

# **Report for the Cheshire Clinical Commissioning Group Primary Care Commissioning Committee**

## **Case for the Retention of Sandiway Surgery**

**Prepared on behalf of the Patients of Sandiway Surgery**

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

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**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.**

## 1. Executive Summary

- Danebridge Medical Practice (DMP) is proposing to close Sandiway Surgery depriving the rural communities of Cuddington, Delamere Park, Sandiway and surrounding settlements of their only GP surgery.
- Based on the CWaC 2018 estimate of the village population, the 3747 patients directly affected represent 65% of the village population and from DMP's data, 15% of the total Practice list. They include 725 patients aged over 70 years of age (CWaC estimate 100 residents 90+) and 716 patients aged under 16 years of age. These two groups will have most difficulty in accessing medical care elsewhere should the closure go ahead.
- Sandiway branch surgery is located 5 miles from Danebridge, and Kingsmead branch surgery is within one mile of Danebridge. The number of patients aged over 70 and registered at Sandiway surgery is three times the number of patients in that age group registered at Kingsmead surgery. Almost 5 times as many patients at Sandiway surgery need meds monitoring compared with Kingsmead surgery. From a patient needs perspective Sandiway branch surgery should have a higher priority for retention than Kingsmead branch surgery.
- The Practice has failed to provide the patients with a valid and supportable reason for closure of the Sandiway surgery building and, more importantly, has not made or consulted on any plans for future sustainable primary care provision in Cuddington, Delamere Park and Sandiway. No opportunity has been offered to the local community to become involved in the discussion of options.
- Public meetings held by the Parish Council and the Practice have clearly indicated the substantial opposition of the patient population, across all age groups, to the proposed closure. This view was reflected in the survey carried out by the Practice that showed the majority of those participating did not favour closure. The overall response to the survey was 14% with 53% of those responding voting against closure. 79% of the respondents in the Cuddington, Delamere Park and Sandiway area voted against closure.
- The Practice has conducted an inadequate consultation process, largely based around a highly subjective survey, designed to elicit their pre-determined outcomes, on this very significant proposal for changes to primary care. The proposed changes will affect 3747 patients directly and another 21000 patients indirectly. There have been no targeted focus groups for the elderly, and the young, or those with health inequalities and poor health outcomes.
- Patients would have to travel 5 miles for appointments, blood tests, repeat prescriptions and meds monitoring, with a significant number of patients needing to use taxis, which cost £24 per return trip. This is contrary to the basic tenet of the NHS Constitution "Access to NHS services is based on clinical need, not on an individual's ability to pay".
- The Practice has not taken account of the status and implications of Cuddington and Sandiway being a Key Service Centre, with an obligation to service and sustainably support the local villages and surrounding communities for health care, welfare and social facilities.
- The evidence we have, indicates that Danebridge Medical Practice had already made a firm decision to close Sandiway Surgery before the consultation process began; that there has been scant or no consideration of alternatives to closure; and that there has been a reluctance to engage with Sandiway patients in a meaningful way.
- This proposal is unjustified, ill thought out and contradicts all the local government and NHS policies. Were this to go ahead it would mean the removal of GP surgery provision from a significantly large rural community, the second largest Key Service Centre in Cheshire West and Chester.
- The CCG Overview Plan states that the CCG (has) "a determination to ensure that the people of Cheshire are able to access consistently good care, wherever they live," and again "the development of more localised "Care Communities", will enable more people to access the care and support they need closer to home". This proposal is completely contrary to these statements.

## 2. Patient Information

The Practice has provided the patient demographics and distribution of patients at their present surgeries in response to an FOI request (see Part 2: Appendix B FOI # 6). The data are given in Table 1 at the end of this document. Of the three surgeries, Danebridge has 72.8% of the total patient list, Kingsmead 12.2% and Sandiway 15%. However, Sandiway has nearly 3 times the number of patients over 70 years of age compared with Kingsmead. Of the total number of patients aged over 70 years of age on the DMP list, Sandiway has ~18%; and of the total number of under 16s on the Practice list, Sandiway has 16% (See Table 1). These two vulnerable groups, who represent ~38% of the total number of patients living in Cuddington, Delamere Park and Sandiway, will have most difficulty accessing primary medical care if the Sandiway surgery is to close.

