

Report for the Cheshire West and Chester Overview and Scrutiny Committee

**A Review against published 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**

September 2020

Part Two: Supporting Reference Information

Appendix A: Residents Action Group Mandate

Appendix B: Freedom of Information Requests, Enquiries and Responses

Appendix C: Public Feedback at the Parish Council EGM January 2020

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**Appendix F: Briefing Notes Prepared by DMP for Medical Staff for Public Meeting 26th
February 2020**

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

Appendix A

Residents Action Group Mandate

Example of the Signature Sheet used to gather support for the campaign.

SAVE OUR SURGERY

A Residents Action Group has been formed, following Danebridge Medical Practice's decision to request the closure of the Sandiway surgery.

The aim of the Action Group is to stop this happening.

If you support this Action Group working on your behalf then please give us your mandate by **signing below**, thank you,

Save Our Surgery Residents Action Group.

Name	Address	Post Code	Signature

PTO for How we will use your data – GDPR

Privacy Notice:

- Your personal data will not be processed in any way
- It is used only to show the depth of feeling / volume of support that the Group has
- It will be destroyed by shredding in a few weeks once we demonstrate the level of support to the relevant parties e.g. Danebridge, CCG.
- None of this data will be given to any other party.

THE RESULT OF THE REQUEST FOR A MANDATE

820 signatures were collected and 50 emails were received to our Gmail box from supporters who also gave their details.

Owing to GDPR we cannot provide this data, but if necessary we could redact some data as evidence should the Scrutiny Committee or the CCG require it.

Appendix B

Freedom of Information Requests, Enquiries and Responses.

Responses to FOIs are in blue

Freedom of Information request (FOI #1) – Business Case and Practice Plan

Q1.1. In the FAQ sheet attached to your letter to households, you refer to patient responses being added to “the Business Case”. Please provide a copy of this Business Case, redacted with any personal information if applicable.

The business case is not currently available, it will be available when it is made available to the CCG for the primary care committee, and I will forward a copy when the business case is submitted.

Q1.2. Please provide a copy of your Practice Plan detailing your proposal to close Sandiway Surgery and explaining how you will re-allocate your resources, manpower, services and appointment availability across the 2 site

Practices are not required under the GMS contract to develop a practice plan.

Q1.3. Please provide a copy of any Service Level Agreements or Key Performance Indicators attached to your GP Contract, including current levels of performance for each surgery.

As the contract we hold is with NHS England and Vale Royal CCG is based on the national standard GMS contract which is freely available from NHS England website <https://www.england.nhs.uk/nhs-standard-contract/19-20/> . With regards to detailing any SLAs I believe the content of these are commercially sensitive and therefore outside the remit of an FOI enquiry. The practice performance is publically available via the NHS digital website <https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/general-practice-data-hub> we are unable to report at surgery level.

Freedom of Information request (FOI #2) – Decision Making Process

In the letter to households FAQ # 15, you refer to a report being produced for Vale Royal CCG.

2.1 What is the decision-making process following your request to close Sandiway Surgery?

The guidance on the process for closing a branch surgery is contained within the following document

Primary Medical Care Policy and Guidance Manual (PGM) V2 contract pages 249 -256 which is freely available via the NHS England website via the link

<https://www.england.nhs.uk/publication/primary-medical-care-policy-and-guidance-manual-pgm/>

2.2. Are any other decision-making bodies involved?

The CCG as part of the process are required to take a paper to overview and scrutiny committee to share the consultation process that we have undergone, for this committee of the council to either approve that the consultation has been sufficient or to request the

practice to extend its consultation period.

2.3. What criteria are considered by each decision-making body at each stage of the process?

You should address this question to the CCG and the council.

2.4. On the Vale Royal CCG website, it states that Dr McGregor-Smith is a member of the Vale Royal CCG Governing Body. Will she recuse herself from the decision-making process, given that she is also Executive Partner at Danebridge Medical Practice?

Whilst Dr McGregor –Smith will sit on the Primary Care committee going forward, Dr McGregor – Smith would be required to state a conflict of interest for this item on the agenda and therefore would not be present or vote on this item.

2.5. What is the expected timescale for each stage of the decision-making process?

As we are in a period of Purdah, the next meeting of the Overview & Scrutiny committee has been cancelled and dates have not yet been confirmed. The Primary Care Committee meeting dates have not yet been confirmed.

2.6. What is the appeals process in case of any decision made?

I am unaware of the appeals process, again you may wish to ask the CCG.

I am happy to discuss questions 1 to 6 with you when we meet, as I do not believe these questions fall within the remit of FOI questions, as the questions, I would suggest, are more about clarification of the consultation process.

Freedom of Information request (FOI # 3) “Investment needed”

In FAQ no. 1, you state “it would require a very large investment to bring the premises up to standard, which is simply not available”.

3.1. On what basis is this statement made? Please list each improvement required as a result of the Care Quality Commission Inspection report dated June 2019, including for each item:

- a. specifications e.g. building dimensions, product requirements, plans and drawings.
- b. quotations or estimates received

3.2. Please list the funding sources you have explored, and why each one is not available?

3.3. Please confirm what steps you have taken to investigate selling the Sandiway Surgery estate to a third party and then leasing it back. This would free up capital enabling improvements to be made to the building structure and facilities.

3.4. Please confirm what priorities and timings for each improvement have been given by the CQC in their report

Response

I am not aware of any applications for improvement of these premises. I have sought a quote for the building of a new premise to serve 3,500 patients (number of patients on the practice list who reside in the Sandiway & Cuddington area). The cost to build a new facility has been quoted as £1.16 million pounds, and this cost is excluding the purchase of any land. The advice from NHS property services is that they do not build practices of this size as they are not financially viable.

3.5. Please confirm whether any of the investment need is in relation to any current statutory regulations that are not being met

All statutory obligations are met. That said they may not meet current codes of practice or specification requirements.

Internal Review Request 1

The following FOI "Investment Needed" was not answered because you had not in fact carried out any investigation 'to bring the premises up to standard'. The quote is from your letter to residents.

At subsequent consultation meetings Partners have confirmed that this work has now started.

Please provide the information requested in the FOI as described below.

Freedom of Information request (FOI #3) – "Investment needed"

In FAQ no. 1, you state "it would require a very large investment to bring the premises up to standard, which is simply not available".

1. On what basis is this statement made? Please list each improvement required as a result of the Care Quality Commission Inspection report dated June 2019, including for each item:

This was based on an estimate of all the work to be undertaken (such as: internal reconfiguration and updating of consulting rooms, installation of modern fire safety systems) to bring the surgery to a standard that the Partners and our regulators would be happy with.

- a. specifications e.g. building dimensions, product requirements, plans and drawings.

Please refer to FOI 5 for our response

- b. quotations or estimates received

Please refer to internal review Request 1 FOI 6 for our response

2. Please list the funding sources you have explored, and why each one is not available?

The practice has not applied at this time for any capital grants.

3. Please confirm what steps you have taken to investigate selling the Sandiway Surgery estate to a third party and then leasing it back. This would free up capital enabling improvements to be made to the building structure and facilities.

Thank you for bringing this option to our attention and we will look into the viability of this option as part of our business case.

4. Please confirm what priorities and timings for each improvement have been given by the CQC in their report

Please refer to FOI 5 for our response

5. Please confirm whether any of the investment need is in relation to any current statutory regulations that are not being met

Not applicable as all statutory requirements are being met

We have contacted two regional builders for quotes, unfortunately these requests coincided with the onset of the COVID19 Pandemic, and no responses have been received.

Freedom of Information request (FOI # 4) “Various (or alternative) solutions”

In your letter to households, you state that in the past 12 months you “have tried various solutions to keep the surgery open.”

1. List each solution considered, give details of any actions taken to explore each potential solution and reasons why you decided not to pursue each solution
2. Are there any other solutions that you have not pursued that would enable the surgery to remain open, and if so, why not? Please include as a minimum:
 - a. An approach to Weaverham Medical Practice to ask whether they would take over Sandiway branch surgery
 - b. An approach to Winsford Medical Practice to ask whether they would take over Sandiway branch surgery
 - c. An approach to General Practitioners wishing to set up their own Partnership to see if they would take over Sandiway surgery

Response

Thank you for your ideas that the practice will investigate your suggestions. These questions do not fall into a category of freely available information and therefore would take longer than 18 hours to gather this information; therefore the practice is not required to share this information with you, under the principles of freedom of information act.

Internal Review Request 2

The following FOI “Various (or alternative) solutions” was not answered because you were unable to demonstrate that you had “tried various solutions to keep the surgery open.” The is quote is from your letter to residents.

At subsequent consultation meetings Partners have confirmed that this work has now started. Please provide the information requested in the FOI as described below.

Freedom of Information request (FOI #4) – “Various (or alternative) solutions”

In your letter to households, you state that in the past 12 months you “have tried various solutions to keep the surgery open.”

1. List each solution considered, give details of any actions taken to explore each potential solution and reasons why you decided not to pursue each solution
2. Are there any other solutions that you have not pursued that would enable the surgery to remain open, and if you have done so, why would they not be suitable?

We have reviewed our recruitment processes for GPs and Allied Healthcare Professionals (AHPs), however as with the national shortage of personnel wishing to be salaried GPs we have found it extremely difficult to attract appropriate talent. We have also explored utilising locums to a far greater extent however this was not a financially viable option. With regard to AHPs we have looked at providing an emergency care service/ paramedic, unfortunately this group of healthcare professionals did not have the appropriate skill set at the time of the recruitment process.

We have redeployed or recruited administrative personnel specifically for the Sandiway service.

Freedom of Information request (FOI # 5) Household Survey

A. Survey Distribution

1. Was a survey posted to all households registered with Danebridge Medical Practice, or to a subsegment of the households on the Danebridge Medical Practice patient list?

2. If surveys were sent to a subsegment, what criteria did you use to select those who would be sent a postal survey? We are aware of households within Cuddington & Sandiway that use Danebridge Medical Practice yet did not receive a survey.
3. How many surveys were posted, and on what date(s)?
4. Did all Care Home residents receive a letter, or was one letter sent per Care Home?

B. Survey Responses

1. As each household only received one survey, will you multiply the responses at all? Yes or No?
 - a. If no, why have you made this decision?
 - b. If yes, on what basis, is it:
 - i. The number of registered patients living in that household, or
 - ii. The number of people entered in Q2 of the survey, or
 - iii. Another method – please describe?
 - c. If yes, how can you ensure the survey is accurate when the answers to subsequent Questions 3 through to 6 could vary considerably between different household members?
2. How will the survey responses be weighted? Will responses from households within Cuddington & Sandiway be given a greater weighting than respondents within the wider Danebridge Practice Area? How will that weighting be attributed.
3. If no weighting is to be applied, what is your reason for this decision, given that the greatest impact of the proposal to request closure of Sandiway surgery will be upon those households living within walking distance of that surgery.

C – Survey Analysis

Please provide an electronic anonymised copy of the survey response that you will use in your business case in either Word or Excel format.

RESPONSE

Section A Distribution Q1. The survey was posted to the households of all patients registered at Danebridge Medical Practice Q2. Not applicable see response to Q1 above Q3. 10,225 surveys were posted on the 18 &19th December 2019 Q4. All registered addresses were issued with a copy of the questionnaire via Royal Mail.

Section B Responses

Q1 No Q1 a) The questionnaire was issued to every household based on cost. The survey is based on a household response rather than individual patients. Q1b&c) Not applicable see response to Q1 above Q2. The surveys are not being weighted Q3. We are extracting from the responses received those that are from the CW8 2 postcode.

Section C:

I am presently unable to provide a copy of the survey results as these will be published at our planned public meeting and therefore will be in the public domain thereafter. I would be more than happy to forward you a copy of this thereafter.

Internal Review Request 3

Freedom of Information request (FOI # 5) Household Survey

Your answer to Part C of the FOI “Household Survey” stated:

“I am presently unable to provide a copy of the survey results as these will be published at our planned public meeting and therefore will be in the public domain thereafter. I would be more than happy to forward you a copy thereafter.

The survey results have not been published.

We received a copy of a PowerPoint presentation that contained a number of inaccuracies, different data to the survey and missing information.

A list of the discrepancies was sent to Mandy Skelding-Jones on 27/2/2020. So far there has been no response.

Please provide complete survey data.

Please find enclosed find below an updated power point presentation, which has been uploaded to our website. I note that your email was submitted at 21:10 hours on the 27th February 2020, Mandy had left work for the day and was in fact on leave the following week so you would have received an out of office reply advising of this fact. On Mandy's return to work her work priorities have been focussed on COVID19.



