Appendix A - Business Proposal for the closure of a branch surgery in EAST FINCHLEY

Submitted to the Barnet Health Overview and Scrutiny Committee by Dr Isaacson & Partners

Summary:

This case is to propose the closure of a branch surgery. The practice has sought the views of the patients, staff and Barnet CCG. We currently offer GP services from two sites, Colney Hatch Lane and East Finchley.

Rationale:

Condition of premises:

- It is not equipped to the same level as the main surgery. Not to CQC standards.
- The premises do not provide ease of access to wheelchair users. They do not comply with the Disability Act 2010.
- There are no nappy changing or baby feeding facilities.
- Considerable amount of building work needs to be carried out in order to bring the premises up to standard, which are not feasible in such premises as the landlord will not give permission for structural changes.

Economies for rationalising services onto one site:

- Greater range of clinical expertise available under one roof.
- Enhanced patient safety due to continuity of care.
- Larger team with the ability to provide essential primary care services more effectively.
- GPs (Male & Female) and a Nurse are available for personal and telephone consultations everyday.
- Online patient access to book/ cancel appointments online, and request repeat prescriptions.
- More continuity of care at on one site rather than waiting several days to see same GP at branch.
- Improved telephone access at main site with 4 telephone lines as opposed to only one at the branch surgery.
- Increased access by phone and face to face during core hours, i.e. **8:00am – 6:30pm Monday – Friday.**

Difficulties for sustaining the current provision:

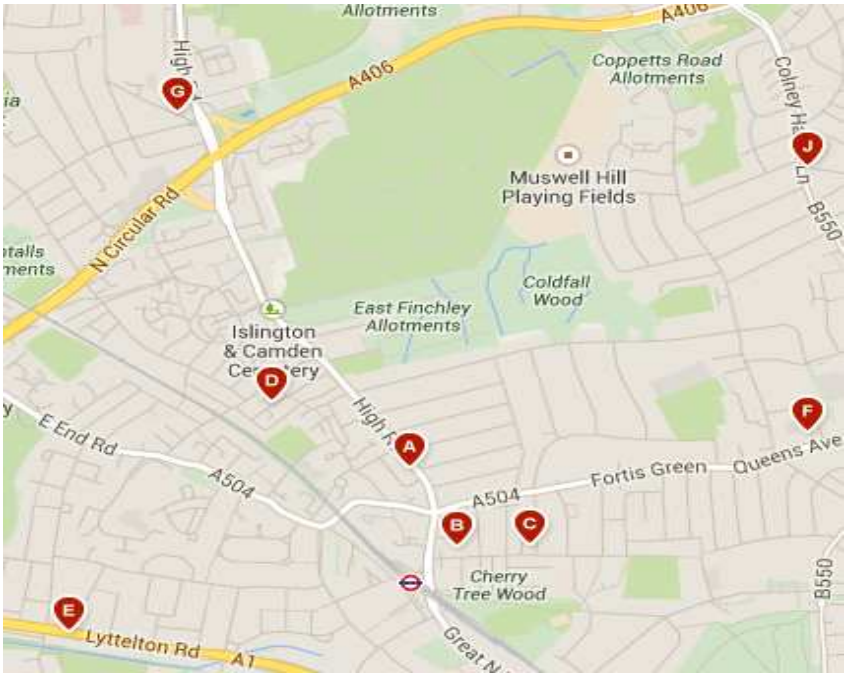
- Inability to provide high calibre services from branch surgery due to lack of staff and limited opening hours.
- Operating across two sites presents problems around communication and efficiencies of scale.
- Reduced clinical risk at main surgery due to the ability to conduct all necessary tests due to nurse and GP being on site together- therefore less delayed diagnosis.
- Vulnerability of lone worker (receptionist) at branch surgery.
- GP & nursing time is currently split on a rota basis between the two sites, resulting in inadequate & fragmented services on both sites, with patients not being able to see a full choice of doctors each day and infrequent nurse availability.
- Due to difficulties in sustaining 2 sites, opening hours and telephone access is currently very limited.

Patient views- from 71 letters received following 650 consultation letters sent to the households:

- They acknowledge the reasons for the proposed closure and agree that they are all valid.
- They do not want the surgery to close as for most of the patients, it is within walking distance.
- They like the idea of a “walk–in” surgery and feel they would have to wait much longer to see a GP if they had to make appointments.
- For some patients it is difficult to enter and exit the current building with buggies, however they do manage with the help of the practice staff.
- They sympathise that the GPs feel stretched with having 2 surgeries.
- Elderly patients feel as though they will be left stranded.
- Patients will register with another practice in East Finchley as they feel a bus ride to Muswell Hill will cause them inconvenience.

