

GP Provision: Pilsley

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Motion made, and Question proposed, That this House do now adjourn.—
(Leo Docherty.)

8.46 pm

Mark Fletcher (Bolsover) (Con)

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Once again, Madam Deputy Speaker, it is an honour to speak under your chairmanship; fate seems to keep bringing us together. I am delighted to have the opportunity to raise this important constituency matter in this House.

During my maiden speech, Madam Deputy Speaker, you may recall that I invited you to visit many wonderful parts of my constituency. Pilsley was one of the places I mentioned, and of course I extend that invitation once again. Pilsley is a delightful village—or perhaps two villages, depending on who you speak to—with great charm and character. But the village is currently in a state of great anxiety due to the proposal to close the incredibly popular local surgery. This potential loss is what I wish to discuss tonight.

The future of the Pilsley surgery has been something of an ongoing affair for nearly three years. The surgery is run by Staffa Health. It is one of four that it runs in the region, and they are generally considered to be very good. I wish to say early on that I do not doubt the commitment of the staff of Staffa Health to deliver the best possible service, nor do I doubt their

sincerity in their belief that this closure is a good move. That is not to say that I agree with them.

As I understand it, an initial proposal was put forward in 2017 by Staffa Health to close three surgeries, but that got dropped along the way. I will recap some of the events over the past year. On 1 May 2019, the practice identified the various stakeholders that it needed to discuss the planned closure with. On Monday 24 June 2019, Staffa Health wrote to patients, commencing a consultation to propose the permanent closure of Pilsley Surgery. The consultation ran for 60 days, until 23 August 2019.

As you will appreciate, Madam Deputy Speaker, I was elected in the early hours—around 5 am—of 13 December, some months after the consultation had closed. I feel a bit like I have won an FA cup final ticket, only to discover that I have turned up in injury time, because my involvement started last month. I received a letter via email on 14 January from Staffa Health informing me of its decision to close the surgery. I was given eight days' notice before it was taken for a final decision to the NHS Derby and Derbyshire clinical commissioning group. I immediately wrote to Staffa Health, offering a meeting with the Secretary of State to explore other options. Similarly, I wrote to the clinical commissioning group, asking for a delay to any decision, and I met the amazing Sheila Baldwin, who I will mention more later on.

I think it would be helpful to set out the reasons given for this proposed closure. In the letter to patients dated 24 June 2019, Staffa Health said:

“Staffa Health provides a high degree of choice to our patients in terms of appointment type, location, time of day, day of the week and the ability to book ahead and on the day. Operating in this way over our four sites and providing effective GP cover is challenging. For some time the Practice has been experiencing increasing difficulty in sustaining clinical GP cover over four sites.”

On the face of it, this is about difficulties in recruiting and retaining GPs—a problem that many surgeries face.

Jim Shannon (Strangford) (DUP)

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The hon. Gentleman is illustrating an issue that is apparent in not only his constituency but across the United Kingdom, including in my constituency. The availability of GP appointments is fast becoming a nationwide crisis, which is adding to pressure on minor injuries units and A&E departments. Does he agree that there must be direct funding to encourage medical students to commit to a five-year placement in a GP practice, in exchange for student loans, Province-wide and UK-wide? That may be a possibility.

Mark Fletcher

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It is a delight to receive an intervention from the hon. Gentleman. As I understand it, he is slightly notorious for doing so. He strayed slightly from what I wish to speak about this evening, but I thank him for his support, as do the people of Pilsley.

As I was saying, on the face of it, this is about difficulties in recruiting and retaining GPs. That is why this Government have committed to recruiting 6,000 more GPs and 26,000 primary care staff other than GPs. We know that there is a particular issue with meeting increased demand at GP surgeries, and we are addressing that challenge head-on with a three-pronged approach: recruiting more GPs; recruiting other staff such as nurses and pharmacists, who can often deal with more routine appointments; and finding new ways of working, such as telephone appointments. That is why I wrote to the Secretary of State asking for a meeting with myself and Staffa Health, to discuss alternative ways of working—a meeting that I believe he is happy to arrange.

But if I were being a cynical man, I would suggest that the top line about GP recruitment is a cover for other reasons why Staffa Health wishes to go ahead with this closure. In the frequently asked questions section of the consultation letter, there was a section headed,

“How would it help Staffa Health by closing the Pilsley surgery?”