Patient Consultation
2020 Updated March

Freedom of Information request (FOI # 6) Profile of Patients on the Danebridge Medical Practice list

Sandiway and Cuddington Population

<i>Under 16</i>	<i>16-24</i>	<i>25-49</i>	<i>50-69</i>	<i>70 and over</i>	<i>Total</i>
<i>716</i>	<i>255</i>	<i>1062</i>	<i>989</i>	<i>725</i>	<i>3747</i>

Kingsmead Population

<i>Under 16</i>	<i>16-24</i>	<i>25-49</i>	<i>50-69</i>	<i>70 and over</i>	<i>Total</i>
<i>615</i>	<i>342</i>	<i>913</i>	<i>893</i>	<i>268</i>	<i>3031</i>

Danebridge Population

<i>Under 16</i>	<i>16-24</i>	<i>25-49</i>	<i>50-69</i>	<i>70 and over</i>	<i>Total</i>
<i>3065</i>	<i>1427</i>	<i>5580</i>	<i>4972</i>	<i>3102</i>	<i>18146</i>

OVERALL TOTAL Population

<i>Under 16</i>	<i>16-24</i>	<i>25-49</i>	<i>50-69</i>	<i>70 and over</i>	<i>Total</i>
<i>4396</i>	<i>2024</i>	<i>7555</i>	<i>6854</i>	<i>4095</i>	<i>24924</i>

Sandiway and Cuddington patients needing meds monitoring

<i>Under 16</i>	<i>16-24</i>	<i>25-49</i>	<i>50-69</i>	<i>70 and over</i>	<i>Total</i>
<i>0</i>	<i>0</i>	<i>10</i>	<i>19</i>	<i>18</i>	<i>47</i>

Kingsmead patients needing meds monitoring

<i>Under 16</i>	<i>16-24</i>	<i>25-49</i>	<i>50-69</i>	<i>70 and over</i>	<i>Total</i>
<i>1</i>	<i>1</i>	<i>7</i>	<i>10</i>	<i>3</i>	<i>10</i>

Danebridge patients needing meds monitoring

<i>Under 16</i>	<i>16-24</i>	<i>25-49</i>	<i>50-69</i>	<i>70 and over</i>	<i>Total</i>
<i>2</i>	<i>4</i>	<i>59</i>	<i>117</i>	<i>77</i>	<i>259</i>

OVERALL TOTAL Population needing meds monitoring

<i>Under 16</i>	<i>16-24</i>	<i>25-49</i>	<i>50-69</i>	<i>70 and over</i>	<i>Total</i>
<i>2</i>	<i>4</i>	<i>69</i>	<i>136</i>	<i>95</i>	<i>306</i>

Freedom of Information request (FOI # 7) People who cannot drive

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 how 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?

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.

Subject: Freedom of Information request (FOI #9) – availability of GP appointments at Sandiway Surgery

Please provide the average number of hours of GP Appointments available (per week) at Sandiway surgery over the past 5 years

2015 110
2016 122
2017 135
2018 130
2019 105

Please provide the average number of hours of Nurse Appointments available (per week) at Sandiway surgery over the past 5 years

2015 24
2016 13
2017 12
2018 13
2019 10

Subject: Freedom of Information / Internal Review Request

Freedom of Information request (FOI #11) – Reallocation of Resources

Please explain how you will re-allocate your resources, manpower, services and appointment availability across your Danebridge and Kingsmead sites, redacted with any personal information if applicable.

The Practice's appointments are scheduled, planned and reviewed on a weekly basis for the forthcoming four weeks.

At this time we resource Doctors and Nurses across three locations. If Sandiway Surgery closes this will then change to two locations. No personnel are employed specifically for one particular Surgery.

Freedom of Information request (FOI #12) – Opening Hours

In your December letter to Households (undated) you give contradictory statements in your Q&A.

In Q2 you state 'Kingsmead surgery will be able to remain open from 8:30am – 6pm Monday to Friday. Current opening hours are 8:00am – 6:30pm according to your website.

In Q10 you state 'There will be increased opening hours at the Kingsmead Surgery' Please explain this contradiction. Please confirm whether or not there will be increased opening hours at Kingsmead surgery. Please confirm what hours Kingsmead Surgery will be open.

Thank you for highlighting this error, please accept our apologies. I can confirm the opening hours for Kingsmead Surgery are 8.00am – 1.00pm and 2.00pm – 6.30pm Monday – Friday.

Our proposal is that if Sandiway Surgery closes our opening times at Kingsmead Surgery will be changed to 8.00am – 6.30pm Monday – Friday.

Freedom of Information request (FOI #13) – Alternative Solutions

During the public consultation meeting a suggestion was made that there be one Doctor and one Nurse on site at Sandiway Surgery during opening hours. The personnel could rotate to support different clinics being held at Sandiway Surgery.

Please confirm whether you have considered this solution to lone working. If this solution is not viable, please give reasons why.

This proposal will be considered as part of our business case, where all of the individual suggestions will be reviewed. We are unable to confirm if the solution is viable or not as the business case is still in development.

Freedom of Information request (FOI #14) – Discussion with Pharmacies

I attended your consultation meeting on 26th February at Sandiway School, I spoke to Dr. Gilchrist. I asked her about solutions to repeat prescriptions for Meds monitoring patients. She stated "we have been talking to the local pharmacy about this". I was surprised to hear this, given that I had spoke to the Manager at Rowlands Pharmacy in Sandiway prior to the evening, and she had stated that she had had absolutely no contact with Danebridge about the proposed closure, she had not been informed, nor consulted with. After the meeting I asked her again, had subsequently Danebridge been in contact with them? She categorically confirmed to me that as at

28th February, when I discussed this with her, she had had NO communication with Danebridge about the closure or to solutions to the problems the closure would bring.

FOI question:

1. To which, "local pharmacy" did Dr. Gilchrist believe that Danebridge was speaking to about solutions?
2. If such solutions are being discussed, why are they not being discussed with the relevant local pharmacy?
3. Since 28th February, have you been in contact with Rowlands Sandiway?

Local Pharmacies have been informed of our proposal to close Sandiway Surgery.

I have spoken to Dr Gilchrist who has advised that she indicated at the meeting that we are planning to talk to local pharmacies.

I can confirm that attempts have been made after the event to contact the local pharmacies to discuss this issue, and an email has been sent subsequently to initiate the discussion between our clinical pharmacist and the local pharmacy. We had not received a response from the pharmacy at the time of writing this FOI response, we are sure this is due to the demand on the pharmacy at this time.

As part of the NHS Long Term Plan there is greater involvement of community pharmacies, who may deliver some services which traditionally may have been provided by Primary Care. This is something which is being developed across the country. That said, as the Practice is in a consultation phase and decisions have not been made, we have not formally entered into discussions, as this would be the responsibility of the Commissioning organisation, namely the CCG.

Thank you for your email of the 18th of May 2020, where you requested an internal review of response 4

I am unable to provide any further information regarding what Dr Gilchrist said or did not say at the consultation event, I am however able to provide the briefing note circulated to all Partners and Managers prior to the event as requested.

Thank you for your response to my FOI which I received 1st May which is referenced as no.4 relating to discussion with pharmacies. I wish to request an internal review of your response, an internal review is the required process to follow prior to raising a complaint with the ICO.

Your response states "Dr. Gilchrist...indicated at the meeting that we are planning to talk to local pharmacies." She clearly said to me "we have been talking to the local pharmacy about this". I was next to her and did not mishear her. *Please see response above.*

Can you confirm if there was a briefing note prepared for all DMP representatives prior to the public meeting, so that all responses from staff were consistent? If there was, it would be useful to receive a copy. **Yes copy attached. (Please See Appendix F)**

In receiving your response, with reference to Coronavirus, I would like to remind you that we are talking about events that occurred at the end of February 2020, prior to the outbreak.

With regards to my reference to coronavirus, this is due to the fact that the original FOI request was received on 27th February when Mandy was actually on annual leave for a week and on her return to work the practice response to the coronavirus needed to be actioned as a priority, to ensure the safety of all patients at this time.

Since you state that "attempts have been made after the event to contact the local pharmacies", I want to know:

1. Which pharmacies you have contacted (or attempted to contact), by which method, and on what dates. *Rowlands Pharmacy, Sandiway, have been contacted by phone and email I cannot recall the date of the phone calls to the pharmacy, as this was prior to the consultation event, following*

the event our clinical pharmacist attempted to contact Cath at Sandiway Pharmacy twice by phone on 30 April and then by email the same day and has subsequently spoken to Cath and has asked Cath for a meeting to take place to discuss possible solutions, that can be included in our business case, we are hopefully that this meeting will take place within the next two months.

2. You state "an email has been sent subsequently..." Please provide a redacted copy of these emails sent to each pharmacy which should show the date sent. *Yes. Copy of THE email attached.*

Also, you refer to the "Practice being in a consultation phase and decisions have not been made, we have not formally entered into discussions, as this would be the responsibility of the Commissioning organisation, namely the CCG."

Please clarify Danebridge's response here, because:

1. You stated you had closed your Consultation on 26th February "the meeting concludes the consultation" was the phrase used, is this true or do you consider you are still "consulting" ? *The public consultation process closed in January, with the feedback event being held on 26th Jan.*

2. You state "decisions have not been made", *I can only assume that you are referring to the last sentence of paragraph four of the response to FOI 4* I am not sure whether you are referring specifically to the Pharmacy issue or more generally about the closure proposal", Can you please clarify specifically as to what decisions you are referring to, that have not been taken by DMP? *As the practice has to complete a consultation process as part of the business case to submit to the CCG and OSC. The practice has made the decision that it wants to move forward with the proposal to close and seek approval to close from the CCG.* In our meeting in February, and subsequently when the Residents Group liased you when CoronaVirus started, you confirmed that you were progressing with the Partner's decision to pursue the request the close Sandiway Surgery. *Yes this is correct we are progressing the request to close the surgery with the CCG, however I have no confirmed dates for when the business case will be reviewed by OSC and the CCGs primary care committee*

3. I assume when you talk about "this would be the responsibility of the...CCG", you are referring to this aspect of Pharmacy discussion ? As this seems at odds then with discussions with the pharmacies taking place, either DMP will do it, or the CCG are responsible, which is it ? *Again I can only assume that you are referring to the last sentence of paragraph four of the response to FOI 4, as the paragraph refers to the NHS long term plan and NHS pharmacy services contract are held by the CCG/NHS England it would be part of the CCG/NHSE the remit of the CCG/NHS England to commission a wider range of services from the pharmacy provider. The practice would like to work with the pharmacy to identify workable solutions to the concerns you have raised.*

Freedom of Information request (FOI #15) – CQC Evidence Table

I refer to our meeting on 12th February when you and Ken promised to review your willingness to provide us a copy of the 48 page annexe to the CQC report that you stated highlighted safety concerns at Sandiway. Just to remind you, we are happy to receive a redacted copy if necessary, and are only requesting the extracts relevant to Sandiway safety concerns. Given that no one present at the meeting has had a response to this request, then I felt I had to raise a FOI request to Danebridge Medical Practice for it.

Regrettably, the CQC Evidence Inspection Evidence Table is not a public document.

The CQC Inspection Report is the only public document available for communication.

Enquiries to the Care Quality Commission

Sent: 30 December 2019 12:30

Details of the enquiry

Danebridge Medical Practice report. Inspection date 19.02.2019. Date of publication 22.05.19 As part of the unpublished section of this report did CQC recommend closure of the Sandiway surgery branch practice?

Date: 30/12/2019 14:33 (GMT+00:00)

Subject: RE: Contact us form completed ENQ1-8118611141

Good afternoon

Thank you for contacting Care Quality Commission(CQC), your reference number is ENQ1-8118611141

In relation to the query below, having investigated Danebridge Medical Practice's report on our CQC Website, it received a rating of requires improvement, this will be closely monitored in the coming 12 – 18 months.

At this present moment in time there is no special measures in place.

If you have further questions please don't hesitate to contact us on 03000 61 61 61 or email at enquiries@cqc.org.uk

We welcome feedback and your thoughts, comments and suggestions are very valuable to us. Please share your experience with us by [clicking here](#).

Kind regards

James Maxwell

NCSC Customer Contact Advisor

Enquiries Team

Ref ENQ1-8118611141

Mr Maxwell

Many thanks for the prompt response. The query arises from a GP Practice letter informing patients of the Practice's intention to close the Sandiway surgery branch practice. Simplifying, the reason given for this requirement is the adverse findings in the CQC report.

Reading the truncated report available from the GP Practice website, it would not appear to justify this action. I therefore wondered whether a more specific recommendation about closure had been included in the part of the report to which the public does not have access.

From your response, can I take it that nothing in the complete CQC report explicitly requires the closure of the Sandiway surgery.

Thanking you for your time and help

From: Enquiries <Enquiries@cqc.org.uk>

Date: 31/12/2019 10:27 (GMT+00:00)

Subject: CQC ENQ1-8119941339 RE: Contact us form completed ENQ1-8118611141

Good morning

Your further enquiry number is ENQ1-8119941339.