Patient Options:

1. Patients who use the branch surgery can remain registered with the practice though they will need to travel to Colney Hatch Lane to see a GP or Nurse.
2. The practice has stated that the GPs will still visit patients in their own homes if they are too ill or too frail to visit the surgery.
3. Patients who choose not to remain registered with the practice have a choice of 3 other practices within half a mile radius of the branch surgery and 3 further practices within a mile. The location of the branch surgery in the



context of other practices is shown below:

A – Current branch surgery at 91 High Road, East Finchley, London N2 8AG

	Name of Practice	Address	Telephone	Miles from branch surgery
B	Dr Twena & Partners	39 Baronsmere Road, London, N2 9QD.	0208 883 1458	0.20
C	Dr Decesare & Partners	Cherry Tree Surgery 26 Southern Road, East Finchley, London, N2 9JG.	020 8444 7478	0.29
D	Dr Dakin & Dr Ingram	54 Leopold Road, London, N2 8BG.	020 8442 2339	0.30
E	Dr Gibeon & Partners	8 Lyttelton Road, London, N2 0EQ.	020 8458 9262	0.74
F	Queens Avenue Surgery	The Surgery, 46 Queens Avenue, Muswell Hill, N10 3BJ.	020 8883 1846	0.75
G	Squires Lane Medical Practice	2 Squires Lane Finchley London N3 2AU	020 8346 3388	0.92

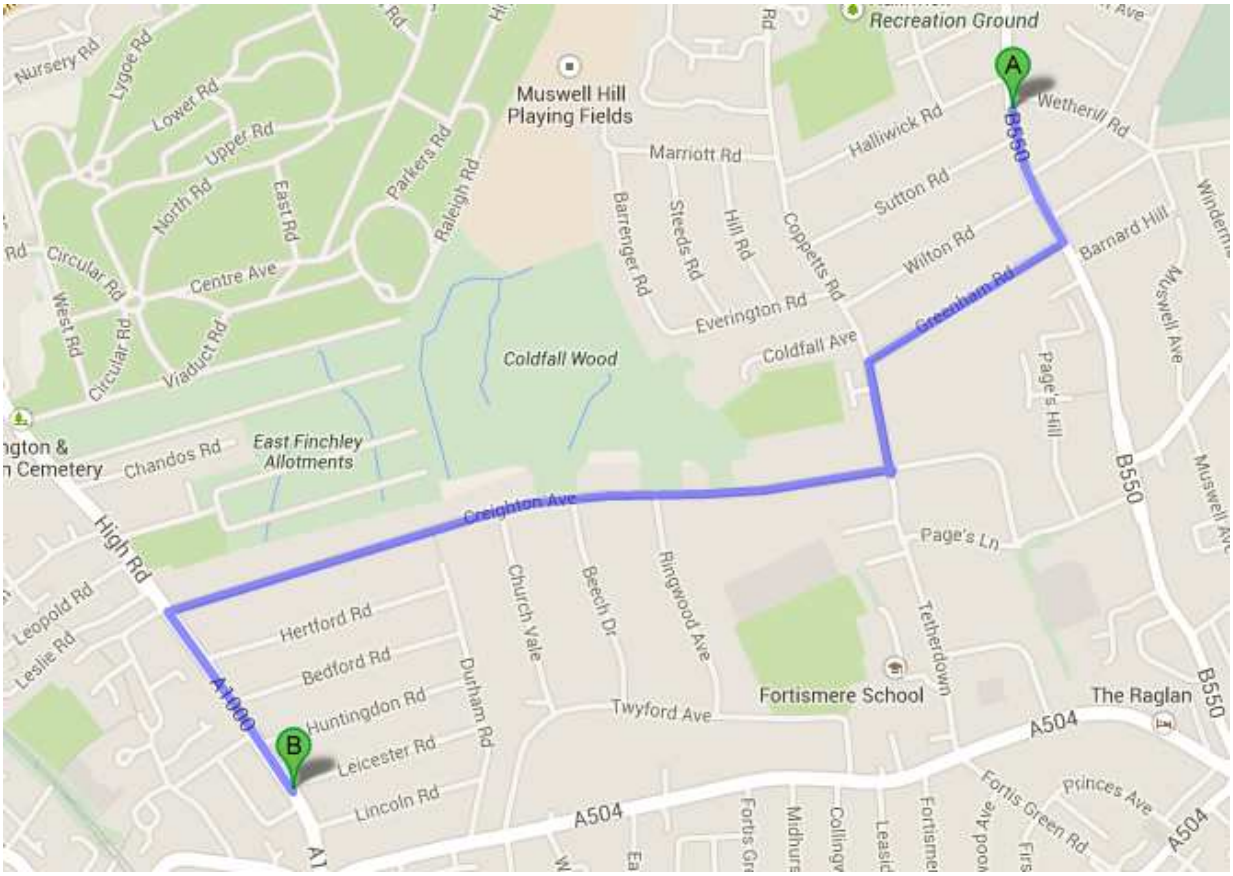
Introduction:

Dr Isaacson & Partners practice operates under a GMS contract. The practice currently has 3 GP partners. The main surgery has a list size of about 4607 patients and the branch surgery has a list size of about 1555 patients. Of the 1555 patients living closer

to the branch surgery, 1288 (83%) are under 65 years old, 136 (8%) are between 65 – 74 years and 127 (8%) are 75+ years.

The main site is located at 192 Colney Hatch Lane, Muswell Hill, London, N10 1ET and the branch site is located at 91 High Road, East Finchley, N2 8AG. The distance between the two sites is 1.5 miles which takes about 5 mins by car, 25 mins by public transport and 30 mins on foot.

Below is a map showing the directions from (A) Main surgery in Colney Hatch Lane to (B) Branch Surgery in East Finchley.



Core services provided at both sites are:

GP consultations: Appointments are made in advance at the main surgery. “Walk–In” type service at branch surgery. Services include antenatal clinic, baby clinics and family planning.

