

Summary of Questions / Responses & Actions

#	Question/Comment	Action / Response
Noted during the agenda item and again during discussion	Rosemary Thew's comment that all mitigations rely on people living in Blakeney travelling to Holt	<p>The practice has offered to provide a medicines collection service local to Blakeney from alternative premises. They have approached three local facilities to enquire whether or not this might be possible from their sites. However it is difficult to properly develop these discussions until the Committee has made a final decision.</p> <p>The practice has confirmed that any mitigations suggested at Holt would supplement their proposal that an alternative local medication collection site can be activated in or around Blakeney, which remains their principal proposed mitigation.</p> <p>The practice covers a large and rural geography, and travel to Holt from all parts of their practice area has always been required for many services that have not been offered at the branch sites.</p>
Noted during the agenda item	Cllr Holliday question on why no consultation took place before removal of services in 2019	<p>We have provided Cllr Holliday and Blakeney Parish Council (BPC) with a summary of the commissioning decisions that took place. The practice engaged with its patient participation group prior to introducing changes in 2017 and 2019.</p> <p>Face to face services ceased in Blakeney the week before the first Covid lockdown in March 2020 following NHSE guidance. This temporary decision will be resolved as part of the branch surgery closure application.</p> <p>Further appointment data back to 2015 is available in Holt Medical Practice's Final Submission and Appendices.</p>
Noted during the agenda item	Cllr Holliday questioned legality of the consultation	<p>The practice followed the ICB's Branch Closure Advice Note. Healthwatch Norfolk is the local health and social care champion for the county. It provided support to the practice in undertaking its patient engagement process and has provided a statement in support of the work they undertook.</p> <p>The ICB is undertaking further public involvement to inform their final recommendation to Primary Care Commissioning Committee in May 2024.</p>
Noted during the agenda item	Duncan Baker queried why it's taken ICB so long to ask for his data	The link to the data in Duncan Baker's report (which we had previously used to access the data) was broken, hence the ICB requested access to it again.
Noted during the agenda item	Duncan Baker – Feels mitigations are pitiful – come back with some real mitigations that will help people living in Blakeney	The practice has offered to provide an alternative medicines collection service local to Blakeney as part of their application to close and it is this that will be considered by the Committee as part of the practice's application.
Q1	Why need to go through this extra step?	The ICB's Equalities Impact Assessment suggested further work on the practice's proposed medication collection service

		<p>may be beneficial to understand what might be needed for groups, such as those who are digitally excluded, or those who are carers. Working with local voluntary organisations, such as those who provide transport, was also highlighted as a potential action.</p> <p>The focus of feedback received through the practice's survey was for a return to consultations out of Blakeney Surgery. As a result, there was less detailed feedback collected relating to the possibility of closure of Blakeney Surgery and mitigation (i.e., for the proposed medication collection service). However, ICB officers believe this is an important part of the engagement process and have therefore recommended to collect further feedback from local people on the practice's proposed residual service of a medicines collection service in order to support PCCC members in any decision.</p>
Q2	CQC had rated HMP ok on infection prevention and control measures (IPAC), why is ICB supporting HMP claim that IPAC not ok?	<p>The CQC has not visited Blakeney surgery since before the pandemic.</p> <p>Since COVID-19, there is heightened focus on IPAC standards in all healthcare settings, including GP surgeries.</p> <p>The Blakeney surgery does not meet current infection prevention and control standards for clinical services. Substantial improvements would need to be made to Blakeney Surgery to bring it up to current IPAC standards to enable face-to-face appointments to be reintroduced.</p>
	Is it really the case that the amount required to refurbish BS is beyond the reach of the practice?	<p>The practice's application sets out that the current Blakeney surgery facility is too small to provide modern general practice, as this is delivered by a multi-disciplinary team supervised by a GP.</p> <p>Substantial improvements would need to be made to bring the building up to current minimum standards for a GP practice.</p> <p>The ICB estimates costs of £245k (excl VAT) to refurbish the building and bring the functionality up to minimum building standards for a GP practice. Construction costs have gone up significantly in recent years.</p> <p>To rebuild the current Blakeney branch surgery and meet current standards for GP surgeries, the ICB estimates the cost would be in the region of £1.5m (excl. VAT). This would not address the practice's issues with the size of the building.</p> <p>The cost to refurbish the building is one element of the actual cost. Other on-going financial considerations would also need to be taken into account, such as heating, lighting, maintenance, rent and rates which have been discussed in the practice's application.</p>
	Think HMP can more than afford to make the	Business viability is one of the areas the ICB will review when considering the application – this is set out in the NHS England