Inspection reports are published in full on our website. We also publicly advise where any enforcement action is being taken. You can read the full report for Danebridge Medical Practice [here](#).

I can confirm that CQC have not taken any steps to close this surgery.

I trust the above information is helpful, should you need anything else please get back in touch.

We welcome feedback and your thoughts, comments and suggestions are very valuable to us. Please share your experience with us by [clicking here](#).

Kind Regards

Rebekah Piercy

NCSC Customer Contact Advisor

From: **Information Access** <information.access@cqc.org.uk>

Date: Fri, 3 Apr 2020 at 12:43

Subject: 20200403 Response to request CQC IAT 1920 1155

Our Ref: CQC IAT 1920 1155

I write in response to your request for information, which is as follows:

“Can the CQC confirm that the report for Danebridge Medical Practice published in May 2019, highlighted safety concerns specifically at the Sandiway surgery location, as per the Minister’s response? The report published in May 2019”

The last inspection of Danebridge Medical Practice was 19 February 2019.

The service was rated Requires Improvement overall. Shortfalls were identified in the Safe and Well-led domains. The findings in the report that led to this rating relate to Danebridge Medical Practice and the two branch surgeries, Kingsmead and Sandiway.

The only issue relating to the premises at the Sandiway branch practice was that the carpets did not appear to be clean and a cleaning schedule was not in place. A recommendation was made in the main report which was – the service should introduce a system for the regular cleaning of carpeted areas at Sandiway.

Reference is made in the report to a fire drill not having taken place in the last 12 months and inappropriate storage arrangements for patients records at Sandiway Surgery. Both were addressed following the inspection.

2. If the CQC did highlight safety concerns, what were they?

2a) The report in the public domain refers only to the need to ensure carpets were cleaned. Can I request a redacted copy of any supplementary information which references these concerns.

When I checked the CQC public website last week the evidence table had not been published. I believe this is what is being referred to as the supplementary information. I have taken steps to ensure the evidence table is now on our website. This provides details of our findings on the day of the inspection. I did not visit Sandiway and there are no additional notes to indicate any further issues. The inspector who went to Sandiway left CQC in May 2019.

3. If you did highlight safety concerns, the Sandiway surgery location currently remains open, can the CQC confirm that any concerns do not impact the surgery fulfilling its statutory requirements”

As already indicated, Danebridge Medical Practice was rated Requires Improvement at the last inspection and the issues identified relate to Danebridge Medical Practice and the two branch locations Sandiway and Kingsmead. A follow up inspection to ensure that Danebridge Medical Practice and the branch practices have met the requirement notices arising from the last inspection has not as yet taken place. The practice must meet these requirements in order to operate safely.

I hope that you find this information useful.

Yours sincerely

*Laura Watson
Information Access Officer*

Information Access Team

FOIs– Cheshire Clinical Commissioning Group

Freedom of Information request (FOI # 1) PCC Minutes

In looking at your website I can see there are minutes published of the August 2019 Primary Care Commissioning Meeting, and the schedule indicates that there were furthermore 2 planned meetings in Oct and Dec 19, I would be grateful if you could publish and / or send me by email a copy of those minutes.

Re: Freedom of Information Act 2000 Minutes of Primary Care Commissioning Meetings

Thank you for your information request indicated in bold below, which has now been considered under the Freedom of Information Act 2000 by NHS Vale Royal Clinical Commissioning Group (CCG). I am able to provide you with the following information and responses.

You asked:

In looking at your website I can see there are minutes published of the August 2019 Primary Care Commissioning Meeting, and the schedule indicates that there were furthermore 2 planned meetings in Oct and Dec 19, I would be grateful if you could publish and / or send me by email a copy of those minutes.

Our response:

Please be advised that there was no public meeting held of the Primary Care Commissioning Committee in October 2019. Please find enclosed a copy of the minutes of the Primary Care Committee meeting held on 5th December 2019, which are also publicly available via the following link: <http://www.valeroyalccg.nhs.uk/events/14037-primary-care-commissioning-committee-meeting>

If you have any queries or concerns, wish to request a review of our response or are unhappy with the service you have received in relation to this Freedom of Information request, please do not hesitate to contact the Freedom of Information Requests team; details provided at the top of this letter.

If you request a review of our response and are not content with the subsequent outcome, you may apply directly to the Information Commissioner for a decision. Generally, the Information Commissioner cannot make a decision unless you have exhausted the Freedom of Information complaints procedure provided by NHS Vale Royal Clinical Commissioning Group.

The Information Commissioner can be contacted at:

The Information Commissioner's Office Wycliffe House Water Lane Wilmslow

Cheshire SK9 5AF

Yours sincerely

Gary Shenton Governance & Compliance Manager NHS Vale Royal Clinical Commissioning Group

Enc: pccc-agenda-5-december-2019-combined

Freedom of Information request (FOI # 8) Discussions with PCC or CCG 28th

January

With regards to the proposed closure of Sandiway Surgery, I searched NHS England's policy on this (link below)

<https://www.england.nhs.uk/wp-content/uploads/2014/07/med-branch-closure-pms-july14.pdf>

[Branch closures for primary - NHS England](#)
PCC on behalf of David Geddes, Head of Primary Care Commissioning, 4W56, Quarry House, LEEDS . E-mail: england.primarycareops@nhs.net . Document Status www.england.nhs.uk

In relation to Point 3 on page 10 I want the answers to 2 questions:

1. **"What discussions have Danebridge Medical Practice had with the Primary Care Committee or the Clinical Commissioning Group Governing Body about their proposal to close the branch surgery?"**
2. **"What was the "appropriate and proportionate consultation requirement" that was agreed upon.**



Dated 15th May 2020

Re: Freedom of Information Act 2000 Closure of Sandiway Surgery (Danebridge Medical Practice)

Thank you for your email of 12th March 2020, received on 13th March 2020, in which you request an internal review of NHS Vale Royal CCG's response to your Freedom of Information request (FOI/00178/CCVR).

Please be advised that on 1st April 2020, NHS Vale Royal CCG merged with NHS Eastern Cheshire CCG, NHS South Cheshire CCG and NHS West Cheshire CCG to become NHS Cheshire CCG.

We have undertaken an internal review of NHS Vale Royal CCG's response to you of 25th February 2020 and taken into account your further comments. We can now provide you with the following responses.

You previously asked:

With regards to the proposed closure of Sandiway Surgery, a branch of Danebridge Medical Practice. I searched NHS England's policy on this (link below)

<https://www.england.nhs.uk/wp-content/uploads/2014/07/med-branch- closure-pms-july14.pdf>

In relation to Point 3 on page 10 I want the answers to 2 questions:

1) "What discussions have Danebridge Medical Practice had with the Primary Care Committee or the Clinical Commissioning Group Governing Body about their proposal to close the branch surgery?"

We previously responded:

1) 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. Please be advised that any items for discussion at the Primary Care Commissioning Committee or Governing Body would be published in the minutes of these meetings. Please find below links to the published source of the minutes relating to NHS Vale Royal CCG's Primary Care Commissioning Committee and Governing Body:

*NHS Vale Royal CCG Primary Care Committee Agendas/Minutes: -
<http://www.valeroyalccg.nhs.uk/events>*

NHS Vale Royal CCG Governing Body Agendas/Minutes:

<http://www.valeroyalccg.nhs.uk/governing-body/governing-body/governing-body-meetings>

Internal review request:

1) You state that there were no "discussions", to which I cannot comprehend. I would interpret "discussions" as being any form of communication. At the Cheshire Chat event in Winsford on 14th February, the CCG representatives were clearly aware of the proposal. In the Meeting papers for the meeting of the CCG on 26th February, the proposal for closure is referred to, these were clearly prepared prior to the meeting, yet your response to me was made the night before 25th February 17:23. I include the link below

http://platform-ccg-live-eu-2.s3-eu-west-1.amazonaws.com/attachments/8622/original/Agenda__Papers_Primary_Care_Commissioning_Committee_Part_A_26.02.20.pdf?AWSAccessKeyId=AKIAJ3TZGA3TUZPPHIWQ&Expires=1584041405&Signature=UwoWTO8942HJbIloU%2FE039hK0ac%3D

Agenda Item A2.1 where it states, amongst other things, this comment: "Staff from the CCG's Primary Care Contracting and Communications & Engagement Teams have been and will continue to provide advice and support to Danebridge Medical Practice throughout the consultation process. "

So what has been their involvement / communications / discussions?

Internal review response:

1) Upon review of the previous response, your request was specifically for any discussions between Danebridge Medical Practice and NHS Vale Royal CCG's Primary Care Committee and Governing Body about their proposal to close the branch surgery. At the time of our response Danebridge Medical Practice's proposal to close a branch surgery had not been discussed at either NHS Vale Royal CCG's Primary Care Commissioning Committee or Governing Body.

NHS Vale Royal CCG's Primary Care Commissioning Committee and Governing Body were both formal meetings with all papers relating to the items discussed during these meetings being made publicly available. In the original response we therefore provided you with a link to the published source of where any discussions by the Primary Care Commissioning Committee and Governing

Body relating to Danebridge Medical Practice's proposal to close a branch surgery would be provided.

We would like to apologise that whilst we provided you with a link to the published source of where the information you had requested would be contained on 25th February 2020, we did not advise you that this information was intended to be published in the papers for the next Primary Care Commissioning Committee meeting on 26th February 2020.

In response to your further question of what has been the involvement/communications/discussions between the CCG's Primary Care Contracting and Communications & Engagement Teams and Danebridge Medical Practice, please find enclosed 'Local Government Association (LGA) Gunning Principle Rules'. This document details the meetings and actions undertaken in respect of Danebridge Medical Practice's proposal to close the Sandiway Surgery branch.

You previously asked:

2) "What was the "appropriate and proportionate consultation requirement" that was agreed upon.

We previously responded:

2) NHS Vale Royal CCG have provided the below information to Danebridge Medical Practice regarding their proposal to close the branch surgery:

- NHS England Primary Medical Care Policy and Guidance Manual (Page 231)

www.england.nhs.uk/publication/primary-medical-care-policy-and-guidance-manual-pgm/

NHS Vale Royal CCG has also provided advice and guidance in the form of the NHS England guidance on patient and public participation and also the Gunning Principles, links to which are listed below:

- Patient and public participation in commissioning health and care: Statutory guidance for clinical commissioning groups and NHS England www.england.nhs.uk/wp-content/uploads/2017/05/patient-and-public-participation-guidance.pdf.

- The Gunning Principles

www.local.gov.uk/sites/default/files/documents/The%20Gunning%20Principles.pdf

Internal review request:

2) You provided generic information but you did not answer the question as to "...what was agreed upon?", according to the Branch Closure policy referred to, you need to agree on the "appropriate and proportionate consultation requirement ". So did you agree on this, or not? If you did agree, what was the agreement on the consultation process to be followed?

Internal review response:

2) In response to Question 2 of your original request we provided you with the documentation given by NHS Vale Royal CCG to Danebridge Medical Practice regarding their proposal to close the branch surgery: Upon review, whilst these documents detailed the process to be followed we are sorry that this did not fully answer your question regarding what appropriate and proportionate consultation requirement was agreed upon.

In response to your further question, I can confirm the CCG agreed the parameters of the patient consultation exercise in terms of timescales and actions with Danebridge Medical Practice, as detailed in the enclosed 'LGA Gunning Principle Rules'.

Gunning Principle	Activity
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
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)
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
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) Those who indicated they would like a copy of the results on the survey will receive this by email or hardcopy
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
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.
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 fois regarding the proposals, survey and potential outcome

If you have any queries or concerns, regarding our response to your request for an internal review, or are unhappy with the service you have received in relation to this, please do not hesitate to contact the Freedom of Information Requests team; details provided at the top of this letter.

As we have concluded our internal review of NHS Vale Royal CCG’s response to your Freedom of Information request if you are not content with the subsequent outcome, you may apply directly to the Information Commissioner. The Information Commissioner can be contacted at:

The Information Commissioner's Office Wycliffe House Water Lane Wilmslow

Cheshire SK9 5AF

Yours sincerely

Matthew Cunningham

Director of Governance and Corporate Development NHS

Cheshire Clinical Commissioning Group



Dated 25th June 2020

Re: Freedom of Information Act 2000 Closure of Sandiway Surgery (Danebridge Medical Practice)

Thank you for your information request indicated in bold below, which has now been considered under the Freedom of Information Act 2000 by NHS Cheshire Clinical Commissioning Group (CCG). I am able to provide you with the following information and responses.

Please note from 1st April 2020, NHS Eastern Cheshire CCG, NHS South Cheshire CCG, NHS Vale Royal CCG and NHS West Cheshire CCG merged to form NHS Cheshire CCG.

You asked:

Thank you for your Internal review response, but I continue to remain unhappy that this point is very clear.

