

Report for the Cheshire West and Chester Overview and Scrutiny Committee

A Review against published Consultation Practice of the proposal by Danebridge Medical Practice to close Sandiway Surgery

Prepared on behalf of the Patients of Sandiway Surgery

By the Save Our Surgery Residents Action Group and Cuddington Parish Council

Part One: The Report – September 2020

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It is important to note that the consultation process being discussed in this report took place before the COVID 19 pandemic lockdown began in the UK.

Consultation Exercise for the Closure of Sandiway Surgery by Danebridge Medical Practice

1. Executive Summary

- 1.1. Danebridge Medical Practice (DMP) is proposing to close the Sandiway surgery. This surgery provides the sole primary care facility for 3 rural villages – Cuddington, Delamere Park and Sandiway and the surrounding settlements. The villages have a population of 5730 (2018 CWaC estimate) 3747 (65%) of whom are patients of DMP, a very significant percentage.
- 1.2. Danebridge Medical Practice wrote to the households of their registered patients on the 21st December 2019, advising them of a proposal to close the Sandiway branch surgery. This caused great alarm among these patients and among the other residents of Cuddington Parish. At the instigation of some members of the Patient Participation Group and the Neighbourhood Plan Development team a Residents Action Group was formed on 23rd December 2019, supported by the Parish Council, with Parish Councillor and Ward Councillor membership.
- 1.3. The CCG, in response to an FOI, confirmed that they had provided advice and guidance to DMP in the form of the [NHS England Guidance on Patient and Public Participation in Commissioning Health and Care](#) and also the Gunning Principles. In this report the consultation process experienced by the affected patients, is compared with the principles for participation taken from this statutory guidance. Five of the ten principles of participation in that guidance are relevant to this issue and have been ignored by Danebridge Medical Practice. The CCG has documented how they believe DMP has followed the Gunning Principles, (See Part 2 Appendix B FOI # 8), and the Residents Action Group has added its own commentary (see Section 4 Table 1 below).
- 1.4. The process has not been open and transparent. The implied reason for the proposed closure of Sandiway surgery is that conditions there led the CQC to downgrade the whole Practice at the 2019 inspection. However, nothing was identified in that inspection that would require Sandiway's closure. This has been confirmed to us by the CQC.
- 1.5. The Practice has conducted the absolute minimum consultation, largely based around a highly subjective survey, designed to elicit their pre-determined outcomes. This is a very significant proposal for change to primary care affecting 3747 patients directly and another 21000 patients indirectly. There have been no targeted focus groups for the elderly, and the young, or those with health inequalities and poor health outcomes.
- 1.6. The Practice, on its own admission, made no attempt to discuss the matter with other GP practices in the area before approaching the CCG to advise them of the intention to consult on a proposal to close the surgery.
- 1.7. The Practice management have on several occasions made it clear that they intend to close the surgery, yet claiming that they are observing the four Gunning Principles, namely:
 - Consultation must take place when the proposal is still at a formative stage
 - Sufficient information and reasons must be put forward for the proposal to allow for intelligent consideration and response
 - Adequate time must be given for consideration and response
 - The product of consultation must be conscientiously taken into account
- 1.8. Danebridge Medical Practice has not followed any of these principles to date. The consultation has been superficial and inadequate and is incomplete. The proposal to close the surgery must be suspended until proper consultation can be carried out and a sustainable plan for GP surgery provision in the Key Service Centre of Cuddington and Sandiway can be developed, in line with guidance in the Local Plan DM39 (See Part 2 Appendix D - Letter from CWaC Senior Planning Officer.)

2 Introduction

There are 10 principles of participation identified by NHS England in their document 'Patient and Public Participation in Commissioning Health and Care'. They appear equally relevant when considering decommissioning or changing parts of the health and care system. Those relevant to this consultation are: -

Principle of Participation 1:

Reach out to people rather than expecting them to come to you and ask them how they want to be involved, avoiding assumptions.

Principle of Participation 3:

Proactively seek participation from people who experience health inequalities and poor health outcomes.