Home visits: This service can be arranged if an illness prevents patients from attending the surgery.

Practice nurse services: Asthma checks and advice, blood pressure monitoring, dressing and wound care, ear care, dietary advice, diabetic advice, immunisations, removal of stitches, sexual health advice and screening, smoking cessation advice, smear tests, travel advice and immunisations.

Health Care Assistant: phlebotomy clinic, new patient health checks. These services are only provided in the main surgery.

Main site:

GPs – 17 clinical sessions / week

Nurse- 6 clinical sessions/ week

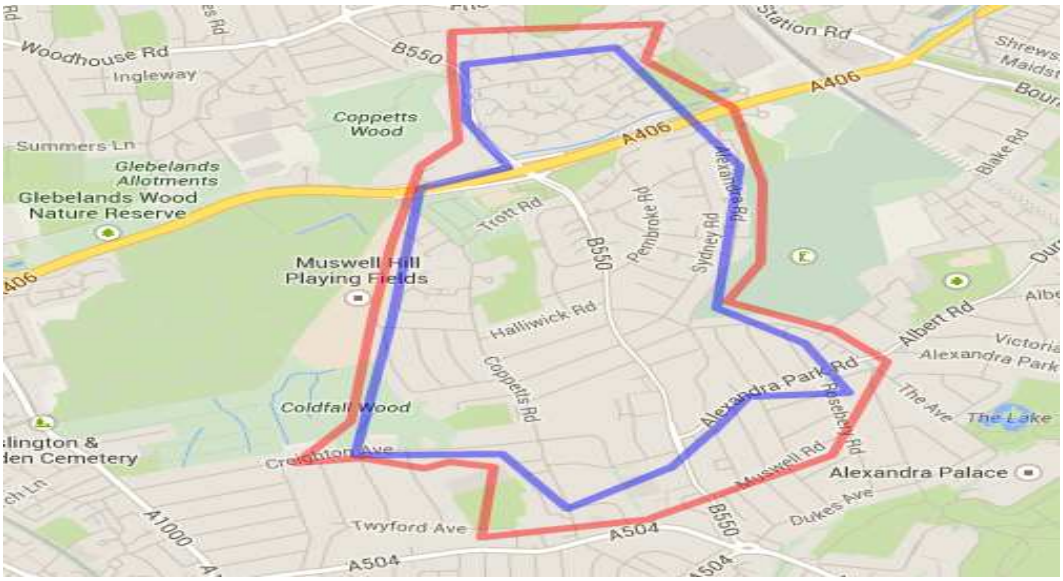
Admin staff- 4 Full time, 3 part-time staff

List size for main site- 4607

Branch Demography- The surgery is set up in a Victorian house on Colney Hatch Lane. It is very easy to find parking on the main road and near-by side roads as there is unrestricted parking. The surgery is very well suited for wheelchair users. There are 4 clinical rooms (3 GPs and 1 nurse), 2 admin rooms, a receptions room and waiting area for patients. The waiting area consists of various posters, leaflets and a video display unit which shows video information about different conditions that patients may have. The VDU also makes patients aware of services available within the practice. There is also a disabled toilet for patients.

Catchment area

Inner Boundary for patients wanting to register at our Surgery.
on B550 Colney Hatch Lane facing Halliwick Road

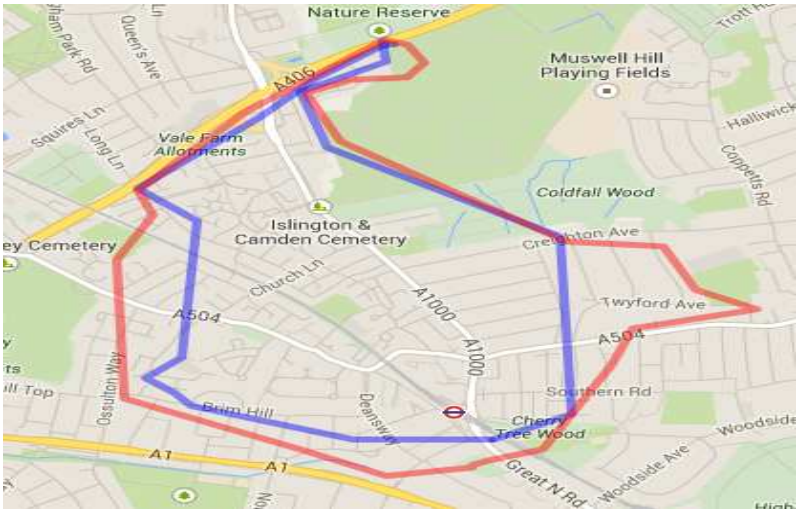


East Finchley:

GPs- 9 clinical sessions/ week
Nurse- 1 clinical session/ week
Admin staff- 3 part-time staff
List size for branch site- 1555

Branch Demography- the surgery is located on East Finchley High Road amongst various shops and cafes. It is very difficult to locate parking near the surgery as all the spots are for permit holders only at certain times. The GPs have a parking bay outside the surgery, which comes at a cost of £200 per GP per annum. The surgery is not suited for wheelchair users- some wheelchairs cannot get through the narrow entrance passage and doorway. There are 2 consulting rooms (1 doctor's room and 1 nurse's room), a reception room and a waiting area for patients. The waiting area consists of a few posters and leaflets but cannot hold much as the area is quite small. There is a patient toilet available for use, however it is not disable friendly. Wider wheelchairs cannot always get into the surgery.

