**St Elizabeth’s Medical Centre - Proposal to close our branch surgery based at The Common, Evington**

**Summary Engagement Report**

**Background**

At St Elizabeth’s Medical Centre, we continually evaluate our service delivery to maintain the highest quality and safety standards within our resources. For some time, the Practice has been experiencing difficulties in managing and sustaining the branch surgery in Evington. The Building at Evington belongs solely to Dr John Wood who retired last year, and Dr Wood has since made the decision to sell the premises. The building and plot are in need of refurbishment, too small for re-modelling and unfit to delivery modern general practice services from, which means it is not a viable option for the Partners of St Elizabeth Medical Centre to purchase.

Therefore, a request was submitted to Leicester, Leicestershire and Rutland Integrated Care Board (ICB) to close our branch site and continue the provision of services from our main site alone. The COVID-19 pandemic in 2020 resulted in the temporary centralisation of all services to the main surgery site. By providing all services from a single location at St Elizabeth’s Medical Centre, we are confident that we could offer improved accessibility and a more streamlined GP service to all our patients. This proposal would allow us to better utilise our resources, reduce operational costs and improve the quality of care we provide. Being located in one site provides several benefits to patients, including:

* Access to a wider range of clinical expertise.
* Enhanced patient safety through continuity of care.
* A larger team that can provide essential primary care services more effectively.
* Availability of multiple GPs, Advanced Nurse Practitioners (ANPs), nurses, healthcare assistants, clinical pharmacists, health and well-being trainers, care coordinators, administrative and secretarial teams on one site, enabling personal and remote consultations.
* Improved patient access to book or cancel appointments and request prescriptions.
* Increased continuity of care at one site instead of waiting to see the same GP at a branch.
* Increased access by phone and face-to-face during core hours.
* Improves Staff satisfaction and retention.

**Patient Options**

There are many drivers for change within health and social care, the most significant of these is the ever-increasing rise in the volume of demand for services. This is being experienced across all parts of the system, and in most aspects of care.  The resultant pressure from this will impact on the quality of services if it is not addressed.  We therefore feel that in order to provide the best service to the local residents who access their services from Evington, the best option would be to close this branch surgery and transfer the services to St Elizabeth’s Medical Centre.

Options for patients as part of the proposal to permanently close the branch surgery at Evington are as follows:

1. Patients who use the branch surgery can remain registered with St Elizabeth’s Medical Centre and have appointments with any of our health and care team. All face-to-face appointments would be carried out on site at St Elizabeth’s Medical Centre, Netherhall Road. GPs would still visit patients in their own homes if they are housebound and unable to visit the surgery.

2. Patients who choose not to remain registered with the Practice would have a choice of re-registering at one of a number of other practices who cover the Evington area and support would be provided to patients, where required, to identify a new practice within their local area.

Patients would find out more about different GP practices in the area by visiting [www.nhs.uk](http://www.nhs.uk). This website provides information on the number of GPs at a practice, what services are offered to patients and what people think of those services. A new GP finder service, launched in September 2022 on the same website, would be a useful way to help patients find GP practices that they are able to register with by just entering their postcode: Find a GP - NHS ([www.nhs.uk](http://www.nhs.uk)).

All neighbouring practices offer a full range of services and patients should see no significant change in the type of service they are currently offered. If patients decide to go with option 2, they would need to register with a new practice.

Patients would need to obtain and complete a registration form and return it to their new chosen practice (most practices also have online forms), who would be able to advise them fully on the information they require. Individuals would need to ensure that members of the household including children are also registered at the new practice should they choose to move practice. Please note that anyone can change GP practices at any time should they wish to do so, as long as they fall within the practice catchment area.

Patient medical records are electronic and would be transferred automatically to the new practice once the registration is complete.

**Public Consultation Planning and Activity**

With support from the ICB in June 2024, after a briefing paper was submitted to the Health Overview and Scrutiny Committee, the plans to evaluate the future of the Evington site were approved and a public consultation exercise was initiated in line with legal and statutory duties..

We carried out comprehensive measures to identify the different groups of patients, stakeholders, and individuals who might be affected by the changes being proposed for the existing service offered by the Evington Practice.