Principle of Participation 4:

Value people's lived experience and use all the strengths and talents that people bring to the table, working towards shared goals and aiming for constructive and productive conversations.

Principle of Participation 5:

Provide clear and easy to understand information and seek to facilitate involvement by all, recognising that everyone has different needs.....

Principle of Participation 7:

Be open, honest and transparent in the way you work; tell people about the evidence base for decisions, be clear about resource limitation and other relevant constraints.....


3 Consultation Process

To decide whether the consultation process has been adequate, the actual consultation as experienced by the patients will be described and then compared with the principles outlined above.

3.1. Principle of Participation 1:

Reach out to people rather than expecting them to come to you and ask them how they want to be involved, avoiding assumptions.

3.1.1. Process Timeline

	21st December 2019 onwards (Week 1)	Friday 17th January 2020 (end of Week 3)	Tuesday 21st January 2020 (Week 4)	Monday 27th January 2020 (Week 5)	12-Feb-20	26-Feb-20
Letters arrive with Patients						
Drop-in meeting arranged and advertised on surgery doors (following pressure from Residents Group)						
Drop-in meeting (after suggestion from Residents Action Group) - held at Sandiway only (on an afternoon the surgery is normally closed)						
Consultation period ends				END		
Public meeting advertised on Facebook and surgery door but not otherwise (following pressure from Residents Group, and reliant on them to communicate)						
Public Meeting Weds 26th February 6.30 - 7.30						

- 3.1.2. When the PPG were given prior information about the closure proposal, they were required not to disseminate it to the people they represent i.e. the patient base. The first the patients knew of the possibility of closure was a letter from the Practice that arrived just before Christmas with only a five week 'consultation period' over the longest and most disruptive holiday in the calendar. The "consultation process" comprised solely the response to the survey form, which accompanied the letter, and a FAQ sheet. (See Part 2: Appendix E)
- 3.1.3. Patients were advised that surveys must be completed by 27th January. A drop-in session and final close-out public meeting (both unsatisfactory from a patient viewpoint) were held and further information about these is provided below. There was no suggestion that patients had any other mechanism to discuss the proposals with DMP.
- 3.1.4. A drop-in meeting at Sandiway surgery was held on Tuesday 21st January, a day when it is normally closed. Only 3 notices advising patients of the session were posted by the Practice, at very short notice, one on each of the surgery doors at Danebridge, Kingsmead and Sandiway. This approach failed to reach out to all their patients. These notices would only have been seen by any patient who had cause to visit one of the surgeries. The meeting was heavily attended only because the Parish Council ensured that the information was placed on the village website and advertised at a special public meeting held by them on the 20th January. The Drop-in meeting at the surgery was described by patients as chaotic – there were too many people for the surgery to hold. From the patients' point of view the outcome was totally unsatisfactory.
- 3.1.5. There have been no roadshows to explain the proposals to those directly affected (i.e. patients in Cuddington, Delamere Park, and Sandiway villages and surrounding rural area) or the other patients in the Practice who will be affected indirectly by the additional patient load on the Danebridge and Kingsmead surgeries.
- 3.1.6. The only other face-to-face public meeting that has been held, at which partners were present, was the consultation 'close-out' meeting. This meeting was described as the 'close-out' meeting by DMP. As this was only the second opportunity for patients to talk directly to the Practice and seek responses as part of the consultation process, the decision to call the meeting a 'close-out' was questionable. It was in effect closing an incomplete and unfair consultation process. 185 patients attended this one-hour evening session, twice the number for which DMP had planned, despite being advised by the Residents Action Group on the likely numbers attending. Additionally, a request for a microphone to be provided for hard of hearing patients, was refused by DMP. The public meeting was inadequate and failed to create an open and transparent mechanism for the 185 patients to participate in genuine consultation. Attendees were split between two different rooms and the second group of attendees were not afforded the opportunity to hear the presentation by the Practice representatives. As a result, this group was not provided with a fair and consistent opportunity to ask questions as the Practice representatives had already ended their presentation, which they did not repeat. They did not consider the impact of this poor planning on the participants' right to consultation.
- 3.1.7. At this public meeting it was expected that the results of the survey would be provided. While some information was displayed the final outcome was not available. Those who asked for the full results of the survey were promised that they would be informed by email. This has not happened. Patients had the opportunity to talk to some of the Practice staff, questions were collected and answers promised. Only the final outcome of the survey, which indicated a majority against closure, has been supplied. Nothing has been received on any other question raised at this meeting and those collected by the Residents Action Group have been submitted as FOI requests. (See Appendix B)
- 3.1.8. It was learned, after the public 'close-out' meeting, that forms had been available for patients to volunteer to join focus groups. The existence of these forms was not announced to either of the two session groups and, such was the chaos, the majority did not know the forms were there and therefore very few signed up. Again, the approach taken was contrary to the principles of reaching out to people and actively seeking their participation. Since the meeting was termed by the Practice as the 'close-out' of the consultation process, it is difficult to understand what these