## 3. Assessment of Sandiway Surgery

There has been a GP surgery in Sandiway since 1928 and the existing surgery building has been in place for around 50 years. It was judged by CQC at an inspection in Feb 2019 to be 'fit for the services being delivered' although they did note that 'the Practice was aware that some remedial work and decoration was required'. DMP has confirmed in a response to an FOI (see Part 2: Appendix B FOI # 3) that the surgery meets all statutory requirements at present.

In the letter to patients in December 2019, DMP reported that the CQC inspection had downgraded the Practice from "Good" to "Requires Improvement". In the accompanying FAQ sheet they stated that this audit had highlighted safety issues that required improvement at Sandiway surgery and it would "require a very large investment to bring the premises up to standard". (see Part 2: Appendix E)

The Summary Report of the CQC inspection identifies only one issue applying to Sandiway surgery, – the requirement to let a contract to clean the carpets. The "[Inspection Evidence Table](#)" released in April 2020 following a request from our MP (See Appendix D) and an FOI request (See Part 2 Appendix B CQC IAT 1920 1155), did identify other issues at Sandiway surgery, which were in fact management issues across the whole Practice. These were: -

**Health and Safety:** Patient records were not kept in a locked container within a locked room at Sandiway, which meant they were at risk of damage and inappropriate access to patient information.

**Appropriate standards of cleanliness and hygiene:** The carpets at Sandiway did not appear to be clean. The provider did not have a routine schedule to clean these carpets.

**Medicines Management:** The prescriptions at Sandiway were kept in drawers and cupboards that were not routinely locked. They were also left in printer trays overnight.

**Responding to and meeting people's needs:** The practice was aware that Sandiway needed some remedial maintenance and redecoration.

None of these findings would justify a decision to seek closure, since they are matters of management systems and procedures. CQC has confirmed in a number of enquiries and FOI responses that they did not see the need for closure based on their inspection.

When the Residents Action Group asked DMP to obtain costs for bringing the surgery up to a more modern standard, they instead provided information on the cost of demolishing the existing building and rebuilding a state of the art medical centre. Not surprisingly the estimate was in excess of £1m, which the NHS would be unlikely to support. This was not the question being asked. It should be noted that the patients have had no complaint with the facilities used in the village, only with the steady diminution of the services being provided that has occurred over time.

However, the residents would be happy to be involved in discussions on improving the existing facilities to meet a fit for purpose modern standard. No such opportunity has been offered.

## **4. Accessibility of Primary Care for Patients in Cuddington, Delamere Park and Sandiway**

### **4.1 Current Primary Care Provision in The Key Service Centre**

The present surgery is accessible by foot, cycle, mobility scooter and car. Parents with young children, and children at the two village primary schools, do not require access to a car to get to the surgery nor need to use inadequate public transport; one bus an hour servicing only part of the villages. The elderly are comfortable driving on familiar low traffic roads, allowing an increase in the age at which they feel they can safely drive to see a GP.

A further key part of the primary care provision in the villages is the local pharmacy, which is situated a 5 minute walk from the surgery. Like the surgery it is easily accessible on foot, by cycle, mobility scooter, or car. At present it provides a well-used repeat prescription service, collecting the paper scripts from the surgery, receiving prescriptions via EPS and then dispensing the necessary medicines. It also sells related chemist goods.

Closure of the surgery is likely to put the future of the pharmacy at risk. We have established that the existing service of picking up paper-based prescriptions will cease if Sandiway surgery closes. This has implications for those who are unable to request a prescription on line or need a paper script because they follow a meds monitoring process. These patients are likely to be forced to make multiple trips to the other surgeries e.g. to pick up the prescription, take it to a pharmacy, and then to return to pick up the drugs. Patients are unlikely to be in the best of health while undertaking these journeys, which does not equate to a better health outcome. Also it does not seem likely to produce a reduction of carbon emissions.

DMP did not notify the local pharmacy to assess the likely impact on vulnerable patients or patients with health inequalities. They have no evidence of making any contact with the pharmacy before the 30<sup>th</sup> April 2020, four months after announcing their plan to patients, and two months after the consultation "close out" meeting.