	improvements needed. How can ICB support the application based on economic reasons?	<p>Policy Guidance Manual. The practice has included their rationale in their application.</p> <p>The Committee has not yet made a decision on the application; this will be made after the pre-election period has concluded.</p>
	<p>Comment from Andrew Chapman: You mentioned that in BS the couches don't allow for resuscitation/ exams – the beds are against the wall?</p>	The practice has confirmed that all beds in its sites are against a wall in a clinical room but can be easily pulled out to allow easy, double sided, access. In Blakeney (in the GP room) the couch is in an alcove (former cupboard) that is tricky to rearrange in the tight space.
Q3	What data the ICB / HMP using	<p>Holt Medical Practice has audited appointment data from within EMIS, its clinical system. This allows the practice to map appointment locations, slot types, frequency and the localities (via postcode analysis) that the patients accessing these services (at Holt, Blakeney and Melton) have come from. Summaries of this data have been provided the practice's Final Submission and Appendices.</p> <p>In undertaking its equality impact assessment, the ICB has used publicly available Census data and Norfolk Insights data.</p>
	Even if BS open 2-3 mornings a week it would be an incredible difference to what we've had over the last 5 years.	The practice has outlined in its submission the many considerations surrounding the reintroduction of face to face appointments at Blakeney, which would mean a mirrored reduction in services elsewhere due to staffing and funding restrictions. Therefore, services would have to be redirected away from Holt or Melton Constable to enable Blakeney to be open.
Q4	Why aren't you going out to market to buy services from other GP practices?	Holt Medical Practice and other local practices have contracts to deliver services to the area covered by their practice boundaries. It would not be economically viable to other providers if the ICB went to market for the population local to Blakeney alone, and the practice has provided information on the investment required in their application.
	You buy service on our behalf? We are not being represented	<p>The ICB is the organisation responsible for planning and buying services for its population of over 1m residents across Norfolk and Waveney.</p> <p>We want to listen to your views which is why we are engaging and inviting feedback from people who use the Blakeney surgery.</p>
	The withdrawal of services in 2019 – why not cancelling the current process and going back to consultation on withdrawal of those services?	We have provided Cllr Holliday and BPC with a summary of the commissioning decisions that took place. The practice engaged with its patient participation group prior to introducing changes in 2017 and 2019.

		Face to face services ceased in Blakeney the week before the first Covid lockdown. This temporary decision will be resolved as part of the branch surgery closure application.
	Why haven't you looked at crowdfunding as an option?	<p>Crowdfunding would not form part of the NHS capital process, this is something that could be done more locally. The practice has set out that the current Blakeney surgery facility is too small to provide modern general practice, as this is delivered by a multi-disciplinary team supervised by a GP.</p> <p>As stated above, the cost to refurbish the building is a one-off cost, and there would be other ongoing costs to factor in (heating, lighting, maintenance, rent and rates, etc).</p>
	Why can't you talk to HMP and MAKE THEM give us the financial figures they'd need to keep BS open so we could look at crowd funding?	<p>Crowdfunding would not form part of the NHS capital process, this is something that could be done more locally. The practice has set out that the current Blakeney surgery facility is too small to provide modern general practice, as this is delivered by a multi-disciplinary team supervised by a GP.</p> <p>The figures required are available (based on the 2021 Survey) within the practice's application, and the ICB's cost estimates are provided above.</p>
	Known issue of ambulance response time – why don't we put paramedics in another spot and run a health hub/emergency service?	This allocation of resource wouldn't sit within Primary Care and is therefore outside of the practice's control or influence, so we have extended this query to other departments within the ICB.
Q5	You said you want to hear about issues about parking and accessibility? You been to Blakeney Surgery? Will PCCC go to visit Blakeney Surgery? There is plenty of parking and accessibility at Blakeney Surgery!	Committee members visited all 3 practice sites in January. We are interested in your views about the medicines collection service the practice has offered as part of its application. The questions and factors set out on the slide deck were suggestions and we welcome other views too.
Q6	<p>Why wasn't their consultation about medical services at the surgery? That was what was consultation was supposed to be about – not about meds collection.</p> <p>You've already written off a return to F2F services.</p>	<p>The consultation document, which is still available on the practice's website, included the practice's rationale and the pattern of services and appointments over the years previous to the current service.</p> <p>Face to face services ceased in Blakeney the week before the first Covid lockdown in line with NHSE guidance. This temporary decision will be resolved as part of the branch surgery closure application.</p> <p>The ICB will make a final decision at its Committee in May, after the pre-election period has concluded.</p>