Catchment area



Inner Boundary for patients wanting to register at our Surgery.
At 91 High Road, East Finchley, London N2 8AG (on A1000)

Outer Boundary for patients registered at our Surgery.

How the current practice works between the two sites and the constraints?

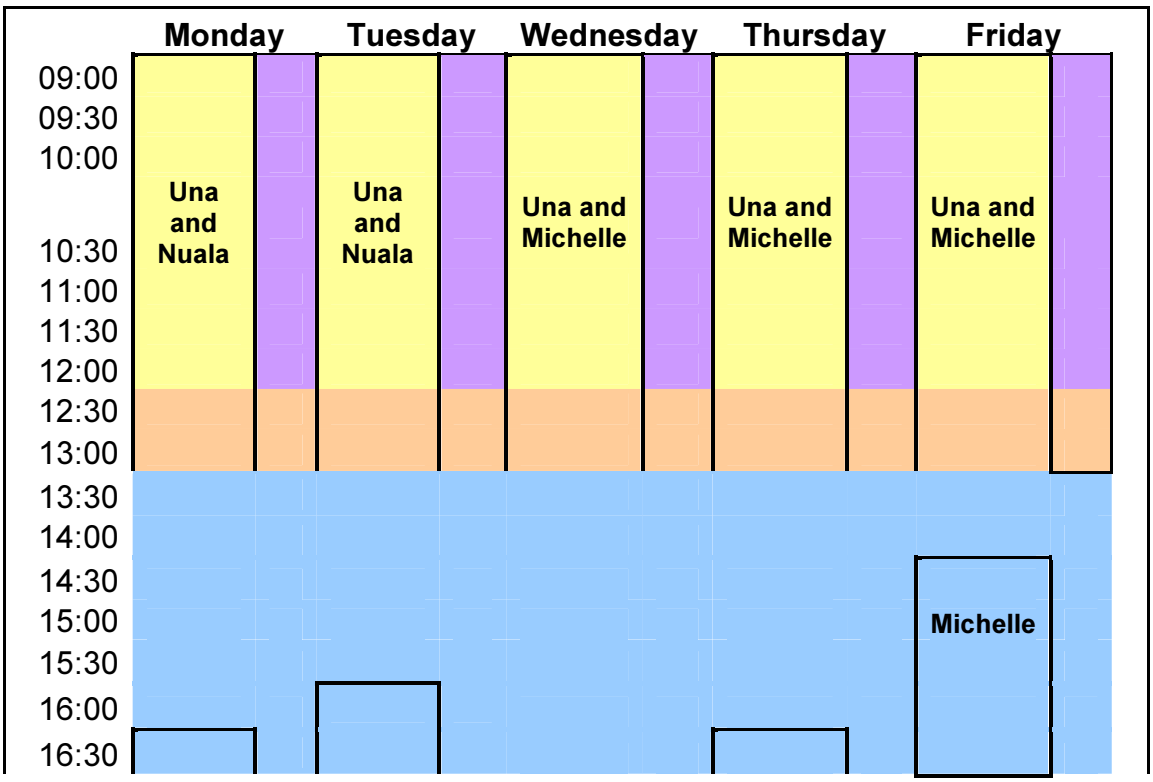
Our Practice continuously strives to provide high quality healthcare and we are very keen to maintain the best possible service to our patients. However, the two surgery sites, which are 1.5 miles apart, are maintained by 3 GPs, whose travelling time between sites reduces the appointment time available for patients. The most efficient way to improve services would be to offer them from just one site.

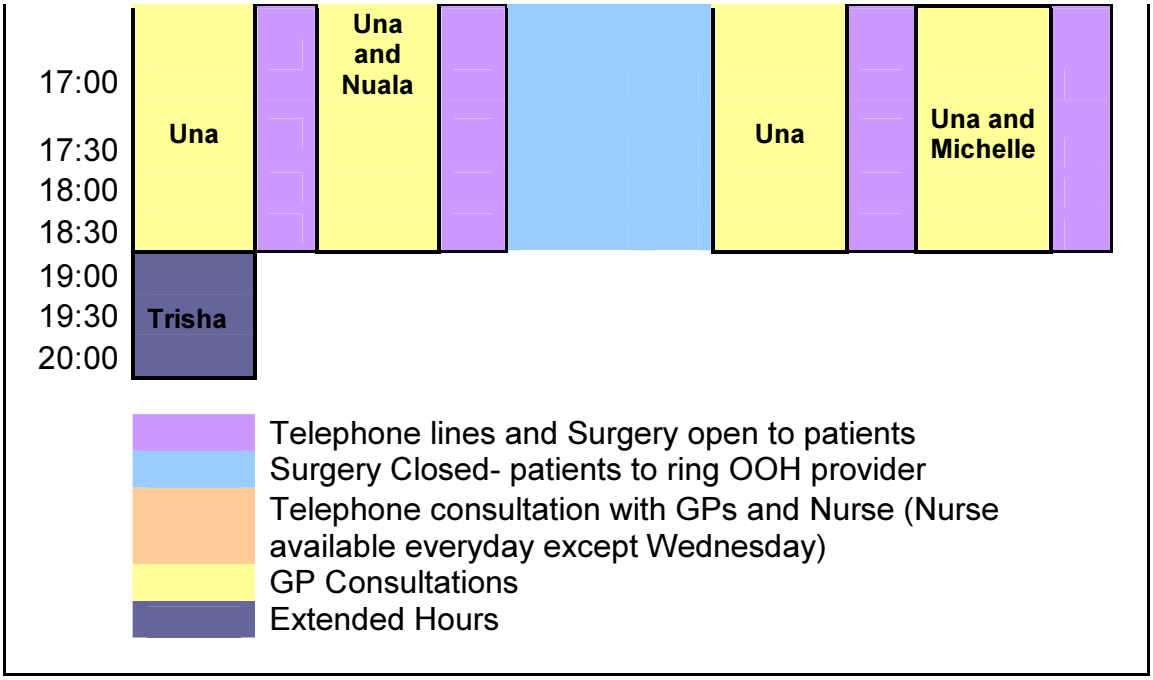
Currently the branch practice operates on reduced opening times, due to the time constraints. It is open for patients between 9-10am and 4:30 – 6pm. The telephones lines there are open from 9am-1pm and 5:00-6:30pm. This problem would be mitigated if the GPs were providing services from one site only, and patients would benefit through having a GP surgery that can remain open for longer.