Closure of Sandiway surgery, with no alternative primary care provision in the Key Service Centre, will in no way represent an improvement for patients.

### **4.2 Danebridge Medical Centre and Kingsmead Branch Surgery**

#### **Physical Access**

The closure of the sole surgery in Cuddington Parish, a large rural community, will require those on the Sandiway list (3747 patients) to go either into Kingsmead or Danebridge. These two surgeries, which are less than one mile apart, are about 5 miles from Cuddington, Delamere Park and Sandiway and access is difficult by any means other than a car. It is not possible to get to Kingsmead from the villages by bus, as there is no service. The service from the villages to the centre of Northwich commences at 07.57; the second bus is at 09.50 and hourly thereafter. The last bus back is 17.55. The buses arrive in Northwich centre and there is then about a 10 minutes walk to the medical centre, crossing main roads in the centre of Northwich.

If the patient who needs an appointment can drive, or can be driven, the driver faces major parking problems at both Kingsmead (which shares a busy shopping centre car park) and Danebridge, which has a very small car park. For Danebridge surgery it is usual to have to use a supermarket car park and walk from there, 5 to 10 minutes depending on age and physical health.

None of these alternatives is attractive to an elderly patient and, indeed, could well be beyond their physical capability. For those with younger patients in their care, controlling young children crossing busy roads in the town centre presents its own challenges. Therefore, access for an appointment is a problem; as will be access to deal with sample provision, repeat prescriptions, and meds monitoring requirements.

It should be noted that the access problem is compounded by the present practice policy on home visits. The Practice current policy is to visit only those they know are housebound. If this is amended the GP resource going into the provision of home visits could well be similar to that needed for the surgery. If a suggested paramedics home visit service comes to fruition there will still be a load on the GP practice, or the ambulance and A&E facilities some 15 miles away.

## **Electronic Access**

Leaving aside the difficulty in getting an appointment in normal (i.e. non COVID-19) times where waits of a week to 10 days are not unusual, the Residents Action Group was already aware that the present appointment booking system presents problems for the elderly. This is based on personal experience and discussions with elderly patients. Government data suggests that the over 75s have difficulty handling the internet and are thus less able to take advantage of the facilities offered by the Practice through the internet e.g. repeat prescriptions.

## **5. Access to other Primary Care Provision within the local area**

Table 2, at the end of this document, provides the total patient lists and limited age profile data for the medical practices in the vicinity of the villages. The data is extracted from Catalyst database and is dated November 2019. Comparing Tables 1 and 2 it is clear there are differences, but the data in Table 2 is from a single source and is considered useful for comparison purposes.

It is clear that Danebridge is by far the largest of the local medical practices (roughly 3 times the Vale Royal CCG average) and has the second highest percentage of patients over 65, only slightly lower than Weaverham. Taking into account the employee FTE information supplied by DMP it has the third highest patient to GP ratio at 2303 patients per FTE GP.

The two closest surgeries are Weaverham (2.5 miles) and one in Winsford (5.5 miles). Superficially both centres appear (geographically) to be within easy distance of the villages. There is, however, no direct bus service to either centre; the only reliable service is the Dial-a-Ride system, which operates Tuesday to Saturday 08.45 to 16.30. This service requires booking 24/48 hours ahead, and those using it have to meet the CWaC criteria regarding difficulty in using ordinary public transport. Clearly this is of no use for a same day appointment potentially increasing the load on A&E services. Walking from the villages to Weaverham is either along a country road without a footway or along the main A49 trunk road. While the trunk road is debatably considered acceptable for children to use to get to school, walking such a distance while feeling unwell, or pushing a sick child in a push chair, is not likely to leave the patient, and / or the parent, feeling any better. There is no direct bus service to Winsford, and the shortest road from the villages to Winsford (5.5 miles) does not have any footways.

The only safe access is by car and that presents similar problems to the access to Danebridge and Kingsmead. As patients age, their ability, or desire to drive is curtailed, and finding parking space at the surgeries is a major issue. For younger patients they need access to a car and to be able to drive; fewer young people are learning to drive (according to official statistics) and not every family has two cars available.