Q7	When will the ICB responses be given so we can review and then respond	The report and recommendation will be published a week before the Committee meeting. The meeting is held in public via Teams and the link will be published on our website.
	Request for a Survey to go to people local to Blakeney to ask them what they want	<p>The practice's consultation has provided a great deal of feedback on what local people would prefer in terms of services to be reinstated at the practice. This feedback was also captured in 2 other surveys run by the parish council and Duncan Baker.</p> <p>We have met with Blakeney parish council to discuss whether an additional survey was needed to gain further feedback on the practice's proposed medicines collection service, however there was concern about survey fatigue in light of the number of surveys already undertaken. Therefore we were pleased to be able to attend your annual parish meeting and are asking people to write in to share their views using the information from our presentation which the parish council has hosted on their website here. The deadline for written feedback is Tuesday 2 April.</p> <p>We have also written to other local parish councils to brief them on this additional period of public involvement and will work them on how best to engage their local population.</p>
Q8	Do we need to provide the same information again?	<p>We already have the information submitted as part of the practice's engagement process and the first 2 surveys conducted by Duncan Baker and BPC.</p> <p>We are asking now for further feedback on the practice's proposed medicines collection service and we are asking people to write in to share their views using the information from the meeting which the parish council has hosted on their website here.</p> <p>Please send this to:</p> <ul style="list-style-type: none"> • Email: nwicb.contactus@nhs.net - please put 'Blakeney' in the subject line of the email • Post: NHS Norfolk and Waveney ICB, County Hall, Martineau Ln, Norwich, NR1 2DH <p>The deadline for written feedback is Tuesday 2 April.</p>
	Heard from someone that heard from BS receptionist that Wells was closed to new patients –	Wells Practice is not closed to new patients, however they are likely to only accept patients living in their published boundary.

Transcript

Rosemary Thew

Ref service withdrawal in 2019, now consultation to close. Deferred decision til 23 April – now extended to May. BPC believes mitigation inadequate, it's based on patients travelling to Holt.

Please respond to the opportunity, imp for ICB. Important to write or contacts in Glaven Valley News. Have given out Debbie's email via the GVN

Nigel Sutcliffe

Closure on ground not econ viable. Mtg in August at the hall which people couldn't get into. BPC wrote to ICB to express lack of confidence in HMP, conducting their own review an that HMP not objective enough

Sub group to oppose closure was formed. Active throughout patient consultation phase: banners, petition, info tent at local gathering.

HMP survey contained nothing about return of services to pre 2019 levels; and that whatever the decision by the ICB they may still have to close.

Open meeting 1 Aug was the only time that HMP have engaged with public, and didn't respond to media enquiries about reasons behind closure.

Afraid all of the work was ignored and submission went ahead.

Prob we have is HMP have a majority of franchise medical services to those in the area - if we don't like it we have no where else to go. Telling us what and how we receive medical care and we have no say in it

2 local surveys showed overwhelming support to return to pre-2019 services.

HWN chaired meeting and validated consultation phase – that's the only contribution. We've done structured and reasoned arguments but no one listening.

It would be nice if those involved really cared about the patients were able to respond to the people wishing it to remain open.

Victoria – about legality

Current engagement by ICB and previous consultation – wrong on many levels. There's been no consultation on the removal of dispensing and appts which occurred before Covid. We were told that PPG were informed, but that's not a consultation.

New policies brought in by ICB to change what's offered at a branch surgery, but can't apply it retrospectively. Feels like branch surgery access taken away without consultation.

Why no consultation on options open to patients?

Legal duty to improve quality and patient experience.

Over half say have disability, almost half live alone, XX have no transport..{a few other statistics were mentioned but not captured}

Where is net zero, where is XX {another item mentioned not captured} ?

Full consultation on return of services which takes into account ICB duty to look after all patients.
Feels like Blakeney disproportionately affected

Have a template letter included in the Glaven, use it to respond to the ICB.

Sadie Parker presentation

Duncan Baker

Big thanks to all, including attendees. Which he's said from the start is wholly unacceptable.

Feel every time with the ICB that we're delaying the inevitable – also unacceptable. This situation has gone on time and time again. Wrote to ICB and was dismissed- we must let the process roll out. Told now, after Clare Panniker, that we would talk about mitigation. Only yesterday that we were emailed to ask for survey data. **Why has it taken so long to ask for that info?**

Why now, are we here? Makes me angry. Mitigation is absolutely wholly inadequate what is being suggested. Meds collection is only mitigation, we've asked for more than that. We've asked for F2F service. Look at our population. We've asked for elderly people to be looked after, we don't have the public transport. Don't think it's unreasonable.

