

### **Considerations made in the decision making process**

The following headings are taken from NHS England Policy Book for Primary Medical Services

In assessing the efficacy of the options available in determining the future of Langley Health Centre's (LHC) Colnbrook branch surgery and the provision of primary medical services to patients in the Colnbrook area, the following considerations were examined:

1. **Financial viability:** All options were considered with respect to the NHS England rent reimbursement. Rent reimbursement is determined by contemporary market values and is assessed by the local District Valuer. It is paid for the m<sup>2</sup> used to deliver primary medical services.
2. **Registered list size and patient demographics:** The proportion of the LHC list size with a Colnbrook address and the patient demographics therein were taken into account in the decision-making process. The size of the Colnbrook cohort is not large, the number of patients who have only accessed Colnbrook in the preceding 12 month is small, no patients were identified as clinically vulnerable.
3. **Condition, accessibility and compliance to required standards of the premises:** The premises, whilst considered just about 'adequate' for the services that are provided from it, are not modern or fit for purpose in the context of contemporary service provision; they can only facilitate the provision of a very limited service and do not have scope for expansion.
4. **Accessibility of the main surgery premises including transport implications:** The LHC main surgery is some 2 miles distant. There is a bus link but this is not easily accessible. However, the results of the focussed consultation indicate that this would not be an issue for all but one of the patients contacted. This issue can be mitigated by use of the Slough Borough community transport programme which can provide a 'door-to door' service for those who have difficulty using public transport.
5. **Commissioner's strategic plans for the area:** It is recognised that provision of services at scale offer patients better access to a range of primary care services. And in turn the CCG's strategic vision for the provision of high quality health care for delivery of NHS England's GP forward view for resilient and sustainable service provision.
6. **Other primary health care provision within the locality:** Although Colnbrook patients do fall within other practice catchment areas, due to local topography this will not provide a solution as LHC main surgery is the closest surgery to Colnbrook.
7. **Whether the contractor is currently in receipt of premises costs for the relevant premises:** The premises are leased and the practice is only in receipt of rent reimbursement.
8. **Possible co-location of services:** There are no other services to co-locate with.
9. **Rurality issues:** The location of the branch surgery within a semi-isolated south-eastern semi-urban spur was taken into account in deliberations as part of the accessibility of the LHC main site.

10. Patient feedback: The PPG were engaged and informed on the potential changes and regularly updated on progress to-date. As soon as it was apparent that potential options were reducing the practice engaged in an open public discussion which was facilitated by two open public meetings run in August and September 2016. The feedback from these meetings was taken and led to a further negotiation with the landlord and an additional 'sweep' for potential alternative properties, both of which unfortunately ultimately proved fruitless. However, the feedback provided useful information in considering patient concerns to be taken into account in developing the intended measures to be put into place to mitigate the impact of the applied for branch closure.

Information gained from the public consultation together with that gained from the subsequent more focussed consultation with those patients that have only used the Colnbrook branch surgery in the preceding 12 months, together with a clinical audit of these patients, has not identified any specifically vulnerable or other patients who are protected by the Equality Act 2010.

In considering the above, it is believed that NHS England, the CCG and the LHC have made the required arrangements to ensure that service users and potential service users were involved in the commissioning decisions and the development of the recommendation to the Joint Co-commissioning Committee. In reaching the recommendation, action is considered to have been fair and reasonable and supported by appropriate expert advice.

### **Consultation**

The application for branch closure constitutes a 'proposal for change' in terms of the manner in which services are delivered to individual patients using the Colnbrook branch surgery. To this end, NHS England has a statutory duty to 'make arrangements' to involve the public in the commissioning of services for NHS patients under Section 13Q of the National Health Service Act 2006<sup>1</sup>.

'Public involvement' is not prescribed in the Act although it does explicitly state that people may be involved '*by being consulted, or by being given information, or in other ways*'. In undertaking public involvement, it must be **fair** and **proportionate**. The *Gunning* principles were established by the courts to inform on the constitution of a fair consultation. Proportionality of the level of public engagement will be driven by the extent of the change and the number of people affected, together with any potential impact on other services.

In this case, the arrangements made were that the service provider (namely LHC) would consult with their patient populace and the wider public regarding the potential closure of the Colnbrook branch surgery. It is considered that the *Gunning* principles have been appropriately considered and that the level of public involvement was proportionate to the extent of the proposed change; in so much as the extent of change is limited and the number of people affected is small.

Consultation has taken place with specialist estates and property advisors, local stakeholders including both Parish and Borough Councils, Slough CCG and NHS England. Information has been passed regularly to the practice's PPG, posted on surgery noticeboards and posted on the practice website, together with a widely available FAQ leaflet. Wider public consultation has taken place with two open public fora in August and September 2016 which provided feedback to further investigate available options and identified a number of concerns should the branch surgery have to close. Unfortunately the alternative options proved unviable and it has been necessary to subsequently apply to close the Colnbrook branch surgery. However, the concerns expressed at the open public for a have informed the development of measures to mitigate the impact of the proposed closure on the 'Colnbrook' patients. Subsequent to this, a further focussed consultation was undertaken involving those patients identified as only using the Colnbrook surgery in the preceding 12 months, together with a clinical audit. This has provided reassurance of the both the scale and level of impact of the proposed closure on the patient population.

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<sup>1</sup> As amended by the Health and Social Care Act 2012.