“Internal review request:

2) You provided generic information but you did not answer the question as to "...what was agreed upon?", according to the Branch Closure policy referred to, you need to agree on the "appropriate and proportionate consultation requirement ". So did you agree on this, or not? If you did agree, what was the agreement on the consultation process to be followed?

Internal review response:

2) In response to Question 2 of your original request we provided you with the documentation given by NHS Vale Royal CCG to Danebridge Medical Practice regarding their proposal to close the branch surgery: Upon review, whilst these documents detailed the process to be followed we are sorry that this did not fully answer your question regarding what appropriate and proportionate consultation requirement was agreed upon.

Dr Andrew Wilson FRCGP Clinical Chair Clare Watson Accountable Officer

In response to your further question, I can confirm the CCG agreed the parameters of the patient

consultation exercise in terms of timescales and actions with Danebridge Medical Practice, as detailed in the enclosed 'LGA Gunning Principle Rules'."

The document that you provided on "LGA Gunning Principles" includes details of events and meetings which were not planned prior to the Consultation beginning and what I am trying to understand is just that, what was "the appropriate and proportionate consultation that was agreed upon?" at the outset of the process, because a number of those meetings and events would not have taken place, had there not been input from the Action Group.

Our response:

We are sorry that the internal review of our original response did not provide you with the information you were specifically seeking. Please find enclosed 'Danebridge Medical Centre Timeline' which outlined the consultation process agreed upon in November 2019 with Danebridge Medical Centre regarding their intention to apply to close the Sandiway branch surgery.

If you have any queries or concerns, wish to request a review of our response or are unhappy with the service you have received in relation to this Freedom of Information request, please do not hesitate to contact the Freedom of Information Requests team; details provided at the top of this letter.

If you request a review of our response and are not content with the subsequent outcome, you may apply directly to the Information Commissioner for a decision. Generally, the Information Commissioner cannot make a decision unless you have exhausted the Freedom of Information review procedure provided by NHS Cheshire Clinical Commissioning Group.

The Information Commissioner can be contacted at:

The Information Commissioner's Office Wycliffe House Water Lane Wilmslow

Cheshire SK9 5AF

Yours sincerely

Matthew Cunningham

Director of Governance and Corporate Development NHS Cheshire Clinical Commissioning Group

Danebridge Medical Centre Draft Timeline for discussion/agreement Draft Outline process for involvement with patients, using the relevant Guidance and requirements of the appropriate policy area, to determine appropriate and proportionate patient involvement. Further work required following discussion with the PPG/Patients/CCG to refine these timelines further

Date	Actions	Responsibility
November/ December 2019	External information/press release regarding the intention of the Practice to apply to close their branch surgery	Practice
	PPG Meeting to be arranged to discuss the Practice's intentions	Practice
	Draft FAQs for PPG meeting to discuss the above	Practice with support from CCG
	Draft Patient Letter	Practice
	Draft Survey for PPG meeting	Practice
November/ December 2019	Hold PPG meeting Agree: <ul style="list-style-type: none"> · FAQs · Survey Questions · Plan of engagement for the PPG 	Practice/NC
w/c 13th December TBC – NB Period needs to be of adequate length to meet Guidance requirements	Launch online survey/hard copies	Practice
	Patient Panel presence at all practices to conduct paper copy surveys (ongoing) using alternative/accessible formats consider all ways Patients can feedback	PPG
	Update website with information	Practice
	Letter to all patients	Practice
w/c 24th January 2020	Close online survey (date TBC)	Practice
	Collate responses (Date TBC)	Practice
February 2020	Publish Outcome	Practice
February 2020	Hold Public Patient Information Sessions to inform of results of Consultation	Practice / PPG
7th February 2020	Present proposal to the Cheshire West and Chester Council Overview and Scrutiny Committee	CCG
April 2020 tbc	Application to Primary Care Committee a week before the meeting	Practice

Appendix C

Public Feedback from the Parish Council EGM

Cuddington Parish Council Extraordinary Meeting Monday 20th January

Notes from the Public Forum

Houses are being built but facilities are being closed down
Instead of planning to close the surgery they need to be planning to open all day
Have we considered crowd funding for legal action
Have Danebridge contacted other practices regarding taking over the surgery
Letter referred to a GP shortage but the FAQ says all staff will be retained
One reason given is that the premises are unfit but no detail as to why not
Numerous houses have been built in recent years now having to go to other surgeries by car and there is no parking there already
How will the elderly get to the surgeries
Why not close Kingsmead as it is so close to Danebridge
Extend hours further
Village amenity and this will force more home visits on the practice
25000 surveys going out but only 5000 to 7000 people impacted
Challenge the quality of the Survey questions - very leading questions
Query over the legal process for a closure- there must be one
Campaign needs people and money
How much is required to make it fit for purpose- we could fundraise
Potential conflict of interest with one of the GPs being on the escalation group (CCG)
Demographics are skewed in the village to old and young end – those groups in greater need of a surgery
If you cant drive it will be impossible
The numbers don't add up for the health service: more ambulance journeys and home visits
We don't need to be insular about this being our problem patients at Kingsmead and Danebridge are upset as they will now have to fit in Sandiway patients
When you book an appointment and they are fully booked it will affect patients in the other surgeries (Danebridge and Kingsmead)
The WI are very concerned - their members are often elderly; this will cost the NHS more as patients will delay appointments and their conditions will get worse, so costlier when eventually treated
Has the practice considered the increased car journeys from an environmental perspective
Kelsall and Tarporley combined have the same population as Cuddington but much more GP service
This GP provision has been here for over 75 years
Need to escalate
Taxi to Northwich is £10 so a visit to the doctor there will cost £20- the health service is meant to be free at point of access
Does Matt Hancock have the ability to say we will battle this
What are they offering in addition to taking the service away- Transport?
Questionnaire is asking people to support their business case to CCG so they must have worked out the impact
New local residents choose Danebridge, Firdale or Weaverham - now most will choose the latter two so increased pressure on other practices
From a private business lens this may make sense but not from a Healthcare perspective
Will the Parish Council be able to support this financially
Could it be sold as a surgery for another to run
We are customers - do they want us to leave?
Kingsmead and Danebridge patients are equally frustrated - we could stand outside there and ask them how they feel
Consolidating calls to go to any of the three surgeries was phase one - this was planned long ago
Meeting on the 21st January (Drop In) was not promoted only by notices on the surgery doors. You would only know if you had been to the doctor

Consultation over Christmas and the New year when people are busy and forms get lost etc
Not patient led
No one in the room notified of the Drop In on the 21st January
Is Government funding dependent on patient numbers? They will lose if we go
Rang surgery to enquire about Drop in- initially confusion amongst the staff then told no GPs will
be present only maybe some management
GPs get paid more if patients are above a certain age
Will impact the village pharmacy
If on repeat prescriptions have to take into the surgery and so further car journeys
If repeat prescriptions change Sandiway pharmacy will no longer be able to collect from the
practice as they do now
Now taking 5 days rather than 3 days for online prescriptions
National issue due to cutbacks
Will increase the pressure on all surrounding surgeries not just Danebridge and Kingsmead
Sandiway should be open longer not closed for good

Appendix D

Correspondence

Letter from the Cheshire West and Chester Senior Planning Officer

From: "JENNINGS, Lyndsay" <Lyndsay.Jennings@cheshirewestandchester.gov.uk>
Date: 2 January 2020 at 13:10:08 GMT
To: "jj.kerrigan@btinternet.com" <jj.kerrigan@btinternet.com>
Cc: "MORGETROYD, Catherine" <Catherine.Morgetroyd@cheshirewestandchester.gov.uk>
Subject: Cuddington Neighbourhood Plan

Dear John

Thanks for your telephone call earlier today to discuss your concerns about the potential closure of the doctors surgery in Cuddington, and the knock of effect this could have on other community facilities/services such as the pharmacy and impact on local residents. As discussed, below is a summary of the relevant local plan policies and links to other supporting evidence you may find useful. These relate to the overall planning strategy to new development in the borough to 2030. The Local Plan is a land use plan to inform the determination of planning applications (for example if there was any future planning application for change of use/loss of the premises). Any private/commercial decisions on specific properties would be outside the scope of these plans.

As you know from your work on the Cuddington Neighbourhood plan (made February 2019), the Cheshire West and Chester Local Plan (Part One) Strategic Policies sets out the overall vision, strategic objectives, spatial strategy and strategic planning policies for the borough to 2030. The Local Plan (Part One) can be viewed at:http://consult.cheshirewestandchester.gov.uk/portal/cwc_ldf/adopted_cwac_lp/lp_1_adopted?poi_nltid=3252243 This has been informed by a suite of evidence to ensure the plan reflects the local priorities and new development contributes towards sustainable development in the borough.

- **Policy STRAT1** of the plan sets out the principles of sustainable development including; *locating new housing, with good accessibility to existing or proposed local shops, community facilities and primary schools and with good connections to public transport and; Provide for mixed-use developments which seek to provide access to homes, employment, retail, leisure, sport and other facilities, promoting healthy and inclusive communities whilst reducing the need to travel.*
- **Policy STRAT2** - Development is to be brought forward in line with the settlement hierarchy; Firstly for new development to be in the main urban areas of Chester, Northwich, Ellesmere Port and Winsford; Secondly, to maintain the vitality and viability of rural areas an appropriate level of new development will be in Key Service Centres, which represent the most sustainable rural locations. Cuddington and Sandiway is identified as a key service centre in the local plan. Locating new development in these areas makes maximum use of existing infrastructure and resources and allows homes, jobs and other facilities to be located close to each other. This has the potential to enable people not to be reliant on travel by car and can support existing public transport modes.
- **Policy STRAT8** relates to the rural area and identifies the key service centres for surrounding areas, which provide a good range of facilities and services and will be the focus for new development in the rural area. The policy sets out the amount of new residential development that key service centres will be expected to accommodate over the plan period – Cuddington and Sandiway 200 dwellings. The policy also states: *The retention of rural shops and community facilities, and the provision of new facilities at an appropriate scale to the settlement, will be supported.*

- **Policy SOC5** 'Health and Well Being' supports new and improved health facilities, with improved links to healthcare in the rural area and strengthen the boroughs cultural, recreation and leisure offer.

The Council's Annual Monitoring Report

(2019) <http://consult.cheshirewestandchester.gov.uk/file/5557802> monitors delivery of new housing in the borough. For 2010-April 2019, there have been 194 new houses developed in Cuddington and Sandiway (97% of the local plan requirement of 200. There are also planning permissions for a further 10 more units).

The background reports/evidence for Part One may be of interest:

- KSD10 Key Service Centre Background paper <http://consult.cheshirewestandchester.gov.uk/file/2790375>

Local Plan (Part Two) Land Allocations and Detailed Policies was adopted July 2019 and can be viewed

at https://consult.cheshirewestandchester.gov.uk/portal/cwc_ldf/adopted_cwac_lp/parttwo_adopted?pointId=s1561545628410#section-s1561545628410 .

This contains further policies to support the strategic objectives and policies in Part One.

- **Policy DM 39** relates to culture and community facilities and the criteria to be considered in any proposals for the loss of an existing facility.

Just for information, the NHS Clinical Commissioning Groups (CCGs) have also prepared their own plan for health services:

- Clinical Commissioning Group Plan 2019-2020 <https://www.westcheshireccg.nhs.uk/plans-and-reports/our-plan-2019-20/>

As discussed, I'm not aware of other examples of health care facilities being withdrawn from a key service centre. However I will check with other colleagues next week when they return from Xmas leave.

I hope this is helpful, if you have any queries please let either me or Catherine know. I've copied in Catherine Morgetroyd who leads on Neighbourhood planning ([REDACTED] who you may have met previously no longer works here and [REDACTED] who you worked with on the NP is now on maternity leave).

Many thanks,

Lyndsay

Lyndsay Jennings

Senior Planning Officer - Planning Policy

Places Strategy

Cheshire West and Chester Council

Tel: 01244 973778

Email: lyndsay.jennings@cheshirewestandchester.gov.uk

Visit: www.cheshirewestandchester.gov.uk

Consultation Portal: <http://consult.cheshirewestandchester.gov.uk/portal>

(working days Tuesday-Friday)

Correspondence between Edward Timpson's office and the CQC

Hello,

Please see below the response from the CQC. The full report is in the website. I have spoken to them and they reiterate that there was a cleanliness issue but that was all.

Bets wishes,

Roz

Edward Timpson CBE
Member of Parliament for Eddisbury
House of Commons, London SW1A 0AA
58A High Street, Tarporley CW6 0AG
01829 733 243 | [web](#) | [fb](#) | [twitter](#)

From: Hughes, Matthew <Matthew.Hughes@cqc.org.uk>
Sent: 20 March 2020 15:34
To: TIMPSON, Edward <edward.timpson.mp@parliament.uk>
Subject: RE: Edward Timpson CBE MP - Closure of Sandiway Surgery

Good afternoon Roz,

Thank you for your email to my colleague Chris Hares.