Can't amend what is being proposed – either accept or reject. I'm going to make it easy – you reject it.

Reject it because it's inadequate. May elections done us a favour, given you more time to come up with a proper solution to help the community. Put something in properly. If a decision doesn't come down here – if not right, I will be right down to the Health Secretary. Not right to accept pitiful mitigations.

Q1 – Andrew King

Different consultations, responded to DB's survey and HMP's. From what I've heard, there is overwhelming rejection to closure. I'm dumbfounded for people's views asked to be sent to the ICB. Why need to go through this extra step?

Sadie Response – when reviewing the data, and the EIA, that's when we decided we hadn't heard about the mitigation proposal in enough detail. Campaign focussed on keeping surgery open and reinstating F2F – didn't hear as much about proposed mitigations – why asking for this info now so we can have a full picture to put to PCCC.

Rosemary Thew – almost all mitigations based on people going to Holt

Q2 – Dr Archer: HMP decided to stop consultations at Blakeney on IPC basis. Given that CQC was ok with that, why is ICB supporting the practice in this?

Sadie Response – the clinical rooms are poorly laid out, can't get around the couch, can't do exams and resuscitation, they're carpeted, there's no dirty sluice. IPC really changed and got much more stringent with the pandemic. What we saw was all branch surgeries closed for a period. Many had to rethink how they offer services and refurbishment had to be taken. We support that the rooms aren't suitable. We aren't aware that CQC has visited after the pandemic, has it? It hasn't – so doesn't matter that it was done before.

Rosemary Thew – is it really the case that the amount required is beyond the reach of the practice?

Sadie – can't answer for partners. But access to capital investment in NHS isn't there. My understanding is we're seeing reduced capital funding – you have to do a biz case and it has to be prioritised against all other requirements in N&W. It would have to stand up against all other bids for capital against the system.

Response from questioner – HMP doesn't need funding for building maintenance. It gets rent money. NHS payments to HMP were over 3M, in 22/23 was 6m {note other comments on payments were made but not captured}. HMP is in top 1% of practices that get NHS money. Some practice managers have got more than hospital consultants. Think HMP can more than afford to make the improvements needed. How can ICB support the application based on economic reasons – that's just false.

Comment - Andrew Chapman – former partner in Practice – fears next thing to close will be Melton Constable. Mention that couches don't allow for resus / exams – **the beds are against the wall?**

Q3 - Alex Hooper, rep Stiffkey – have concerns about how ICB approached all process. Seem to be obfuscating data, taking whole HMP into account, and not taking Blakeney into account and its demographics. Reducing inequalities and net zero – making it look like there's no issues – not the case. Want to see issues addressed properly and transparently.

Mark Burgis – we hear the passion and urgency and want to take it into account. When colleagues came to PCCC, that they're laypeople who do provide challenge. We'll answer what we can tonight but not everything.

Rosemary Thew – That is why BPC would like a dedicated meeting with the ICB to discuss mitigations

Alex Hooper – 3rd time had to ask the same question. How do ICB think it's acceptable not to answer? I would like a proper answer, and so do the people I represent.

Sadie – we will come back to you. What I tried to say is we'd use the data we have available. We have a duty to have regard to climate guidance. I also mentioned how challenging the climate agenda is in a rural area – examples of some work being undertaken which isn't just about transport, there are other medicines examples (asthma inhalers). We're doing well on measures such as that. Thanks for question again and we will respond and see if you think it's satisfactory.

Comment – unidentified - Money – even if BS open 2-3 mornings a week it would be an incredible difference to what we've had over the last 5 years. A nurse or a Dr twice a week would make an incredible difference to the elderly people in this village.

Q4 – Ian Wolfe - Want to understand who ICB is representing – from first bit seems you represent patients – so in effect we are your customers. You buy service on our behalf. **Why aren't you going out to market to buy services?** If HMP are unwilling to help, why not go out to other practices to deliver services? Wells or Sheringham?

Many people in Blakeney can't get out – there is great concern that withdrawing services will XXX. Providing cars not a suitable and sustainable solution

The withdrawal of services in 2019 – why not cancelling the current process and going back to consultation on withdrawal of those services?

The ICB has received numerous letters – not had a response. It's been evasion, deflection or obfuscation. You're eking the process out and hoping it will go away. Not in spirit of engagement or finding compromise.