The ability of other 'local' practices to absorb additional patients is questionable. For example, if the 754 patients over 70 years of age from Sandiway were to join Weaverham, its total number of patients would increase by 10%; it already has the highest proportion in the area of patients over 65 years old (See Table 2). The impact on other practices in Winsford would be of a similar order.

## **6. Patient Consultation and Feedback**

The first the patients knew of the proposal to close the surgery was a letter, a FAQ sheet and a survey form which arrived just before Christmas with a 5 week 'consultation period', in the busiest holiday period in the calendar, ending on the 27 January 2020 (See Part 2: Appendix E). The patients were not asked how they wished to be involved and no other consultation option was offered. The questions in the survey were not designed to elicit the need for the Sandiway surgery only to record the usage of the surgery. The usage is totally dictated by the Practice policy of progressively reducing the number of appointments and services available at Sandiway.

A “drop-in” meeting was held on the afternoon of Tuesday 21<sup>st</sup> January, Sandiway surgery is normally closed at this time, and the event was only advertised on the surgery doors. This meeting was chaotic. The final “close out” meeting on the 26<sup>th</sup> February that was attended by 185 patients was equally chaotic. Despite advice from the Residents Action Group on the likely numbers attending, the Practice failed to design the event to accommodate this number. As a result the formal presentation was only given to half the patients there, while the other half were only allowed in to the meeting later. Neither meeting resulted in answers to questions put by the patients. The feedback on the consultation survey has still not been provided to the patients who requested it on the initial survey form, only to those who asked for it at the “close out” meeting. There have been no focus groups for the elderly, and the young, or those with health inequalities and poor health outcomes; no targeted or general roadshows; and no attempt to access patient opinion by contacting groups who meet at the village hall, church groups, sports clubs, library, etc. There has been no attempt to explain the impact of this proposal on Danebridge and Kingsmead patients who will be affected by the additional load on the central services, estimated to be an increase of 19% based on current data.

The patients want the surgery to remain open. The village residents have formed a Residents Action Group, supported by more than 850 signatures collected in less than four days, to prevent the closure. (See Part 2: Appendix A). The only unprompted consultation undertaken by DMP was a survey form sent to the houses on the patient list together with two chaotic public meetings neither of which left the patients feeling they had been listened to let alone consulted. As far as the survey went, not every patient household received a form. The information provided with the survey was misleading and insufficient to make a sensible judgement. No data was offered on the likely increase in appointments to be handled by the Danebridge and Kingsmead surgeries to compensate for the closure of Sandiway surgery. There was no assessment of the impact of the additional appointments on the other surgeries’ ability to cope, and a suggestion that the Kingsmead opening hours would be decreased. (This has been acknowledged as an error but it is difficult to see that an increase in opening of an hour over lunchtime will be sufficient to meet the demand arising from closing the Sandiway surgery.) The survey produced the following results:

Total number of responses 1443 out of 10400 forms sent out  
 Responses from the Cuddington/ Delamere Park/ Sandiway area 751

The overall response rate was ~14% and the responses from the village represented 52% of the total.

	Do not support Closure	Support Closure	No response
All respondents	769 (53%)	598 (41%)	76 (5%)
Village Respondents	595 (79%)	119 (16%)	37 (5%)

It is not possible to deduce the number of actual patients that are represented by the results above but the outcome is clear-cut. The majority are not in favour of closure of the Sandiway surgery. Additional data was requested in the survey, to enable, say, the age profile of responses to be characterised, but this data has not been released by the Practice in a way that enables proper analysis of the need for the surgery.

An FOI (See Part 2 Appendix B FOI # 8) was submitted to the CCG, originally in January 2020, requesting information on the involvement of the CCG in the planning of the proposal by DMP to close Sandiway surgery. As part of the response, which was elicited over several months, the CCG provided a table on the 15<sup>th</sup> May 2020 to demonstrate how they believed that DMP had followed the guidelines with regard to the Gunning Principles. The Residents Action Group has produced a commentary on this table, which is shown below.

