

REPORT TO: Health Policy & Performance Board
DATE: 20 June 2017
REPORTING OFFICER: Strategic Director, People
PORTFOLIO: Health and Wellbeing
SUBJECT: Closure of Windmill Hill Medical Centre
WARD(S) Windmill Hill

1.0 **PURPOSE OF THE REPORT**

1.1 This report sets out the reasons for the closure and the actions taken.

2.0 **RECOMMENDATION: That:**

i) **The Board notes the actions taken.**

3.0 **SUPPORTING INFORMATION**

3.1 **Introduction and Background**

In March 2017 NHS Halton Clinical Commissioning Group's (HCCG) Governing Body took the decision to close down Windmill Medical Centre on 31st March 2017, and disperse the list. This follows the earlier decision to close the Windmill Hill branch surgery based in Widnes. The practice was originally developed as part of the Equitable Access to Primary Care programme and was being run by Liverpool Community Health (LCH) under a time limited Alternative Provider Medical Services (APMS) contract. The contract with LCH was due to end on 31 March 2017 and due to an organisational restructure at LCH, there was no opportunity to extend the contract beyond this date.

The decision to re-procure a GP practice at Windmill Hill had previously been taken by the CCG and the Primary Care Team had worked hard to try and find an alternative provider. Unfortunately, despite extensive efforts and advertising both nationally and locally, the CCG was unsuccessful in securing a new provider to take over the practice. Therefore with no provider to take over the service, the CCG was left with no other option than to close the practice.

Following the decision the priority was to ensure as smooth and safe a transfer as possible of patients to alternative practices, in the short timescale that was available.

3.2 **Communications**

A Communication Handling Plan was developed to ensure clear and consistent

messages for patients and the handling of all media activity. A media protocol was also developed to ensure all media statements were consistent and that the required sign off processes were in place. External stakeholders were identified and appropriate methods of communication documented. Early meetings were held with Halton Borough Council, Local Councillors and MP's and the LMC. All other external stakeholders were advised of the decision on 2 March 2017 by emailed letter.

3.2.1 **Communication with Patients and Patient Participation Group (PPG)**

The main aim of all communications with patients was to provide clear and consistent information to both inform, and provide reassurance. Two letters were sent to patients, the first on 6 March 2017 informing them of the decision and advising them on next steps. In hindsight it was agreed that this letter should have been sent at the same time as the letter to external stakeholders on 2 March, if not before. The second letter was sent over 16th and 17th March 2017 advising patients of their new GP.

Two drop-in sessions were held on 21st March 2017 at Windmill Hill Medical Centre, to give patients the opportunity to discuss any concerns or issues they might have. A total of 24 enquires were received. Most of these were in relation to patients wanting to register at an alternative practice to the one they had been assigned to, and appropriate advice was provided. An FAQ was also developed and circulated via the practice and various websites.

A meeting was held with the Windmill Hill PPG on 7 March 2017 to inform them of the decision and answer any questions. An open and frank discussion was held. The Group's main concerns included: why it had been decided to close the practice; what would be the impact on access to other local GP practices; how would the development of the Windmill Hill Community Hub be affected; how would patients be supported throughout the process; why had patients not been informed before the media had found out; and concerns regarding transport in the area. The group was provided with as much information and assurance as possible.

Once all patients were safely registered with a new GP the Group was advised that the CCG was keen to undertake a wide scale public engagement and listening exercise. The aim would be to debate the health needs of Windmill Hill and discuss future plans.

3.3 **Media Interest**

A media enquiry was received from the Runcorn Weekly News on 3 March 2017 and a media statement was issued. The reporter was also telephoned to ensure they were fully briefed. An on-line article was published on the same day. Another article was published in the Runcorn and Widnes World on 20 March 2017. To date it is felt that the amount of adverse media attention has been minimal and the published articles were felt to be balanced and accurate.

An article on the closure of the practice will be published in the next edition of the

Windmill Hill Big Local newsletter, advising any former patient who is not sure who their new GP is, on whom to contact.

3.4 Patient Assignment to Alternative GP Practices

Under normal circumstances patients would receive a letter asking them to register with the practice of their choice, but because of the short time-frame it was decided to assign patients. This was to ensure that every patient registered at the practice had a GP and was able to receive a smooth continuation of the care they needed. The CCG worked alongside NHSE to undertake the assignment. As far as possible patients were assigned to their nearest, alternative practice. Patients were advised that they were free to register at an alternative practice if they did not like the practice they had been assigned to.

At the start of the process there were 2143 patients on the register requiring dispersal. This number was monitored daily to ensure deductions occurred at an adequate rate. A very small number of patients still remain on the register and they will continue to be monitored until all patients are registered with an alternative GP.

The nearest two practices to Windmill Hill are Castlefields and Murdishaw and the majority of patients were assigned to these two practices – approximately 600 and 1000 respectively. The rest of the patients were allocated to other practices in Runcorn, dependent on where the patient's lived.

In line with the dispersal of the branch surgery in Widnes, practices were advised that they could claim £15 for each patient registered, in recognition of the extra resources required to register a sudden influx of patients. NHSE, as part of the GP resilience fund, contributed 30k towards the cost of this payment.

3.5 Practice Closedown

To ensure a smooth closedown of the practice weekly meetings were held between LCH and the CCG's Primary Care Team; an exit plan was agreed and regularly monitored.