The nature of care provided in general practice has been changing with more extensive management of chronic disease in practice, treatment of more complex cases, provision of a wider range of services by practices, availability of a wider range of staff working

with GPs. This change requires more equipment, extended staff range etc. and so cannot readily be provided in smaller premises by a single GP.

How does the practice team work now and how does it propose to work when on one site? The logistics of doing this, will there be reduction in staff?

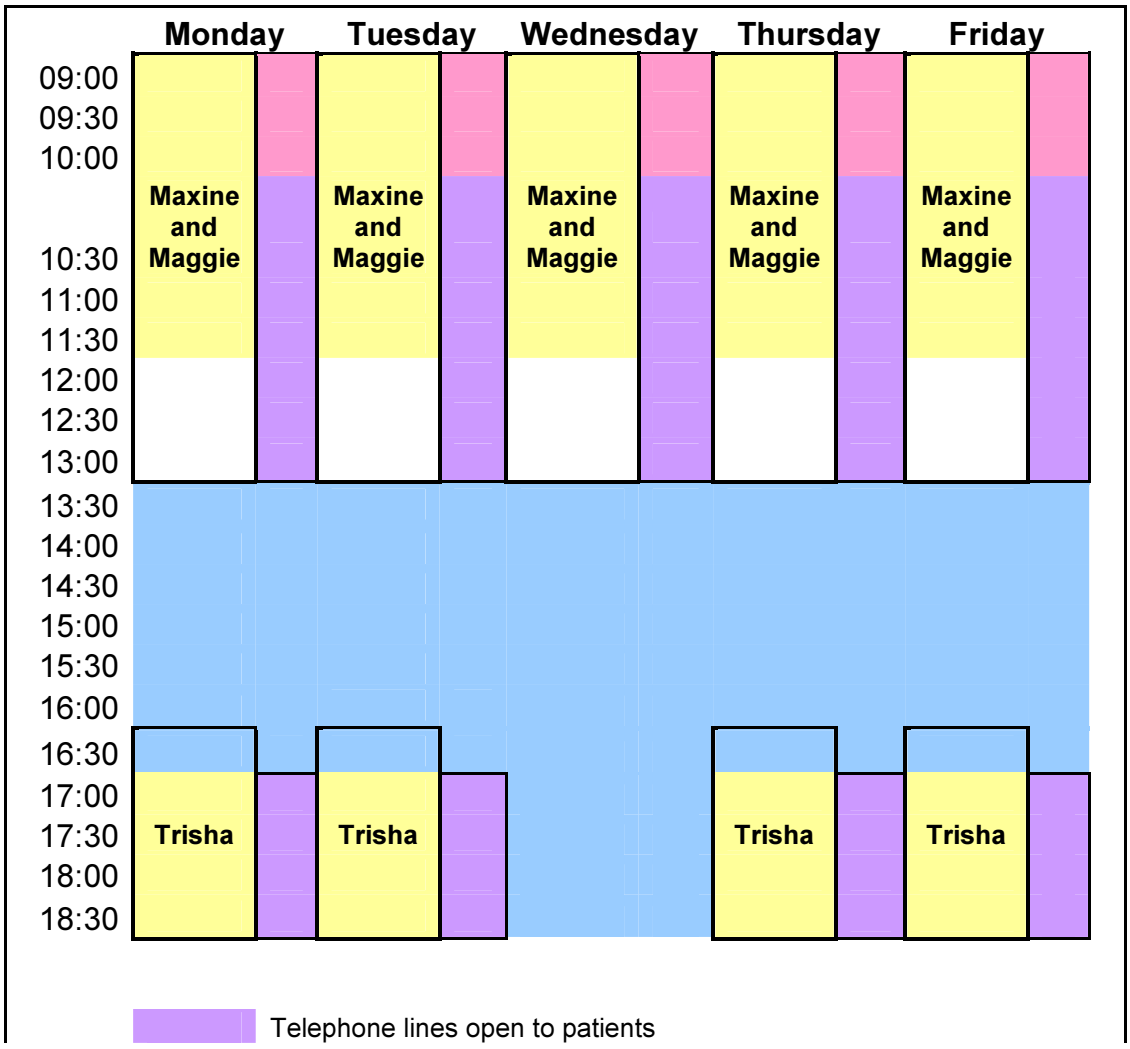


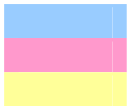


The table below shows how the practice team works at the main surgery.

