

Holt Medical Practice – Application to Close a Branch Surgery: Blakeney Surgery

Introduction

Holt Medical Practice (“HMP”) consists of 14,300 patients across a large practice area.¹ We have three sites: Holt, Melton, and Blakeney Surgeries. We are based in a very rural area.

Our patients are registered centrally with HMP and then access services or appointments from any of our sites where they are being offered. Many services are only offered at our main site, Holt Surgery, located in High Kelling. We have always offered a more limited range of services from our branch sites.

Since March 2020 there have been no appointments at all available from Blakeney Surgery (“BS”). Currently, BS operates as a drop in reception and medication collections hub only and patients travel to Melton or Holt for their appointments.

Over the last few years, we have seen a significant increase in demand for appointments and the complexity of the patients we are caring for has increased. This, running alongside workforce challenges and rising costs means our resources are more stretched.

The main funding we receive from NHS England is per patient, not per site. It is unusual for a medical practice to run three sites as it costs significantly more money and carries with it many more operational challenges. With our population on the rise, and a responsibility to plan for the future we feel we need to make certain our finite resources are working as hard as possible for the widest benefit of all our patients.

Towards the end of 2022 we met with Blakeney Parish Council (“BPC”) to discuss the future of BS. BPC informed us that there was a formal process we should follow if we were considering closing BS. We therefore held initial conversations with Norfolk & Waveney Integrated Care Board (“ICB”) in January 2023 and formally applied to close BS in March 2023.

We understand our application to close one of our branch surgeries comes at a time when the number of similar applications across the country are at an all-time high as many services are feeling stretched and threatened by the uncertain landscape of healthcare. We are aware that two other branch surgeries have recently been permitted to close and there is currently one other active application within Norfolk and Waveney ICB.

By making this application we are trying to be responsibly proactive so we can preserve the good service that we provide for our patients and the future of HMP and the Partnership. We are committed to finding a suitable alternative local medications collection solution should BS close.

The purpose of this paper is to provide the ICB with a reminder of our reasons for this application, an update on the patient engagement activity and to present our conclusions.

¹ [Practice Boundary | Holt Medical Practice \(holt-practice.nhs.uk\)](https://www.holt-practice.nhs.uk)

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Section A

Main Reasons why HMP applied to Close Blakeney Surgery

Most of these reasons have been discussed at length with the community. First through correspondence with local parishes back in 2021, then towards the end of 2022 with the assistance of Duncan Baker. This was then reinforced within our consultation document² and the presentation³ we gave at the Public Meeting on 1st August 2023.

In summary:

1) General HMP Misc

- a) **HMPs Catchment Area** - neighbours 7 other GP Surgery catchment areas.⁴ There is some overlap in certain areas within our catchment meaning that some patients have a choice of where they are registered. The majority of our population live *only* within Holt Medical Practice's catchment area. However, for some Blakeney residents and those that live to the Northwest and West of BS (those that are furthest away from Melton or Holt Surgeries), there is overlap with Wells Surgery's catchment area and therefore a choice of which practice to register with.⁵
- b) **Population Local to BS** – HMP has approximately 14,200 patients across a large practice area.⁶ Postcode data from our clinical system shows that approximately 1950 patients live in Blakeney and the surrounding villages of Cley, Morston, Langham, Cockthorpe, Kelling, Wiveton and Salthouse.⁷ This amounts to 14% of our population. 625 of these patients live in Blakeney, which is just 4.5% of our total practice population.
- c) **Holt Surgery is purpose built** – Holt Surgery, located in High Kelling, is by far the largest of our three sites, and was purpose built in 2003 to be a GP Surgery. It had a further extension in 2021 and now has 21 clinical rooms based off 4 waiting rooms.⁸ It also houses our administration teams upstairs, along with our meeting/training rooms and staff room.⁹ There is a dispensary and pharmacy on site and free parking for approx. 40 cars (plus the same for staff parking). It allows for a full healthcare service to be provided to patients in a safe, clean, and professional environment. Its layout lends itself to multidisciplinary team working. Melton is our next largest site with 6 consultation rooms,¹⁰ and then BS with its 2 consultation rooms.¹¹

² Appendix A1 – main consultation document

³ Appendix A2 – public meeting presentation and notes

⁴ Appendix A3 – neighbouring catchment areas

⁵ Appendix A4 – catchment area overlaps - (between the red boundary line of HMP and the green boundary line of Wells)

⁶ Appendix A5 – where our population lives

⁷ Appendix A6 – split of the 14% local to Blakeney

⁸ Appendix A7 – Holt Surgery Ground Floor Plan

⁹ Appendix A8 – Holt Surgery First Floor Plan

¹⁰ Appendix A9 – Melton Surgery Plan

¹¹ Appendix A10 – Blakeney Surgery Plan

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- d) **Historical Access** - Patients have always travelled to Holt Medical Practice for much of their care (even if they have not needed to attend any routine appts at our branch sites). Below are some of the reasons for this:
- i) **The Duty Team** - urgent/acute on the day care has only ever been offered out of Holt Surgery (save for a handful of exceptional circumstances where, because of a power cut or a flu clinic, for example) we have temporarily moved it to Melton Surgery with its 6 clinical rooms. The duty team consists of 2 duty doctors, nurse practitioners, paramedics, physician associates and a minor illness nurse. All of these on the day (or short notice, acute) appointments are only offered at Holt Surgery.
- Demand for acute appointments has steadily increased over the last 5 years. In 2018, we offered 29000 acute appointments and in 2022 this has increased by nearly 3000 appointments to 31900.
 - Historically duty used to be run by just 1 GP, now we need 2 doctors (3 on a Monday morning) all day. This creates a minimum of 80 acute, on the day appointments with a GP who simultaneously provides essential supervision to the wider duty and dispensing teams. This much needed, but location specific use of two GPs has reduced the number of GPs available to work from our branch surgeries. This allows us to meet the increased demand and the national access targets.
 - We also have a dedicated Early Visits GP who is part of the Duty Team. They are also based out of Holt for centrality and ease of access to the whole catchment area. This effective, location specific use of another GP further reduced those available to work at branch surgeries. Given the demographics of our patients and the rurality of our area, this role is much valued and enhances our on the day care for our patients when they need it most.
- ii) In addition to the Duty Team, there are **many other appointments and services that are only available at Holt Surgery** for a variety of reasons:
- Equipment – some equipment is only found at Holt – the spirometer, the ECG machine, the Doppler, the electronic health pod. Any patient requiring this equipment as part of their care will be required to attend Holt Surgery.
 - Minor Operations – these are only performed at Holt where there is a dedicated room compliant with the corresponding infection control standards and where the specialist equipment and trolley are kept. An HCA assists the GP with these operations and so both staff must be located at Holt.
 - Chronic Disease Management – these appointments have always predominantly been offered out of Holt Surgery (with small number of clinics run out of our branch sites).
 - Pharmacist led services – our clinical pharmacists are based solely at Holt. Not only do they support the medicines management team (based entirely at Holt Surgery) but they provide additional on the day acute care, alongside the Duty

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Team and some access to routine services (such as smoking cessation, blood pressure monitoring, pill checks).

- PCN / Enhanced Access appointments – these are our late night, early morning, and Saturday appointments. These are only available from Holt due to supervisory, operational, and geographical reasons. Holt Surgery is the most central surgery to our PCN area. These appointments are also available to other patients within our PCN.
 - COVID and Flu clinics – a handful of flu clinics used to be held at our branch surgeries, but since the introduction of the COVID vaccination and the different clinical restrictions regarding its administration, these are always held at Holt Surgery where appropriate clinicians can work in a safe, socially distanced manner and parking and queue control can be efficiently managed.
- iii) **Operationally** – much of our business function and non-clinical workforce are based at Holt Surgery. Holt Surgery houses our centralised business management team, IT function and support, our centralised telephones (all calls are directed to Holt) and is where the reception team, medical secretaries, nurse administrators, prescription and dispensing team and post room functions are based. These staff need to be grouped together, and able to access clinical support/supervision when needed.

This model exists not just due to HMP believing this is an efficient way to operate, but it is in line with the model of working that is recommended by the ICB and Arden & Gem – enabling better future functionality and joined up working as PCN work increases and technology advances. You cannot work out of branch sites in this way.

- iv) **Third party services** – many other providers have relocated to central hubs, away from GP Surgeries. For example, maternity services – these used to visit Melton and Holt Surgeries and now are based solely out of Fakenham and Cromer, where this cohort of patients are expected to travel to.

2) Historic Usage of Blakeney Surgery

- a) **Opening Times** – Holt Surgery is open 07.30 – 13.00 and 14.00 – 18.30, 5 days a week. Currently BS is open 08.00 – 13.00, five days a week.¹² The opening times of all our three sites have changed and evolved over time with the needs of the business. The opening times of Blakeney have never mirrored those of the main site at Holt Surgery.
- b) **Range of Services** - There has been misunderstanding and often misrepresentation about the range of services that were historically provided from BS (or indeed from our other branch surgery at Melton). As you can see from the data¹³, of the 20,000 appointments that were offered out of Blakeney between 2015 and 2019, 24% of them were with an HCA, and 72% were with a GP. This accounted for 96% of the total appointments available from Blakeney and would predominately have been for blood tests or routine GP appointments. It would not have included chronic disease management, child immunisations, vaccinations, NHS Health Checks, minor surgery, complex dressings etc. This difference is highlighted by

¹² [Opening Hours | Holt Medical Practice \(holt-practice.nhs.uk\)](https://www.holt-practice.nhs.uk)

¹³ Appendix A11 – appt data H, M & B 2015 – 2019 (tab, Blakeney Jan 15 - 19)

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the spreadsheet (see separate tabs for Holt and Blakeney) showing the contrast in range of services across the two sites over the same period of time.¹⁴ This is the way that HMP has (and many other Practices with a main site and a branch site have) always operated.

- c) **Frequency of Services** –the total number of BS appointments held during 2015 – 2019 consisted of only 5% if the total number of appointments offered across the whole of HMP.¹⁵ This equates to an average of 2 or 3 clinical sessions per week held out of BS during this period.
- d) **Dispensing at Blakeney** – historically each of our three sites stocked and dispensed a full range of medication. Back in April 2019 it was decided to relocate the routine medicines stock from BS to Melton Surgery. The Blakeney scripts were then prepared from the combined stock held in the better equipped and larger space at Melton Surgery and transported back to Blakeney for patients to collect. This assisted with efficiencies, quality and staffing. In 2021 all dispensing activity was moved from Melton Surgery to Holt Surgery where we now dispense medication for all of our patients and operate on a hub and spoke model. In February and March 2023, an average of 37 patients per day (Monday to Friday) collected their pre-prepared medication from BS.¹⁶

3) Appointment Usage at BS

We have investigated where patients had travelled from to access the appointments at our sites.

- a) Between 2018 and 2019 there were approx. 6700 appointments in BS, 17,200 in Melton Surgery and 128,200 at Holt Surgery. We have analysed the postcode data of the patients that attended those appointments. You would expect the data to show that patients travelled from all over to attend the appointments at Holt Surgery, however, the data also shows that **patients travelled from all over the catchment area to attend the appointments at BS and Melton Surgery** as well.¹⁷
- b) Between 2018 – 2019, **over 3,000 different patients attended the appointments available at BS.**¹⁸ This is an average rate of 1 patient to 2 appointments.
- 545 of these patients (18%) were from Blakeney or Morston.
 - 447 of these patients (15%) were from Melton Constable & Briston.

Many of these 3000 patients were only seen once, and some patients were seen over 10 times, however, the data supports the fact that there was a wide range of different patients, from a wide area, using the BS appointments. This search data contains patient identifiable data and so has not been included for review in our final report. It is available for inspection.

- c) **Reintroduction of f2f appointments at BS** - If appointments were made available at BS in the future, there would have to be a **corresponding reduction in available services and appointments from Holt and Melton Surgeries**. Staff would need to be diverted from Holt

¹⁴ Appendix A11 – appt data H, M & B 2015 – 2019 (tab, Holt Appts Jan 15-Dec 19)

¹⁵ Appendix A11 – appt data H, M & B 2015 – 2019 (tab, Summary 15 – 19)

¹⁶ Appendix B2 – Blakeney data capture – Activity from 09.02 – 31.03

¹⁷ Appendix A12 – Map of postcodes of appts 2018 – 2019

¹⁸ Appendix A11 – appt data H, M & B 2015 – 2019 (tab, All 3 Sites 18 - 19)

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and Melton Surgeries to provide for this; there are no additional staff ready and waiting to be placed at Blakeney.

- d) **Conclusion** - Postcode data shows patients regularly travelled all over our catchment area, between sites, to attend appointments. Patients often followed their preferred clinician or were prepared to travel to secure an appointment. If appointments are reintroduced at BS, there will be less available to be offered at Melton and Holt Surgeries.

4) **Workforce – Current**

- a) **National shortage of GPs & Modern General Practice Access Model** - this has led to a wider multidisciplinary team being utilised in primary care to meet patient demand, mandated by the Government, and tied to redirected funding, that cannot be used for the recruitment of GPs. The profile of our clinical staffing has changed with a decreased proportion of our total appointments being GP appointments.
- b) **Increased GP Led Clinical Supervision** - these additional, wider clinical roles are rarely independent practitioners and therefore need to work on site, alongside GPs who can supervise. Operationally, this means HMP has less flexibility about where GPs can be located during the working day as many of our wider clinical team cannot work independently. Remote supervision is not safe or recommended for these roles. However, at Melton, where there are six clinical rooms, a single GP can supervise numerous members of staff. BS only has 2 clinical rooms.

The BMA¹⁹ and NHSE²⁰ have recently released guidance on working with such medical associate professionals that clarifies the safe scope of practice and in particular the role of the GP in supervising these roles and the limitations of the same.