**LGA Gunning Principle Rules – provided by the CCG**

<b>Gunning Principle</b>	<b>Activity as Reported by the CCG</b>	<b>Residents Action Group Response</b>
1 The Integrity of Consultation	Practice met with the CCG October 2019 to make them aware of their intentions to submit an application to close Sandiway Surgery. Practice met with PPG November 2019 to make them aware of their intentions to submit an application to close Sandiway Surgery Practice liaised with PPG regarding letter to each household, FAQs and the survey	PPG were instructed not to discuss closure with patients. Not all registered patients received the survey and other local residents were not included. No contact has been made with local community groups; no roadshows or focus groups have been held. The Residents Action Group contacted DMP and one meeting was held with practice managers. DMP refused to discuss anything other than FOI responses at this meeting. Although requested, no partners attended even though the meeting was arranged so they could be present. At this meeting the senior practice manager said the closure decision had already been taken (verbatim minutes available if required)
2 The Visibility of Consultation	Practice wrote to each affected household to make them aware of their intentions with the survey being attached (December 2019) CCG wrote to the Local Authority and OSC to make the intentions of the practice known (December 2019) CCG wrote to MPs and Healthwatch to make the intentions of the practice known (December 2019) Practice contacted local Councillors to make their intentions known Information was on the practice websites and displayed on posters in the practice (December 2019)	The practice assumed that a response from a household would be representative of all the views of potential patients within it. It was only possible to respond to the proposal through the survey form sent out and other alternatives – e.g. surgery questionnaire, road shows, meetings with local community groups, focus groups etc were not offered.  It should be noted that the Weaver and Cuddington Borough Councillors have no record of any contact before becoming aware of the problem through their constituents, and the Parish Councillors were not contacted until 10 <sup>th</sup> January by which time they had already organised an emergency public Council meeting in response to communications from worried parishioners.
3 The accessibility of Consultation	The survey around the consultation was sent to each affected household which could be returned to the Danebridge practices – also instruction on how to access the survey online The survey was available through a Survey Monkey link Paper copies and large font copies were available from all Danebridge practices	Not all patient households received the survey and no other option to respond was offered by the practice. The public meetings were not widely advertised by the Practice but through the efforts of the Parish Council communications and the local grapevine the public attendance was well in excess of the capability of the chosen venues to handle.
4 The Transparency of Consultation	All survey results were displayed at the Public Meeting (February 2020) – except the one question around ‘do you agree with the closure’  All survey results will be displayed on the Practice website (February 2020)  Those who indicated they would like a	Double the number of people attended the ‘consultation close out meeting’ than the venue could handle. Two sittings were arranged but the second sitting was not given the presentation by the practice. The response to the key survey question was not available at this meeting, which the patients understood was one of the prime reasons for the meeting. Those who requested a copy of the results on the survey form have yet to receive the data although it is now available on the website. However, what is presented is only a very small proportion of the data that would be available from the full survey monkey analysis.  This has not been done. Patients without

	copy of the results on the survey will receive this by email or hardcopy	internet access have not received any information on the survey outcomes.
5 The Disclosure of Obligations in Consultation	<p>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:</p> <p>CQC report</p> <p>The need of building repair to make it fit for modern day practice</p> <p>GP shortages to cover the clinics</p>	<p>The response of patients who read the FAQ and attended the public sessions is that their concerns have not been heard let alone met or answered. At least two of the reasons for closure indicated here are suspect. The CQC stated in an FOI response that they did not expect their report to require closure of the surgery. They noted in their report that the surgery was 'adequate for the services being provided' while noting that DMP were aware some remedial work and redecoration was required.</p> <p>The practice has ~11 FTE GPs and the patient/ GP ratio is in the mid range of these ratios for the local practices.</p>
6 The Fair Interpretation of Consultation	<p>Information and feedback was gathered through the survey and 'Surgery drop-in' and has been collated and objectively assessed.</p> <p>Results from the survey were displayed at the public meeting held by the practice and thereafter displayed on the practice website.</p>	<p>No part of the information and feedback which the practice collected, via the surveys, the meetings and the interaction with the Residents Action Group is available in the public domain. The statement that it has been 'objectively assessed' is therefore an assertion without evidence. The published results from the survey on the web site are a very small fraction of the data that the full survey monkey assessment will have provided.</p>
7 The Publication of Consultation	<p>The results from the survey were displayed at the public meeting held by the practice and thereafter displayed on the practice website</p> <p>The practice has answered individual queries, emails and foi's regarding the proposals, survey and potential outcome</p>	<p>Only a very small fraction of the data available from the survey monkey analysis has been made available to the public. That which has been provided indicates the majority of respondents do not want the surgery to close. The Residents Action Group is aware of the responses to the FOIs which they have raised but they, and the patients, are not aware of any formal individual responses to questions.</p> <p>A letter sent by Cuddington Parish Council to DMP on 19<sup>th</sup> March 2020, has not been answered. (See Part 2 Appendix D)</p>

