

Application to close a branch surgery (referred to as BS)

Location: Kentisbeare Village Hall
Practice: Bramblehaies Surgery
Application Date: Monday 5th November 2007
Proposed Date of Closure: 31st March 2008

Executive Summary

This application to close Kentisbeare branch surgery (BS) is submitted on the principal grounds that there is:

1. First and foremost a danger to all, especially patients, by the continued operation of the BS which lacks the full support service and diagnostic possibilities of the main surgery.
2. Doctors work in isolation, at times, at the BS raising the issue of security further
3. The BS accommodation does not meet a high number of minimum standards required to provide an acceptable medical service of high quality and in utmost safety.
4. The service at the BS is largely a triage service and in all cases patients have made it to the surgery at other times to see a GP or Nurse
5. An inefficient use of PCT monies, albeit small cost, representing poor value for money
6. The BS does not adhere to clinical governance standards, all of which are outside the practice's control
7. Doctors practice outside General Medical Service and Medical Defence Union recommendations
8. Statistics collated show a low usage by patients (percentage of population seen at Kentisbeare weekly during 06/07)
9. In comparison, a quality, safe and accessible service is available at the main surgery
10. An inappropriate use of doctor time due to small numbers of consultations being taken up at Kentisbeare. Traveling time far outweighs consultation time.

The rest of this paper presents a detailed case for the closure of the BS; the current provision is compared with minimum standards set by the HA/PCT which, to a degree, should be met. The case for closure appears overwhelming on the basis of safety, cost and quality. Options for alternative access and provision are discussed and measures to be taken by the practice to ensure access by Kentisbeare patients to the main surgery are outlined. Attention is particularly drawn to Appendix 1, the results of a risk assessment and Appendix 2, figures for attendance.

1 Access and Convenience

1.1 Patient Population

The number of patients registered with the practice who reside in Kentisbeare is 389. The current practice list size is 6350 representing 6% of the total practice population.

1.2 Usage

Over the last year (July 2006-June 2007) 26 patients used the BS; this represented only 6% of the patients residing in Kentisbeare. Of these patients, 6 attended more than 3 times. All of these patients have attended the main surgery at some point during the year. This demonstrates that:

- a) Patients who attend the BS are able to get to the main surgery
- b) The BS is being provided for a **very** small number of Kentisbeare patients.
- c) A large proportion of the consultations occurring at the BS related to a single patient who used the BS 17 times in the last year.

Note that on average only 1 person attended the BS: a total waste of resources.

1.3 Equity of Access

The BS operates on Thursday lunchtimes. Dr Harper provides a short morning surgery at Bramblehaies and travels to Kentisbeare to provide a surgery. On most occasions Dr Harper does not undertake any surgery visits due to having to provide a branch surgery.

Patients living in Kentisbeare using solely the BS are receiving an inadequate and basic service which is not equal in quality or choice to that available to patients using the main surgery. See Quality and Safety section for further details

1.4 Distance

Kentisbeare is located 3.5 miles from the main surgery in Cullompton. The main surgery area covers 180 square miles of towns. Kentisbeare is the only area with a local facility, yet Plymtree residing a similar distance away from the main surgery has 226 patients registered and has no local facility.

1.5 Private Transport

In rural areas car ownership is essential or at least access to transport from friends or family if the need arises. The road to Kentisbeare is a main road out of Cullompton but then joining a single track and takes 15 minutes depending on conditions. The majority of patients who come to the BS come by car; I recall one patient travels by foot (although the spouse has a car).

1.6 Public Transport

For those patients with no access to transport, from friends or family, a bus service runs incorporating Kentisbeare and Cullompton (service 675) which runs on Mondays and Thursdays. This is a direct bus link from Kentisbeare to Cullompton and there is a voluntary car scheme service available. Patients utilizing these transport links would have more choice, a better and wide ranging service, all more than they have now.

When comparing Plymtree with Kentisbeare as villages being of similar distance away from the main surgery, Plymtree patients also have access by bus to Cullompton, utilizing the same service as Kentisbeare patients – proving the inequitable service provision.

1.7 Alternative options

Patients can access the main surgery 5 days a week, where the full diagnostic service is available. Doctors also visit patients in the Kentisbeare area during the week if they are too ill to come to the BS or main surgery.

1.8 Out of Hours Cover

Bramblehaies Surgery GPs are members of Devon Doctors on Call who provide medical services via triage, home visits or a treatment centre located at Tiverton Hospital. Kentisbeare patients also have access to this out of hours service, as do all of the main surgery patients.