- c) **Increased Demand & Complexity of Appointments in Primary Care** – the demand for appointments has risen significantly in the last 5 years. The only way we have been able to meet this demand has been to recruit a wider clinical team (requiring more GP led supervision, based at Holt Surgery) and utilise another GP as our second Duty Doctor (meaning one less GP available to work flexibly).
- d) **Other GP Led Commitments at Holt Surgery Reducing Operational Flexibility** – as an established training practice we continually host students from the UEA and GP Registrars. The student groups are large requiring access to the seminar rooms (exclusively located at Holt Surgery) and simultaneous use of 3 clinical rooms. GP Registrars are not allowed to work independently at any site.
- e) **Staff Retention & Recruitment** – in the last five years HMP has seen a noticeable change in staff retention; 61 of our 93 staff have joined us since Jan 2019 – this equates to a 66% turnover. This is reflected nationally, with an exodus of staff from the NHS. In addition, our rurality is a challenge. We have less of a population pool to recruit from and staff we do recruit, need to travel longer distances to reach us. Most staff are reluctant to work over

¹⁹ [BMA Guidance on Safe Scope of Practice for Medical Associate Professionals \(MAPs\)](#)

²⁰ [NHS E Guidance on ensuring safe and effective integration of physician associates into departmental multidisciplinary teams through good practice](#)

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three different sites. It increases travel costs. BS is further away from most staff than Holt or Melton Surgery.

- f) **Conclusion** – We are operationally stretched over 3 sites with less flexibility than we previously had. Considering the workforce issues, we would be safer and more resilient over 2 sites.

5) **BS Premises – Current Footprint**

- a) **Estates** – Blakeney at 76m² is one of the smallest premises within the Norfolk & Waveney ICB. There are only 5 (out of the total 155) other sites within Norfolk & Waveney which are smaller than the BS, and all of these operate on part-time hours.²¹ Of the 5 that are smaller, only 3 still function as branch sites. We are unsure of the range or frequency of services provided from these sites during their opening times. It is very unusual to run a GP Practice across all three sites. We understand from the ICB Estates Team that there are only 11 practices that have more than 2 sites.²²
- b) **Surveyors Report** - The ICB asked Chaplain Farrant to undertake a survey of all branch surgeries in 2021.²³ The report on BS identified the need for £41,000 + VAT to be spent on physical improvements to the bricks and mortar (to bring the building up to RAG rating B) and £75,000 + VAT internally, to make it “*functionally suitable*” and “*to comply with minimum building standards*” for a GP site. The report highlighted the need for investment in a building that is not currently deemed fit for purpose.

The ICB have since provided further estimates of refurbishments costs based on the national Building Cost Information Service calculations and via discussions with an architect practice. The ICB now estimate the cost to refurbish the current site, on its existing footprint, at £245,000.²⁴

- c) **Investment** – the ICB’s investigations suggest a minimum investment of £245,000 is needed to bring BS (on its existing footprint) up to acceptable standards.
- i) **NHS Estates Funding?** If eligible, NHS England could reimburse up to a maximum of 66% of the costs of any capital improvements made to BS. Whether or not any such NHS Estates funding would be available, or at what reimbursable rate, is assessed on a case-by-case basis against a set of national criteria. In the case of Blakeney, we understand from the ICB Estates Team that, it would need to be prioritised against circa 150 other requests from Practices across the ICB for capital funding. We are informed that schemes for 24/25 have already been agreed.
- ii) **Partnership Investment?** If NHS England funding is available, it will only be up to a maximum of 66% of the total cost of the project. This means that a minimum of £83,300 would need to be invested by the Partners of HMP. This amount would, in reality, be much greater as we are led to believe the likelihood of any NHS Estates funding being available to be low and/or at a lower rate. This would increase the amount of investment required from the Partners of HMP.

²¹ Appendix A13 – Sites in N&W Smaller than BS

²² Appendix A14 – N&W Surgeries with 2 or More Sites

²³ Appendix A15 - Chaplin Farrant Report on BS

²⁴ Appendix A15a – IPAC Visit Blakeney Medical Practice 25.03.24

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- iii) **Other Recent Investments.** The Partnership has recently made significant investments and improvements at Holt and Melton Surgery. Whilst some of the costs of these improvements were covered by funding from NHS England and our Landlord (at Holt Surgery) there was a significant investment from the Partners. This amounted to approximately £83,000 at Melton Surgery and £55,000 at Holt Surgery.
- iv) **Existing Increased Running Costs Following Recent Investments.** Alongside any investment resulting in expansion or improvement at our sites has come an increase in associated costs. At Holt Surgery, since the extension and expansion, the running costs have increased to reflect the increased space that needs heating, lighting, and maintaining. If Blakeney were also to increase in size, as well as the significant capital investment required to expand the current footprint, there would be a significant increase to its running costs.
- d) **Running Costs** – the cost of running three sites is expensive. Utilities have increased at a much higher percentage than any reimbursements we receive from NHS England. Surgeries running multiple sites do not receive any additional funding (other than rent and domestic rates) to reflect the additional costs of three sites, despite these costs being proportionately greater. Our rental income for BS is currently £9000 per annum. Our running costs in 22/23 (attached solely to the premises) came to £10,100. This included utilities and building maintenance etc but excluded staff. Then, on top of *expected* costs associated with running premises, there are *unexpected* costs – such as the roof at Melton Surgery needing replacing in December 2023 at a significant cost to the partnership of £25,000. Running and maintaining buildings is expensive.
- e) **Staff Facilities** – there is no space for a staff room or kitchen, as recommended in the report. This makes for less comfortable working conditions for staff at a time when it is important to do what we can to support them.
- f) **Infection, Prevention and Control** – the current standards fall below those that are now routinely expected. As part of any refurbishment, we would need to: replace the carpets, fabrics, furnishings, sinks, and create a clean and dirty utility. The ICB’s Infection Prevention and Control Team recently conducted an inspection of BS. The overall impression of BS noted in the report was that “furnishings and fittings need to be upgraded and replaced in many instances” and stated that “fixtures and fittings are very old and not fit for purpose. If patients were to be seen here the whole site would need upgrading in terms of fixtures and fittings alongside new patient equipment.”²⁵ In the earlier report by Chaplain Farrant, it was recommended that BS should have a clean and dirty sluice. On the site’s current footprint, this could only be created by further reducing the space in the clinical rooms or the already minimal storage.

We were last inspected by the CQC in 2016 and again in 2018. It is not clear from the 2016 report whether the inspectors visited either of our branch sites. In 2018 the inspectors visited Melton Surgery (not BS). We do not believe BS would now pass as compliant for infection, prevention, and control standards, on re-inspection; confirmed by the recent ICB’s Infection Prevention and Control Team’s report.

²⁵ Appendix A15a – IPAC Visit Blakeney Medical Practice 25.03.24

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- g) **Layout of Clinical Rooms** – whilst one of the clinical rooms hits the required minimum 15m², the patient couch is located within an alcove (previously used for a cupboard). This causes issues with access to the patient during examinations. The other room has equally prohibitive but different, design issues with its layout. Both rooms need gutting and redesigning to improve the clinical and patient experience. Even the report highlights the need to redesign the layout.
- h) **Accessibility** – neither of the two toilets are compliant with accessibility standards. This is the same for the reception desk. One suggestion is to make the current patient toilet larger to enable disabled access, which would reduce the space in the waiting room. There is not currently a suitable disabled parking space as the car park's surface would need relaying due to issues caused by the gravel.
- i) **Availability of a chaperone** – we are noticing many more requests for chaperones (from patients and staff). Under the current footprint, you would only ever have a maximum of three people in the building, which could mean the receptionist needing to lock the front door to be able to be a chaperone for one of the two clinicians who cannot leave their clinics. This is not workable.
- j) **Lone working** – as evidenced during the recent incident during the engagement period, staff have valid concerns about lone working. There is no operational need (and it is operationally inefficient and difficult, causing further fragmentation of the centralised reception team located at Holt Surgery) to have two members of administrative staff in BS meaning the receptionist would, at times, be working on their own. We have a duty to ensure our staff are safe (lone working is not an issue at Melton or Holt Surgeries as there are always more staff) and we must ensure the working environment is attractive to encourage staff retention.
- k) **Asset of Community Value** – in April 2023 BPC applied to register BS as an Asset of Community Value.^{26, 27} HMP objected²⁸ and North Norfolk District Council (“**NNDC**”) ultimately rejected the application in May 2023.²⁹ Blakeney has a range of other community buildings, many of which are in better condition than BS and underutilised. The response from NNDC indicated other existing options within Blakeney as premises where community initiatives could be located or co-located.
- l) **Conclusion:** any investment in BS needs to be proportionate to the benefits that it will bring. With regards to the future viability of the site (see below) the investment and future ongoing associated costs seem at odds with the reasonable needs of the population and future viability of the site.

6) **Operational Futureproofing**

- a) **PCN Model of General Practice** – PCNs were first introduced by the Government in 2019 to help enhance and share the provision of general practice services within a local area. HMP is in a PCN with Sheringham and Fakenham Medical Practices.³⁰ PCNs are focused on hub-

²⁶ Appendix A16 – BPC Ltr to NNDC Applying to register BS as an ACV

²⁷ Appendix A16a – BPC Application FORM to NNDC to register BS as an ACV

²⁸ Appendix A17 – Ltr from HMP to NNDC Objecting to Registering BS as an ACV

²⁹ Appendix A18 – Ltr from NNDC to BPC rejecting application to register BS as a ACV

³⁰ [North Norfolk PCN - Norfolk & Waveney Integrated Care System \(ICS \(improvinglivesnw.org.uk\)\)](https://www.norfolk.gov.uk/health-and-social-care/norfolk-waveney-integrated-care-system-ics-improvinglivesnw.org.uk)

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based, multidisciplinary team working. Blakeney’s geographical location (on the periphery of our PCN boundary), small size (and all issues identified in the Premises and Workforce sections) makes it unsuitable for use as a PCN Hub.

- b) **Future PCN Based Funding** – we are already seeing a focus on PCN based working and many funding streams are attached to this type of joined up working. We can only offer these services at Holt Surgery, or we risk losing that funding. This means we must make sure we are operationally able to bid for/deliver these services (from PCN suitable premises) with a workforce based at those PCN suitable sites. Creating further inflexibility in our workforce to work from branch sites.
- c) **The Future of General Practice and the Wider NHS** – the direction of travel for Primary Care (driven by the current Conservative government) has been to hub-based working with multidisciplinary teams, within the PCN.³¹ With the uncertainty of future governments and policy (for example, Labour most recently suggesting they wish to focus on hub-based urgent primary care services), we need to focus our business development on sites that can operate in these ways.
- d) **Future Population Growth** – x660 houses have recently been built or are soon to be built in or around Holt.³² We also know that there are approx. 100 new dwellings planned at Melton Constable. There is also a newly opened x66 bed care home and a new x66 bed nursing home opening early next year, both in Holt. The ICB Estates Team have assumed a population growth of 1,243 patients over the next 15 years based on *approved* planning permissions. Taking into account the *pending* (yet established) plans as well, this figure is more likely to be in the region of 1650 - 2000 patients.
- e) **Adequate Space at Holt and Melton Surgery?** - Blakeney at 76m² is one of the smallest premises within the Norfolk & Waveney ICB. There are only 5 (out of the total 155) other sites within this area which are smaller than the Blakeney. With reference to the ICB Estate Team’s Capacity and Growth Chart we can look at the historical, existing, and future estates capacity at HMP.³³

In Jan 2020, the m² of HMP was as follows:

- Holt - 900m² (open 8 – 6.30, 5 days a week)
- Melton - 185m² (open 8.30 – 6, 5 days a week)
- Blakeney - 76m² (open 8 – 1, 5 days a week)
- Total = **1161m²** (3 sites, all open 5 days a week).

14000 registered patients

23 clinical rooms (16 at Holt, 5 at Melton, 2 at Blakeney).

If HMP were now to close BS, taking into consideration the new extension at Holt Surgery and the recent improvements at Melton Surgery, HMP would look as follows:

- Holt - 1186m² (open 8 – 6.30, 5 days p/w PLUS extended PCN hrs)
- Melton - 185m² (now open longer hours: 8 – 6.30, 5 days a week).
- Total = **1371m²** (210m² more than in 2020)