Five reasons are given. The first is, as previously covered:

“Enabling us to review and improve access to GP appointments without having to spread staff thinly over four sites”.

The second is:

“Allowing us to redesign the way we provide some aspects of the service. We plan to improve access to same day urgent care, telephone and online consultations”.

I am at a bit of a loss as to why the closure of a surgery is required for that to happen. The third reason stated is:

“Reducing some of the activities that are duplicated across multiple sites, providing greater efficiency”.

I suspect that that might be the most important reason. I think that the finances of the closure may be a considerable factor in this proposal, and if I am right, I wish that Staffa Health would come out and say so, rather than hiding behind other factors.

The fourth and fifth reasons given are:

“Giving the Practice a greater ability to support doctors, nurses and pharmacists in training by supervising them on fewer sites”

and

“Making the practice a more attractive place to work due to a more supportive, less stressful and less isolated working environment”.

What both those points skirt over is the impact that this will have on residents in Pilsley, who are unanimously against this closure. Of course it is important to think about the morale of staff and the quality of their training, but if doing so results in the plummeting morale of patients, is that a good decision? There are serious concerns about the impact the closure will have on the residents of Pilsley, especially those who cannot drive or suffer mobility issues. The village has a higher proportion of elderly residents than most of my constituency, and there are three major issues that I want to raise today.

The first is public transport. The consultation document points out that the other Staffa Health surgeries are only a couple of miles away from the Pilsley surgery, and that there are two public transport routes to them. My inbox and postbags are full of residents' communications presenting a very different picture. As one email from a Pilsley resident stated:

“Our village has lost one bus service and what is left is erratic and unreliable. I am 72 and currently drive but wonder what will happen in the years to come.”

Do we really want our elderly patients who cannot drive waiting in the freezing cold in bus shelters for a once-an-hour service that is far from reliable? Will this improve their health, or would we prefer them to shell out for a return taxi that will cost about £20, or are we to rely on a commitment to home visits that will surely put considerably more strain on the workforce?

The consultation document says that the practice

“recognises that not all patients would be able or willing to travel to one of the other surgeries. Any patients who may choose not to remain registered with Staffa Health would be fully supported and offered advice on how to re-register with a different Practice.”

However, this is far from adequate. It knows that it is the only surgery available, and those wanting a local doctor will have no alternative. That was the one part of the consultation I was somewhat offended by.

The second issue is the new housing being built in the village. Because it is a fantastic place to live, Pilsley is popular for new housing developments. The Pilsley surgery has 2,800 patients registered at the practice, which has increased by 500 patients since 2017 due to new housing in the area. Other developments, such as the Rockcliffe housing development on Green Lane and a site on Gladstone Lane, have been identified for more housing. It is perverse to build new housing in a village while at the same time losing vital infrastructure. We need to have a much more joined-up approach between the local authority, the CCG and Staffa Health, and I suggest that some of the developers building in Pilsley should be contributing financially to local services such as the GP practice.

The new houses will create more demand, and we are going to end up in a position in a few years' time where we will need to reopen this practice, so let us just cut out this closure. I was particularly amused to read that, because of concerns over parking at one of the other surgeries—in Tibshelf—the plan was to close the Pilsley surgery to patients, who will then have to travel to Tibshelf, but to move administrative staff from Tibshelf to the now closed Pilsley service so as to free up car parking space in the short term at Pilsley. It brought to mind the episode of “Yes Minister” when Jim Hacker visits a new hospital that has no patients, and Sir Humphrey proudly tells him that it is one of the best performing hospitals in the country on many measures.

The third concern I want to raise is the consultation, a lot of which was done online. Not all residents are online and not all residents in Pilsley feel they have been kept up to date on the process. Two brilliant ladies, Sheila Baldwin and Wendy Hardwick, took matters into their own hands and organised a petition against the closure, collecting 600 signatures in three weeks. I applaud their efforts, particularly as Sheila is not online, yet she

has galvanised Pilsley into action. She is one of a number of people who have tried calling the surgery in recent weeks only to discover that the options system for the practice automatically transfers them to the test results option. This has added to the confusion and Chinese whispers that are inevitable in a situation of high anxiety.