## 7. Relevant Policies

### 7.1 CCG Overview Plan 2019/ 20

The closure of the surgery runs directly counter to the policy of 'patients accessing care and support closer to home' expressed in the CCG Overview Plan 2019/ 20.

### 7.2 Cheshire West and Chester (CWaC) Local Plan

Cheshire West and Chester Council (CWaC) produced a "Local Plan" for the Borough between 2015 and 2018 in which Cuddington and Sandiway 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 there since 1928. As part of the National Planning Policy Framework (NPPF), the Cuddington Neighbourhood Plan was also 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. The proposal to close Sandiway surgery is contrary to the provisions of the Local Plan and the Neighbourhood Plan. (See Appendix D: Letter from Cheshire West and Chester Senior Planning Officer) It also undermines some of the priorities of other plans, as shown below.

### **7.3 The CWaC Council Plan 2020-2024**

The CWaC Council Plan lists among its six priorities, “enabling more adults to live longer, healthier and happier lives”. It emphasises the value of communities supporting individuals to counter social isolation and loneliness, but it highlights the declining satisfaction levels with social care services. It also recognises the poor public transport provision in rural areas. The Council Plan is supported by the commitment of health service partners to enable joined up care closer to peoples’ own homes by developing new integrated models of social care. The proposed closure of the only surgery in this Key Service Centre with no proposal for an alternative local primary care provision, only serves to undermine these objectives given the acknowledged difficulty of access to the Danebridge and Kingsmead surgeries for the young and elderly patients in the villages.

### **7.4 The Cheshire West Place Plan 2019-2024.**

The plans’ vision is ‘To reduce inequalities, increase years of healthy life, and promote mental and physical health and well being for everyone in Cheshire West (leading) to a priority to ‘Make it easier to navigate health, social care and community based services’. Moving the services to the centre of Northwich, 5 miles away will not facilitate this priority.

### **7.5 NHS Constitution**

Seven key principles guide the NHS in everything that it does. This proposal is contrary to the first two key principles that state; “The NHS provides a comprehensive service, available to all” and ‘Access to NHS services is based on clinical need, not an individual’s ability to pay’. DMP has expressed the view that it is not their responsibility to get patients to their facilities. However, for young and elderly patients, the inadequate public transport and poor parking at the Danebridge and Kingsmead surgeries may well mean that the only way to access medical care will be by paying for a taxi. For some in the village a regular £24 return taxi fare to get medical treatment will be simply unaffordable.

### **7.6 CCG policy on “carbon emissions”**

The proposal undermines the recently declared policy statement by the CCG making a commitment to “promise to keep carbon firmly in mind as they begin buying healthcare services for the whole county later this year”, as articulated in the meeting on 23rd January 2020.

Closing the surgery will result in increased vehicle journeys, which goes against the principle of cutting carbon emissions; the CCG has stated it will “make cutting carbon emissions a priority when it agrees new contracts with NHS providers for the county’s services.”

## **8. Danebridge Medical Practice Stated Reasons for Closure**

A variety of reasons for closure have been advanced, from it being as a result of required improvements highlighted in the CQC inspection; the Practice’s statement in the letter to patients that they were unable to deliver primary care across multiple centres; safety issues identified in the CQC audit, to the surgery being ‘clinically unsafe’. None of these reasons withstand inspection.