³¹ [The future of general practice \(parliament.uk\)](https://www.parliament.uk/business/committees/committees-a-z/commons-select/health-committee/written-evidence/2017-18/2017-18-01-02-03-04-05-06-07-08-09-10-11-12-13-14-15-16-17-18-19-20-21-22-23-24-25-26-27-28-29-30-31-32-33-34-35-36-37-38-39-40-41-42-43-44-45-46-47-48-49-50-51-52-53-54-55-56-57-58-59-60-61-62-63-64-65-66-67-68-69-70-71-72-73-74-75-76-77-78-79-80-81-82-83-84-85-86-87-88-89-90-91-92-93-94-95-96-97-98-99-100-101-102-103-104-105-106-107-108-109-110-111-112-113-114-115-116-117-118-119-120-121-122-123-124-125-126-127-128-129-130-131-132-133-134-135-136-137-138-139-140-141-142-143-144-145-146-147-148-149-150-151-152-153-154-155-156-157-158-159-160-161-162-163-164-165-166-167-168-169-170-171-172-173-174-175-176-177-178-179-180-181-182-183-184-185-186-187-188-189-190-191-192-193-194-195-196-197-198-199-200-201-202-203-204-205-206-207-208-209-210-211-212-213-214-215-216-217-218-219-220-221-222-223-224-225-226-227-228-229-230-231-232-233-234-235-236-237-238-239-240-241-242-243-244-245-246-247-248-249-250-251-252-253-254-255-256-257-258-259-260-261-262-263-264-265-266-267-268-269-270-271-272-273-274-275-276-277-278-279-280-281-282-283-284-285-286-287-288-289-290-291-292-293-294-295-296-297-298-299-300-301-302-303-304-305-306-307-308-309-310-311-312-313-314-315-316-317-318-319-320-321-322-323-324-325-326-327-328-329-330-331-332-333-334-335-336-337-338-339-340-341-342-343-344-345-346-347-348-349-350-351-352-353-354-355-356-357-358-359-360-361-362-363-364-365-366-367-368-369-370-371-372-373-374-375-376-377-378-379-380-381-382-383-384-385-386-387-388-389-390-391-392-393-394-395-396-397-398-399-400-401-402-403-404-405-406-407-408-409-410-411-412-413-414-415-416-417-418-419-420-421-422-423-424-425-426-427-428-429-430-431-432-433-434-435-436-437-438-439-440-441-442-443-444-445-446-447-448-449-450-451-452-453-454-455-456-457-458-459-460-461-462-463-464-465-466-467-468-469-470-471-472-473-474-475-476-477-478-479-480-481-482-483-484-485-486-487-488-489-490-491-492-493-494-495-496-497-498-499-500-501-502-503-504-505-506-507-508-509-510-511-512-513-514-515-516-517-518-519-520-521-522-523-524-525-526-527-528-529-530-531-532-533-534-535-536-537-538-539-540-541-542-543-544-545-546-547-548-549-550-551-552-553-554-555-556-557-558-559-560-561-562-563-564-565-566-567-568-569-570-571-572-573-574-575-576-577-578-579-580-581-582-583-584-585-586-587-588-589-590-591-592-593-594-595-596-597-598-599-600-601-602-603-604-605-606-607-608-609-610-611-612-613-614-615-616-617-618-619-620-621-622-623-624-625-626-627-628-629-630-631-632-633-634-635-636-637-638-639-640-641-642-643-644-645-646-647-648-649-650-651-652-653-654-655-656-657-658-659-660-661-662-663-664-665-666-667-668-669-670-671-672-673-674-675-676-677-678-679-680-681-682-683-684-685-686-687-688-689-690-691-692-693-694-695-696-697-698-699-700-701-702-703-704-705-706-707-708-709-710-711-712-713-714-715-716-717-718-719-720-721-722-723-724-725-726-727-728-729-730-731-732-733-734-735-736-737-738-739-740-741-742-743-744-745-746-747-748-749-750-751-752-753-754-755-756-757-758-759-760-761-762-763-764-765-766-767-768-769-770-771-772-773-774-775-776-777-778-779-780-781-782-783-784-785-786-787-788-789-790-791-792-793-794-795-796-797-798-799-800-801-802-803-804-805-806-807-808-809-810-811-812-813-814-815-816-817-818-819-820-821-822-823-824-825-826-827-828-829-830-831-832-833-834-835-836-837-838-839-840-841-842-843-844-845-846-847-848-849-850-851-852-853-854-855-856-857-858-859-860-861-862-863-864-865-866-867-868-869-870-871-872-873-874-875-876-877-878-879-880-881-882-883-884-885-886-887-888-889-890-891-892-893-894-895-896-897-898-899-900-901-902-903-904-905-906-907-908-909-910-911-912-913-914-915-916-917-918-919-920-921-922-923-924-925-926-927-928-929-930-931-932-933-934-935-936-937-938-939-940-941-942-943-944-945-946-947-948-949-950-951-952-953-954-955-956-957-958-959-960-961-962-963-964-965-966-967-968-969-970-971-972-973-974-975-976-977-978-979-980-981-982-983-984-985-986-987-988-989-990-991-992-993-994-995-996-997-998-999-1000)

³² [North Norfolk Site Allocations \(north-norfolk.gov.uk\)](https://www.norfolk.gov.uk/norfolk-site-allocations) & [Proposed Submission Version \(Regulation 19 Publication\) Local Plan \(north-norfolk.gov.uk\)](https://www.norfolk.gov.uk/proposed-submission-version-regulation-19-publication-local-plan)

³³ Appendix A19 – N&W ICB Estates Capacity and Growth Chart

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14250 registered patients
27 clinical rooms (21 at Holt, 6 at Melton)

This shows a net increase of 4 additional clinical rooms. In addition, we also now have 6 new admin rooms and a large multifunctional meeting room.

The data also shows that our patient population has increased, and we know that it is due to increase further due to the approved and planned housing developments in Holt (660 dwellings + 120 care home beds), Melton (100 dwellings) and Blakeney (27 dwellings).

The ICB Estates Team have modelled this predicted growth³⁴ (both on HMP's predicted growth of 2,000 weighted patients, and on their more conservative growth of 1,234 weighted patients). The data shows that, based solely on Holt and Melton Surgeries' footprints, that HMP could still offer more than the required m² per patient, as recommended by NHS England, even taking into account the expected population growth.

Conclusion – a lot of thought, operational resources, finances and effort has gone into ensuring that HMP's sites are able to service our population now and into the future. We have a finite amount of resources and we must make sure they are used wisely for the widest benefit of our entire population.

7) Partnership Finances/Future

a. Global Sum and Staff Wages

- The majority of income for most GP surgeries comes by way of our Global Sum. It is calculated at a rate per patient and that rate is the same irrespective of the number of sites you operate from or the number of times those patients visit or use the GP Surgery. NHS England publicises that any uplifts they give to the Global Sum should cover uplifts to staff costs and other expenses.³⁵
- In 23/24 NHS England released guidance that all NHS staff (including those employed by GP partnerships) should get a 6% pay rise. HMPs global sum was increased by £94,500. The cost of awarding a 6% pay rise to all our staff (not partners) actually cost HMP £155,000 (including 30% oncosts). This meant there was a shortfall of £60,500 in what this cost the partners vs the funding that was received. In reality the shortfall was much greater as there were other running costs (in addition to staff wages) that continued to increase, in the absence of any matched funding.
- For 24/25, HMP's Global Sum has been increased by £35,000. In the same year the government has increased the National Minimum Wage by 11%; £1.02. To ensure we meet our national minimum wage obligations AND maintain adequate differentials between different roles and responsibilities throughout HMP, we have needed to award pay rises that have cost the business a further to £120,000 (including oncosts). This

³⁴ Appendix A20 – N&W Estates Future Capacity without BS

³⁵ [NHS England » Implementing the 2023/24 GP Contract changes to Personal Medical Services and Alternative Provider Medical Services contracts](#)

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meant there was a shortfall of £85,000 in what this cost the partners vs the funding that was received. And, as with every year, other costs have continued to rise.

- Therefore, in the last 2 years alone, our staff wage bill has increased by £145,000 ON TOP of any funding we may have received. This additional (and now repeating) wage bill is accompanied by many other increased costs. This is an unsustainable model of business in an industry where on the one hand you are modelled to be an independent business yet on the other hand you have an inability to generate more business or put your prices up. It will be extremely challenging if the government and NHS England continue to allow for such situations where GP Practices are obliged to meet increased costs that are unmatched by additional funding.
 - The alternative is that we don't award the recommended pay rises and our excellent staff leave, we are understaffed, and we struggle even more than we do now to recruit. We are proud to be a surgery that stands out as employing high numbers of staff vs the local and national averages (as we KNOW this means we can offer a better service to our patients as a result) BUT we will not be able to carry this additional cost into the future unless we make some changes and try to reduce costs and streamline services where we can.
 - In situations where costs continue to escalate and there is no additional income available, the only place where this money can come from is the Partners of the business and by reducing their earnings. Unlike NHS bodies, GP Practices are unable to run with deficits. And the more you reduce the potential earnings of GP partners, the less attractive the position becomes, and we find ourselves in the situation we are in now, nationally, where the recruitment of Partners is more challenging than ever.
- b. **Recruitment of GP Partners** – there is currently a national shortage of GPs. Newly qualified GPs rarely look for the responsibility, commitment and financial constraints associated with Partnership. More GPs choose to work as salaried or portfolio GPs than ever before, so the remaining pool is further reduced. More than ever the reward for Partnership needs to be as attractive as possible otherwise there will be even less incentive for GPs to look for partnership roles and there is a chance that the existing partners will leave in search of alternative roles within the NHS. GP Partners ensure continuity and stability within a GP practice – for staff and importantly patients – the alternative model of an increased reliance on locum GPs or higher numbers of medical associate professional roles will drastically alter the service we currently offer our patients and that we are trying very hard to maintain and preserve into the future. In 2023 Holt failed to recruit for an additional salaried GP role when we advertised, which has never happened before.
- c. **Succession Planning** – we are very mindful that within the next 6 years, we have 5 of our current 7 GP partners wishing to retire. Without active measures to recruit for future GP Partners, the Partnership would be unsustainable on these numbers. This is of concern for two main reasons:
- Operationally – it would be extremely undesirable (and potentially unsafe) for a practice the size of HMP to run on just two GP Partners. There would be a significant resilience risk and the quality of care to our patients and the support we offer to our staff would be negatively affected. Furthermore, those two GP Partners are unlikely to wish to remain in that situation and so the future of the business would be fragile. We are a well

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led practice, with the numerous business and clinical roles and responsibilities divided between the partners; we have never operated at less than six GP partners.

- Financially – outgoing partners need to be bought out of their investment. Without the introduction of new investment from new partners buying into the Partnership, it would become insolvent.
 - Nationally – it is hard to find GPs to work in rural areas. The day after the public meeting in Blakeney, Farming Today featured a piece on the issues a rural practice in Wales were facing recruiting a GP, despite offering a golden hello. Then, at 12 noon later that day, You and Yours also ran a piece on this topic. There are less GPs wanting to work in general practice, and even less wanting to be Partners. This, coupled with our rurality, makes recruitment a challenge and retention a priority.
- d. **Property Portfolio** – our current property portfolio is approximately £375,000. In 2019, BS was valued at £101,500 and Melton Surgery was valued at £260,000.³⁶ Partners must buy into their *equal* share of the property (irrespective of the number of sessions they work) *and* their working capital, currently set at approximately £40,000. Our newest 6 session partner was required to invest £85,000 to buy into the Partnership. And this is at a time when loan rates are at an all-time high and the pool of GPs wishing to become Partners is shallow. By reducing our property portfolio, we are taking proactive measure to make the buy-in to the Partnership more achievable, more attractive and less daunting and the buy-out of retiring partners is more affordable.
- e. **Sensible Investment** – not only does the amount of investment matter to new Partners, but also the commerciality of that investment must stack up. Asking people to invest in bricks and mortar that might not retain their future value (see issues identified under Premises and Operational Futureproofing above) is not viable.
- f. **Conclusion** – the proposal to close BS will help in a small way protect the future of the partnership and thus the future of the healthcare we can continue to provide for all our patients.

³⁶ Appendix A21 – Blakeney and Melton Valuation September 2019

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Section B

Patient Consultation and Engagement Phase

In accordance with national guidance³⁷, HMP ran a public consultation and engagement exercise between August - September 2023 to gain the feedback of patients, partner organisations and wider stakeholders in the community on proposed options for BS and how HMP might continue to provide the reasonable healthcare needs of its population.

Pre-engagement Activity

Before the formal engagement phase commenced, there had been some written communications between HMP and key stakeholders in the community regarding the changes in service levels at BS and what the future of BS might look like. Then in December 2022 a meeting was held between HMP, BPC and Duncan Baker.

In addition to communications that HMP were directly involved in, in early 2023 the “Save Blakeney Surgery” campaign had gained political support via Duncan Baker which was promoted through local media and social media channels.

The future of BS was the topic of two surveys conducted in February and May 2023, one led by Duncan Baker and the other by BPC in conjunction with Healthwatch. The future of BS was also the main topic of BPC’s AGM in March 2023.

For 7.5 weeks, from 15 February to 31 March 2023, HMP ran a data collection exercise from BS noting down the number of prescriptions that were collected daily and the number of in person queries raised with the receptionist. The average number of prescriptions collected each day were 37, with the number of queries averaging approximately 10 per day.³⁸

Prior to the formal commencement of the application to close BS, there had been several articles about BS featured in the local publication, *The Glaven Valley* newsletter, and via other local articles/flyers. BPC’s website regularly posted updates on the matter and circulated minutes of their meetings. These raised awareness of the topic across the local community prior to the commencement of HMP’s application to close BS and throughout the engagement period.

The Engagement Plan

HMPs proposed plan and timeline for its patient engagement phase³⁹ was agreed in advance with Healthwatch and shared for final approval with the ICB and with Norfolk Health Overview and Scrutiny Committee in advance of commencement.

HMP’s official patient engagement period ran for a period of approximately 9 weeks from 1st August to 30th September to allow sufficient time for the community to engage over the summer period. The public, patients, and wider stakeholders were invited to provide feedback through an online survey and in writing.

³⁷ Appendix B1 – ICB Advice Note 3 on Branch Closures

³⁸ Appendix B2 – Blakeney data capture – Activity from 09.02 – 31.03

³⁹ Appendix B3 – Plan for Patient engagement

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During this period, HMP used a range of methods and formats to raise awareness of the engagement opportunity with our patient population and the wider community (not just with those patients local to BS) and to seek feedback, ensuring that all patients and stakeholders had the opportunity to contribute meaningfully to this process.

This incorporated a mix of face-to-face, digital, and postal engagement opportunities. This multifaceted approach ensured the process was as accessible as possible for local people during the consultation period. A summary of the communication and engagement activities is outlined below.

HMP's Communication and Engagement Activity

An integrated and accessible programme of face to face, digital, and print communications and engagement activities were developed to raise awareness of the engagement opportunity and support local people and organisations to take part in the process.

Healthwatch Norfolk were regularly consulted both at the planning phase and throughout the engagement period. This provided useful guidance to HMP and reassurance to patients and stakeholders that HMP were conducting this phase objectively, with transparency and in a professional manner.