We were committed to ensure that the public consultation process was fair and provided ample opportunities for residents to express their opinions and concerns. We firmly believe that the public consultation was designed to be as inclusive as possible, and that we made every effort to encourage a broad range of individuals and groups within the practice area to participate and share their views and feedback. We were proactive in our approach to obtaining the perspectives of those who reside in the geographical location of the current service and reached out to voluntary sector partners to spread information and hear the opinions of patients, including those who have long-term conditions and learning disabilities. Key groups communicated with include:

* Patients and carers
* Patient Participation Group
* Primary Care Network
* Local Pharmacies
* Care homes
* Local MPs and Councillors

**Public Consultation channels**

All adult registered patients at St Elizabeth’s Medical Centre were contacted directly by letter or electronic messaging service about their practice proposals to close our branch practice site based at Evington Medical Centre. The patient letter set out the process that the Practice was required to carry out as part of the application process and provided details of the different ways in which the patients could provide feedback as part of the consultation phase.

Feedback forms were made accessible to all patients and stakeholders through several channels, such as:

* Text messages
* Letters addressed to patients detailing the proposals, in a user-friendly manner
* Letters and surveys available on the Practice website
* Information available at the reception desks and waiting rooms to inform patients
* Two drop-in sessions held at both the main and branch sites
* During consultations

A Briefing and Frequently Asked Questions were provided to receptionist staff to ensure they could accurately respond to direct patient enquiries. Patients, stakeholders and the general public were able to provide their feedback and raise any queries using several different channels including face to face via dedicated drop-in sessions during the engagement period, over the telephone, via email, via online feedback form and via a paper feedback form.

The team took phone call enquires during the consultation and the Practice PPG was kept informed during the process and their questions were answered. 2 questionnaires were also filled in by staff for patient who had communication needs.

**Responses**

The public consultation ran from the 30th July until 10th September 2024. The Practice received 84 responses to the questionnaire. this equates to 1.1% of the practice population and 7% of the Evington registered population.

Outlined below is the key findings from the public consultation. Appendix 1 provides further detailed data, along with equality data.

* 84.52% (71) people responding were patients and 13.09% (11) responded as carers/relatives. A small number preferred not to say.
* 85.71% of people told us they normally go to Evington for their appointment.
* 21.43% (18) people said that prior to Evington branch surgery temporarily closing they had visited for an appointment or service between 1 and 3 times in the preceding 12 months. 32.14% (27) had visited 4 to 6 times; 22.16% (19) had visited 7 to 9 times and 9.52% (8) had visited 10 times or more.
* 60.71 (51) of people strongly disagreed or disagreed with the proposal to permanently close the Evington Branch Surgery and bring services together at St. Elizabeth Medical Centre
* 45.23% (38) said that the closure of Evington Branch Surgery would have a negative impact on them and their family. The same percentage said it would have little or no impact or a positive impact on them and their family,
* 45% (38) people normally get to Evington Branch Surgery by car and 36.90% walk.
* 53.57% (45) of people, in the event of Evington Branch Surgery closing would access St. Elizabeth Centre by car; 22.61% (19) would access St Elizabeths Centre by bus and 8.33% (7) would register at another practice.

**Analysis of Concerns raised in the responses**

**The public consultation also provided people with the opportunity of adding in their own comments and concerns. We show them below thematically.**

* The survey results showed that some patients expressed concerns about the accessibility and capacity of the primary care service.
* A few patients commented about the impact that the branch site closure could have on the sustainability of the primary care service in the area.
* Some respondents also mentioned travel and transport costs. Interestingly, a small number of respondents did not know about the branch site or thought it had been closed for some time. Although this was a small group, it is still important to note that they may have missed some of the information about the changes, but this was addressed by the detailed patient engagement letter that was sent to them with the proposal to close the branch site.
* A few patients were worried about the impact of the closure on housebound patients, and some felt that there could be longer waiting times at the main site if the branch site closed.
* Finally, some respondents were concerned about the impact of the closure on primary care services more broadly,
* The survey responses also contained suggestions for how patients' concerns could be addressed. For instance, some patients suggested that the Practice could purchase a further premises in Evington however this is not a financially viable option for the number of patients that are registered at the Evington branch site.
* A few patients suggested that the Practice could redesign its services to include more online consultations, online bookings, and repeat prescriptions, and coordinate appointments to avoid multiple visits.
* Patients registered at the Evington site also commented about accessibility via public and private transport, and concerns regarding the 2.7 miles distance to the main site.