As it can be seen in the table above, the reception team are there daily from 9am – 1pm. GPs start their consultations at 9am – 12pm and 4:50pm – 6:30pm daily. They then have telephone consultations from 12:30 – 1pm. We have a nurse on site on Mondays (9am – 1pm), Tuesdays (9am – 1pm, 4pm-6:30pm), Thursdays (9am – 1pm) and Fridays (9am – 1pm, 3:30pm-6:30pm). There is also a health care assistant on site who carries out the new registration health checks every Monday and Tuesday afternoons, and she holds a phlebotomy clinic every Wednesday morning 9am – 12pm. The surgery is closed between the hours of 1pm – 5pm. Any patients who need medical help between these times would need to contact Barndoc (OOH providers).

The table below shows how the practice team works at the branch surgery.





The above table of the practice team in the branch surgery shows that the reception team start at 9am – 1pm, and then 4:30pm – 6:30pm. There is always one GP on site who has consultations from 9am – 10am and 4:30pm – 6:30pm. They then deal with their admin (i.e. prescriptions, referrals etc). The GP would leave from the branch surgery at around 12pm, to go to the main surgery in time for the telephone consultations. A nurse is available at the branch surgery only on Thursday afternoons between 4:30pm – 6:30pm.

If the closure of the branch surgery is approved, then the staff that currently work in the branch surgery would be re-located to the main surgery and the **main surgery would stay open to all patients during core hours i.e. 8:00am – 6:30pm, Monday - Friday.** The GP appointment system would also be re-designed to accommodate for more patients. This will be easier as the surgery will have 3 full time/ equivalents GPs, and they will be able to fully concentrate on consulting from one site and therefore will be able to offer a wider choice of consultation sessions. This could be via telephone/ face-to-face consultations. The GPs being on one site full time will reduce costs (locum), and maintain continuity of care. This will be a benefit to the patients, as they will be able to see a GP or Nurse of their choice quicker than they used to before, therefore patient care will also improve. Locums will also be engaged as and when necessary.

This is not a training practice.

Case for Change:

The closure of the branch surgery will help the practice to address greater productivity gains and better access by offering the patients a wider choice of clinicians that they can see as opposed to just the one at the branch surgery. Having 3 full-time GPs and a nurse on site everyday will help in the management of long term conditions such as those supported by the QOF and the new DES- avoiding unplanned admissions. Our practice wants and needs to transform the way it provides services to reflect these growing challenges:

- An ageing population, growing co-morbidities and increasing patient expectations.
- Growing dissatisfaction with access to services.
- Registered lists: providing basis for coordination and continuity of care.
- Highly systematic use of IT: to support management if long term conditions, track changes in health status and support population health interventions like screening and immunisations.

The closure of the branch surgery means that the clinicians can solely concentrate on all of their patients from one site. When working from just one site, they can cut out wasted travelling time between the two practices. This then frees up more time for them to create an environment that enables the practice to play a much stronger role, as part of a more integrated system of out- of- hospital care, in:

- Pro-active coordination of care, particularly for people with long term conditions and more complex health and care problems.
- Holistic care: addressing people's physical needs, mental health needs and social care needs.
- Ensuring fast, responsive access to care and preventing avoidable emergency admissions and A & E attendances.
- Preventing ill health, ensuring a more timely diagnosis of ill- health, and supporting wider action to improve community health and wellbeing.
- Involving patients and carers more fully in managing their own health and care.
- Ensuring consistently high quality of care: effectiveness, safety and patient experience.

The patient views highlighted an impact on elderly patients and patients who indicated they had a disability in terms of access to services. The GPs are concerned and agreed that home visits would be carried out as necessary, where there were access difficulties to mitigate any impact on these patients.

It is acknowledged that the branch surgery provides ease of access to a GP for a number of patients who live close to the East Finchley surgery than the main surgery in Colney Hatch Lane. These include the elderly and disabled patients.

Based, however on the overriding need to ensure that the best quality care can be delivered to all patients, the fact that there are health and safety issues with the current branch surgery premises and taking into consideration that there are benefits to efficiently providing services from the main surgery only, to a larger number of patients, it is proposed that agreement is given to closure of the branch surgery.

Taking account of views expressed by the patients, and particularly concerns expressed by elderly and disabled patients, it is proposed that the GPs in the practice will be asked to ensure that any negative impact on these patient groups is mitigated.

Constraints in the current branch surgery premises do not enable the practice to increase or make changes to services. The space allowance at the main surgery will promote the ability for multi-disciplinary working and enable the introduction of new services.

As a result of the closure of the branch surgery, the clinicians will be able to focus on all their patients from one site. This will help address the strategic needs for primary care as:

- Patients will be helped in their goal to remain healthy and independent.
- Far more services will be delivered safely and effectively from the main surgery.
- Services will be integrated, built around the needs to patients, promoting independence and choice.
- Long standing inequalities in access and care will be tackled.

