to, staffing costs, services charges for the practice building, waste removal, insurances, regulatory registrations, software licences, computer hardware costs, telephone system costs, cleaning, stationery, length of contract etc. All of these will influence the viability of a practice. We know there are smaller practices that than Hightown elsewhere in England. However it is not possible to show how many of them are standalone practices – often they may be part of larger practices, providing specialist services to certain groups of patients under a separate contract.

**24. What is the cost of the Listening Exercise?**

The venue cost was £260 in total.

**25. What is the capacity of the practice premises?**

There are currently four consultation rooms within the practice. Not all are used at the moment and some remedial repairs and updates would be required before all four could be used.

**26. Can the GP Forward View funding be used to subsidise Hightown until it become viable?**

The GP forward View funding is available to all GP practices based up on criteria set at a national level. This funding is not intended to be used to subsidise small practices.

**27. How is the issue of the lease for the surgery premises separate from ongoing discussions about its future?**

NHS England and the NHS South Sefton CCG commission primary care services in Sefton. The properties from which practices operate are managed by NHS Property Services. This is a separate organisation to NHS England. It receives no funding from the NHS and is self-supporting from income gained from the property it manages.

**28. What would happen to the surgery premises if a lease is signed but the surgery closes?**

NHS Property Services would determine what action to take in these circumstances. It is likely it would try to negotiate an early break from the lease.

**29. When will the GPs be told about any changes?**

It is the responsibility of the current provider to inform GPs working at the practice about any changes and we will be asking them to do this as soon as information is available.

**30. What are the smallest and largest practices nationally?**

The largest GP practice in England is Midlands Medical Partnership in Birmingham. It has a list size of 60,697 patients.. It is not possible to say what the smallest standalone practice is. There is a practice with one patient, 10 practices with fewer than 15 patients and 44 practices with fewer than 150 patients. However, these "practices" generally provide some sort of specialist services as part of a larger practice to certain patient groups.

**31. When will the results of the travel survey be shared with patients?**

We have been unable to share any documents during the pre-election period. Now that has finished, we plan to share the travel survey with the Patient Participation Group in the near future.

**32. Merseyrail is currently threatening to remove guards from trains, if patients who are wheelchair bound need to access services via train how are they meant to do that?**

We appreciate that this must be a concern for patients; however, this is the responsibility of Merseyrail and beyond the control of NHS England (Cheshire and Merseyside) and NHS South Sefton CCG.

**33. If we move surgeries will the GP still be prepared to do home visits?**

If patients were transferred to another surgery, their ability to access home visits would remain the same as it is currently. It is a contractual obligation for a GP to visit patients in their own homes if it is clinically appropriate.

**34. How many residents of Hightown are registered at the surgery?**

1,398 patients at Hightown Village Surgery are residents of Hightown Village.

**35. If you sign the lease for another five years and leave it empty how is that equitable or good value?**

The properties from which practices operate are managed by NHS Property Services. This is a separate organisation to NHS England. It receives no funding from the NHS and is self-supporting from income gained from the property it manages. Like any business it will make some losses on occasions.

**36. How much does the surgery get charged for walk-in centre attendances?**

Walk-in centres are commissioned by the Clinical Commissioning Group. GP practices do not get charged if their patients access these services.

**37. What is the population of Hightown?**

The 2011 census lists the population of Hightown as approximately 894 households, with a population of about 2,065 . This information is contained within the Sefton 021D Lower layer Super Output Area (LSOA).

**38. What effort is being made to encourage more patients to register to the surgery?**

All patients have a choice of which GP surgery they wish to be registered with and for this reason, unless a practice closes, NHS England (Cheshire and Merseyside) cannot choose to move them from their registered practice unless they wish to do so.

**39. Urgent Care 24 has taken five practices including Thornton and two in Crosby. Why can't Hightown be absorbed in to their contract?**

Urgent Care 24 would be able to bid to provide primary care services at Hightown Village Surgery. They would have to indicate, alongside any other providers who bid to take the contract, how they would deliver the services and fit within the strict criteria set out by the procurement process.

**40. When is the final decision going to be made on which option is going to be taken?**

All the information gathered from the events, alongside the comments received from the email address, twitter and Freephone helpline, have been compiled in to a report. This was considered alongside other key documents including the independent travel survey and independent premises survey and a decision was made by NHS

commissioners on June 15. This decision has now been submitted to Sefton Council's Health Overview and Scrutiny Committee, which meets on June 27.

**41. Can we appeal against any decision we disagree with?**

Patients can challenge any decision made by the NHS England through the courts in a process known as Judicial Review.