The opportunities to engage included:

- A **public meeting** was held in Blakeney Village Hall on 1 August 2023. It was independently chaired by Healthwatch Norfolk and hosted by two panels from BPC and HMP. It was widely publicised. The **presentation** (see Appendix A) provided at that meeting was then widely shared in printed and electronic form (and available for collection at the end of the meeting). This meeting was covered by BBC Look East.
- Paper copies of HMPs **consultation document** (see Appendix A) and **survey**⁴⁰ were available for collection at all three sites. Both documents were also available to collect in **Easy Read** format. **Braille, translated and large print** copies were available on request. Copies could be requested to be posted to patients via a **dedicated phone line**.
- **Comments boxes**⁴¹ were available at feedback stations all three sites with **comment cards**⁴² for patients to share their feedback easily and anonymously.
- Feedback and comments could be provided by email to a **dedicated email address** (nwicb.blakeneypatientengagement@nhs).
- A specific page was created on our **website**⁴³ detailing the reasons and background behind HMPs application and the various ways patients could engage. It also contained links to the consultation document, survey, and public presentation.
- HMP's **survey** was live from 14th August – 30th September. It was advertised widely via the website, **QR codes**⁴⁴ on **posters** at our sites, via **medication bag flyers**, through **letters, texts** and **emails** to patients and through third party posts or articles on community **Facebook** pages, **local websites, and publications**.⁴⁵

⁴⁰Appendix B4 – HMPs Blakeney Survey

⁴¹ Appendix B5 – Photos of Comments Box Stations

⁴² Appendix B6 – Comments card template

⁴³ Appendix B7 – Website landing page

⁴⁴ Appendix B8 – QR Code Poster

⁴⁵ Appendix B9, B10, B11 – FB posts Blakeney Parish Council, Steffan Aquarone, Martin Batey

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- **Drop-in sessions** at Holt Surgery, Melton Surgery, Blakeney Village Hall, and Holt Library were organised and run by Healthwatch. They provided an opportunity to receive assistance to complete the survey or provide comments via an independent third party. They were run at various times of days/early evening (details are provided in the Summary of Patient Engagement Feedback section) and widely advertised via **posters**⁴⁶ and on the website.

Communication activities to raise awareness of the engagement opportunities included:

- Early updates and ongoing communications were sent to **Parish Councils, County Councillors, District Councillors, key local organisations (like Holt Caring Society), the ICB, the Local Medical Council, Healthwatch and the Health Overview and Scrutiny Committee** to ensure early notification of key dates and to ensure widespread awareness to encourage the sharing of engagement opportunities through their communication channels. A **communications toolkit** containing promotional materials was provided.
- **All registered patients** were **text**⁴⁷, **emailed**⁴⁸ or **written**⁴⁹ to, to make sure they were aware of the consultation and the range of engagement opportunities.
- **Patients with Learning Difficulties** were **written to individually**⁵⁰ and provided with an Easy Read copy of the consultation document⁵¹ and survey⁵² along with a pre-paid return envelope.
- **Care home residents and housebound patients** were **written to individually**⁵³ and provided with a copy of the survey, consultation document and pre-paid return envelope. **Care home managers** were also **written to**⁵⁴, encouraging them to support their residents with the opportunity.
- Our **PCN** remained fully apprised of our application. **Neighbouring practices** were informed of the proposal and encouraged to engage if they had any concerns. All **Practices in North Norfolk** were updated at the monthly practice managers' meeting.
- Our **Patient Participation Group** was regularly updated to ensure awareness and understanding of the evolving situation. A member of our PPG attended the Public Meeting and all members have reviewed the patient communications we received during the engagement phase.
- Promotional **posters**⁵⁵ were put up at all three sites and on our reception display screens. These were sent electronically to interested parties for further distribution. The posters advertised the consultation topic and engagement phase generally, the public meeting, and the drop-in sessions run by Healthwatch.
- **The right-hand side of our prescriptions**⁵⁶ were updated twice with relevant information about the consultation, engagement and when the survey went live. **Flyers**⁵⁷ were placed in bags of medication collected in the lead up to the consultation and the survey.

⁴⁶ Appendix B12 – Poster - A3 - Healthwatch Drop In Sessions

⁴⁷ Appendix B13 – Text message to patients

⁴⁸ Appendix B14 – Email to patients (with no mobile)

⁴⁹ Appendix B15 – Letter to patients (with no email or mobile)

⁵⁰ Appendix B16 – Easy Read Letter

⁵¹ Appendix B17 – Easy Read Consultation Document

⁵² Appendix B18 – Easy Read Survey

⁵³ Appendix B19 – Letter to care home resident

⁵⁴ Appendix B20 – Letter to Care Home Managers

⁵⁵ Appendix B21 & B22 – Posters: Save the Date Public Meeting & General Blakeney Surgery

⁵⁶ Appendix B23 & B24 – RHS Script Update & RHS Script Update 2; Live Survey

⁵⁷ Appendix B25 – Flyers in Medication Bags

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Press and 3rd party coverage included:

- **Third party media articles and campaigns** further raised awareness of this topic and the opportunities to engage. There were articles in the Eastern Daily Press, on BBC Radio Norfolk, in the North Norfolk News and the Public Meeting was covered on BBC Look East.
- The topic has received **political interest** and been promoted locally by Duncan Baker, Conservative MP via letters, survey and by his Facebook page. Steffan Aquarone (Liberal Democrat Parliamentary Candidate for North Norfolk), produced an insert for his summer circular that was widely distributed within our catchment area.
- The Save Blakeney Surgery Campaign has done a lot of work locally to raise awareness of the consultation and ran a **petition** (hosted both online and on paper) that received 100s of signatures.
- [An original song](#) was penned about the potential closure that was sung by local shantymen at several public events over the summer, the recording of which was widely shared via local websites and is available on you tube.
- **Healthwatch Norfolk** shared information about the engagement on its website and through its social media channels.

3rd Party Engagement Activities

Duncan Baker conducted a survey back in early April 2023 via his website. The report⁵⁸ compiled by his office detailed that 434 surveys were completed following a mail drop of over 1700 letters to households in the villages of Blakeney, Langham, Kelling, Morston, Salthouse, Stiffkey, Wiveton, Cley and Weybourne. This amounted to 3% of our patient population.

BPC conducted a survey⁵⁹ (with the assistance of Healthwatch) that ran from 5th May to 16th June 2023. The report⁶⁰, compiled by Healthwatch, showed that 270 surveys were completed either online or in hard copy. This amounted to 1.8% of our patient population.

Local groups have continued to raise awareness of the topic and provided **pro forma letters**⁶¹ and wording in both local publications (to be torn out or copied) and online (to be printed or copied). We have received multiple copies of these letters, re written, or topped and tailed with senders' names.

Save Blakeney Surgery campaigners ran a **petition** that garnered approx. 1500 signatures (approx. 370 of which were obtained online, and 1130 in person).⁶² A full copy of the petition and signatures is available for inspection on demand.

The focus of these third-party engagement activities was very much around BS remaining open and a wish for a return of more services to BS. The themes from these third-party engagement exercises have been included alongside those obtained during HMP's formal engagement period, to ensure a full picture is given to the reader.

⁵⁸ Appendix B26 – Duncan Baker Blakeney Surgery Survey Report 2023

⁵⁹ Appendix B27 – BPC Survey Results

⁶⁰ Appendix B28 – Healthwatch Report on BPC Survey

⁶¹ Appendix B29 & B30 – First Proforma Letter & Second Proforma Letter

⁶² Appendix B31 – Save Blakeney Surgery Petition Letter & Summary of Results

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Overview of the Options Discussed and Raised within the Engagement Period

The options outlined in HMPs consultation document were:

- **Close Blakeney Surgery** (and relocate current reception and medication collection services)
- **Maintain and Invest** – keep Blakeney Surgery open (maintain current service levels and invest in the premises (on the building’s existing footprint))
- **Improve and Invest** – keep Blakeney Surgery open (increase range of services *and* invest in the premises on the building’s existing footprint)
- **Rebuild and Invest** – keep Blakeney Surgery open (make a significant investment in premises by way of a larger, improved footprint allowing for an increased range of services)

These options were discussed at the Public Meeting and contained within the supporting presentation.

HMP’s consultation document outlined the evolution of services provided at BS and the possible options (together with their pros and cons) for the future. People were invited to share their thoughts on the whole range of possibilities for the future use of BS: ranging from investment and through to closure.

The consultation document provided the reader with information designed to allow a better understanding of why HMP was proposing closure “option 1” (above) and the various ways HMP may be able to mitigate any resulting impact, should BS close.

We explored the pros and cons of the various options at the public meeting intended to enable the public a better platform of understanding from which to share their views during the following engagement period.

By the time the *formal* engagement period began, there had already been two local surveys (one from Duncan Baker and the other from BPO), together with many letters, emails and conversations direct with HMP indicating many wished for Blakeney Surgery to remain open, along with their reasoning and concerns.

At the point HMPs survey was designed, we had the benefit of two previous surveys and multiple media and local campaigns supporting the wish for BS to remain open, and concerns about its proposed closure. Through discussion with Healthwatch, HMPs survey was designed to ask questions to gain information and data that would help complement that which had already been collated.

It asked questions on transport and access, medication collections and more general questions asking the respondent to identify the factors important to them when accessing general practice services. HMPs survey provided free text areas and two questions allowing respondents to provide their feedback on the possible impact of and concerns about the proposed closure of BS.

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Responses and Communications Received by HMP/Healthwatch

HMP started a period of public engagement from 1st August to 30th September 2023. During this approx. 9-week period of engagement many patients took the opportunity to share their views and comments with the practice in a variety of ways. No requests for hard copy documents to be posted to patients or for the consultation document or survey to be provided in alternative formats, braille or to be translated were received.

- **A total of 675 HMP surveys were completed** (either online or in hard copy, some of which were in Easy Read format). 656 of these were completed by registered patients which amounts to **4.6% of our patient population**. A full breakdown of the responses to the survey (compiled by Healthwatch) and all hard copies received are available for inspection. Here is a more detailed breakdown of the surveys completed:
 - 584 surveys were completed online.
 - 20 Easy Read surveys were received in hard copy and then manually entered online.
 - 71 surveys were received in hard copy and then manually entered online.
- **Written feedback** was also sought and gained via letters, the dedicated email address, online forms and comment cards. Copies of all correspondence received have been kept and are available for inspection. In summary we received:
 - 60 letters/emails/online forms before the engagement phase commenced.
 - 140 letters/emails/online forms during the engagement phase
 - 155 comments cards⁶³ were completed across the three sites during the engagement phase;
 - Holt x44
 - Melton x38
 - Blakeney x53
- The **Public Meeting** held at the start of the engagement period allowed many people an opportunity to hear the information first hand and listen to questions and themes raised therein. It was the first opportunity that HMP had had to share its reasoning for making its application. Approximately 200 people attended. Presentations were given by 3 BPC members and HMP. Questions were taken from attendees in the second half of the meeting.
- Healthwatch ran **5 drop-in sessions** at Melton Surgery, Holt Surgery, Holt Library and Blakeney Village Hall. The content of the interactions at the drop-in sessions were captured by Healthwatch and a report of the discussions provided to HMP⁶⁴. The number of interactions were as follows:
 - 5 people attended and 2 surveys were completed at the session between 10.30 and 12.30 on Wednesday 16th August @ Holt Surgery
 - 5 people attended and 0 surveys were completed between 10.30 and 12.30 on Thursday 31st August @ Melton Surgery

⁶³ Appendix B32 – Comment Card Responses and Locations

⁶⁴ Appendix B33 – HW Report on Drop-in Sessions

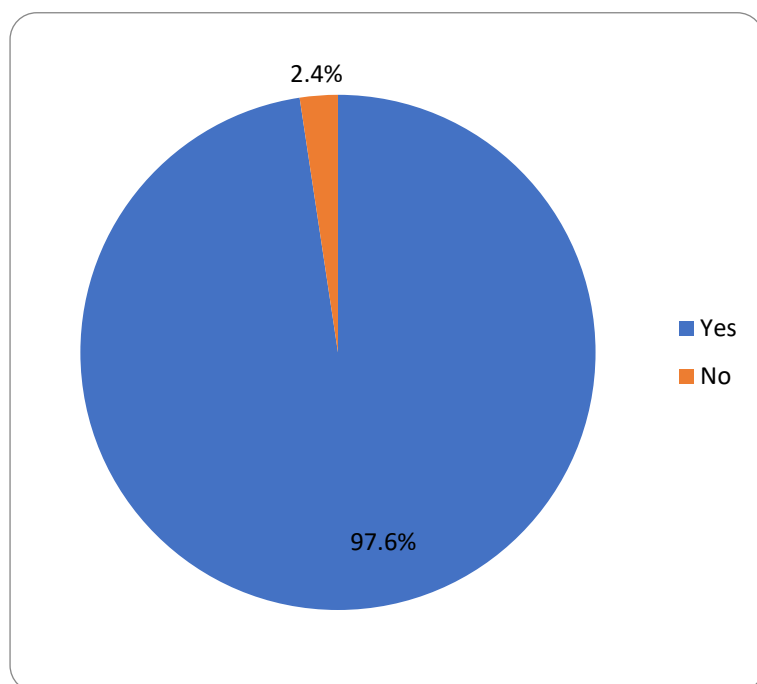
Holt Medical Practice – Application to Close a Branch Surgery: Blakeney Surgery

- 8 people were spoken to at the session and 0 surveys were completed between 10.30 and 12.30 on Tuesday 29th August @ Holt Library
- 34 people were spoken to, 4 surveys were completed, and 6 comments cards were completed between 10 and 12noon on Thursday 7th September @ Blakeney Village Hall
- 1 person attended and 0 surveys were completed between 6 and 7.30 pm on Tuesday 12th August @ Holt Surgery

Responses to HMPs Survey Questions

A total of 675 HMP surveys were completed (either online or in hard copy, some of which were in Easy Read format). 656 of these were completed by registered patients which amounts to **4.6% of our patient population**. A full breakdown of the responses to the survey was compiled by Healthwatch.⁶⁵ Here is a summary of those responses:

1. Are you a registered patient at Holt Medical Practice?















The data show that 97.6% of respondents who completed the HMP survey were registered patients of HMP.