I'd like some clarity with regards to the reference of an 'audit report' and the reference to a 48 page annex. We do have an inspection evidence table that accompanies the report, which is [available on the website](#). That does set out some of the areas that needed improvement at Sandiway Surgery.

I would appreciate a quick call on Monday to discuss.

If you could call me on my mobile that would be much appreciated.

Many thanks

Mat

Matthew Hughes
Senior Parliamentary and Stakeholder Engagement Adviser
Strategy and Intelligence - Engagement
Care Quality Commission
0207 448 1640
07384 525677
Email: matthew.hughes@cqc.org.uk

Letter from Edward Timpson to DMP -9th January



HOUSE OF COMMONS
LONDON SW1A 0AA

To: Fiona McGregor-Smith, Executive Partner Cc: Amanda Skelding-Jones, Business Manager

Danebridge Medical Practice 29 London Road Northwich CW9 5HR

Our Ref: ET0017 Dear Dr McGregor-Smith,

Re: Proposed Closure of Sandiway Surgery

9 January 2020

I have been contacted by a significant number of Sandiway and Cuddington residents, who, for a variety of valid reasons, are extremely concerned about your proposal to close Sandiway Surgery.

Accordingly, local residents have formed a Resident's Action Group to ensure that there is an opportunity for meaningful consultation and that all options to maintain a branch surgery within the village are thoroughly investigated. Both myself and their local councillors are working closely with Group.

The information that has been communicated to residents leaves many questions unanswered and given the impact your request to close the surgery would have, the Group request that you extend the timetable to consult with affected households.

The Resident's Action Group will be submitting a number of Freedom of Information (FOI) requests to you. The intention of these FOI requests is to increase understanding of why you are planning to close Sandiway Surgery and also to gain information on matters that will directly impact on Cuddington & Sandiway residents.

With the above in mind it is requested that you revise your timetable as follows:

- 27 January 2020 – closing date for survey responses (no change)

Early Feb 2020 – It is asked that you provide an anonymised copy of the survey responses to the Residents Action Group before you proceed with your request to Vale Royal CCG.

- Mid-February 2020 – expected responses from you to the FOI requests submitted by the Residents Action Group

- Early March 2020 – meeting between Danebridge Medical Practice representatives and the Residents Action Group to consult on options for Sandiway Surgery

Please confirm that you agree with this timetable and also suggest dates when the Partners would be available for a meeting with the Residents Action Group and elected representatives.

Thank you for your assistance in this matter. Yours sincerely

Edward Timpson CBE MP

Councillor Paul Williams Councillor Gillian Edwards Councillor Charles Fifield

Letter from DMP to Edward Timpson -5th February

05 February 2020

Dear Mr Timpson, RE: Proposed Closure of Sandiway Surgery

I am writing further to your letter of the 9th January 2020, and my subsequent email response of 13th January 2020. When I confirmed that as part of the consultation process the practice were holding a drop in session on the 21st January 2020. Having held the drop in session I am now in a position to respond to the points you raise in your letter

I have taken advice on what is best practice regarding the consultation for closure of a branch surgery, and have been advised that a 6 week consultation period is considered a proportionate period of time when considering the impact of the consultation. This is in line with the Gunning Principles, which I have outlined below for reference. We have endeavoured to follow the Gunning Principles when undertaking this consultation.

Proposals are still at a formative stage

A final decision has not yet been made, or predetermined, by the decision makers

There is sufficient information to give 'intelligent consideration'

The information provided must relate to the consultation and must be available, accessible, and easily interpretable for consultees to provide an informed response

There is adequate time for consideration and response

There must be sufficient opportunity for consultees to participate in the consultation. There is no set timeframe for consultation, despite the widely accepted twelve-week consultation period, as the length of time given for consultee to respond can vary depending on the subject and extent of impact of the consultation

'Conscientious consideration' must be given to the consultation responses before a decision is made Decision-makers should be able to provide evidence that they took consultation responses into account.

By following the four rules, outlined above I believe our consultation to be a fair and a worthwhile exercise:

I am in agreement with the no change to the timeframe for completion of the paper consultation. Please see below my response to the other three suggestions you put forward in your letter.

Early Feb 2020, I am presently unable to provide a copy of the survey results as these will be published at our planned public meeting and therefore will be in the public domain thereafter. I would be more than happy to forward you a copy of this thereafter.

· Mid February 2020 the FOI response will be forwarded to the Residents action Group and a meeting with representatives of the action group is currently trying to be arranged, the practice has offered a date, which the action group has declined. Please note a public consultation event will be held in late February 2020.

· The residents action group have not requested a meeting in early March at this stage, and as I have advised, we are trying to facilitate this meeting taking place in February, so that we are able to demonstrate to the Overview and Scrutiny Committee that we have taken reasonable and proportionate steps to engage with all stakeholders. We have already provided the residents action groups with possible dates to meet with representatives of the practice in February and I await a response from the group on whether our latest proposal is acceptable to them. If you have any further questions or queries regarding the content of this letter, do not hesitate to contact me at the above address or by email on a.skelding-jones@nhs.net or by phone on 01606 544577.

Yours sincerely

Amanda Skelding-Jones

Business Manager Danebridge Medical Practice

EMAIL TO THE CLERK TO THE PARISH COUNCIL FROM DANEBRIDGE

From: SKELDING-JONES, Amanda (DANEBRIDGE MEDICAL CENTRE) **Sent:** 10 January 2020 14:24 **To:** 'clerktoipc@hotmail.com' **Subject:** patient consultation Sandiway Surgery

Dear Cuddington Parish Council

We recently wrote to our patients to notify them of the intent of the GP Partners of Danebridge Medical Practice to submit an application to NHS Vale Royal Clinical Commissioning Group (CCG) requesting the CCGs consideration and approval of a business case to close the Sandiway Surgery, a branch practice of Danebridge. To inform the Business case, the Practice is undertaking a 6 week consultation with our registered patients to gather our patient's feedback through a survey, which can be completed online as well as via paper copies. To further support the patients to make informed decisions when providing their feedback we are organising a drop-in session

We would like to extend an invitation to you to attend this drop in session, which will be held on: [Tuesday 21st January 2020 at 3-5pm](#) within the Sandiway Surgery [1A Weaverham Rd, Sandiway, Northwich CW8 2NJ](#)

Kind Regards

Mandy

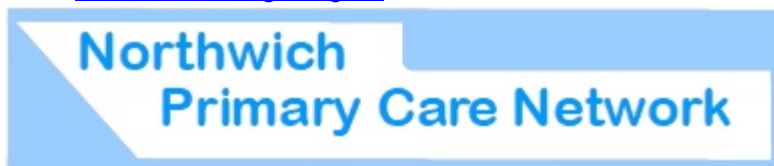
Amanda Skelding-Jones
Business Manager

Danebridge Medical Practice, London Road, Northwich, Cheshire, CW9 5HR

Tel: 01606 544544

Email: a.skelding-jones@nhs.net

Web: www.danebridge.org.uk



CUDDINGTON PARISH COUNCIL

Clerk to the Council ~ Mrs. Julie Chrimes

Sunnyside Withens Lane Weaverham Cheshire CW8 3HX
Telephone: 01606 852444 e-mail: clerktoipc@hotmail.co.uk

19th March 2020

Dear Dr McGregor-Smith

Cuddington Parish encompasses the villages of Cuddington, Sandiway and Delamere Park and is a rural community situated approximately 5.5 miles from Northwich and 4.7 miles from Winsford.

Cheshire West and Chester Council (CWaC) produced a “Local Plan” for the Borough between 2015 and 2018 in which Cuddington was designated a Key Service Centre (KSC) for this rural area. The basis for this decision, which has underpinned the building of an additional 300 houses within the community, was the presence of social services and amenities capable of supporting surrounding settlements. One key facility identified was the presence of a GP surgery in Sandiway, which has been here since 1928. As part of the National Planning Policy Framework (NPPF) the Cuddington Neighbourhood Plan was developed, by Parish Councillors and a group of residents. This plan, which includes a number of policies relating to the KSC, was subjected to a Referendum and was “Made” in January 2019 with overwhelming support of the local population.

On the 21st December 2019 you wrote to your registered patients advising them of a proposal to close the Sandiway branch surgery. This has caused great alarm among these patients and among the other residents of the 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. The Group has support from the three Cheshire West and Chester Ward Councillors and is being run under the auspices of the Parish Council, with Parish Councillor membership.

The Parish Council organised a public meeting on January 20th attended by 128 residents, to discuss and record the views and ideas of the patients regarding this proposal. To date the Action Group has gained over 800 signatures supporting their attempts to ‘Save our Surgery’.

The Care Quality Commission report, which was referred to in your letter to patients, did not state either that Sandiway Surgery was unfit for purpose, or that it needed to close. The Residents Action Group has engaged with your practice to try to establish the reasons for proposed closure. So far, the Practice Management has been reluctant to share information and so the Action Group has had to submit numerous Freedom of Information requests.

The management, by your practice, of this whole consultation process has been very unsatisfactory in a number of respects.

- The consultation with patients began on 21st December 2019 and ran until 27th January 2020, merely a five-week period over the longest and most disruptive holiday in the calendar. Many of your patients have commented to us that the questions in the survey were badly drafted leaving them unable to state their preferences in questions 4,5 and 6 in particular. Danebridge held a drop-in session at Sandiway surgery that was advertised, only a few days ahead, by notices pinned to the three surgery doors. You then held a public meeting to “conclude” in your words, the consultation on 26th February 2020. This event was not well managed, the survey feedback gave incomplete, inaccurate information and many patients’ questions on the evening have been left unanswered. The Partners present

at the event promised responses to the new questions raised; so far this information has not been provided.

- This Council has not been advised of the business case to support closure of the surgery, or of any reasoned case for the proposed closure. In fact, at a meeting requested by the Action Group and held on 12 February 2020, the Practice business managers made it clear that the decision to close the surgery had already been made and that the Partners are merely seeking formal permission to carry out their plan. This, along with the fact that patients have not been given sufficient information for “intelligent consideration”, or “adequate time for consideration and response” is clearly not in line with the Gunning Principles; even though your business manager wrote to our MP, Mr Edward Timpson on 5th February 2020, to assure him that these principles were being followed.
- Great weight is being given by your Practice to the CQC report of 2019, in seeking to justify your proposal. However, we have been told by the Practice Management that it is unable to give any details of those aspects of the CQC report which have led to a decision to seek closure, nor has the practice sought to specify or get quotations for remedial works to bring Sandiway Surgery up to the standard you feel is adequate to keep it open. We believe this is vital information to enable a more sensible consultation about options for continued provision of Primary Care in Cuddington.
- Our parishioners are entitled to local access to primary care, and given our very poor transport connectivity, access will be effectively non-existent for some young families, schoolchildren and the elderly and infirm in what is a growing community, completely contrary to the NHS England strategy.

This failure to conduct an open and robust consultation, has led to great distress among your patients. They are expressing strong opposition to the proposal and have attended meetings in large numbers citing numerous concerns regarding accessing GP care.

Cuddington Parish Council is completely and categorically opposed to your proposal and would like to hear from you specifically on the following:

1. What are the detailed reasons for the proposal to close Sandiway Surgery as specified in the CQC report?
2. What remedial work would be required to keep Sandiway Surgery open?

What other options have been considered, to maintain a primary care facility in Sandiway, including discussions with other practices in the area?

Yours sincerely,

Julie Chrimes
Clerk to the Council

Letter from CWaC to Edward Timpson- 23rd March

Cheshire West & Chester Council

Edward Timpson MP House of Commons London SW1A 0AA	Executive's Office Cheshire West and Chester Council 4 Civic Way, Ellesmere Port, CH65 0BE Tel: 0300 1238 123 Our reference: CR185260293 Email: enquiries@cheshirewestandchester.gov.uk Web: www.cheshirewestandchester.gov.uk Date: 23 March 2020
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Dear Edward

Closure of Sandiway Surgery

The future of the Sandiways Practice is a matter for the Cheshire Clinical Commissioning Group to determine upon receiving a formal application from the managing Practice.

However, we have been in touch with the CCG and emphasised that should an application be submitted, the Council's Health Overview and Scrutiny Committee will want the opportunity to comment. The CCG has subsequently given an assurance that the views of the Overview and Scrutiny Committee will be conveyed to the CCG Primary Care Committee when it considers the application.

As part of its consideration of the matter, the Committee will be interested to receive statements from the Parish Council and residents groups. These would be presented to the Committee during that part of the meeting where the public may put forward questions or views.

The Health Overview and Scrutiny has no powers over the decision on the future of Sandiways but will be concerned that its views, including the impact on local residents, are properly considered before any decision is made by the CCG.