focus groups were intended to do. However, those who did put their names down on the forms have still not been contacted. Where matters are raised through a consultation process, they should be responded to. DMP has failed to do this.

3.1.9. Comparison with Principle 1

No views were sought or options offered as to how the patients wished to be involved before the survey was launched. The approaches taken by DMP to publicise the drop-in meeting did not reach out to all patients. Focus groups were only offered at the Close-out meeting and attendees were not adequately informed of their existence, purpose or outcomes. The format of both the Drop-in and Close-out meetings left the patients who attended without either a voice in the process or adequate information about the responses to concerns raised and feedback from the survey. The 'Drop in' and 'Close-out' meetings held by DMP appeared to pay lip service to the consultation process on the surgery closure. From their approach they seem to consider it to be a fait accompli.

3.2. Principle of Participation 3

Proactively seek participation from people who experience health inequalities and poor health outcomes.

3.2.1. In the original letter to patients and FAQ (Part 2: Appendix E) Danebridge Medical Practice said:

“As GPs we are primarily concerned with the well being of our patients. We believe that centralising services across two remaining locations will enable us to offer a more flexible, efficient GP services with better access for our patients.”

In FAQ 6 “What will happen to vulnerable patients?” the Practice stated that: “All our patients currently registered with the practice will have the option of being able to stay on our practice list, whilst living at their existing address. The doctors will continue to provide home visits, as now, to our vulnerable housebound patients.”

3.2.2. In an FOI request raised by the Action Group (see Part 2: Appendix B FOI # 7) we asked:

The existing public transport services to/from Cuddington & Sandiway are infrequent and the public bus and train facilities at all locations are not within reasonable walking distance of either Danebridge or Kingsmead surgeries for those with mobility issues and/or ill health.
Do you know the total number of patients within Cuddington & Sandiway that would rely on public transport to access GP services at either Kingsmead or Danebridge?
What solutions will you put in place for people needing to use public transport to access the alternative surgery locations?

They responded

“We are commissioned to deliver medical services to our practice population, under the contract we are obliged to deliver services to all patients on our list. It is not the responsibility of general medical practice to provide transport from a patient’s home to the surgery, this is the responsibility of the patient. “

3.2.3. Throughout the consultation there have not been any focus groups to assess the opinions of specific groups of patients with particular difficulties for example, the elderly or young families with limited resources, or patients with specific health problems or accessibility issues.

The focus of DMP’s internal discussions would appear to place higher priority on the wellbeing of their staff rather than on the wellbeing of patients. (See Part 2: Appendix F – Briefing Note by DMP to Staff)

3.2.4. Comparison with Principle 3

The initial communication by Danebridge Medical Practice, in their own FAQ response, and subsequent responses to questions raised by the Residents Action Group has demonstrated that no thought has been given to what will happen to vulnerable and isolated patients living in Cuddington and Sandiway.

There has been no attempt to use the many community facilities in the village for communication roadshows or focus group discussions, or to reach the groups who meet regularly for example, the WI, toddler groups, church communities. Those who experience health inequalities and poor health outcomes could have been targeted directly in this way since the Practice would have a good idea who they are. As detailed above DMP has failed to adequately reach out and engage with the patients with specific healthcare issues.