⁶⁵ Appendix B34 – HMP Survey Results RAW (from Healthwatch)

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2. What are the first 5 digits of your postcode?

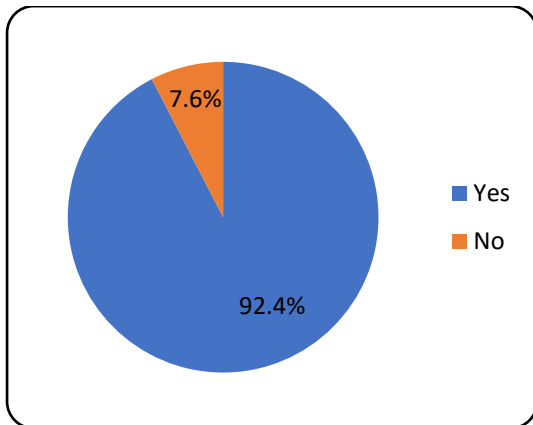
The data shows that over half of responses came from the NR25 7 postcode area. BS is within this area. Almost a quarter of responses came from the NR25 6 area, which includes Holt Surgery. 12% of responses came from the NR24 2 area, which includes Melton Constable Surgery. Maps showing these areas have been generated for the reader's ease of reference.⁶⁶

Answer Choices			Response Percent	Response Total
1	NR11 6		1.04%	7
2	NR11 7		1.19%	8
3	NR11 8		0.30%	2
4	NR20 5		1.94%	13
5	NR21 0		2.53%	17
6	NR23 1		0.89%	6
7	NR24 2		12.67%	85
8	NR24 8		1.19%	8
9	NR25 6		22.06%	148
10	NR25 7		55.14%	370
11	NR26 8		0.15%	1
12	NR27 9		0.00%	0
13	Other (please specify):		0.89%	6
			answered	671
			skipped	1

⁶⁶ Appendix B35 – Maps of 3 Main Postcode Areas of Survey Respondents

Holt Medical Practice – Application to Close a Branch Surgery: Blakeney Surgery

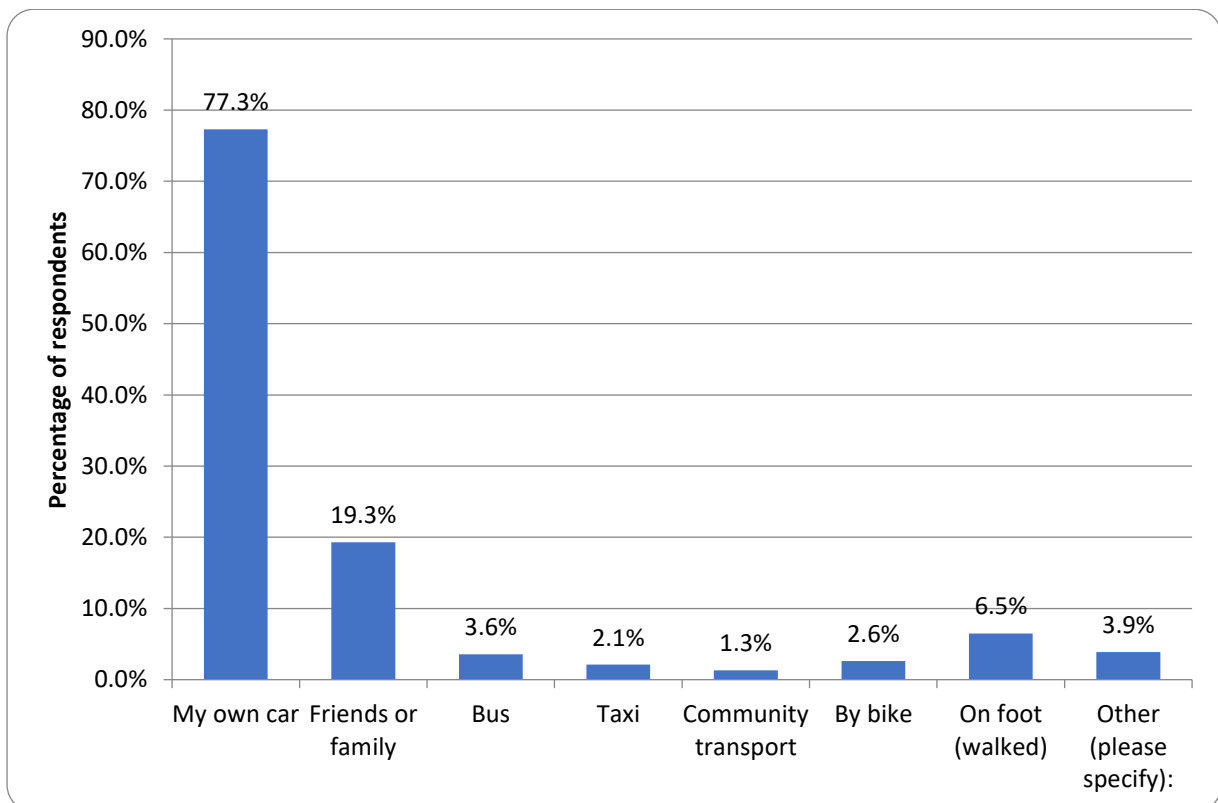
3. In the last 3 years have you gone to either Holt or Melton Surgery for an appointment?



The data shows that of the respondents that submitted a survey, 92% of them had travelled to Holt or Melton Surgeries for an appointment in the last 3 years.

If yes to Question 3, how did you travel to Holt or Melton Surgery for an appointment?

The data further shows that of the 92.4% who had travelled to Holt or Melton for an appointment in the last 3 years, 77% had travelled to that appointment using their own car, with nearly 20% having been taken by friends or family. Over 8% of survey respondents declined to answer this question.



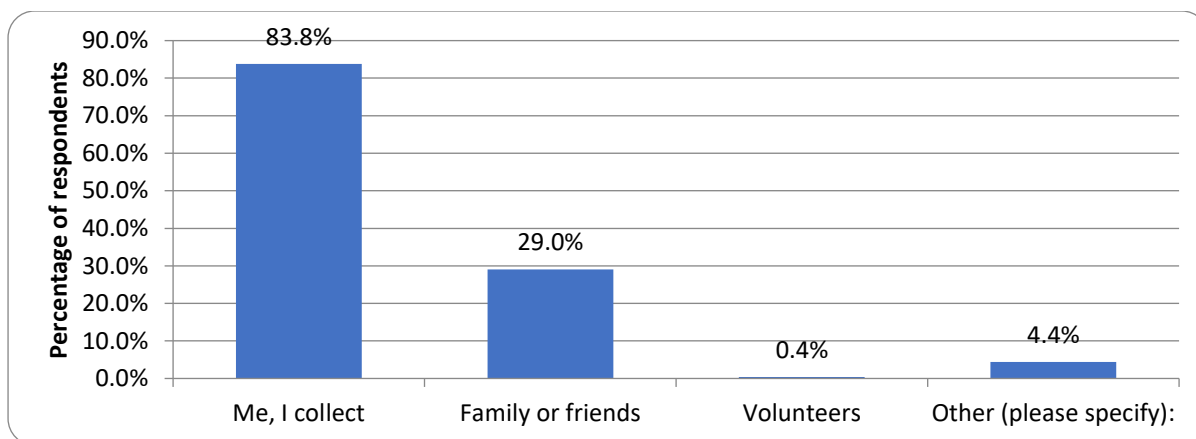
Holt Medical Practice – Application to Close a Branch Surgery: Blakeney Surgery

4. Do you have regular medication delivered to and collected from Blakeney Surgery?

Answer Choice		Response Percent	Response Total
1	Yes	41.2%	277
2	No	58.8%	395
		answered	672
		skipped	0

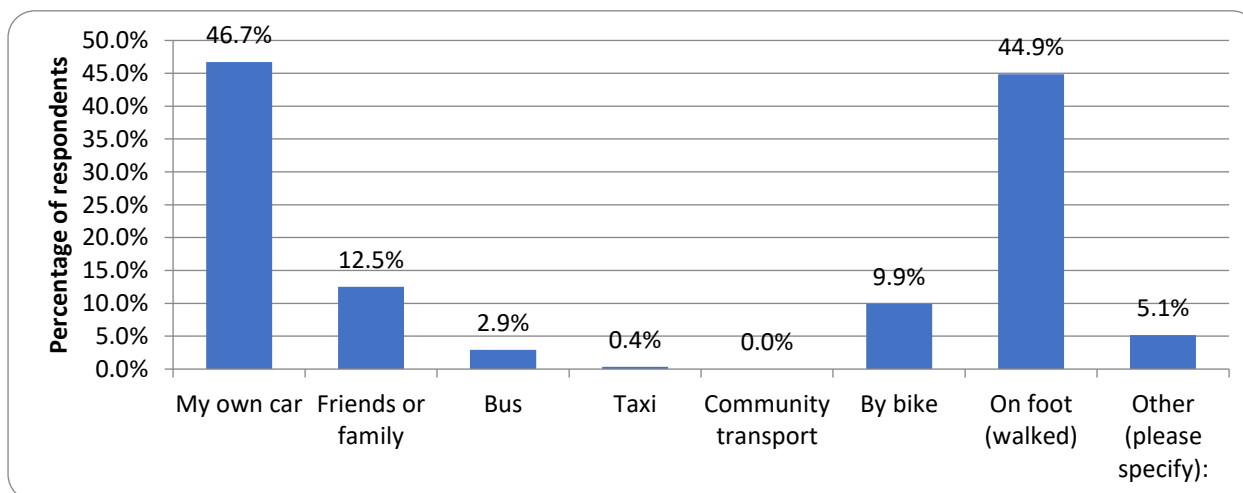
The data showed that approximately 2/5ths collected regular medication from Blakeney Surgery, with the other 3/5ths confirming that they did not.

If yes to Question 4, who collects your medication from Blakeney Surgery?



The data showed that most patients collected their own medication. Carers were also cited in responses to “other” as collecting medication on behalf of respondents.

If yes to Question 4, how do you/they travel to collect your medication from Blakeney Surgery?



The data showed that 127 respondents collected their own medication using their own car, and another 122 walked to collect theirs. Carers’ vehicles were cited under several responses to “other”.

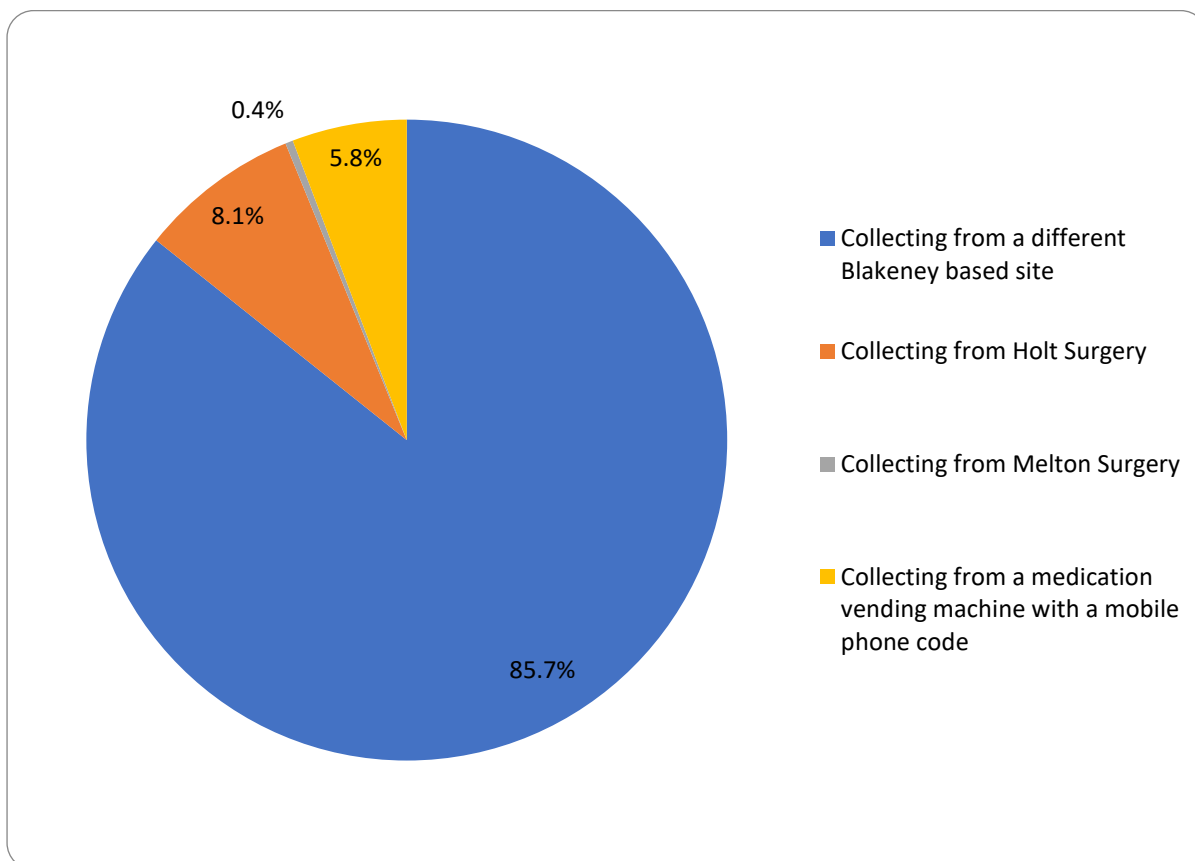
Holt Medical Practice – Application to Close a Branch Surgery: Blakeney Surgery

5. What impact would the closure of Blakeney Surgery have on you as a patient of Holt Medical Practice?

Answer Choice	Response Percent	Response Total
1	100.0%	635
<i>answered</i>		635
<i>skipped</i>		37

The detailed free text responses to this question are contained in the Healthwatch breakdown.