Unfortunately, due to the impact of the coronavirus, our overview and scrutiny committees are currently unable to meet.

We will however liaise with the CCG over an appropriate date for the future consideration of this matter.

Yours sincerely

Andrew Lewis Chief Executive

Messages received from Patients by the Action Group via the Gmail address

Has the Residents Action Group established whether the Sandiway Surgery's planning consent defines its use solely as a GP surgery? Potentially any request for a change of use, say to residential could be rejected by both the Parish Council and CWAC on the grounds that a surgery is needed, as this could potentially be taken over by another practice group should Danebridge decline to offer services in future. The value of the premises would also be impacted by the planning consent of course

Sandiway Surgery should definitely not be closed – the Questions and Issues information sheet summarizes the position clearly and succinctly and we are in full agreement with it. Our personal experience of the surgery over the past 50 years, from the days of Dr Laugharne and Dr Simpson, have been integral to our lives here in Sandiway – and now all we will be left with is the local vet.

We will have to take comfort from knowing our dog will continue to receive the convenient local care that we will be deprived of as we reach our twilight years. But can this possibly be classed as satisfactory civilized progress?

Of further concern is that there is no indication of how the present system of dealing with ongoing monthly repeat prescriptions will be handled locally in future.

The survey has been completed and handed into one of your collection points and a copy of it is attached to this email.

We support the Local Residents' Action Group.

Excellent meeting last night; thank you for all your work and organisation which you are doing on behalf of the community at large.

We were (very sensibly) limited to one question per participant and as I both [REDACTED] and I asked one each, we didn't feel that we should push for more. But we do have a couple more questions/comments which we would like to feed into the mix.

Is it best to send them to the savesandiway@gmail.com ?

They are:-

Has the DMC practice considered selling Sandiway Surgery to another GP practice? If not, would DMC inform other local practices of that possibility - or advertise that option to a wider market (in specialist medical media or, for example, in the "Medical Practices" section of BusinessesForSale.com)?

Sometime last year (in September, we think) DMC announced that, from the beginning of last October, it would no longer be possible to book online appointments at Sandiway Surgery. Was that with the intention of producing "evidence" to show a lack of demand for a surgery in Sandiway ?

What improvements are needed to make Sandiway Surgery fit for purpose (as required by the CQC)?

PS - Note: Article on page 16 of today's Daily Telegraph about using Village Halls for (among other things) Doctors' surgeries !

and

PPS Is there any truth in a (very unsubstantiated) rumour we heard that Hollybank Veterinary might want to buy Sandway Surgery ?

Hi

Following tonight's meeting I would like to add the following points

1.0 The complete business case for the proposed closure needs to be made available for public review

2.0 What is the budgeted costing for the upgrading of the surgery to comply fully with the NHS requirements

3.0 Should the Surgery close what are the Practices plans for the site
Would it be sold for development???

4.0 Why is the Practice not lobbying the NHS and Government to maintain and enhance the service in Sandiway given the significant rise in residents
It would appear that the Practice is taking the easy option .Or does it have a hidden agenda to capitalise financially on the sale of the Surgery.

Many thanks to the good work of the action group

Proposed Closure of the Sandiway GP Surgery

Dear Mr Timpson,

I am writing to you to express our great dismay at the above proposed closure of the Sandiway GP Surgery and list below the grounds on which we object.

1. The engineering by Danebridge in not allowing appointments to be made directly with this surgery by phone. This was particularly distressing if one is a resident of Cuddington & Sandiway. Therefore, the surgery was not always used by local residents as we were directed to other surgeries.
2. Danebridge Surgery should have contacted other doctor surgeries in the area to see if they were in a position to take over the running of the service.
3. This is NOT just a local issue but one of National importance and shows the enormous decline in GP services. This has been caused by successive Governments, including Conservatives in cutting back on the training of Doctors (and Dentists) in the last 30 years!
4. The population of this area has doubled at least in the last 5 years and no provision has been made for this explosion of population in what has always been a rural area. Have developers fulfilled their obligations in building public amenity buildings ie. Surgeries etc., and have the necessary surveys and their impact on local services been carried out before planning was granted?
5. Being a rural area many of the local residents, especially the elderly are unable to access Northwich or Kingsmead surgeries owing to the lack of local transport especially at a time they are needed.
6. The Danebridge Surgery has insufficient parking and increasing the volume of traffic in this area of Northwich will only increase the traffic problems experienced there.
7. Not all residents, particularly the elderly are computer literate and internet etc., can be too difficult for them to access.

These are just a few of the reasons why this local facility should be maintained – if not by Danebridge by some other surgery.

We have been residents in the Whitegate/Sandiway area for 20 years but lived in the County all our lives.

We sincerely ask that you give this matter the urgent attention that it requires.

Yours sincerely (We have always fought for what is best for the County of Cheshire)

Hello

This is a little belated I am afraid, ahead of tonight's meeting at the school, which I hope to attend. You are probably fully aware of the legal situation anyway, but I simply googled "who decides whether a surgery should close" and the attached Freedom of Information Request and the reply to same came up. This request was apparently made in 2009 so the response may be obsolete anyway, but I thought it was interesting in that at that time it looks as though it was the PCT's decision as to where surgeries should be and whether they should close or not. If that is still the case then presumably our efforts should be directed at the PCT rather than Danebridge whose mind is probably made up anyway? My apologies - you probably know all this already and are already doing that or it has probably changed. I have of course, completed the survey.

On a slightly different note, I will be 81 at the end of this month and fortunately am well enough to be able to walk to Sandiway Surgery at the moment. I was born in School Lane, Sandiway and have lived most of my life in Sandiway and Cuddington (apart from 5 years when I was first married and moved to Davenham). I can well recall when I was aged 5 or 6 having to go to the Sandiway Surgery fairly frequently for a period due to problems with my ears. The surgery then was situated in the house which is now the Veterinary Surgery next door to the present Doctors' Surgery. It was also the home of the Doctor, Dr. Warburton, who also did frequent home visits.

The point I wish to make is that it was seen that there was a need for a surgery in Sandiway 75 years ago, before any of the following developments were built:

The Council Estate and Shops (I used to walk through fields to visit my friend in Nixon Road)
Hadrian Way/ St. John's Way, Sandiway
The Albert Locke Estate, Sandiway (Sandown Crescent/East Lane)
Chiltern Close, Sandiway
The Wimpey Estate, Cuddington (Moss Lane etc) and Cuddington Shops
Moorlands Park Estate, Cuddington
Delamere Park, Cuddington

I am sure there are other developments which I cannot bring to mind at the moment, apart from the more recent ones - Greenfield Way, next to Sandiway School, the Yoghurt Factory and the large triangle of land next to the Shell garage.

The need for a surgery would seem to be unquestioned. How we ensure that it remains, I do not know.

I'm writing regard the extraordinary meeting of the Parish council at Sandiway school regarding the proposed closure of Sandiway surgery.

Unfortunately I won't be able to attend myself as I am in London raising money to develop personalised cancer medicines. But I would respectfully request you to read out these pragmatic points in the meeting.

My points are these:

The surgery partners clearly need to save money by cutting facilities costs. So either the community stumps up facilities costs Year on year (unlikely to fly) or we request a mitigation. The mitigations I am proposing are
A) utilise the village hall facilities

OR

B) introduce video- consultations as a new offering

Option B would be a potential win/ win situation, not just for Sandiway patients but for all Danebridge patients. I know it is a workable solution because AstraZeneca already offer this service to their staff to save them having to take time off work. And they LOVE the convenience of it.

My final point:

I'd also like to ask the Parish council to look into why this closure consultation announcement was deliberately embargo'd until after the election? Who made that decision, when and why? My assumption is that it was a cynical decision made by someone at CWAC in order to bias the election result. The residents of Sandiway and Cuddington deserve an explanation for why this information was deliberately withheld, denying them chance to utilise their democratic power to its full potential.

I live in Cuddington - Sandiway Surgery a 10 minute walk at most. My worry, as I get older, is when I am ill, 6 mile drive to Danebridge, then, as usual there, nowhere to park, is going to be too much for me. GP services should be local.

Good points. Facebook is full of support against the closure. Valid points from some about how the questionnaire is designed to give the Practice the right answer.

On a personal level, I take regular meds and will for life, because it is a "meds monitoring" medicine, it means the monthly repeat cannot go through EPS, rowlands pick it up for me from sandiway surgery as they pick up repeats daily normally, so today I spoke to the Pharmacy manager and asked her would they be going to pick up repeat scripts from kingsmead or danebridge if sandiway closed, she said no, only option is to collect yourself, or get Hartford rowlands to pick it up once a week on Mondays from danebridge (but you still need to get to hartford to pick it up) and these scripts will NOT change to being electronic so all sandiway patients on meds monitoring will have to pick up themselves from a surgery then get the script from a chemist, maybe not rowlands chemist. At least 2 points stem from this:

1. How are people in above situation, without transport or without ability to be mobile meant to do this?
2. What does it mean for the future of a pharmacy in the village and associated knock on impact if we lose that, they are always busy.

Perhaps for point 1, does anyone know if Doctors have to provide information based on a Freedom of Information request?? Probably this and a lot of other data could be useful for the case against closure

Bus times Delamere Park/Northwich.

We have a trial service, which I believe will be reviewed at some time in a few months. This may result in an improved service, or could result in the service being withdrawn. I really don't know. Bus route 48 runs between Northwich and Frodsham. The route serves Greenbank, Weaverham, Acton Bridge, Crowton, Norley then on to Frodsham. This basically is a 2-hourly round route (the same vehicle there and back). On Wednesdays only, three of the services, route 48A, detour to Eden Grange, White Barn and Delamere Park, rejoining the 'normal' route in Norley (i.e. cutting out Acton Bridge and Crowton).

Because the service starts in Northwich, the first bus into Northwich (the return from Frodsham) is at 10:41, arriving 11:00. The next one is 12:41 (arrives 13:00), and the last is 14:41, but there is no return bus from Northwich. Return trips are 11:05 (of no practical use), with the last trip of the day

(and effectively the only useful one) at 13:05. So the only 'effective' bus is the 10:41 arriving Northwich 11:00, with the return at 13:05, arriving Delamere Park at 13:25. Remember this is Wednesdays only.

I met with friends yesterday who live in Malpas, a very rural spot in W Cheshire. Might be worth doing a comparison with us and them. They are a smaller community but serve an area up to the Welsh border. Their surgery has 7 GP's. There has been quite a bit of building, up to 300 + new homes. Crucially the builders undertook to build a new GP surgery although this hasn't happened yet.
Felt the meeting went well and was very positive.

Drop-in session at the surgery 21st January- report from a resident

Fronted by the HR manager Ken Power- not suited to this kind of thing
Also present Dr McGregor-Smith and Dr Hanson (plus ANO, this needs verifying) and two reps from Healthwatch Cheshire.

Arrived at 3.25pm

Asked two questions first on Health and Safety

Told this had already been discussed and would not be gone over again
Insisted that as this was a Drop in session there was no order of business
Eventually taken to one side with a few others and told there were issues with electrical wiring, Gas, Access and the examination beds which did not allow access both sides of the bed because of the room sizes

Implied that these issues had been raised by CQC in their audit
Other implication was that Sandiway was the cause of the practice getting a requires improvement rating. [This is not evident from the CQC audit report]

The arguments seem bogus the issues are more about money than a CQC audit

Second question was about what was the obligation of the NHS to provide this service

There was much shuffling of feet and people looking at each other and giving very vague answers.

In addition to my questioning, the following emerged, amongst much else:

- In response to a question, it was stated that the premises were valued [on the balance sheet?] at £200k. Costs of upgrading were brushed aside.
- Also told people that the young doctors were concerned about lone working (personal safety) and the lack of back up (medical and clinical support) at Sandiway. Talking later to one of the GPs present it seemed that this was an issue with the new doctors, although Dr McGS did say that follow-ups such as blood tests could not be performed(!)

It was said (by KP) that a further Public Meeting would be held; no discussion about timing or location.

Personal observation: the continued direct use of KP as a “front man” would be unhelpful to the process – overbearing, arrogant and (questionably) not in full possession of the clinical facts.

Drop-in session at the surgery 21st January- report from another resident

After Monday night's meeting about Danebridge, which was very civilised - yesterday's meeting turned quite angry and heated. A lot of us turned up for 3 pm for this drop-in meeting, and then discovered the Practice Manager was there, two doctors and someone called (I think) Patient Services Manager, Health-Watch(2) and other officials. There were angry raised voices from the floor. Sadly I don't think anyone took notes of the meeting which is what it turned out to be. One resident arrived well after the meeting started (majority standing up in a relatively small space) and asked a question, only to be told the Manager had already covered the point he raised. . New rules apparently decree bigger surgery rooms and better examination conditions and working conditions. Fiona McGregor-Smith told us the (Sandiway) practice could not afford to pay her wages, let alone a modernisation of an out-of-date building . They cannot use the upstairs because they don't feel safe, as there is no escape route. I didn't know there was an upstairs. Shortage of doctors was cited and the fact that young doctors feel vulnerable working there and have refused to do so! So only older more confident and/or male doctors do so. Patient safety and privacy were repeatedly mentioned. It was suggested that the loud music was because sound carries from the consulting rooms. Really I think it boils down to the fact that they can't balance their budget. Dr Beth Hanson was also present - another partner. Dr Mc-Gregor-Smith is on the CCG and was its chairman at one time.