Why not stop and pause the process, go back to looking at clinical appts and if there are genuine issues, if there's a real financial issue, could be crowdfunded. **Why not looked at crowd funding as an option?**

Dr Shelley Cook – Please refer to Holt Medical Practice's application, the finances required were covered there. But it's not just about the one-off cost to refurbish it, it's the ongoing costs of heating, staffing and other factors.

Ian Wolfe- Don't think you're effectively representing us, you buy services for us.

Don't want decision taken far away in a board meeting – bring PCCC here.

If we have to we'll pay for that coach, we want them to see the location and drive the bus route and experience the network, and think about it in winter – that's what PCCC need to do. Don't think committee can base decision on feedback received.

Give us more options – put more doctors in Wells or Sheringham and we'll go there. But HMP don't want that as would lose money.

Can we get HMP to present all the money they'd need, and then we can work out how to crowd fund. But they won't talk to us. Can you MAKE them engage with us to give us that figure.

Known issue of ambulance response time – why don't we put paramedics in another spot and run a health hub/emergency service?

Comment – Ms. Cuthbert – residents from Morston, Langham, Field Dalling – we can't get to High Kelling. We need BS please.

Q5 - Edward – you said in one of the slides you felt you needed more information. A lot of that information we thought we'd already given, why need to be repeated?

You said you want to hear about issues about parking and accessibility? You been to Blakeney Surgery? Will PCCC go to visit Blakeney Surgery? There is plenty of parking and accessibility at Blakeney Surgery!

Sadie – the panel came to Blakeney Surgery in Jan, visited all 3 sites. We drove between the villages, didn't take the bus route.

Rosemary Thew – this is why we want a dedicated meeting with you,

Comment – unidentified speaker – Mark said he would collate info and put it on spreadsheets – you miss the point that all of this village, Ian raised a better point that you ignored. I applied at Wells for the surgery as it was on the bus route, then at Sheringham, then was told I had to go to High Kelling. Everyone missing the point, you've already decided that's certain. You've explained you can't make the surgery comply with regulations – that's bollocks. No way that 50K wouldn't sort the surgery.

When you get older you need to know that your meds are spot on – when you get old you need a face not a vending machine.

Talk to Wells, talk to Sheringham. DO your job and represent US as the customers. You are making fools of yourselves the ICB.

Q6 – unidentified speaker - think quite extraordinary that this whole presentation was assuming there wouldn't be any medical service at the surgery. That was what was consultation was supposed to be about – not about meds collection.

The whole thing should be about maintaining and improving the service in BS. You can see that you've written off a return to F2F services.

Rosemary Thew – a lot of questions unanswered, I hope you'll do that

Sadie – we'll respond to all of those and reply.

The ICB has had an application to close the surgery, so that's what we have to consider. Hence why we're trying to understand more. Already have comprehensive feedback from HMP and HWN. We have got your feedback. We are asking for more now, and would be grateful to receive it. But it will be that application that PCCC considers. When it has the full set of info the committee will consider.

Q7 - Ian Wolfe– When will the ICB responses be given so we can review and then respond before engagement window closes.

Comment – Ian wants the ICB to survey patients on what they want from local health service provider, then take the responses and give them to other service providers – they would take BS patients if HMP won't deliver what the patients want. Survey us to ask us what we want.

Sadie – practice did a comprehensive survey last year and had wide ranging feedback. We discussed with BPC doing a survey when we met on 1 March and there wasn't much appetite given all the surveys that have already been conducted. But we can do that if people need a survey?

Q8 – unidentified speaker: Can you confirm if we need the same info again, we've all provided so much feedback already.

Sadie – we don't want same info again. We are asking feedback on the slides.

Presentation: Volunteer transport – 50p a mile. Whatever happens with the surgery we are happy to carry on. Asking for more volunteer drivers.

Duncan Baker closing comments – thanks so much, ICB thanks, but you've clearly read the mood in the room.

Ian's questions, thought he made a good point. Most people don't know what ICBs are. 42 ICBs, they pretty much make up what NHS is and they deliver our health services. Effectively, WE are CUSTOMERS. WE fund as taxpayers our health service, and we fund the ICB. Your customers tonight loudly said not happy with the mitigation proposed. This pre-election period is opportunity to go and get right. It isn't good enough yet, please go sharpen your pencils.

I recognise HMP we are grateful for services provide. Can ICB tread a delicate line to represent people in this room, we need a better service.

This mitigation is not good enough yet. You come back here with gold plated proper resolution to help this community.

Post event convo

Dr Archer - Heard from someone that heard from BS receptionist that Wells was closed to new patients – ICB needs to check this.