No changes would be required to be made to the current practice and branch IT systems as there is only one EMIS server between both sites that holds the patient list on EMIS Web and one Docman server, both of these servers are at the main surgery.

Patient communication and the use of IT etc. will improve following the proposed closure of the branch surgery through a range of contact systems such as telephone clinical triage, planned and urgent appointments, and home visits. The East Finchley patients who do want to stay with the practice in Colney Hatch Lane do not need to come to the surgery to pick up their repeat scripts. The surgery has been set up for

Electronic Prescribing Service- meaning the scripts are sent electronically to the patient's choice of nominated pharmacy.

Local factors: *from the Joint Strategic Needs Assessment, Primary Care*

Demographics

Barnet's rising local population (especially at the youngest and oldest extremes) will place pressure on all health and social care services, with a number of implications for health and wellbeing.

The projected growth in the child population, especially **5 to 9 year olds** will place significant demands on health, social care and education services. In addition to the general increase, improved survival rates also mean that there will be more children with complex needs which need supporting.

45-64 year olds – another expanding age group – are most at risk of developing long-term conditions, including obesity, raised cholesterol, high blood pressure, diabetes, stroke and heart failure. This may in turn lead to a rise in incidences of dementia further down the line.

While many **older people** are living independent lives, many will be dependent on care provided by family or public services. Over the next five years, there will be 3,250 more residents aged over 65 (+7.4%) and 783 more residents aged over 85 (+11.3%). Both of these increases are above the average growth rate (5.5%). In addition to the traditional health risks of old age, dementia is a particular issue that we can expect to see increase in prevalence as more people live into old age.

Ethnicity

Barnet is already a very diverse borough in 2011, with 33.1% of the local population belonging to non- white communities. Different ethnic groups have differing health needs and susceptibilities. Over the coming years, Barnet is forecast to become **increasingly diverse** (35.0% non-White by 2016), creating new and complex health

needs. It is vital that the unique health needs of these communities are properly understood and managed.

Deprivation

According to the latest release of the **English Indices of Deprivation**, Barnet is less deprived than it was three years ago, ranked as the 165th of 326 most deprived Local Authority Area. Barnet is a particularly diverse borough however, and although the Barnet average is averagely relatively deprived, there is a wide variance between different domains and different areas. No Lower Level Super Output Areas (LSOAs) in Barnet fall within the ten per cent most deprived nationally, six fewer than 2007. However 35 of 210 (16.67%) rank in the lowest ten per cent on at least one domain.

The two domains which have shown the greatest decrease in relative deprivation are Barriers to Housing and Services and Health Deprivation and Disability. In part the housing domain improvement is likely to be a change in the how data has been defined since the last release.7 No changes have been made to the methodology for the health domain, however this is a complex weighted measure in part based on prescription data.

The Barnet Local Development Framework (LDF) acknowledges the impact of access to good quality housing on public health and wellbeing. Among the priorities outlined in the document, there is a commitment to **providing quality homes and housing choice**, by developing wider choice in terms of tenures, types, size and affordability and a strategy for intelligent **distribution of growth in meeting housing aspirations**, which sets out the most sustainable locations for housing growth in the west of the borough together with the priority housing estates and town centres to avoid overcrowding.

Additional Health Indicators

Health inequalities can be thought of as potentially modifiable differences in wellbeing and in access to services of different types. Often, health inequalities are described in the context of deprivation, but avoidable disease is not something that only affects people in deprived areas, it simply occurs more often amongst those living in them.

Health inequalities in smokers (and between men and women)

A very large number of diseases are caused by, or worsened by, smoking and by inhaling second-hand smoke. Smoking-related diseases are more common amongst people living in more deprived areas because such people are, generally, more likely to smoke, but they affect people everywhere. It is noteworthy that deaths from chronic obstructive pulmonary disease in Barnet are dropping in men but have been relatively static in women until the last couple of years. This is probably because men and women have taken up smoking differently and have had different quit behaviours in past years.

Health inequalities in people who are obese

In Barnet, about 54,000 men, women and children are likely to be obese; a further 880 men and 3,100 women are likely to be morbidly obese.**10** Adults who are obese (i.e. who have a body mass index of 30 or greater) are at a greater risk of premature death and are more likely to suffer from conditions such as diabetes, heart disease, hypertension, stroke, cancers, musculoskeletal diseases, infertility and respiratory disorders. Women who are obese are, generally, at greater risk than men of developing certain diseases. For example, obese women are nearly 13 times as likely to develop Type 2 (i.e. non insulin dependent) diabetes as obese men who are about five times as likely to do so.

In Barnet in 2010, 10.6% of children in reception and 17.5% in year six were found to be obese. For the reception age, the Barnet figure is slightly lower than the London average of 11.6 but slight higher than the England average of 9.8. The year six figure was lower than the London and England averages of 21.8% and 18.7% respectively.

The good news is that reducing weight reduces these risks. For example, if an obese person reduces their weight by 10% then their chance of dying prematurely is reduced by 20-25%, their blood pressure is likely to drop by 10-15mmHg,**13** the risk of developing diabetes can be reduced by more than 50%, and angina symptoms reduced by over 90%.

Health inequalities in people with mental health problems and people with learning disability

People with learning disabilities and those with mental health problems are much more likely to have significant health risks and major health problems: for those with learning disability this particularly includes obesity and respiratory disease, and for those with mental health problems obesity, smoking, heart disease, high blood pressure, respiratory disease, diabetes and stroke. People with severe and enduring mental illness are twice as likely to die from coronary heart disease and four times as likely to die from respiratory disease as the general population.