We have been assured there (yesterday) that there will be a public meeting - to be publicised in the Round Tower - after they have collated the results of the survey forms. I wonder if they know when the publication deadline is?

One resident was quite emotional about it all, and told the doctors publicly that she came to Sandiway intending to spend her old age here, knowing that Sandiway had a surgery to look after her when she gets old and that she feels she will have to move. Dr McGregor-Smith was surprised when someone asked if Danebridge had asked if any other practice would take it on, but she said the building would not be suitable and they had not considered doing that. (Subsequent research of The Land Registry papers for that patch of land, show it is currently owned by 3 partners of Danebridge and one who retired last year.) Dr Hanson pointed out that practice nurses tend to be of mature age and experience and some are coming up for retirement and will be difficult to replace. Someone in the audience told us that house visits in future will only be for patients who can't get out of bed - and Dr McG-S said a new system, of nurse practitioners and a paramedic is developing, to be shared between all practices in Northwich to cover most house visits. The doctors etc. were clearly amazed at the strong reaction to their proposal to close the surgery, and gave the impression that possible opposition was something they had not considered.

A resident.

I am extremely concerned by this proposal, and though I can accept that the standard and state of the surgery building on Weaverham Road falls short of current standards, I would

like to raise the following points in respect of the proposal and the way it has been handled to-date:

1. I understand from our last meeting that news of the proposed closure was embargoed until the day after the last election. This was clearly a politically-motivated decision. I would like to know who made this decision and on what authority, as knowledge of this closure and the impact on electors in Cuddington and Sandiway will undoubtedly have affected behaviours on polling day.

2. Our MP has, according to the article buried on page 23 of the Northwich Guardian this week, contacted the Secretary of State for Health, though there is no detail concerning precisely what he has said/done in the interests of the residents of Cuddington and Sandiway. My feeling is that he should be present in person at the meeting, prepared to explain to the people who voted him into office precisely what he is doing to protect their interests. This is his stated ambition, according to the article which appeared from him in the Northwich Guardian in the week following his election, so I expect that he will step-up to the challenge of delivering on the string of bon-mots he used in the article.

3. The proposed closure due to funding limitations is clearly a consequence of the politics of austerity and the managed run-down of the NHS which has rarely been far from the news for the last decade, and was particularly prominent during the recent election campaign, as shown in this newsclip, for example:

<https://www.theguardian.com/politics/video/2019/sep/18/boris-johnson-confronted-patient-father-nhs-waiting-times-video>

My belief that closure of the Sandiway surgery has been caused by a policy of under-funding the NHS is further evidenced by the fact that news of the closure was embargoed as it was politically sensitive. The leader of the government is on-record as having stated that withdrawal from the EU will generate £350M per week for the NHS, so can we ask what our MP is doing to ensure the swift channeling of these funds to struggling health service providers in the weeks after we leave the EU on January 31st ?

4. Given the extremely poor standard of public transport available from Cuddington and Sandiway to reach Northwich and Kingsmead, and the restrictive cost of using taxis (£12 each way, I understand), can we be assured that the impact of the proposed closure on the many residents of our community who do not have access to their own transport is considered. Has the idea of a drop-in at the Village Hall or similar been proposed/considered?

5. Continuing from the previous point, and assuming that there will be a greatly increased number of journeys by private car between Cuddington/Sandiway and Kingsmead/Northwich, has the environmental impact and financial cost to patients been considered, or is this another example of silo decision-making where the wider impacts of a decision ratified by one government department are not tensioned against the impact on wider government policy aimed at reducing carbon emissions?

6. Assuming that the closure of the Sandiway surgery goes ahead, can we be assured that the review by the CCG of Danebridge's business case will consider my points and all of the others raised by this Council and our community, and that this review will be published in full for open scrutiny before the Danebridge practice are allowed to act?

I object strongly to the closure of this surgery.

The reasons given in the letter from Danebridge were absolute rubbish !! No consideration has been given to the people of Sandiway , Cuddington or Whitegate who are unable to drive , how are they supposed to visit the other surgeries?, there are no direct public transport services to either Danebridge or Kingsmead, apart from one bus from Sandiway, which does travel to Northwich but not directly past Danebridge.

I have had John De souza around to see me this morning asking if i had access to to a doctors contract. I haven't but i have just googled GMS contract regulations and got a lot of hits. I am assuming Danebridge are GMS but they could be PMS. If they are PMs you will need a slightly different looking contract but they are available on the nhs website or government websites.

I think this is the link you need

<http://www.legislation.gov.uk/ukxi/2004/291/contents/made>

or this is easier to read

<https://www.england.nhs.uk/wp-content/uploads/2018/01/17-18-gms-contract.pdf>

or

www.england.nhs.uk/publications

then search on GMS contract 2019/20 but this may just show you the enhanced services on which the surgery are judged to obtain their money.

I'm sure you've had plenty said about parking issues with danebridge surgery but just wanted to add my voice. I work in the well pharmacy across the road from danebridge so I see it first-hand. Currently the parking provisions are totally inadequate for patients. What that means is that patients have to park on double yellow lines on drillfield road, in our car park and other areas including the nearby housing estate. It gets particularly bad when they hold the sit and wait surgery in the mornings. There have been a few occasions that our drug deliveries haven't been able to be delivered as the driver couldn't find anywhere to park. Additionally we receive customers complaints all the time due to our car park being full or that they can't get out of the car park due to cars parked in front of them. I'm not sure about the parking at the kingsmead site but I'm told it's not great either. Obviously if sandiway closes this will only make the situation worse!
Hope this helps

We've seen the banners.

We live on Delamere Park and the Sandiway surgery is very convenient for us. Having to work our way through the Northwich traffic to Danebridge or Kingsmead and back again, especially if seriously unwell, is a daunting prospect. Parking at Danebridge and Kingsmead is always difficult.

We would be very disappointed if the Sandiway surgery were to close. At a time of increasing longevity and increasing demands on the NHS we should be opening more GP surgeries not closing them.

If the necessary refurbishment of the Sandiway surgery were to be funded by crowd funding we would be willing to contribute a significant amount. The repair of church towers and roofs is often funded by voluntary contributions amounting to hundreds of thousands if not millions of pounds so we don't see why the same shouldn't apply to a vital health service.

Please let us know if there is anything we can do to help.

At the recent drop in meeting at Sandiway surgery it was stated that a fire exit door opened directly onto the car access way in to the vet's making it a safety risk. Did the surgery sell land to the vet's to make that access and if so should not a new fire exit have been made, at that time, with the revenue generated?

Correspondence between Gillian Williams (Action Group) and DMP

Date	Event
	Letter received from Danebridge Medical Practice (DMP) to inform of proposed closure of Sandiway Surgery
27/12/2019	Call DMP ask to speak to Mandy Skelding-Jones (MSJ) Advised she is on leave, will be in on 30/12/2019
30/12/2019	Call DMP ask to speak to MSJ. Advised she is not in office, will return on 31/12/2019. Surgery will not give me MSJ email address or direct line. Advised I must continue to call appointments line if I wish to speak with MSJ.
31/12/2019	Call DMP ask to speak to MSJ. Advised she is not in office, will return on 6/1/2020. Spoke to Gilly Davis, Patient Services manager. Advised to send my questions to damebridge.surgery@NHS.net . I did this.
6/1/2020	Call Sandiway Surgery and speak with MSJ. Requested a meeting and was advised Mondays and Tuesdays would be difficult for Partners to attend. We provisionally discussed 29/1/2020 at 7pm as a date after the final date for return of surveys by patients. During the call MSJ said that there was other information in addition to the CQC report that the Partners were considering, namely the fire alarm and the carpet/ non-carpeted areas in the GP surgeries at Sandiway Surgery. I agreed to contact the Residents Action Group (RAG) and obtain proposed meeting dates
9/1/2020	I email MSJ Confirm that I have spoken with the RAG and the outcome was to submit FOI requests to DMP to gain more information about the proposal to close Sandiway Surgery.
9/1/2020	MSJ emails me to ask if I have identified a venue for the consultation meeting and then recalls the email
9/1/2020	I open the email before the recall and say that our elected representatives will contact her
9/1/2020	MSJ acknowledges the FOI requests and says that she will respond in due course
9/1/2020	I confirm I have not shared MSJ's direct email address as per her request
9/1/2020	MSJ replies to say thank you
13/1/2020	MSJ emails me to say she has not received any further communication
13/1/2020	I reply to confirm the letter will be sent by Edward Timpson MP
13/1/2020	MSJ replies 'thanks for the update'
19/1/2020	I email MSJ to suggest 12/2/2020 as a date for consultation meeting, noting this is a Wednesday which MSJ has said is most convenient for the Partners and also after the due date for the survey completion and FOI responses.
?	Drop-in session held by DMP at Sandiway Surgery. Advertised on surgery door.
22/1/2020	MSJ replies and says 'I have discussed this with the partners and following yesterday's drop in session both the partners and I believe it is important that the practice organise the public consultation event in February, The date is likely to be week commencing the 17 th or 24 th February.'
28/1/2020	I reply, explaining I have been away since her email. I say 'There may have been a misunderstanding. The proposed meeting is not intended to be an open public meeting, this meeting is between members of the Residents Action Group (RAG), the Partners and you to clarify questions we have regarding the proposal to close Sandiway Surgery. This is the meeting I was requesting when I spoke with you at the beginning of January and when you originally suggested a date of 29 January.'

Date	Event
	We are available on Wednesday evenings (when you have suggested the Partners could be available) and hope that you will be able to arrange a suitable time to meet with representatives of the RAG. As a group we have obtained over 600 signatures from residents within the village who have asked us to talk to you on their behalf.'
28/1/2020	MSJ – OK we will meet 5 Feb at 7pm
29/1/2020	GW – prefer 12 Feb for reasons given above
?	Letter response to Edward Timpson – RAG have refused a meeting
29/1/2020	MSJ – I will check Partner availability
3/2/2020	MSJ – Partners not available – KP and MSJ will meet with RAG on 12/2/2020
3/2/2020	GW – acknowledged email – will check if OK with RAG
3/2/2020	MSJ OK, please assure RAG we will hold public consultation either w/c 17 th or 24 th Feb
5/2/2020	GW – confirmed 12/2/2020, asked again for a Partner to attend
6/2/2020	MSJ – unlikely a Partner will attend
7/2/2020	GW – confirmed attendees and agenda, disappointed no Partners there
10/2/2020	MSJ – FOI responses
12/2/2020	Meeting RAG and DMP
13/2/2020	MSJ – will check with Partners and CQC if happy to share full CQC report
14/2/2020	KP provides salaried and Partner headcount data
16/2/2020	GW asks MSJ to ensure emails sent to people to confirm public consultation meeting
17/2/2020	MSJ – I will contact them today
19/2/2020	GW receives copy of email (see below) no-one else gets a copy as far as we are aware
20/2/2020	GW asks MSJ when email will be sent to residents
21/2/2020	MSJ Hi Gillian, this is the email I blind copied to all the email addresses provided as part of the consultation feedback Mandy
21/2/2020	GW Hi Mandy I'm not aware of anyone else getting this email. I'll check again with a few people and if it's not arrived, I'll ask if they will let me send you their email address It may have happened if your email system sends out large numbers of emails in batches. Or they may be a limit to the number of emails you can send out in one go. I've checked with 5 people that I know completed the survey on line. They all say that they added their email address at the end and have not had any communication from Danebridge about the public consultation next week. They have all checked their spam folders and there is nothing there.
25/2/2020	GW – can we have a microphone at public consultation? Resident request
25/2/2020	MSJ – no, table discussions rather than traditional style public consultation meeting
?	Public consultation at Sandiway School
27/2/2020	Copy of presentation sent by MSJ
27/2/2020	Response to MSJ identifying inaccuracies and missing information. Asks for date when info will be provided
27/2/2020	Out of office from MSJ – returning 10/2/2020
2/3/2020	Forwarded email to KP
2/3/2020	KP – MSJ will reply on her return

Appendix E

Patient Letter and FAQ

DANEBRIDGE MEDICAL PRACTICE

www.danebridge.org.uk email: danebridge.surgery@nhs.net

Kingsmead Surgery
2 Kingsmead Square,
Regency Way, Northwich
Cheshire. CW9 8UW

Danebridge Medical Centre
London Road
Northwich
Cheshire
CW9 5HR
01606 544544

Sandiway Surgery
1A Weaverham Road
Sandiway, Northwich
Cheshire, CW8 2NJ
Tel: 01606 544600

Our Ref: MSJ/Sandiway-letter

Date as Post Marked

Dear Household

Re: Sandiway Surgery

We are writing to you as a patient of Danebridge Medical Practice to inform you of the proposed closure of Sandiway Surgery. As I am sure you are aware, Sandiway Surgery is part of Danebridge Medical Practice which also includes Kingsmead Surgery and Danebridge Medical Centre. Earlier this year, we were inspected by our Regulator, the Care Quality Commission, which resulted in an overall grading for the Practice of 'Requires Improvement.'