6. If Blakeney Surgery closes and patients can no longer collect their routine medication from the site, what other alternatives do you think would be most suitable?



In this situation, the data shows an overwhelming majority of respondents would wish to be able to continue to collect their medication from an alternative Blakeney site.

The report shows that 154 patients did not answer this question.

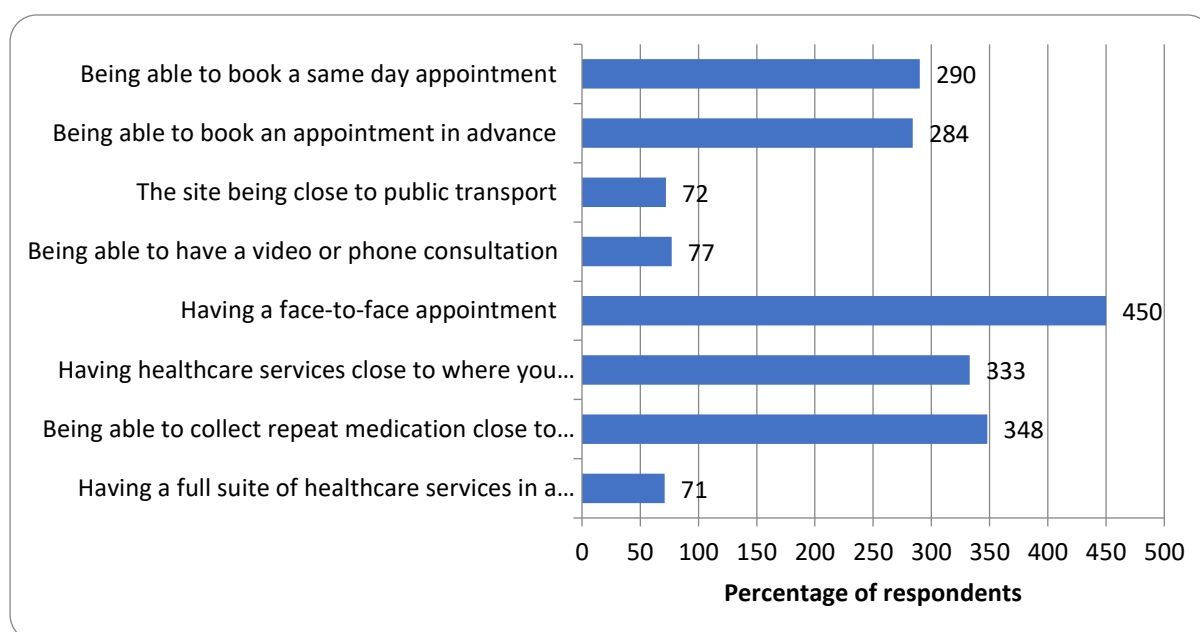
Holt Medical Practice – Application to Close a Branch Surgery: Blakeney Surgery

7. There are lots of important factors that influence your preferences for accessing general practice services. Please tick the top 3 most important factors to you from the list below.

Answer Choice	Response Percent	Response Total
1 Being able to book a same day appointment	44.1%	290
2 Being able to book an appointment in advance	43.2%	284
3 The site being close to public transport	10.9%	72
4 Being able to have a video or phone consultation	11.7%	77
5 Having a face-to-face appointment	68.4%	450
6 Having healthcare services close to where you live (within 2-3 miles)	50.6%	333
7 Being able to collect repeat medication close to where you live (within 2-3 miles)	52.9%	348
8 Having a full suite of healthcare services in a single centralised location (no matter the distance you must travel)	10.8%	71
answered		658
skipped		14

The data shows that the most important factor to those that responded was the ability to have a face-to-face appointment. The second most important factor was to be able to collect repeat medication close to where the respondents lived.

Only 10.9% of respondents thought that the site being close to public transport was in their top 3 important factors.



Holt Medical Practice – Application to Close a Branch Surgery: Blakeney Surgery

8. Please share any other comments about the proposed closure of Blakeney Surgery.

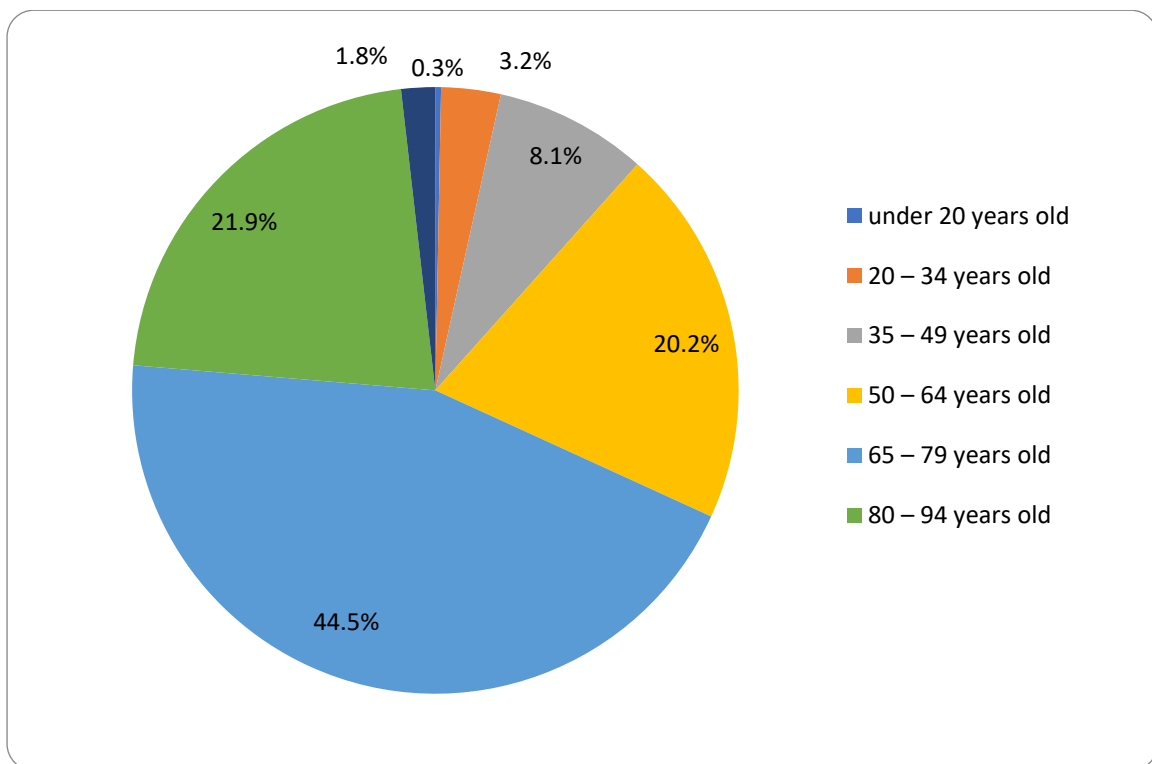
Answer Choice	Response Percent	Response Total
1	100.0%	418
answered		418
skipped		254

The detailed free text responses to this question are contained in the Healthwatch breakdown.

9. How old are you?

Of the 663 respondents that answered this question, nearly half were between 65-79 years old.

Only 77 responses were received from respondents under the age of 50. This is just 11% of those that responded.

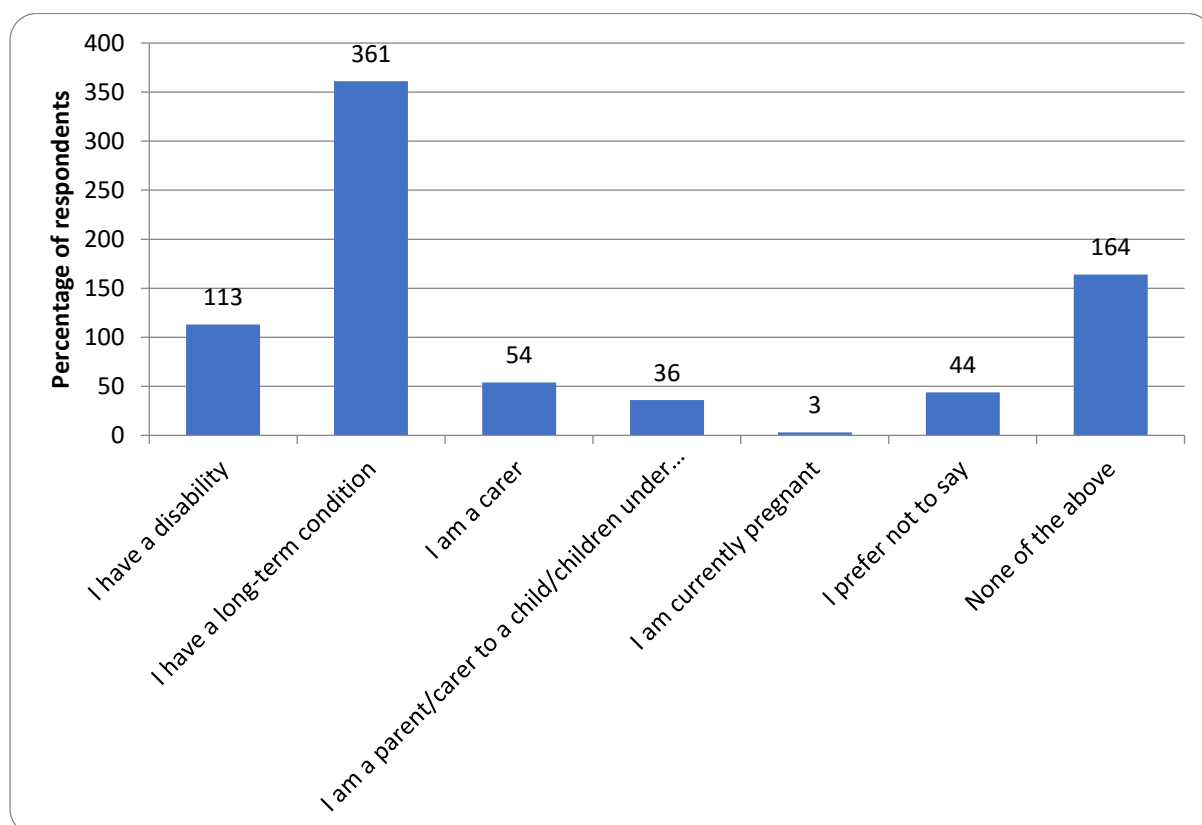


Holt Medical Practice – Application to Close a Branch Surgery: Blakeney Surgery

10. Please identify any of the following that apply to you.

Answer Choice		Response Percent	Response Total
1	I have a disability	17.4%	113
2	I have a long-term condition	55.6%	361
3	I am a carer	8.3%	54
4	I am a parent/carer to a child / children under 16	5.5%	36
5	I am currently pregnant	0.5%	3
6	I prefer not to say	6.8%	44
7	None of the above	25.3%	164
		answered	649
		skipped	23

The data shows that 361 respondents ticked that they had a long-term condition; that is over 50% of those that responded. Over 1/4 of those that responded, confirmed that none of the options applied to them.



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Key Themes from All Communications Received

HMP have carefully and diligently considered all feedback, reports and correspondence it has been sent, both before HMP's formal engagement period, and during. From that data and correspondence, we have highlighted the key trends and themes that arose. Healthwatch have reviewed this section and have confirmed that they are happy they represent a true and fair summary of the key themes from the engagement.⁶⁷

1. **Keep Blakeney Surgery Open** – most respondents wished for BS to remain open. Most communications we received urged us to:

“SAVE BLAKENEY”

“DO NOT CLOSE”

“Ensure Blakeney Surgery remains open and returns to providing a full range of medical services to the community...”

2. **Valued Community Asset** – BS is a much-valued service, and the community would like it to remain open. If it is unable to be used as a GP Surgery, patients have asked for it to remain as a building serving the community in an alternative way.

“It is an essential local service that is needed.”

“I would like it to become a multi-service health hub, with nurse services, a fully functioning dispensary, appointments person to person on care, care homes, age uk, community connectors, etc. A strong focus on older persons' current and future needs. A “one step ahead” approach for locals. “

“...extra funding to finance a loan could be obtained by making a room or rooms available for ancillary medical services such as foot clinics, ear clinics, eye examinations for which a rent would be charged.”

“I also encourage you to be progressive and revolutionary in your thinking to consider how Blakeney Surgery could evolve to become a medical hub in providing a GP and nurse appointed service that is fit for the current demands and needs of your patients but also in contributing to solve the wider challenges of the failing and deficient ambulance emergency response critical care provision.”

3. **Return to wide ranging, pre-Covid Services** – many respondents wish to see a return of GP and nurse led appointments from BS and a return to services *“As it was before COVID.”*

Some respondents feel that BS should operate as a *“mini Holt”* and wish it to run a *full* suite of services, as occurs at HMP's main site.

In BPC's published article in the November 2022 issue of the Glaven Valley News that provided a tear off section for respondents to sign one paragraph stated *“I would urge you*

⁶⁷ Appendix B36 – HW Report on Patient Engagement Phase

Holt Medical Practice – Application to Close a Branch Surgery: Blakeney Surgery

to ensure that Blakeney Surgery returns to providing a full range of medical services to the community as it used to.”

- 4. Local Medication Collection** – maintaining this service was important for many respondents. Many patients collect prescriptions not just for themselves but for family members or other members of the community and to have to travel further (to Holt or Melton Surgery) would be more inconvenient and costly.

“It will be really difficult to collect prescriptions. I work all week and don’t have the opportunity to make 50 minute round trip to Holt, Boots is closed on a Saturday so that’s no help. It’s a valuable local service.”

“The ordering and collection of prescriptions, however, remains a problem. I feel that this should be addressed as soon as possible, because it is one of the main causes of bad feeling.”

“The Glaven.....has spare capacity and would be very suitable for the placing and collection of prescriptions....It is a great opportunity for Glaven Caring to expand its activities...”

“I collect pills for 3 sometimes 4 people who is going to help with the cost of this if we have to go to Holt each time?”