I brought the consultation up in business questions a few weeks ago, and I know that the CCG is of the opinion that the consultation process for the proposed closure was satisfactory, but I question whether it has explored more than the papers put in front of it. It is clear from speaking to residents in Pilsley that they feel very unsure about who is making decisions, when they are coming, and what impact they will have. We are far too reliant on websites for this sort of thing, and it annoys me that those of us who are tech-savvy gloss over the discrimination this presents to those who are not computer-literate. On behalf of all residents in Pilsley, I thank Sheila and Wendy for all that they have done.

I appreciate that the Government do not have control over this decision: responsibility lies with the CCG. Reportedly—this has not been confirmed to me in writing—a decision will be made at its next meeting on 26 February, although no time or location has yet been provided to me. Equally, I appreciate that a lot of this happened before I was elected. I also wish to state again that I have no ill will towards those who work for Staffa Health, who I am sure wish to do their very best to make their patients' lives better; I disagree with them on this matter, but I do not question their passion for what they do. But it seems to me that the rationale for this proposed closure is short-sighted. It will adversely impact many vulnerable and elderly patients. It is deeply unpopular, and the best approach would be for us to find a way of keeping this surgery, such a vital part of the Pilsley community, open.

I also fear that the closure of the surgery could see a reduction in services or a potential closure of the local pharmacy, creating a real health blackspot in one of the finest parts of Derbyshire. I know the Minister is

particularly passionate about pharmacies, and she knows how vital to communities these local businesses are.

I hope Staffa Health and the Derbyshire CCG will pause this proposal, meet me and the Secretary of State to discuss their issues and reassess what can be done. If any confirmation of the importance of this issue were needed, I might add that when I spoke to Sheila earlier today she told me that a last minute notice had gone out in the community because ITV's "Calendar"—I am sure you are a big fan, Madam Deputy Speaker—was filming in the local area and wanted people to come out; at incredibly short notice 30 people made themselves available. This is a vitally important issue for the residents of Pilsley and I look forward to the Minister's response.

9.02 pm

The Parliamentary Under-Secretary of State for Health and Social Care (Jo Churchill)

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I congratulate my hon. Friend the Member for Bolsover (Mark Fletcher) on securing this debate about GP provision in Pilsley. We know that general practice is the lifeblood of the NHS, and we understand the essential role that local practices play in their community, and this is particularly the case in rural areas such as Pilsley.

Before I address the specific issue of the proposed closure of the Pilsley branch surgery, I would like to mention the local work that is being done in Derbyshire that partly explains some of the things that my hon. Friend was talking about. First, Derby and Derbyshire CCG has been active in working with NHS England to expand the local workforce, and I am very pleased that three new GPs have been recruited in Derbyshire, one of them indeed by Staffa Healthcare. Secondly, the CCG has made progress in ensuring that GPs remain in the NHS and within general practice in particular, An

example of that progress is the “GP Aspire” programme launched by the GP taskforce in Derbyshire. The programme started as a pilot back in 2018 and now provides support to all GPs across Derbyshire at any stage of their career. That includes, among other things, one-to-one careers guidance, signposting for wellbeing, mentoring, leadership and mental health advice. Since its launch, the programme has had some 116 individual contacts from Derbyshire GPs.

Retaining experienced GPs and encouraging more into the profession is the way we will be able to deliver more services across the nation and get more appointments into primary care, so people can get the right care from the right healthcare professional. On that, I add that I understand my hon. Friend’s point about pharmacies because the right appointment with the right healthcare professional for individuals will be hugely important as we begin to understand how to better work with the national health service across all the different healthcare professions.

I turn to the proposed closure of Pilsley branch surgery. As my hon. Friend outlined, the closure of a GP surgery is considered and decided by the local CCG, following the application from a GP provider. Such a decision understandably stirs up strong emotions within the local community, as he explained so well.

An application to close Pilsley branch surgery was submitted by Staffa Health in 2019. On the recommendation of the CCG, the public consultation was launched on 24 June. Staffa Health employed a wide range of feedback approaches during the 60-day period, including: meetings with staff; meetings with stakeholders and the patient participation group; issuing a letter, a “frequently asked questions” sheet and a questionnaire to all registered patients; text-message alerts to raise awareness of the consultation; and three face-to-face drop-in sessions. However, I understand what my hon. Friend said about the use of modern technology and how that may not always cover all patients who access local surgeries.