3.5.1 Documentation and Records

All remaining Lloyd George patient records were collected by Primary Care Services England (PCSE) on 31 March 2017, to be redistributed to receiving practices. All unused FP10 prescriptions were destroyed in accordance with NHS Protect's 'Security of Prescription Forms Guidance' (August 2013). A member of the Medicine's Management Team reviewed all medicines management folders to determine which could be destroyed or retained as appropriate. One unused and one partly used book of Medical Certificates of Cause of Death were returned to the Halton Register Office. All other documentation was securely destroyed or retained by LCH as appropriate. Internal post has been re-directed to the CCG. All post is being monitored and acted upon accordingly.

3.5.2 **Access to Clinical System**

A local GP has been given access to Windmill Hill's clinical records to monitor any outstanding or incoming correspondence, results, notes etc. and to take appropriate action. A local Practice manager has also been given administrator rights to the records and will continue to monitor outstanding registrations.

3.5.3 **Pathology Results**

Systems have been put in place in both pathology laboratories in Warrington and St Helens to allow any late forms to be picked up by the safety net team.

3.5.4 **IM&T**

All IT equipment and telephony have been removed from the portacabin. A telephone message advising callers that the practice has closed has been activated. The message advises patients to contact PALS if they have any registration queries. National programmes such as Open Exeter and Primary Care Web Tool have been advised to remove the practice from their systems. The organisation code will be deactivated once the last patient is deducted.

3.5.5 **Staffing**

All practice staff were employed by LCH and have been managed in accordance with its policies and procedures. A number of the administration and reception staff have found alternative employment, either on a temporary or permanent basis, with other local practices.

The CCG would like to formally acknowledge the caring and professional manner in which the management, administration and reception staff supported the sensitive process of closing down the practice. Their dedication and hard work is to be commended.

3.5.6 **Estates**

On 31st March 2017 the CCG's Executive Management Team agreed that the portacabin in which the practice had been located should be removed as soon as possible. The contract is now running on a standard minimum 12 week notice period and NHS Property Services, acting on behalf of the CCG, has served notice on SIBCAS (provider of the portacabin) to terminate the contract. NHS Property Services will also:

- Arrange the de-commissioning of the building;
- Act as the key holder for the building until such time as it is removed;
- Arrange a security risk assessment;
- Serve notice on the lease for the land between Halton Borough Council and NHS Property Services;
- Liaise with Halton Borough Council and the Windmill Hill Primary School regarding the reinstatement of the land under the terms of the lease.

4.0 **POLICY IMPLICATIONS**

4.1 Although it is always unfortunate to see a practice close, consolidating primary care provision does support the CCG's Strategy for General Practice Services in Halton and nationally the [General Practice Forward View](#), when NHS England is investing in a national sustainability and transformation package to support GP practices.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 The 30k contribution from NHSE towards the practice payments for registering the Windmill Hill patients has meant that the impact on the Primary Care delegated commissioning budget has been minimised.

5.2 Other costs associated with the de-commissioning of the service include communication and engagement costs; cover provided by UC24 for the agreed half day closure of the practice on Friday 31st March; making good of the land following removal of the portacabin; and any ICT contract termination costs which may be identified.

5.3 De-commissioning of the surgery as an APMS contract has the potential to realise long-term cost savings on the delegated primary care budget which could be re-invested into General Practice.

6.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

6.1 **Children & Young People in Halton**

This report will support the priority to improve the health and wellbeing of children and young people by ensuring they continue to have access to high quality primary care medical services.

6.2 **Employment, Learning & Skills in Halton**

The report will help to support maintaining a healthy workforce by ensuring they continue to have access to high quality primary care medical services.

6.3 **A Healthy Halton**

All issues outlined in this report focus directly on this priority.

6.4 **A Safer Halton**

None.

6.5 **Halton's Urban Renewal**

None.

7.0 **RISK ANALYSIS**

7.1 The risks/opportunities associated with the decision to close the practice were

considered by the CCG's Governing Body and all subsequent actions were designed to minimise any associated risks.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 An Equality Impact Assessment was undertaken and the key recommendations and responses are show below:

Recommendation	Response/Action
Clear and robust and inclusive communication over travel /parking / bus routes to alternative provision.	All patients were provided with information on alternative practices including practice contact details. They were also directed to the Choices website which gives further details on GP practices. Information on bus routes was provided at the two practice drop in sessions.
Data is updated to ensure no patients slip through the net.	Daily reports on number of patients remaining on practice registered list received. Primary Care Support England (PCSE) and receiving practices asked to process outstanding patients as a matter of urgency. Small number of patients remaining on list continue to be monitored regularly. Seventeen letters were returned as 'addressee gone away'. All patient records checked for address, current medications, child protection register etc. and appropriate actions taken. Receiving practices advised that may be an issue with patient's address.
A list of vulnerable patients or patients with high support needs across protected characteristics need to be identified and supported in their transition.	Vulnerable patients identified and highlighted to receiving practices.
Ensure capacity in other GP practices to cope with the influx of patients especially if they are older patients with Long term conditions.	A small amount of funding was identified to support receiving practices. Prior to assignment practices asked how many patients they could safely register.
Ensure alternative GP services can meet needs of additional patients and for those of working age (evening opening hours etc).	List of vulnerable patients supplied to practices. A small number of patient notes reviewed by Medicines Management team and practices advised accordingly.
Ensure current GP telephone number relays messages of alternative provision and process.	Telephone answer message at both sites updated advising of closure and providing information on alternative provision.

9.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

9.1 None under the meaning of the Act.