- 5. Transport** – respondents felt that closing BS would result in patients having to travel further and that this would be less convenient for them. Many patients noted the lack of public transport, their inability to drive or cost and availability of taxis to Holt Surgery as a concern should BS close. It was also regularly noted that Holt Surgery is not in Holt itself, but on the edge of High Kelling which is harder to get to than Holt.

“Buses are hard to get to High Kelling.”

“Public transport is almost non existent to surrounding villages. Getting from Cley to Blakeney is relatively easy using the Coasthopper.”

“We are a massive community compared to some villages, and the effect of travel is a greatly underestimated downfall to care.”

“The current and future public connectivity should be considered, a decision to close Blakeney Surgery would result in the community suffering and falling into a situation of public health poverty, which is unacceptable.”

“For patients who do not drive, who do not have help from family or friends or whom would find paying for a taxi too costly, the alternative of using public transport is not a viable option....Using public transport would take a number of hours and especially in winter weather, would create serious problems for the increasingly large number of elderly and/or disabled patients.”

“Holt Medical Practice is not in Holt, but in High Kelling. It is disingenuous and the surgery should be called High Kelling Surgery. It is much harder to get to High Kelling than it is to get to Holt from Blakeney.”

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6. **Carbon footprint** – concerns were raised about the increased journey from Blakeney to Holt and the negative impact this would have on the environment due to the accompanying increased carbon footprint.

“Climate change – how does it make any sense to have people drive over to Holt?”

“my carbon footprint would increase by driving to Holt”

7. **Vulnerable Patients (social and physical)** – widespread concerns were raised that the elderly, immobile, disabled and our most socially and physically vulnerable patients would find it very difficult to get to Holt should BS close and therefore be disadvantaged in terms of their care.

“Please reconsider the closure as it will impact this community in so many ways and the elderly and disabled and poor disproportionately.”

“I suffer with anxiety and the easiness and familiarity of being able to go [to BS] really helps.”

“it would make it very difficult for me to collect meds or to get to appointments independently.”

“As I get older I might find it increasingly difficult.”

“I am registered blind, there is no direct bus that would get to Holt Surgery.”

8. **Crowd funding** – in response to HMP sharing the level of capital investment that was required to improve the current footprint and/or rebuilt BS on a larger footprint, several respondents suggested we look to secure grant funding and/or that the community would consider contributing by way of crowd funding.

“I presume that the trust that runs the practice is looking for extra funds and may be planning to sell Blakeney Surgery and its land....the villagers might be prepared to contribute to a maintenance fund.”

“HMP claim they cannot afford the cost of enlarging or re-building the surgery to bring it up to date. We understand that half this cost is provided by the National Health Service and it is highly likely that much of the remainder could be covered by grant aid from charities devoted to community assistance, the County or District Councils or bodies such as the offshore wind farms who provide financial help to local communities.”

9. **Is Melton Next?** Several respondents were concerned that the closure of one branch surgery would inevitably lead to our closure of another.

“I’m worried that it wont end with Blakeney, they’ll want to close down our Melton surgery next.”

“I suppose Melton Constable will be next to close...”

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- 10. Further engagement** – several respondents have criticised the extent of the engagement period and that HMP should have done more.

“HMP should have done their presentation on more than one occasion as the public meeting in Blakeney was oversubscribed.”

“If there was a more meaningful consultation and engagement exercise of the current service provision at Blakeney Surgery then Holt Medical Practice would adopt a more holistic view of the wider challenges that our rural community and geographical isolation to professional health care currently experiences, which I would suggest is in a distressed position.”

- 11. Better understanding of direction of travel** – many respondents have fed back that the engagement process has helped them gain a better understanding of why HMP is applying to close BS and the wider operational and financial implications in play. Some have complimented the content of the literature and the meeting.

“I am, of course, well aware that all Medical Practices like Holt are under huge financial pressure and staff shortages.”

“I thought the slides were really clear and well delivered. If I could have stayed I would have spoken in support of the difficulties in the NHS...I completely emphasise with the challenges you are facing as a practice and on a personal level, would accept the reasons to close, however difficult that may be for some patients.”

“I now have a better understanding of your financial and staffing constraints and do sympathise with that.”

“...my friends and I came away [from the meeting] saying how interesting the evening was and that we learnt a lot.”

“I was unable to attend the recent meeting but have read the arguments in favour of the closure of Blakeney Surgery. I am most impressed by the leaflet. It is clear, very well argued and well illustrated. Having read it, I can see no argument for the retention of Blakeney Surgery. I believe that everyone, patients and medical staff alike, will benefit from the concentration of scarce resources in two, rather than three, centres.”

“I recognise that no one affected is actively going to support removal of a greatly valued local facility but in the real world one should consider the wider picture rather than have selfish aspirations. I have no wish to see Blakeney Surgery closed but I recognise that the practice works hard to give the best possible service to all its patients and then need to play their part in achieving an outcome acceptable to both practice provider and beneficiaries.”

“Funds should not be spent on practice buildings which are empty most of the week, better to spend funds on providing transport to those unable to travel, or provide medication delivery services or collection points.”

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“Having listened to the (very good) presentation at Blakeney village hall, I can now understand your decision to close the surgery. I can appreciate it will be very hard for the patients who have used it for years, but the other villages have always had to travel somewhere, I’m sure Blakeney residents will soon get used to it – they have had four years to practice!”

“I appreciate all the efforts which have been made to obtain opinions from all patients throughout the Holt Medical Practice.”

“Having read your proposal I am struck by the fact that only 545 patients from Morston and Blakeney attended Blakeney Surgery [appointments during 2018 and 2019]I support closing Blakeney Surgery and providing resources/places for medication pickup at Blakeney and subsidising community transport to help patients who are disabled, attend Holt Surgery. Invest in staff not buildings.”

12. No concerns about the quality of healthcare from HMP. Throughout the process, we have received almost exclusively positive comments and compliments about the care provided to HMP’s patients.

One patient was kind enough to make this point, openly, at the Public Meeting and another wrote to say *“I will continue to campaign for the Blakeney Surgery to continue, but....we do not doubt your continuing clinical care for us....”*.

A 90yr old patient wrote to us after the public meeting to say *“thank you for giving us, the patients, the opportunity to discuss the closure. It is at one with the courtesy, respect and care with which we are always treated.”*

Another said *“Clinical expertise in the Holt Medical Practice is exemplary and we are very fortunate to have excellent doctors available.”*

Concerns about Data and the Data Controller

Data Quality

Some concerns have been noted about the quality and reliability of some of the data collected during this engagement (both before and during HMPs official period). There were also concerns about the tone and conduct of the engagement exercise. Healthwatch have provided some further comments on this in their report on the engagement.

Scrutiny of HMP

HMPs management has been criticised. One respondent stating that *“it is clear from the presentation, the increasing population of the current catchment area has simply outgrown the management capabilities of the practice....”*

HMP has come under scrutiny with some survey respondents believing that *“HMP are being economical with the truth”* and *“questioning the methods used by HMP in regard to the survey and data collection.”* Some patients are *“really unhappy about the lack of candour and consultation.”*

Some people felt that *“the survey and consultation have been poorly thought out and executed”* and some have concerns that *“the Survey by the Practice is designed to give them the answer that they*

Holt Medical Practice – Application to Close a Branch Surgery: Blakeney Surgery

want.” One patient had concerns that *“the easy read statement about closing Blakeney Surgery is extremely biased.”*

More generally, there have been suggestions that *“HMP are not following NHS Guidelines in relation to the attempted closure of Blakeney Surgery.”* We have been criticised for not knowing the formal procedure to close a branch surgery.

In a letter from BPC to HMP they say *“Holt Medical Practice lacked the credibility to undertake the consultation process in an independent and impartial way...”*

We have been criticised for not using the Media, and our failure to attend the Parish Meeting on 16th March, where the main topic was BS.

Conversely, we have had several pieces of correspondence (see above) from patients thanking us for the information we provided and the approach we have taken to the engagement phase.

To provide further reassurance to the reader:

- Process - At the start of this process we were provided with a document from the Primary Care Estates Team at the ICB entitled Advice Note 3: Procedure for requests to close branch surgeries. We have taken advice and guidance at each stage from the ICB and Healthwatch to ensure we have followed it properly and carefully.
- Engagement Phase – we had a longer than required period of engagement to ensure everyone had an opportunity to engage should they wish. However, all communications received (both before, during and after this official period) have been considered and made available for review.
- Variety – we offered many ways, at different times, via different mediums to ensure that patients could meaningfully engage in a way that best suited them.
- Inclusivity – we tailored our promotional material to ensure we reached all patients, through numerous ways, and ensured the possibility of engagement for those who would find it the most difficult was made as easy as possible.
- Accessibility – documents were available in hard copy, by post, in easy read (compiled by a third-party, specialist company) and in different languages, text sizes and braille.
- Survey Questions – these were compiled with the assistance and approval of Healthwatch.
- Data Collection – the surveys were collected and summarised by Healthwatch. All other correspondence and material received before, during and after the official engagement period have been retained and made available for inspection by Healthwatch and the ICB.
- Media - the application has been widely covered by local newspapers, local publications, radio, television, social media, and flyers/letters. We were advised by the ICB not to attend the Parish meeting on 16th March as this would not have been in line with the timelines and guidance contained in Advice Note 3.
- Oversight – Healthwatch have provided a supplementary report on the engagement process in support of the methods and approach taken by HMP during the engagement exercise.

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Additional Period of ICB Led Engagement

At a meeting of the PCCC on 13th February 2024 the ICB recommended that the PCCC consider a period of further public engagement (led by the ICB) to enable a better understanding of patient views on HMPs proposal to provide a residual medication collection service in Blakeney.⁶⁸ The ICB noted that due to the local community's principle wish for a return to consultations out of BS, the public's focus has remained strongly on this outcome. And as a result, there was less detail than the ICB would have liked to be able to take into consideration about the possibility of closure and potential mitigation. The PCCC agreed to this recommendation and the final decision on HMP's application deferred.

Section C

Conclusions & Mitigation

It has been a long and difficult journey to get to this point. The discussions and proposed closure of BS has caused uncertainty with some of our population and been difficult for our Partners and staff with the unusually public cross-over of business and healthcare.

We have been impressed by the local communities' efforts, commitment, and spirit for this cause. We really do empathise completely at a rural community's concerns surrounding the proposed closure of BS. Our GPs liked working from BS and miss the historic, simple and traditional model of General Practice that allowed small, branch site working.

However, we cannot ignore change and the impact this is having on the way primary care is provided. Not just within the landscape of healthcare and politics but within technology and workforce. We have a responsibility to look at the bigger picture, across the whole practice area and have a duty to all our patients to do the best that we can, with the resources that we have.

This has been a very tricky period for HMP, for both Partners and staff. We try not to consciously disappoint patients, however, our application to close Blakeney Surgery has had that effect on some and caused unease amongst many. It has been an unsettling dynamic between healthcare provider and patient.

The Partners are not trying to disadvantage a section of our patients, they are trying to make hard decisions now that protect the future healthcare we can provide. Discussing business and finance alongside people's health is always tough for everyone involved. But sometimes you have to make hard decisions, designed to have the least impact, for the greatest good. Our priority remains as it always has; ensuring that we continue to meet the reasonable health needs of our current and future population. We must do this objectively and commercially and we cannot base these decisions on unsustainable or undeliverable wishes of a minority.

BS feels unsuitable as a site for modern general practice. It is operationally deficient. Any form of continued service from the site requires investment and ongoing costs with questionable justification and uncertainty of the future. A return to services at BS would see a reduction in services at Holt and Melton Surgery.

⁶⁸ [Agenda \(Item 7\) PCC Meeting Tuesday 13th February 2024](#)

Holt Medical Practice – Application to Close a Branch Surgery: Blakeney Surgery

HMP are proud of the level of services that we offer to our patients, and the working environment we try to offer to our staff. We dedicate a large amount of time to running HMP responsibly and safely. Sometimes this means making proactive and difficult decisions for its future – and the future care of its patients.

This autonomy is invaluable to a private business such as a GP Surgery. HMP (like all other GP Surgeries that we know of) have always determined the levels of service offered from our sites and the corresponding opening times of the same. These have naturally evolved over time along with our healthcare provision. This approach has never previously been questioned by NHS England or the ICB. A private business must be able to shape itself, its staff, its finances, its buildings how it sees fit and to enable it to best meet the reasonable needs of its population.

As far as HMP is aware, it continues to meet these needs to the reasonable satisfaction of the commissioners, NHS England and the CQC.

Summary of HMPs Reasons in Support of Closure

The local community would like to see BS remain open and ideally, a return to face to face clinical appointments from the site.

We have detailed how any option associated with keeping BS open requires financial investment, the appetite for which is limited and the commercial viability of which is questionable.

The minimum investment required to maintain the status quo at BS (same footprint and same services) would be approximately £240,000. The investment required to rebuild on a larger footprint, would be hundreds of thousands of pounds more. Even if the capital investment is found from willing third parties, there will be ongoing costs associated with running, maintaining, and staffing this 3rd site that will fall to HMP that we feel we cannot justify.

There are so many other operational reasons why we feel the best option for HMP and its whole population is to close BS. These have already been highlighted within section A of this document, but the following summarises the main points:

- **Holt Surgery** – patients local to BS have always travelled to Holt Surgery as many appointments and services have only ever been available at this main site.
- **Flexibility** - with many services only provided from Holt Surgery, there is less flexibility within our staffing pool to provide senior, autonomous clinicians to work at our branch sites.
- **Appointments** – there has only ever been a very limited range of appointments available at BS and in the 5 years before the pandemic (2015 – 2019), only 5% of HMPs total appointments were offered from BS.
- **Appointments** – postcode data for all appointments, at all 3 sites, during 2018 and 2019 show people travelled from all over the catchment to attend those appointments, they were not just utilised by patients local to those branch surgeries.
- **Training & Supervision** – with higher turnover of staff and increased numbers of new and evolving healthcare professionals, we need space and peer support for senior clinicians to be able to train and supervise these staff. This can only be done at Holt, creating further inflexibility of workforce at branch sites. These new healthcare professionals are often part of the Duty Team based solely at Holt so unavailable for branch site working.