1.9 Repeat Prescriptions

There is no pharmacy in the village of Kentisbeare. A Cullompton chemist provides a delivery service to patients for a small fee. All repeat prescriptions are phoned, faxed or emailed through to the surgery by patients and then collected or delivered by the chemist to the patient.

Any acute prescription issued at the BS has to be taken by someone to be collected from a pharmacy, so either the patient has to get in their car or get someone to take it for them. If they have someone to do this, then presumably that person could also have brought the patient to the main surgery in the first place for the appointment. The whole acute episode could be more convenient for the patient as Bramblehaies Surgery has a car park, appointments with clinicians, diagnostic tests if required and medication supplies nearby if necessary.

1.10 Community Nursing

District Nurses and Health Visitors see patients at their own homes when required. Bramblehaies Surgery arranges this for all patients on their list.

Steps Bramblehaies will take to improve access for Kentisbeare upon closure of the BS

For the relatively small numbers of patients residing in Kentisbeare who have no access to transport and who used to utilise the BS, doctors will visit the patients instead. Kentisbeare patients are always visited if they are too ill to come to the surgery anyway, and doctors can make more efficient use of their time by visiting the BS patients too. This would be more appropriate and more effective than sitting in the BS seeing 1 patient in an hour. If BS patients are well, the doctor has no visits to make making more use of his/her time back at the main surgery.

2. Quality and Safety of Care

2.1 Service provision at Kentisbeare

The service is available between 12 and 1pm on Thursday lunchtimes with patients phoning the main surgery to inform the receptionists they will be at the BS. Patients are presented with no choice of time or choice of GP.

Due to the lack of equipment and support staff, the service at the BS is largely a triage one.

2.2 Examinations

Due to the lack of chaperones, an examination couch, lighting, equipment, and confidentiality, intimate examinations cannot be undertaken at the BS. It is therefore only possible to perform very limited examinations.

2.3 Tests and Procedures

None are carried out at the BS due to inadequate provision for equipment, sterilization, waste disposal, transport and other staff. Patients have to make further appointments at the main surgery for these purposes. Blood pressures can however be undertaken, as long as the doctor takes the blood pressure machine along with him.

2.4 Samples

Generally samples have to be brought into the main surgery to be tested or sent to the lab.

2.5 Chaperones

None are available and it is noted that chaperones are recommended if the doctor or patient requests one. This is for the protection of the doctor as well as the patient, so the presence of a patient's friend or relative is totally inappropriate.

2.6 Emergencies

There is no emergency equipment available and no landline with phone attached in the consulting room. GPs rely on mobiles – due to the rurality some networks may not work.

2.7 Confidentiality

The large room that the doctor uses for consultations is hugely inappropriate with large windows and dark curtains only at some of the windows– there are no blinds available to ensure the consultation is confidential. The walls are not sound-proofed: therefore all patients sitting in the waiting room can hear the consulting room consultations.

2.8 Continuity of care versus choice

Whilst the continuity of care is evident, there is no patient choice.

2.9 Female GP

Due to the isolated nature of the BS with lack of support staff, it is not advisable to offer patients access to a female GP. When the BS GP is on leave, surgeries are cancelled.

2.10 Medical records

The GP takes the patient's 'Visit Printout' to the BS to assist with the consultation, as computers are not available. This contains only limited information and not the full computer record, which frequently causes difficulties. As long as the patient has contacted the surgery to inform them of attendance, the GP will bring the printout. However patients occasionally just turn up without warning, so no record is available. This poses a risk to the GP and is potentially dangerous and unacceptable practice.

2.11 IT links

There is no IT link in the BS and no possibility of installing a link. With the advent of 'paper-light' practice, this causes extra work for the GP who has to come back to the main surgery to input the handwritten information into the computerized record – recording the consultation twice!

2.12 Risk Assessment

A risk assessment was carried out in June 2007 (Appendix 1). As well as identifying the problems outlined above in ensuring the provision of high and safe quality care, a number of issues were highlighted about the physical accommodation, which falls below safety standards – as detailed below:

- 2.12.1 Accommodation** - The BS is a section of the village hall with access
- 2.12.2 Waiting Room** – is an adequate size for the provision but definitely not up to standard. It is merely the corridor directly by the entrance to the village hall. The corridor contains pre-school policies, advertisements, and a few chairs.
- 2.12.3 Consulting Room** – is equipped with two chairs and a tiny table. The consulting room is approached via the corridor, also via the main hall and also via the kitchen – interruptions could occur at any time.