They have not been true to their own avowed intent "As GPs we are primarily concerned with the well being of our patients". Principle 3 has not been met.

3.3 Principle of Participation 4:

Value people's lived experience and use all the strengths and talents that people bring to the table, working towards shared goals and aiming for constructive and productive conversations.

- 3.3.1. Although not requested by the Practice, a Residents Action Group has been formed with the objective of opposing the closure and, given the chance, working with the Practice to keep the surgery open. The support of patients was sought to give the Action group a mandate to work on their behalf. 820 signatures were obtained during the consultation period along with 50 supporters who emailed the Action Group (Appendix A). A series of FOI questions were submitted to try to establish more information, for example, the reasons for closure; the problems faced by the surgery; and whether the surgery still met statutory regulations. A meeting with DMP was also requested with at least one GP partner to be present. The intention was to discuss the closure proposal, to establish the reasons and what could be done to keep the surgery open. The Practice would only agree to a meeting focussed on the responses to the FOI questions submitted by the Action Group, and suggested holding this meeting on Wednesday 5th February, which was before the responses to the FOIs were due. The Action Group asked for the meeting to be held on Wednesday 12th February, a day of the week recommended by the Practice management, which would enable Partner attendance, and which would be after the FOI responses were expected. A meeting took place between the Residents Action Group and the Practice on the 12th but with the Business manager and HR manager representing DMP. No partner attended.
- 3.3.2. It was clear from the FOI responses and the subsequent discussion that no work had been done by DMP on options for keeping the surgery open. The FAQ sheet, that accompanied the letter to patients and survey, suggested that options to try to keep the surgery open had been under consideration for 12 months. No information could be obtained on what those options were. One of the FOI questions asked was whether or not options to bring the surgery up to a current 'fit for purpose' standard had been considered (see Part 2: Appendix B FOI # 3). The only quote that DMP had sought was for the surgery to be demolished and totally rebuilt. Not surprisingly this was very expensive and unlikely to be supported by the NHS. The FOI responses have assured the Residents Action Group that the existing surgery meets all statutory requirements. It was agreed at the meeting on the 12th February that an estimate of costs to bring the surgery up to a current 'fit for purpose' standard could be pursued, but no information has been forthcoming.
- 3.3.3. Verbatim notes were taken of the meeting and are available if required. In the meeting it was stated '.....the Partners intention is to close the surgery...' and '....their decision is that they wish

to close it, but they have to go through a process....'. It was noted that Dr McGregor-Smith had made similar comments at the drop-in meeting at the surgery. The comments reinforce our belief that the only option being considered is closure of Sandiway surgery. In its letter to patients in December, the Practice stated 'In addition, provision of modern primary healthcare is becoming increasingly difficult and delivery across multiple sites is no longer sustainable.' However, they still intend to run two sites Danebridge and Kingsmead within just one mile of each other.

3.3.4. The Residents Action Group can discern no other options that have been considered. The options that could have been considered are upgrading the existing surgery, selling to another practice, or options such as conversion to an electronic remote access location, or simply changing the opening hours.

3.3.5. **Comparison with Principle 4**

The lack of response to the Residents Action Group suggestions underlines our belief that the decision to close the surgery has already been taken and the objective is purely to get it through the consultation process with the minimum of effort. No attempt has been made to harness the energy and the talents of the patients affected by the proposal, who are willing to work with the Practice on the issues that have prompted consideration of closure. The Residents Action Group has made a number of alternative suggestions identified through an open and transparent process led by this Group. To date the Action Group has not had full responses to its FOIs on these ideas. It is therefore clear that Principle 4 has not been met.

3.4 **Principle of Participation 5:**

Provide clear and easy to understand information and seek to facilitate involvement by all, recognising that everyone had different needs...

The Practice provided a letter, a survey form and a FAQ sheet to patients as the 'consultation' process. (Part 2 Appendix F). They are commented on below.