Health inequalities in people with diabetes mellitus

Whilst about 3% of the general population has Type 2 diabetes mellitus, some 20% of Asians and 17% of Black Africans and African Caribbean's do so. Diabetes principally damages blood vessels and thus compromises the blood supply to vital organs. It increases the risk of heart attack and death from heart attack, stroke, kidney failure, loss of sensation in the feet, foot ulceration and loss of toes and parts of the feet from dry gangrene. Diabetes is also the most common cause of blindness in people of working age. It is also noteworthy that diabetic complications such as heart attack, stroke and kidney failure are three-and-a-half times more likely to occur in people with diabetes who live in deprived areas.

The incidence of Type 2 diabetes is increasing, and the age of onset is decreasing, as more and more people in this country become obese. It is also five times more likely to develop in people with severe mental illness than in the general population.

Non Demographic Factors

Everything has to be paid for and the budgets available for both health and social care are finite. Public bodies are statutorily required to break even at the end of the financial year, i.e. not to spend more money than is available, and thus services have to be commissioned to provide the greatest benefit for the greatest number within available resources.

Most acute hospital services are charged at a national 'tariff' rate. Whilst this standardises the cost to commissioners for each activity there are still differences between hospitals because of

(i) Defining services differently, e.g. one hospital defining a procedure as an outpatient one and another as a day case one (the latter costing more), and

(ii) Differences due to a ‘market forces factor’, whereby hospitals sited closer to the centre of London uplift their prices because staff receive Inner London Weighting as part of their salaries.

This latter difference means that the same procedure, which should be provided with the same quality, will cost commissioners more if a patient is treated in an inner London hospital than an outer London one. In addition, there have been increases in the national tariff prices for a number of acute hospital services.

In order to ensure that care is provided in the most clinically and cost effective way, it is important that these changes in activity are understood more fully. Similarly, to ensure best value for money, it is also important to identify how safe and effective services can be provided in the most cost-effective way, which may necessitate shifts from acute hospitals to community-based care, including the provision of more services in a primary care setting, and changes in the pathway of care.

The care market then is a mix of well-established and immature markets and is shaped by commissioners, independent and voluntary sector providers, regulators, services users and their carers.

The care market in Barnet is dominated by residential care, with 121 care homes within Barnet offering 3,082 places, around a half of which are registered as ‘dementia beds’. Barnet social services purchases just over a quarter of available beds in Barnet, as well as buying a third of its provision from homes outside the borough. With NHS purchasing included, this proportion rises to around 50%. The remaining half of the market is made up of people funding their own care and people placed here by other local authorities.

Nearly a half of residential homes and beds within Barnet are located in the North cluster, although homes and beds with nursing facilities are concentrated in the South cluster.

Options Appraisal

Option 1: – To remain as is providing services from 2 sites

Detail	Constraints	Benefits
Patients	Ageing population and consequent demands upon healthcare providers.	Patients have the convenience to a walk-in surgery in East Finchley.
Premises	Branch surgery in East Finchley not fit for purpose- difficult for wheelchair users and buggies to enter and exit the branch surgery due to the structure of the building.	Main surgery is fully disabled friendly. Ease of access for wheelchair users and buggies.
Efficiency	Very time consuming for clinicians to travel between the two surgeries.	Plenty of parking available on the main and side roads near the main surgery.
Affordability	Very high costs (staff, locums, rent and rates)	
IT	The administration work for both surgeries is currently carried out from the main surgery. Slow IT connections at branch surgery.	One EMIS server and Docman server- both at the main surgery.

Option 2: - To rationalise services onto one site

Detail	Constraints	Benefits
Patients	East Finchley patients will have to travel to Colney Hatch Lane to see a GP or Nurse.	Patients will have the opportunity to consult with a GP of their choice and be offered a greater range of services.
Premises	Extra space will need to be created for	Premises at the main surgery are

	the Lloyd George patient records from the branch site, which is manageable.	fully disabled friendly.
Efficiency		Clinicians do not need to travel between the two sites, therefore can concentrate more on the patients.
Affordability		Reduced costs. (Locum and rates). No rent.
IT		No disruption to the servers.

Conclusion

As previously stated in earlier parts of the document, the current premises of the branch surgery is no longer fit for purpose. The proposal is for approval for the closure of the branch surgery and to provide services from the main surgery only. The branch surgery carries many underlying problems, such as inadequate parking facilities and due to the restriction of the size of the site, it is unable to expand ay further to allow for disabled access, furthermore the landlord will not give permission for structural changes.

The location of the main premises provides better access to the surgery and it is served by a frequent bus service. The location also allows for ample car parking space which is in contrast to the current provisions at the East Finchley site. The population of the area is growing and the needs of the patients are also increasing. With an ageing population, the main premise is proofed to be fit for purpose to continue to provide a sustainable service to all the patients. The main surgery premises will not only allow the practice to expand the provision of GMS services it currently provides, but also allow the practice to be able to help develop enhanced primary and community services.

The main benefit to patients would be that the surgery will be accessible during the core hours i.e. 8:00am – 6:30pm, Monday – Friday. At present both sites have limited accessible hours for patients.