Further to the Inspection, Dr McGregor-Smith as the Executive Partner, fellow Partners and colleagues, have worked tirelessly to ensure that we correct the processes which required improvement.



For the Partners of Danebridge Medical Practice the decision to request closure of our branch surgery has not been taken lightly. 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.

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. We welcome your view so if you can complete the short survey by following the link below or you can access the survey:

Via our Facebook page, paper copies will be available from any of our surgeries

Or by completing the enclosed survey and returning to:

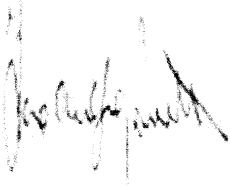
Mrs Amanda Skelding-Jones, Business Manager, Danebridge Medical Practice, 29 London Road, Northwich, CW9 5HR

<https://www.surveymonkey.co.uk/r/LSHYD7Y>

Dr F A McGregor-Smith Dr D A Perry Dr M S Mullin Dr B A Hanson

Dr S E Jeeva Dr F C Durnian Dr B Gilchrist Dr R Whitwell

Yours faithfully



Dr Fiona McGregor-Smith
On Behalf of the GP Partners,
Danebridge Medical Practice

Dr F A McGregor-Smith Dr D A Perry Dr M S Mullin Dr B A Hanson

Dr S E Jeeva Dr F C Durnian Dr B Gilchrist Dr R Whitwell

Proposed Closure of Sandiway Branch Surgery

Patient Frequently Asked Questions (FAQs)

The Partners at Danebridge Medical Practice have sought approval from NHS Vale Royal CCG to close Sandiway Branch Surgery. As part of the application we need to hear what our patients think to add this to the Business Case

Listed below are a number of FAQs that are provided to answer any potential queries patients may have. Any further queries should be directed to Surgery staff.

1	Why have you proposed to close Sandiway Surgery?
	The Care Quality Commission's (CQC) report and discussions at the inspection in May 2019 highlighted safety issues that required improvement at Sandiway Surgery and it would require a very large investment to bring the premises up to standard, which is simply not available.
2	Will the Danebridge Medical Centre and Kingsmead opening times remain the same as they are currently?
	Danebridge will remain the same Kingsmead surgery will be able to remain open from 8:30 – 6 pm Monday to Friday, we believe this will be more convenient.
3	Will I still be able to see my usual doctor or nurse?
	Yes you will. All staff and partners (whether clinical or not) will be based at either Danebridge or Kingsmead Surgeries. We will continue to provide a full GP service from Danebridge Medical Centre and Kingsmead Surgery providing daily appointments to see Doctors, Nurses and Health Care Assistants.
4	Will the same number of appointments be available?
	Yes we will be increasing the number of appointments across Danebridge Medical Centre and Kingsmead Surgery to cover those that were previously provided at Sandiway branch surgery. Although this will mean that Sandiway patients will need to travel to either Danebridge/ Kingsmead Surgeries, in the past year over 64% (1956 appointments) of those who needed an appointment have attended either Kingsmead surgery or Danebridge Medical Centre. 12% (1797 appointments) of Danebridge Medical Practice have travelled to Sandiway and will no longer need to do so. All patients already attend Kingsmead Surgery or Danebridge Medical Centre for Minor Surgery, antenatal care, child development clinics, Sit and Wait Surgery, extended hours appointments, counselling service Musculoskeletal Service.
5	Will there be changes to the way I book appointments?
	No you will continue to be able to book appointments as you do now, either online or by the telephone. We will continue to recall those patients that require scheduled vaccinations, chronic disease reviews or for participation in routine screening programmes (smears, diabetic eye checks etc.) We do however; hope that we will be able to improve our appointment booking and administrative systems, with a larger pool of administrative and patient service colleagues available across the two sites.
6	What will happen to vulnerable patients?
	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.
7	Will I need to register at a new GP practice?
	No, we are not proposing to change our practice boundary; we will continue to register and provide services for patients that fall into the catchment area.
8	Will the services currently offered at Sandiway Surgery be offered at either Kingsmead surgery or Danebridge Medical centre?
	Yes – All services that we currently offer under the GP contract will be transferred to either Kingsmead Surgery or Danebridge Medical Centre.



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9	Will any new services be introduced?
	We certainly hope so. One of the reasons for the proposed closure is for us to be able to grow and expand the services that we are able to provide locally from within the practice. Since Danebridge Medical Centre opened, we have gradually introduced new services, such as long term conditions clinics. We are committed to working with local commissioners to provide access to additional services as they become available.
10	How would the closure benefit the patients of the practice?
	Kingsmead Surgery has a local car park with disabled access. Both surgeries have ground floor consulting rooms and spacious waiting areas. There will be increased opening hours at the Kingsmead Surgery and there will be no reduction in the opening hours at Danebridge Medical Centre.
11	How would the closure benefit the staff at the practice?
	All staff will be retained. Clinical staff would be able to work more closely together and improve communication with community services. Annual and sick leave would be better covered leading to lower stress levels of the remaining staff. Partners would be able to share the ever increasing administrative work load required of them by government and regulations. All staff would have increased access to the management team.
12	Will there be any changes to how I access the GP out of hour' service?
	No, in order to access a GP when the practice is closed you will still need to telephone the NHS 111 service and they will either signpost you to the most appropriate service or arrange for you to access a GP. Between 8am and 8:30am phone the surgery as normal and an answer – phone message will direct you to a clinician if you require urgent help before reception is open.
13	Will I need to re-register to remain on the practice list? Will my health records be transferred?
	No, all patients remain registered with Danebridge Medical Practice and your paper health records are in the process of being scanned and paper copies will be stored centrally. The only way your registration will change, will be if you choose to register yourself at a different practice or if you move from your current address to an address outside the practice catchment area.
14	Will this affect any treatment I am currently receiving either at the GP practice or any Hospital?
	No – Any patient's current treatments, medications or any investigations that they are receiving from any hospital or other provider will be unaffected by the closure.
15	What are the timescales for the decision of whether to close Sandiway Surgery?
	Following the consultation period which will end midnight on 27 th January 2020, the feedback will be analysed and included in a report, for NHS Vale Royal CCG to make an informed decision on TBC.

Your Views are important to us about our GP services

Please take a few minutes to fill out this survey. We welcome your feedback and your answers will be kept confidential. Alternatively you can complete the survey online via the practice website www.danebridge.org.uk or Facebook page or by going to this web address

<https://www.surveymonkey.co.uk/r/LSHYD7Y>

- The survey will close at midnight on Monday 27th January 2020

1	What is your postcode?		Please complete ↓
2	Please indicate number of people in your household that are?	Under 16	
		16 – 24	
		25 – 49	
		50 - 69	
		70 and over	
3	How do you or members of your household usually travel to your surgery?	Own transport	
		Relatives transport	
		Public transport	
		Walk	
		Other	
4	How often do you/ member of your household attend Sandiway Surgery?	Once a week or more	
		Between once a week and once a month	
		Between once a month and twice a year	
		Once or twice a year	
		Less than once a year	
5	Which location do you/ members of your household currently attend when you need to access GP services?	Danebridge Medical Centre	
		Kingsmead Surgery	
		Sandiway Surgery	
		Any of the above Surgeries	
6	Why do you/ members of your household choose the location for our GP services?	Close to home	
		Site offers a particular treatment/Service	
		The time of the appointments offered	
		Practice Nursing services offered	
7	Does your household support the practice's plan in principle?	Yes	
		No	
8	Do you have any further comment?		
9	If you would like to be informed about the outcome of the engagement process , please include your contact details below: Name: Email: Address: Thank you for taking the time to complete this survey. Please return to the reception desk at any of our surgeries.		



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APPENDIX F:

Briefing Notes Prepared by DMP for Medical Staff for the Public Meeting 26th February

Provided as a Response to Freedom of Information request (FOI #4) and Request for an Internal Review

Briefing Note 1 for Danebridge Medical Staff for the Public Meeting 26th February

Safety

Lone clinicians

unsafe for patients eg CPR , Nebs, ecg can compromise clinical decisions Cannot leave unwell patients on their own whilst waiting for an ambulance, patients in surgeries are not given priority no matter how sick they are

Staff left without clinicians for periods of time

Doesnt happen in on sites
Incidents have happened, locked in threatening self harm,

Examination of patients compromised

Gynae examinations
Elderly patients need an up and down couch, they wont fit in the rooms
Current couches are attached to the wall

Groups of clinicians working together in an emergency

In an emergency at any other site a group of clinicians respond allowing for a safer more consistent approach to emergency medicine

Junior clinical staff

Dont like working alone
We have recruited a number of junior colleagues who need support in the same building whilst they develop.
We need a collabertive clinical approach, often asking opinions of each other but more so more junior staff
It worries them and causes stress
We need to retain staff and this doesnt help

Health and Safety

No modern fire alarm
Steep stairs for staff

Survey results

30 % walk
58 % own transport

Weaverham surgery 1.8 mikes away open to new patients

Patients visiting once per week or more 1%
Once per month to twice per year 44 %

Hartford 8000 residents larger number than SW but no surgery
Cost NHS Properties £1.16 Million, for 3500 patients, no other quotes as yet inc from other practices in Northwich, have e mailed no answers as yet

Rx on line, use a proxy, post, DMARDS unsure of the solution

65 % of patients accessing services at DMC and KM over the last one month

Briefing Note 2 for Danebridge Medical Staff for the Public Meeting 26th February

Please bear in mind the CW8 2 postcode we have used to identify 'Sandiway patients' is 18 square miles in size. So not all those 'sandaway' patients are living next door to the surgery.

Distance/transport:

See Tarporley GP website advertising the Cheshire community driver scheme: organised by the Cheshire community development trust (in Northwich!!)

<https://tarporleydoctors.gpsurgery.net/wp-content/uploads/sites/370/2017/09/Cheshire-Voluntary-Car-Scheme.pdf>

Prescription Requests:

Meds management: order online – all meds management are flagged separately as Query: so GP will check book/results then sign electronically with note to pharmacist – “results from Xdate checked, no concerns, ok to prescribe. “ (we can set up quick text to make it easy)

Urine samples..... I don't know what to suggest about this... ? collection place in sandiway.

My thoughts on clinical reasons:

Consulting in Sandiway is far from ideal.

- Consults can be heard easily in waiting room due to layout, compromises confidentiality.
- Examination couches aren't fit for purpose, can't do vaginal exams/rectal exams due to couches being too short/narrow and lights aren't at proper angle, couches don't elevate/lower so impractical for patients and doctors.
- Plus attached to wall and so not removable to switch for new couches, even if we could fit a larger couch in (which we can't)
- Rooms impractical for people with wheelchairs or prams. Too small.

Doctors feel vulnerable as due to staff restrictions often consulting alone. If a patient were to collapse no other medical staff on site to assist.

No nursing provision on regular basis due to staffing restrictions (need to think how to word this carefully as the counterargument is to put nurses at Sandiway again) so no facility to ECG/bloods impeding doctor's diagnosis and increasing risk to patient.

If patients need bloods/ECG etc they need to attend Northwich thereby delaying their care, putting them further in danger.

With no nurses we can't do dressings if clinically indicated by the consultation.

Due to more doctors feeling insecure and isolated, they don't like consulting there, thereby making GP retention more difficult.

Reception staff vulnerable, had to remove patient from list last month as threatening staff member at Sandiway, left the staff member traumatised unable to continue with her shift as felt vulnerable with no management on site to immediately deal with the situation.

So, I think rather than wording it negatively about Sandiway we can try to explain why Danebridge and Kingsmead are superior....

- Disabled access – to site, toilets and rooms (?)
- Due to layout improved confidentiality
- Larger consult rooms,
- Appropriate for wheelchair, prams
- multiple people consults (if I get 2 people plus me in a sandiway room it's too crowded)
- room for modern examination couch that is fit for purpose
- Support of full team around the clinician improving safety and patient care.
- Phlebotomist
- Nurses – for ECG, dressings, diabetic, copd, asthma rev, imms etc
- Pharmacy team to guide improved prescribing
- MSK specialist
- Support of reception staff to ensure safety.
- Provision of service 8.00-18.30pm