Letter

3.4.1. The letter reported that the CQC inspection of the Practice had resulted in an overall grading of 'Requires Improvement'. The FAQ sheet stated that the inspection took place in February 2019. It then moved on to, and implied, a direct link between this inspection result and the proposal by the Partners to close Sandiway surgery. It further stated, "Over the past 12 months we have tried various solutions to keep the surgery open. However the national shortage of salaried GPs has led to difficulties recruiting permanent doctors. In addition, provision of modern primary healthcare is becoming increasingly difficult and delivery across multiple sites is no longer sustainable."

3.4.2. In response to FOI requests and in the meeting between the Residents Action Group and the Practice management, a variety of reasons have been offered for the closure proposal. These range from the cost of work prescribed in the CQC report; that the surgery is not up to modern standards; that the surgery is clinically unsafe; to the assertion that young doctors do not wish to work there as the single clinician on site. When each of these points has been challenged the basis has shifted.

3.4.3. The CQC main report raises only one issue associated with the Sandiway surgery – there is a requirement to let a carpet cleaning contract. When challenged, the Practice stated that a 48 page confidential report contained safety criticisms of the surgery - but refused to release the sections of the report that deal with these concerns. Subsequently, following a letter from our MP

to the CQC, (See Appendix D) and an FOI (See Part 2 Appendix B CQC IAT 1920 1155) the information was posted on the CQC website in April 2020 as an "[Inspection Evidence Table](#)".

The Inspection Evidence Table identified other issues at Sandiway, all of which were Practice management issues. These were: -

- **Health and Safety:** Patient records were not kept in a locked container within a locked room at Sandiway, which meant they were at risk of damage and inappropriate access to patient information.
- **Appropriate standards of cleanliness and hygiene:** The carpets at Sandiway did not appear to be clean. The provider did not have a routine schedule to clean these carpets.
- **Medicines Management:** The prescriptions at Sandiway were kept in drawers and cupboards that were not routinely locked. They were also left in printer trays overnight.
- **Responding to and meeting people's needs:** The practice were (sic) aware that Sandiway needed some remedial maintenance and redecoration.

3.4.4. None of these findings would justify a decision to seek closure, indeed the CQC Inspection Table stated that Sandiway surgery is fit for the services delivered. CQC have confirmed in a number of enquiries and FOI responses that they would not see the need for closure based on their inspection.

The issue that the surgery is not up to modern standards is likely to be correct – but the Practice has stated in an FOI response that the surgery meets all statutory requirements. (See Part 2: Appendix B FOI # 3) When asked to provide information on the investment needed to bring the surgery up to a modern standard, the reply from DMP was that they had simply assumed that it needed to be demolished and that a totally new replacement should be built. What is actually required to develop the existing building into a current 'fit for purpose' surgery has not been dealt with and the Residents Action Group awaits a direct answer to their FOI question.

3.4.5. Turning to young doctors not wishing to be the sole clinician on site, this can be easily addressed by putting a nurse with the doctor – as has been done for long periods prior to the Practice slowly reducing the services provided at Sandiway surgery. In the response to an FOI the Practice indicated that the provision of a nurse at Sandiway would be a solution to this problem, but one they wish to avoid. (See Part 2: Appendix F– Briefing Note by DMP to Staff)

Survey Form/ FAQ sheet

3.4.6. The Survey Form and FAQ sheet were nominally issued to all registered households of the Danebridge Medical Practice in the area. The Residents Action Group is aware that some registered households in the CW8 2 area (Cuddington/ Delamere Park/ Sandiway villages) did not receive the forms. Over the whole Practice the total number of patients disenfranchised is not known. It should also be noted that issuing one form to each household assumes all members of the household have the same view.

3.4.7. The form comprised 7 questions covering issues from respondent location; how many people were in the household and their age profile; how they travelled to 'your surgery'; how often they attended Sandiway surgery; which location they attended when needing medical services; why they chose the location of 'your' GP services and finally does the household support the Practice's plan in principle.

3.4.8. The questions asking about use of services are compromised for a variety of reasons. What the patient did in the last year is dependent on their health over that period, which will change from year to year. Choice of service and location to be used is compromised by the Practice booking system that dictates where appointments are available, and so the responses do not represent the preferences of the patient only the preference of the Practice. As the Practice has been

reducing the availability of appointments at Sandiway, the results are unreliable as an assessment of patient wishes.