- 2.12.4 Patient Privacy** – There is no examination couch and no curtain should a patient need an examination – explaining why examinations do not take place.
- 2.12.5 Patient Confidentiality** – is compromised because consultations can be heard in the waiting room. There are also no blinds at the windows to assist with confidential consultations.
- 2.12.6 Disabled access** – is acceptable
- 2.12.7 Toilet Facilities** – The toilets are located down the corridor. Separate patients' facilities for ladies and gentleman, but no dedicated toilet for the doctor, as recommended by good practice guidance for the health and safety of employees, to prevent risk of cross infection etc.
- 2.12.8 Lighting** – is adequate but not sufficient for examination purposes.
- 2.12.9 Fire Precautions** – There is a fire extinguisher available in the hallway of the BS with a fire procedure and fire exit signs. No sign of a fire alarm or emergency lighting/torch though.
- 2.12.10 Alarm system** – There is no alarm system available, so the GP would not be able to call for assistance in an emergency unless his mobile was working. Note that if the doctor is attacked outside of school terms there is no one else to call for help or anyone living close by that would even hear!

3. Value for Money

3.1 Rent

Rental is £5 per session. The HA reimburses 100% of the rental, but with the accommodation inadequate and unsafe, funds (although small) could be better spent elsewhere.

3.2 Staff Budget

The practice does not receive any allocation of funds to cover any staff costs related to the BS; consequently no member of staff is sent to the BS.

3.3 Average no of consultations

The average number of consultations at the BS is one per week; this means that one hour per week is spent seeing one patient, with only a limited consultation. At the main surgery the same Dr could see up to 6 patients in an hour, giving a full consultation in an ideal environment. This means that significant numbers of appointments are lost p.a. at the main surgery

3.4 Capacity at main surgery

There are 5 GP consulting rooms at the surgery in Bramblehaies, and there is therefore ample capacity to accommodate the average extra one patient a week from Kentisbeare.

4. Other Factors

4.1 Chronic Disease patients

Of the patients residing at Kentisbeare, 26 have asthma, 4 have COPD, 3 have CHD and 1 has diabetes. Those patients therefore are required to come to the main surgery at least annually to have a full chronic disease review. This review is not provided at Broadhembury.

4.2 Housebound

There are no housebound patients.

4.3 Proposed consultation with the community

The practice proposes to undertake the following:

- 4.3.1** The practice will undertake a three month consultation exercise including writing to all Kentisbeare patients and those that attend the branch surgery, explaining the proposal and reasons
- 4.3.2** The practice will undertake two consultation events at the branch surgery; one during December 2007 and one during January 2008.
- 4.3.3** The practice will put posters in the branch surgery and main surgery, and also place the consultation document on the surgery website
- 4.3.4** The practice will write to other interested parties, including the LMC, LPC, local pharmacy.

5. Practice Case in Summary

The facilities are of inadequate standard and do not allow GPs to provide a quality service within this setting. Whilst the practice has continued to provide a service over the years there is no doubt that the risks remain considerable for all concerned. As the building is not owned by the practice, it has little control over improvements and would anticipate the village hall having little money available for any improvements suggested. Therefore to continue providing the service would be indefensible in the event of a serious adverse incident.

Originally, accessibility and convenience was cited as of prime importance by the practice when providing the surgery, however we would now argue that access is maintained in a variety of aspects and to use the limited one of geography denies the importance of access to a full medical service to the very vulnerable patients that Kentisbeare community seeks to protect and exposes them to greater risks. Accessibility of service means same day access to a fully staff and equipped general practitioners surgery and this can never be the case at Kentisbeare.

It is understandable that the closure of such local facilities may be viewed in the same way as the proposed closure of a sub Post Office or a local pub. Village life is seen to be threatened and must therefore be protected. However, the practice feel very strongly that to carry on a limited, outdated and potentially dangerous service would undoubtedly be a high risk, a risk I am sure no-one would wish to take.

We would therefore ask that our application for closure be upheld by the PCT and that together we concentrate with the Kentisbeare residents on ensuring access to high quality health care on a safe and equitable basis to all. The practice wishes to continue to service the community of Kentisbeare and values its patients there; we feel we are acting in the best interests of this community in seeking to close the branch surgery and opening a dialogue on how to improve their access to high quality medical care in centres equipped to provide it.

List of Appendices

- Appendix 1 Risk Assessment
- Appendix 2 Branch surgery attendance statistics
- Appendix 3 Pros and cons of Kentisbeare Branch Surgery
- Appendix 4 Bus timetable

- Appendix 5 Minimum standards for practice premises (Extract of NHS Directions 2004)
- Appendix 6 Opening times of practice and branch surgery