- CQC has stated that they did not expect their report to lead to the closure of the surgery. The detailed report which was issued alongside the summary report as an “[Inspection Evidence Table](#)” does not support the clear and misleading suggestion by DMP that the CQC report had led to their decision to seek closure of Sandiway surgery;

- The Practice intend to continue to run a second surgery at Kingsmead one mile away from the Danebridge Centre, leaving 3747 patients 5 miles from either surgery;
- The safety issues identified at Sandiway in the CQC audit, are management issues, not specific to Sandiway since they are associated with the safe-keeping of patient records and prescriptions with similar issues identified at the other surgeries;
- The issue of clinical safety that has been raised by DMP appears to arise from its reluctance to have a single clinician on site at Sandiway. This can be addressed by reverting to the previous practice of having both a doctor and a nurse at the surgery, as acknowledged by DMP in the staff briefing note provided to the Residents Group in response to an FOI request. (See Part 2: Appendix F)

## 9. What the Patients Need

- Patients have expressed a willingness to work with the Practice on options to keep the surgery open including finding funds to upgrade the existing facility.
- Patients still await a full analysis of the survey carried out by the Practice as promised in the original patient letter.
- Patients expect to be consulted in a professional manner to the standard of that carried out for significantly smaller patient groups, for example [Upton Rocks GP Surgery](#), when consulting on plans for the closure of Hale Village Branch Surgery in 2017-18, affecting only 313 patients.
- The patients are asking the CCG / PCC to refuse the request by Danebridge Medical Practice to close Sandiway surgery on the basis that:
  - DMP have not provided any information on how local accessible primary care will be delivered to the 3747 patients living within 2 miles of the Sandiway surgery, particularly to vulnerable patients; for routine GP appointments; for services such as vaccinations, or for the requirements of a meds monitoring and prescription process.
  - Patients who experience health inequalities and poor health outcomes have not been consulted via focus groups or roadshows to discuss and assess the impact on them of this proposal. These patients need a local, accessible GP surgery provision.
  - The Key Service Centre needs to maintain a full primary care provision, which has been in existence since 1928 in this village.
  - DMP have not been able to offer a sound reason for closure, and they have not consulted with their patients in an open and transparent manner.
- Patients feel that the CCG should not preside over the removal of GP surgery provision from a significantly large rural community, the second largest Key Service Centre in Cheshire West and Chester.

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

**Prepared on behalf of the Patients of Sandiway Surgery**

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

**Table 1: Patient List Data supplied by Danebridge as part of FOI response**

	Under 16	16-24	25-49	50-69	70 and over	Total
Sandiway and Cuddington	716	255	1062	989	725	3747
*	19%	6.8%	28.3%	26.4%	19.3%	
Kingsmead	615	342	913	893	268	3031
*	20.3%	11.3%	30.1%	29.5%	8.8%	
Danebridge	3065	1427	5580	4972	3102	18146
*	16.9%	7.9%	30.8%	27.4%	17.1%	
Overall Population	4396	2024	7555	6854	4095	24924
*	17.6%	8.1%	30.3%	27.5%	16.4%	

\* percentages of the total number of patients listed at the centre i.e. column 7

**Table 2: Comparison of Patient Lists for Practices in and around Cuddington/ Sandiway/ Delamere Park**

Practice	Total list	% of 0 - 14	% of 65 – 74	% of 75+	Total % of 65+	GPs	Patients per GP
Vale Royal CCG	109438					75	1459 (av)
Danebridge	25066	16.5	12	10.2	22.2	10.88*	2303
Firdale	9220	17.1	9.5	7.5	17	5	1844
High Street Winsford	6066	19.1	8.5	5.8	14.3	3	2022
Launceston Close	5127	21	8.7	5.8	14.5	2	2563
Middlewich Road	6994	16.5	9.8	6.1	15.9	6	1166
Oakwood Medical	9088	18.6	12.1	7.9	20	4	2272
Swanlow Medical	10482	17.3	9.6	8.4	18	7	1497
Weavervale	8103	16.9	9.7	9.8	19.5	8	1012
Weaverham	7294	14.7	14.3	10.9	25.2	5	1459
Watling Street	7581	13.9	11.9	9	20.9	6	1263
Willow Wood	6289	14	8.1	4.9	13	2	3145
Witton Street	8128	17.3	11.8	8.2	20	5	1625

[Table based on data from Catalyst database dated Nov 2019. Percentages are of the total patient list (col1) and are rounded to 1 decimal place.]

(\* Danebridge has supplied Full Time Equivalents for their Medical doctors which total 10.88 FTE doctors. This is used in place of the data from Catalyst which indicated 18 GPs. Similar data corrections for FTE in other practices may also be necessary for fair comparison).