- 3.4.9. The question in the survey on supporting the Practice plan is difficult to answer because insufficient information is provided. The only part of the plan with any clarity is the desire to close Sandiway surgery. Regarding service levels at the two remaining surgeries, there is an assurance on the FAQ sheet that additional appointments will be forthcoming and that Kingsmead will be open 08.30 to 18.00 hrs. There is no information on how many additional appointments will be available on a daily or weekly basis and the quoted hours for Kingsmead are actually a reduction of an hour in the present opening hours of 0800 – 1830. (Source: Kingsmead website). This reduction has now been acknowledged as an error. The Practice states that Kingsmead will be open for an additional hour over lunchtime. Quite how an additional hour of opening of one of the central facilities is able to meet the increase in demand (see below) arising from the closure of Sandiway surgery is not explained. These issues are not mentioned on the FAQ sheet, or anywhere else.
- 3.4.10. In addition, examination of the data provided on the FAQ sheet indicates that closure of Sandiway surgery will require an additional 2897 appointments to be handled by the other two surgeries, an increase, based on last year, of 19%. This is not mentioned; indeed the impression given is that there will be a reduction in travel between surgeries. This cannot be true for Sandiway patients. Also not mentioned are the logistics of sample handling, repeat prescriptions and meds monitoring, all of which will add more journeys over and above those required for GP appointments at the Northwich surgeries, and more importantly are key issues for patients.
- 3.4.11. The survey ignores the increased difficulty in getting an appointment; increased waiting time in waiting rooms, and more importantly, the extra difficulty for unwell patients making their way to Danebridge and Kingsmead surgeries when they need to use public transport or taxis. All these considerations are relevant to making a decision on the proposed plan.

3.4.12. **Comparison with Principle 5**

The information provided has been insufficient to make a balanced and intelligent decision on the proposal put forward for the closure of Sandiway surgery. From the patients' viewpoint, the survey questions do not appear to be designed to allow them the opportunity to express their needs.

The interactions with patients have been limited to two poorly organised and mismanaged meetings at which patients were not given any further information on the reasons for the proposal.

Although a number of FOI requests were submitted and eventually answered, some less satisfactorily than others, the Practice was not pro-active in reaching out to engage via focus groups and roadshows. These should have been planned from the outset.

Principle 5 has clearly not been met.

3.5 Principle of Participation 7:

Be open, honest and transparent in the way you work; tell people about the evidence base for decisions, be clear about resource limitation and other relevant constraints...

The way that Danebridge Medical Practice has chosen to communicate its intention to seek closure of the Sandiway branch surgery is contrary to the Principle 7 in a number of important respects.

- 3.5.1 The patients' view is that the process has not been professional, open or transparent. DMP has implied that the reason for the closure is because conditions at Sandiway surgery led the CQC to downgrade the Practice at the 2019 inspection. When challenged on the findings in the public report the Practice suggested the real reasons were in the confidential table of evidence, which

they refused to release. The table of evidence was subsequently released by CQC itself. The key issues in the CQC report were practice wide issues of confidentiality and leadership. Nothing was identified that required the closure of Sandiway surgery.

3.5.2 An FOI was submitted to the CCG to ascertain whether or not Danebridge had held discussions with them prior to announcing its plans to its patients, (see Part 2: Appendix B FOI # 8), the CCG replied:

“Danebridge Medical Practice has not had any discussions with the Primary Care Commissioning Committee or the Clinical Commissioning Group Governing Body about their proposal to close the branch surgery.” However, information from the PPG had indicated that the CCG were involved in developing the FAQs for the patient survey.

In response to a second FOI following an internal review as per ICO guidelines, the CCG provided a table describing the process followed by DMP, which is commented on below (See Section 4 Table 1). In addition, they provided a document describing the project timeline that confirmed their early involvement in the process.