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- **Non-Clinical Staff** – for operational efficiency, these should be based more centrally, in suitably equipped premises, with no lone working and less travel between sites. The closure of BS would increase staff satisfaction and improve chances of retention.
- **Rurality and Transport** – access to public transport and difficulties with travelling to and from our sites are a reality shared by many patients across our entire catchment area. It is not just an issue for those patients living close to BS.
- **Local Population** – only 14% of our population reside in the villages surrounding BS with only 627 residing in Blakeney itself. Patients furthest away from Holt or Melton Surgeries (to the Northwest or West of BS) are within Wells' catchment area and so do have choice of GP Surgery.
- **Population Density** – the areas where the greatest density of our patients resides (and will reside in the future) are condensed around Holt and Melton Surgeries. With finite resources, it is logical to focus these resources in these locations.
- **Cost** – the ongoing costs and time associated with running 3 sites is large and not proportionally funded.
- **Operational hurdles** – these are increased by running 3 sites and we are less resilient and more inefficient.
- **BS Premises** - BS is very small and not fit for purpose. It needs investment to bring its structure (internally and externally) up to required standards but without a rebuild remains too small to operate in line with modern general practice and for multi-disciplinary team working.
- **Funding & Investment** – there is no appetite from the Partners or the NHS to invest in BS. If third party funding could be raised, there will still be future and ongoing maintenance and running costs that will fall to HMP.
- **Not an ACV** – BPC recently tried to list BS as an ACV. This was rejected by NNDC who cited other existing community buildings in better standing and that would be suitable for co-location of community services if there was a need.
- **PCN Working** – even if improvements were made to bring the premises up to acceptable standards, BS is not located geographically sympathetically within our PCN to enable it to be easily used for PCN work.
- **Succession Planning** - the required financial buy-in to HMP for new partners would be reduced so become more attractive to new partners in a market where few GPs now wish to become partners. If we cannot attract new partners, the partnership will fail.
- **The Future** – the Government and NHS England have clearly indicated its move towards Hub-based and multidisciplinary team working. We do not want to be in a position where our business and investments are focused on redundant assets.
- **Other Branch Closures** – others have recently been permitted to close their branch sites with lower thresholds and less scrutiny.

One key point that is often misunderstood by those local to BS, and by our larger population, is that if we returned to face-to-face appointments at BS, there would be a corresponding reduction in the availability of appointments at Holt and Melton Surgeries. Inevitably, Melton Surgery would need to reduce its hours and operate on a part-time basis to allow us to divert staff and resources to BS.

But it is not just the staff - HMP would still have 100% of the costs associated with running three sites, with two of those sites open, perhaps, only 50% of the time: full-time costs and part-time utilisation.

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Furthermore, NHS England would need to continue to fund the full-time rent for both sites, that were occupied only on a part-time basis. This feels increasingly hard to justify, and even harder if the site had an increased footprint, with increased rent, yet is still operated on a part-time basis.

Bespoke Blakeney

It is worth noting that there are many things that make this consultation about the potential closure of this branch site different to others.

In many other situations where a practice is seeking to close a branch site, they will be asking to cease the provision of clinical services if their application to close is permitted. In HMPs situation, these face-to-face services ceased at the start of COVID and for the last 4 years have remained dormant. Therefore, the last 4 years have allowed all parties to reflect on any issues or considerations that have arisen during this significant “trial” period relating to a lack of clinical appointments out of BS.

To this end we would like the ICB and PCCC to note the following points, bespoke to this application:

- HMP has 3 sites, which is unusual. There are only 11 practices in Norfolk & Waveney with 3 or more sites. The costs and operational issues associated with running 3 sites (as opposed to 2 or even just the one) are many – as noted in Section A.
- There are only 5 other sites in the whole of Norfolk & Waveney that are smaller than BS and only 3 of them are operational. Of those 3, none of them are open full-time hours.
- Prior to March 2020, patients have always needed to travel to Holt Surgery for many appointments or services only offered from Holt Surgery.
- There have been no appointments at BS since March 2020; almost 4 years ago. During this period patients have been travelling to Holt and Melton Surgery for their routine and acute appointments. Therefore, if BS were now to close, the only services that would “stop” are the medicines ordering and collections and the drop in reception.
- Since the cessation of clinical services from BS, HMP have extended Holt Surgery by 286m² (nearly 4 times the footprint of BS) and added a further 6 clinical rooms to Holt and Melton Surgeries.

More generally, it has felt that HMP and this application has come under an unusual amount of attention and scrutiny for the closure of a very small, rural branch surgery that hasn't hosted any clinical appointments since March 2020, and prior to that a very limited number and range. This is despite the national direction (from the NHS and Government) promoting (and funding) the modern model of general practice and hub based multidisciplinary team working is impossible to deliver from BS in its current form. Any investment in expanding the BS footprint fraught with issues.

It feels that the thresholds being applied to HMP are higher than have been for others and the approach to our application is being managed differently.

The management time and cost that it has taken to achieve these thresholds, respond to the vast amount of correspondence and extract the levels of data and reporting that has been asked, has been significant.

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Reasonable Healthcare Needs of our Population (Over the Last 4 Years)

Over the last 4 years (where there have been no face-to-face appointments offered from BS) HMP feels that it has continued to meet the reasonable healthcare needs of its population.

For example, over the last 4 years HMP has:

- Increased its capacity for appointments across its other 2 sites by approximately 12% since 2019.
- Where possible enabled patient choice to switch the mode of that appointment from face to face to telephone if it suited the patient better.
- Had no known Significant Events or concerns raised by any individual patients that they were unable to access the healthcare they needed.
- The ICB's data shows that emergency admissions by our patients have continued at an expected rate when compared to our historic data and with local trends.
- Increased our capacity for home visits should the demand have arisen. This was achieved through continuing to run a dedicated, daily, early visiting GP whose sole role between 8am and 1pm is to make home visits to those patients who are clinically or socially housebound. And then enhancing this offering through the recruitment of Paramedics and Physician Associates who are also able to visit. Interestingly, our data would appear to show the demand for home visits has decreased slightly over the last few years.
- Embraced online development of clinical forms and queries (allowing another mode of communication and consultation for patients if they would prefer) and promoted the benefits of the NHS App and online ordering of medication.
- HMP receives many compliments from its patients about the quality of care they have received. Sometimes this is from temporary patients who have become poorly during their stay who are so complimentary of HMP when comparing us to their local surgery.
- Our metrics, collated centrally by the ICB, show we are a high performing practice when positioned within our PCN, North Norfolk and the wider Norfolk & Waveney:
 - Since July 2022 (the earliest data available on the PowerBI website, containing data collated by the ICB) HMP has maintained an average of at least 85% of all its appointments being face to face. This is significantly higher than some surgeries and noticeably higher than the other 2 surgeries within our PCN. The availability of face-to-face appointments was identified as the most important factor to our patients who responded to Question 7 on HMPs survey.
 - Between 43% and 48% of ALL our appointments are with a GP. This is a significantly higher percentage than the other surgeries within our PCN and the highest average rate (often by a significant amount) than all other surgeries in North Norfolk. This high number of GPs comes at a financial cost to HMP but ensures excellent service.

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- As at the end of November 2023, HMP was seeing 96% of patients within 2 weeks of booking their unplanned appointment (as per the PCN Directly Enhanced Service specification). A significantly higher rate than other Surgeries within our PCN and North Norfolk averages.

We would suggest the data supports the fact that HMP is providing an excellent service to its patients and more than meeting their healthcare needs, despite only offering appointments across two of its sites.

NEW Mitigation if BS Closes

The predominant concern should HMPs application for the closure of BS be approved is, in our opinion, the maintenance of the medicines ordering and collection service from a local site.

We know that from the data we collected during February and March 2023 and the questions posed in HMP's survey that people really value the ability to collect their regular medication from a local site. We know that patients are concerned about the viability, cost and environmental impact on needing to regularly travel to Holt or Melton Surgery to collect their medication and secondary factors such as capacity and queuing at the same.

HMP were aware that this would be a concern of many and so, at the start of the application process, contacted three local community sites to enquire if they would be interested in supporting continued medication collection from a different local site, should BS close. Initially all three sites seemed receptive to the possibility, however as the consultation evolved these sites indicated a preference to wait until the outcome of the application process was known before confirming whether or not they would be able to help mitigate any future impact. It appeared they did not wish to be seen to be connected to any kind of discussions around a potential solution, which made any responsible planning discussions challenging.

That said, HMP have continued to give this area a great deal of thought and have summarised below the possible mitigations that we could look at were BS to close and the current medication collection and ordering service and drop in reception be removed.

- **Working with local sites to explore whether it would be possible to host medication collections from an alternative site.** This would involve considering things such as space, parking, staffing, training, rent, secure storage etc.
 - This model has been tried and tested in many other rural areas with great success.⁶⁹
 - **More locally**, Cromer Surgery use two non-medical sites where their patients can collect their medications: East Runton and Overstrand stores. Cromer Surgery deliver the medication to these 2 locations and then the store personnel hand out the medication as part of their usual duties. They have received minimal training, there is no fee charged and the patients benefit from this more local service, closer to their homes.
 - **Alternative Site** – at the outset of our application process we approached The Glaven, Blakeney Garage and the Harbour Rooms to see if they had any interest or

⁶⁹ [Prescriptions at the Village Shop - The Wilbrahams, Great Wilbraham, Little Wilbraham and Six Mile Bottom](#)

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capacity to work with HMP on this project. There may be other sites in Blakeney or Cley or along the Coasthopper route that we haven't spoken to yet that would also be suitable.

- **Staffing** – initially we would look to provide HMP staff to assist with the establishment and evolution of this service from its new site. We would then look to hand it over to trained, non HMP volunteers – either employed by the new site or staffed on rotation by a team of volunteers from the community.
 - **Training** – we would provide initial and refresher training for any people involved in assisting with the manning of this service.
 - **Hours** – currently BS is open for meds collections and ordering 5 mornings a week. However, these timings do not suit everyone, and we would need to work with any new site to agree opening hours and times that worked for them and the community.
 - **Funding** – the ICB have stated that funding would be available towards rent and set-up costs of any new alternative site.
 - **Equipment** – HMP would provide safe storage, fridge items, shelving, phone or IT equipment as necessary.
 - **Patient Enquiries** – we would provide a direct method of communication to HMP for any patients collecting their medications who had any concerns about the content (for example if something was missing).
 - **Confidentiality** – anyone agreeing to collect their medication from an alternative site would sign a short agreement showing their consent to this process. Any volunteers assisting in manning the service would also sign a confidentiality agreement. The green slips usually stapled to the outside of medication bags would be placed inside the bag – leaving just the patients name and address showing.
- If no other suitable local location can be found, we could consider temporarily **running the service from a container** located at the far end of the site on part-time hours.

There are other NEW mitigations that we can put in place that will support the above and improve our medication collection and ordering service generally across the area which will see to benefit everyone and ultimately free up some capacity and streamline our existing processes that should go some way to mitigate the loss of the BS collection site by providing small benefits elsewhere:

- We have some **capacity within our free home delivery medication service** that would be able to assist those most vulnerable patients who were negatively impacted by the cessation of this service from BS.
- We would consider the purchase of an **electronic dispensing machine** that would be located in the wall of the dispensary at Holt Surgery. This would allow collections outside of core opening hours and help reduce queues. It would also assist those patients that have been negatively impacted on the closure of Boots, Holt on Saturdays.

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- We would consider **extending the sheltered canopy** outside the Holt Pharmacy. This would mean that even in inclement weather, anyone waiting outside the building would be sheltered from the weather.
- We could better promote the use of our **buzzer system at Holt** that allows vulnerable patients or patients with mobility issues to bypass the queue and collect a buzzer allowing them to return to their car and wait for their medication to be ready. This would then be taken out to them in the car park.
- We have recently begun **texting patients when their medication is ready** to collect. This has been extremely well received and reduced unnecessary queuing.
- We would run a campaign on the **benefits of ordering prescriptions via the NHS App**, which since COVID, many patients now have. We would assist in supporting and training patients on this new technology – which is very straight forward to use, once installed.

Once a formal decision on this application has been made, we are hopeful the local community will be open to working with us to find the best way forwards and to help minimise any impact the potential closure of BS may have.

In Summary

We are proud to be Partners at HMP. We work really hard to provide excellent clinical care to our patients, and this is a priority. But to do this (now and on into the future) we must run our business in a safe, sustainable, and financially viable way.

We appreciate that local residents to Blakeney feel very strongly about the potential loss of their local service, however, we are asking the commissioners to consider making this difficult decision because we feel it is in the best interests of all our patients across our whole area.

Residents of Blakeney and surrounding villages are not being abandoned or forgotten by HMP. We are going to continue providing healthcare for them, as we have done for the last 4 years via appointments at Holt or Melton and care at home when needed. We remain committed to finding an alternative (but local) medication collections site which should mean the healthcare experience of those local to Blakeney should be unaffected to how it has been for the last 4 years.

We understand that many locally and politically would prefer to see Blakeney Branch Surgery remain open, but we do not feel it is sustainable. We are asking to close Blakeney Surgery so we can continue to offer the high level of care enabling us to meet the health *needs* of our entire population and not the health wants of a minority.

Having given everything a huge amount of consideration and thought, our application is being made because we are trying to act in a way that we feel is responsible and proactive within what is an accepted tough financial climate and ever-changing landscape of healthcare in a way we believe will carry the widest benefit and protect the ongoing quality of the healthcare we provide to ALL our current and future patients.

***The Partners,
Holt Medical Practice,
22nd April 2024***