**Next Steps**

After carefully considering all the feedback received during the public consultation, the Practice acknowledges the alternative suggestions raised that aimed to either avoid the closure or mitigate the concerns associated with it. The Practice has taken note of these suggestions and is grateful for the contributions made by the members of the community. The sudden retirement of Dr Wood has left the practice with a huge financial burden, we have had to remortgage the Netherhall building in order that Dr Wood can be paid his share and we have still to find a substantial amount of money for his capital that he has invested, over many years. Currently the Evington Branch surgery is financial reliable on the main site and as a standalone practice would not be financially viable making community investment an impossible scenario as the business invested in must be able to sustain itself. The Evington Surgery building is not fit for modern practice standards, the consultation room is very small, even if it was refurbished it is not big enough for a functional consultation room. There needs to be a separate storage area for waste and cleaning materials, there is no dirty utility room. The building is not compliant with Fire Safety recommendations as it only has one exit a second fire exit will need installing and the access to the rear of the building would not be wheelchair compliant. The actual site is not big enough to extend and the current building would need demolishing and rebuilding to enable a 2nd level. The Practice is not in a financial position to enable us to invest in buying the building and to undertake the changes that would ensure compliance with CQC and health and safety standards. The current landlords of the property are requiring the practice to withdraw from the site by December 2024. All these factors are the reasons why the decision to continue with the application process to close the branch site. This decision was not made lightly, but after a thorough evaluation of the site, the financial burden, and the service provision.

The Practice recognises that patients and the community may have concerns about the closure and has developed a range of mitigations to reduce the risks to patients at the point the branch surgery closes in full which will be subject to final approval from Leicester, Leicestershire and Rutland ICB. Additionally, and where it is clinically appropriate to do so, the Practice will look to streamline routine reviews for patients with long-term conditions so that the majority of patients will only need to attend for a review once a year for all their long-term conditions and medications. The practice is looking at providing some GP appointments at the Downing Drive practice for patients from the Evington area. The Practice understands the importance of providing supportive and proactive care to the most vulnerable patients, such as the frail elderly, mentally ill and those with long-term illness. It is important to note that the Practice will be increasing clinical resources, and staff that are currently employed will remain in post.

The Practice will also continue to recruit quality staff to fill any vacancies that arise. Furthermore, the Practice will continually review operational models, timing of appointments, appointment types and methods, and administration systems to make systems and processes as efficient and effective as possible for patients, improving access wherever possible and reducing the requirement to travel to the Surgery. Overall, there was good representation from all protected characteristics, based on the Practice's patient list and the Practice has taken a proactive approach to address the concerns raised during the engagement period. The analysis of the results by protected characteristic provided valuable insights into the issues raised by different groups and helped the Practice to address concerns effectively.

This Report of Findings from the public consultation will be used to form a key element of the final application process as part of the proposal to close the branch practice and will be presented to the Integrated Care Board (ICB) team for consideration. The Report of Findings will be made available on our Practice website and copies will be available to collect from the Practice reception and patients can also get a paper copy of the report on request.

The outcome of this process and the final decision of the ICB will be shared with patients and stakeholders through SMS messages, postal letters, email, the Practice website and in the Practice information boards on reception desks. Finally, the Practice will continually monitor the impact of the closure and implement new mitigations or supportive solutions as needed. The Practice understands that this may be a difficult transition for some patients, and it is committed to ensuring that patients receive the best possible care during this period of change.

Appendix 1

**Question** 1 Question 2

Question 3 Question 4

Question 5 Question 6

Queston 7 Question 8

**Ethnicity Data**

Four survey replies came from patients who have previously served in our armed forces.