3.5.3 The Practice has conducted the absolute minimum consultation on this very significant proposal for changes to primary care affecting 3747 patients directly and 21000 patients indirectly. The opportunities to engage with the Practice have been limited to one poorly advertised Drop-in meeting, one poorly organised public meeting, and one meeting with no healthcare professional present that was held at the request of the Residents Action Group. The Practice released the results of the patient survey after their Close-out meeting at which it had been promised. They released the data only to those that requested it at that meeting, and not to those who stated on the survey form that they wished to be directly informed of the outcome. The Practice has declared its intention to continue with its plans to seek closure of Sandiway surgery even though patients have been in lock down and unable to sensibly progress any further discussion or consultation on the matter.

3.5.4 DMP has, on its own admission, made no attempt to discuss the matter with other GP practices in the area before approaching the CCG to advise them of their intention to consult on a proposal to close the surgery.

3.5.5 The Scrutiny Committee will be aware of consultation processes affecting patient groups as few as 300 or 400 which have been significantly longer, clearer, more open, more extensive and offering more engagement than this proposal which is directly affecting 3747, a far greater number of patients.

3.5.6 Patients expect to be consulted in a professional manner to the standard of that carried out for significantly smaller patient groups for example [Upton Rocks GP Surgery](#), which consulted on plans for the closure of Hale Village Branch Surgery in 2017-18. DMP's patients are entitled to be provided with a full analysis of the survey carried out by the Practice as promised in the original patient letter.

3.5.7 **Comparison with Principle 7**

DMP has not been open with its patients; has provided some misleading information; has provided the minimum of facts and reasons for the proposal; and this has resulted in inadequate patient participation in this consultation process.

Principle 7 has not been met.

4 Conclusion

- 4.1 The Practice claims to have followed the guidance of the CCG and adhered to the Gunning Principles. However, from the patients' point of view, the consultation appears to have been carried out after the decision to close the surgery had been made by the Practice. The information and reasons for closure have not been explained for the patients to be able to make an informed response. The time allowed for consultation was less than a recognised minimum.
- 4.2 The process carried out by DMP ignored the statutory guidance for CCGs and NHS England: "Patient and Public Participation in Commissioning Health and Care " which was given to them by the CCG when DMP first notified them of their intention to seek closure of the surgery. (See Part 2: Appendix B - Response to FOI # 8 and internal review.)
The CCG has provided their account of the consultation process, in a table, comparing it with the Gunning Principles. The Residents Action Group has reviewed this account and added its own comments, which highlight the significant shortcomings in the consultation process. (See Table 1 below)
- 4.3 The Practice has not made any attempt to seek the views of patients, other than via a very short and low quality survey, and a poorly organised short public meeting. The views of those who experience health inequalities and poor health outcomes have not been sought via roadshows or focus groups. The Practice would have been welcome to use venues in the village to access these groups.
- 4.4 Patients do not feel their questions have been heard – let alone answered. They do not feel they have been consulted adequately. The consultation that has taken place clearly indicates that the majority of patients in the Practice do not want Sandiway surgery to close.

To reiterate, this consultation occurred before the Covid -19 pandemic lockdown and so should have been conducted to a much higher standard.

The plan to request closure should be suspended until the current emergency is over. It should not proceed until a professional consultation exercise has been undertaken, including proposals for sustainable, accessible GP surgery provision for this Key Service Centre.