In addition to the consultation, the local petition calling for the closure to be halted, which got 592 individual signatures, was presented, and I join my hon. Friend in paying tribute to Sheila Baldwin and Wendy Hardwick, who organised it. I commit here and now to ensuring that my officials write to the CCG to ask it to set out how it has fully taken on board the views of the ladies and the broader petition and the action that it intends to take in response. Those local views can often help to deliver the most sensible solutions for everybody.

Following the conclusion of the consultation, Staffa Health decided to continue with its application to close the Pilsley branch to ensure the long-term sustainability of its whole practice across the three other local settings. A report was compiled and submitted to the CCG engagement committee for review on 8 January, and it commended the consultation for being “robust”. The report was also submitted to Derbyshire County Council’s improvement and scrutiny committee, and the final decision regarding the future of the Pilsley surgery will now be made by Derby and Derbyshire CCG’s primary care co-commissioning committee. The committee has been asked by Staffa Health to approve the closure, but to postpone it for a year from the date that approval is given. That postponement is to allow time to increase the number of consultation rooms at the neighbouring Tibshelf surgery and to address car parking issues. Those specific concerns have been raised through the consultation to date.

The committee met on 22 January and decided at the meeting to defer its decision to the next meeting on 26 February, which I understand will be after my hon. Friend has met the Secretary of State with Staffa Health. In the run-up to and following the PCCC’s decision, the CCG and Staffa Health are urged to continue to listen to the concerns that have been raised and to ensure that appropriate action is taken to reduce the impact on the community, which my hon. Friend laid out so eloquently.

As I stated, improving access to general practice is a leading priority for our Government and, consequently, I have asked that I be kept informed about

developments regarding the future of Pilsley branch surgery. I understand that workforce shortages have been cited as a reason behind the application to close, as my hon. Friend said, and I appreciate how challenging the situation is for GP surgeries across the country. As the hon. Member for Strangford (Jim Shannon) outlined, it affects all of us, north to south, east to west, and particularly those trying to deliver across large rural areas and multiple sites, where delivery is extremely challenging. As such, I reassure my hon. Friend that tackling this issue lies at the heart of our determination to strengthen general practice and support those who work in it. We are committed to increasing the workforce, providing about 6,000 more doctors and 6,000 more primary care professionals such as physiotherapists, pharmacists and physician associates, on top of the 20,000 primary care professionals to whose funding NHS England is contributing.

[Jim Shannon](#)

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Earlier, I referred to the possibility of a scheme allowing student doctors to commit themselves to five years in a general practice and thereby offset some of their student fees. Would the Department be prepared at least to consider that?

[Jo Churchill](#)

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As the hon. Gentleman knows, we are always prepared to consider anything that will help to sustain the viability of the entire workforce. Offering appropriate career development, for instance, is important to ensuring that we retain doctors, nurses and other healthcare professionals. We do not just want to train them; we want to keep them as well.

Last year Health Education England recruited the largest ever number of GP trainees—some 3,540—but the system is under significant strain, and

more trainees will be required to meet our target of 6,000 general practitioners. The five medical schools that are currently coming onstream will be central to that objective. However, training new staff is only one piece of the jigsaw. As I have said, retention is just as important. The GP contract recognises that, and sets out an ambitious programme of initiatives which, by 2023-24, will support existing doctors. As well as introducing those workforce measures, we intend over the next 12 months to reduce the unnecessary burden of bureaucracy that often restricts GPs.

Our review has been agreed as part of this year's contract, and will begin with a ministerial round table that will seek input from our partners across Government and general practice. Our aim is to free up valuable time for doctors and primary care professionals, while also ensuring that Government agencies, departments and patients have the necessary access to information. By recruiting and retaining more doctors in primary care, covering a wider range of specialisms, we will reduce the burden of bureaucracy placed on them and create additional capacity over the next five years. However, this is also about delivering care in the most appropriate setting as we strengthen general practice, and at the heart of each and every one of those settings is the patient. That can only work if we listen to the concerns and views of all involved in general practice, both staff and patients.

I commend my hon. Friend's tenacity. He has lobbied both the Secretary of State and me to ensure that we know about the challenges at the Pilsley surgery, and that we listen and then continue a conversation that involves me but also, most importantly, the Secretary of State when he and my hon. Friend meet Staffa Health shortly. We will act on what we are hearing.

Question put and agreed to.

9.13 pm

House adjourned.