Prepared on behalf of the Patients of Sandiway Surgery

**By Cuddington, Delamere Park, Sandiway Residents Action Group
and Cuddington Parish Council**

TABLE 1 LGA Gunning Principle Rules – provided by the CCG

Gunning Principle	Activity Reported by the CCG	Residents Action Group Response
1 The Integrity of Consultation	Practice met with the CCG October 2019 to make them aware of their intentions to submit an application to close Sandiway Surgery. Practice met with PPG November 2019 to make them aware of their intentions to submit an application to close Sandiway Surgery Practice liaised with PPG regarding letter to each household, FAQs and the survey	PPG were instructed not to discuss closure with patients. Not all registered patients received the survey and other local residents were not included. No contact has been made with local community groups; no roadshows or focus groups have been held. The Residents Action Group contacted DMP and one meeting was held with practice managers. DMP refused to discuss anything other than FOI responses at this meeting. Although requested, no partners attended even though the meeting was arranged so they could be present. At this meeting the senior practice manager said the closure decision had already been taken (verbatim minutes available if required)
2 The Visibility of Consultation	Practice wrote to each affected household to make them aware of their intentions with the survey being attached (December 2019) CCG wrote to the Local Authority and OSC to make the intentions of the practice known (December 2019) CCG wrote to MPs and Healthwatch to make the intentions of the practice known (December 2019) Practice contacted local Councillors to make their intentions known Information was on the practice websites and displayed on posters in the practice (December 2019)	The practice assumed that a response from a household would be representative of all the views of potential patients within it. It was only possible to respond to the proposal through the survey form sent out and other alternatives – e.g. surgery questionnaire, road shows, meetings with local community groups, focus groups etc were not offered. The Borough Councillors have no record of any contact before becoming aware of the problem through their normal duties, and the Parish Councillors were not contacted until 10 th January 2020, after the PC had already organised an emergency public Parish Council meeting in response to communications from worried parishioners.
3 The accessibility of Consultation	The survey around the consultation was sent to each affected household which could be returned to the Danebridge practices – also instruction on how to access the survey online The survey was available through a Survey Monkey link Paper copies and large font copies were available from all Danebridge practices	Not all patient households received the survey and no other option to respond was offered by the practice. The public meetings were not widely advertised by the Practice but through the efforts of the Parish Council communications and the local grapevine the public attendance was well in excess of the capability of the chosen venues to handle.
4 The Transparency of Consultation	All survey results were displayed at the Public Meeting (February 2020) – except the one question around ‘do you agree with the closure’ All survey results will be displayed on the Practice website (February 2020)	Double the number of people attended the ‘consultation close out meeting’ than the venue could handle. Two sittings were arranged but the second sitting was not given the presentation by the practice. The response to the key survey question was not available at this meeting which the patients understood was one of the prime reasons for the meeting. Those who requested a copy of the results on the survey form have yet to receive the data although it is now available on the website. However, what is presented

	Those who indicated they would like a copy of the results on the survey will receive this by email or hardcopy	is only a very small proportion of the data that would be available from the full survey monkey analysis. This has not been done. Patients without internet access have not received any information on the survey outcomes.
5 The Disclosure of Obligations in Consultation	Through the FAQs (December 2019), the Drop-in session (January 2020) and the Public Meeting (February 2020) the practice have shared their reasoning around their intentions which include: CQC report The need of building repair to make it fit for modern day practice GP shortages to cover the clinics	The response of patients who read the FAQ and attended the public sessions is that their concerns have not been heard let alone met or answered. At least two of the reasons for closure indicated here are suspect. The CQC stated in an FOI response that they did not expect their report to require closure of the surgery. They noted in their report that the surgery was 'adequate for the services being provided' while noting that DMP were aware some remedial work and redecoration was required. The practice has ~11 FTE GPs and the patient/ GP ratio is in the mid range of these ratios for the local practices.
6 The Fair Interpretation of Consultation	Information and feedback was gathered through the survey and 'Surgery drop-in' and has been collated and objectively assessed. Results from the survey were displayed at the public meeting held by the practice and thereafter displayed on the practice website.	No part of the information and feedback which the practice collected, via the surveys, the meetings and the interaction with the Residents Action Group is available in the public domain. The statement that it has been 'objectively assessed' is therefore an assertion without evidence. The published results from the survey on the web site are a very small fraction of the data that the full survey monkey assessment will have provided.
7 The Publication of Consultation	The results from the survey were displayed at the public meeting held by the practice and thereafter displayed on the practice website The practice has answered individual queries, emails and foi's regarding the proposals, survey and potential outcome	Only a very small fraction of the data available from the survey monkey analysis has been made available to the public. That which has been provided indicates the majority of respondents do not want the surgery to close. The Residents Action Group is aware of the responses to the FOIs which they have raised but they, and the patients, are not aware of any formal individual responses to questions. For example, responses to questions raised by the Parish Council in a letter to DMP 19th March 2020, have still not been received.