

Questions addressed to the Chairman, Patients Participation Group, Bishops Waltham Surgery, with letter dated 8th February 2011. Answers provided 15th March.

1. Relationship with the Primary Care Trust

The partners say that a new surgery is desperately needed and that they have been searching for a site for 10 years. If that is the case, we would ask the following simple questions:

- a) Why does Hampshire Primary Care Trust (PCT) say: "We do not hold any... evidence in regards to any need for development at Bishops Waltham or of discussion with our predecessor organisations prior to 2006 with regard to need for replacement premises and the investment of NHS funds to support it."?

ANSWER: "the PCT had no strategy in place between 2004 and 2008"

- b) Why did the PCT say last July: "The PCT's own work to identify the condition, utilisation and suitability of premises in use for provision of general practice services did not indicate that the current premises in Bishops Waltham should be considered with any degree of priority for replacement."?

ANSWER: "the PCT acknowledged the need for larger premises but BW is a lower priority than others."

- c) Why was no approach made for new premises at the same Abbey Mill site under the scheme proposed by the previous owners as part of the successful planning application (07/01188/FUL) who said in May 2007: "if demand for additional doctor's surgery space in Bishops Waltham can be demonstrated then provision could be made on site..."?

<http://planningapplications.winchester.gov.uk/Planning/114117.pdf>

ANSWER: "it would seem the surgery was as in the dark as the rest of us because they did not know of this statement until recently"

- d) Why, when it is an integral part of the PCT's strategy that any Practice contemplating premises changes or relocation should "engage and consult with their patients as early as possible to get their views and identify their needs in relation to the proposed scheme" has no such consultation taken place? Especially since the PCT felt it necessary to publicly add that they "would like to highlight [also] a series of concerns and complaints which we have received from patients registered with this practice who feel strongly that the practice has failed to engage and consult them appropriately about their plans to relocate."?

ANSWER: "involvement/consultation with the PCT is proven to have occurred; otherwise the PCT could not have taken its position that BW was not a priority for its funds."

- e) The PCT also said: "The practice has not engaged with the Primary Care Trust (PCT) through the premises development approval processes that exist with regard to this proposed development nor consulted with us about relocating the service we contract from them." Relocation is is not possible without the PCT's agreement precisely because the GP practice is contracted by the PCT. Why have formal consultations with the PCT not even been opened?

ANSWER: "the PCT still has no process in place to handle consultations on premises if no PCT funds are being sought."

- f) As the PCT are not going to fund the extra services promoted by the partners for a new surgery, because it would have to be "cost neutral", how are all the extra services we are being told about going to be funded?

ANSWER: "even where the partnership owns the freehold (as at Lower Lane) they receive a "rental value" from the PCT since they are providing PCT Services. That rent would be the same for any new surgery as it is currently – hence the "cost neutral" statement"

2. The new location

Since there has been no proper consultation with patients and residents, we would ask the following questions to elicit what evidence there is that the proposed new location is an improvement on the existing one?

- a) If the previous landowner made the offer in May 2007 that "if demand for additional doctor's surgery space in Bishops Waltham can be demonstrated then provision could be made on site..." why, given the surgery's 10 year search, was no such demand demonstrated? Why is the location suitable now, if it wasn't then?

ANSWER: "the practice was unaware of the 2007 offer which was never communicated to them even though it was in the planning correspondence with WCC."

- b) Why can't services be expanded within the existing premises by, for example, extended opening hours, including weekends or shared use of consulting rooms for more efficient use when individual doctors are not at the surgery?

ANSWER: "On the expansion of services, the use of the premises is already optimised – one reason why a number of the doctors are part-time is because consulting rooms are shared – there are not enough for all. Surgery hours have been extended in line with government requirements and the PPG was involved in those discussions."

- c) What alternative locations have been previously considered? Have additional branch surgeries in adjoining villages been considered in order to bring the GP service closer to patients? Has any thought been given to the disaggregation of the administrative and the medical functions?

ANSWER: "As for disaggregating the administrative and medical functions the former is very small and I am sure you will acknowledge that receptionists, which are the majority of the function, need to be in the main building – other aspects are limited and are in the annex."

- d) What research has been carried out to support the claim that the site at Abbey Mill would be more accessible? What about the many elderly and infirm patients for whom the new location would be significantly less accessible in terms of distance, and particularly across a busy road? Especially given the fact that much of the housing for the elderly is naturally clustered close to the current surgery's location? How would the new premises be more accessible for the disabled?

ANSWER: "As with all changes there will be pluses and minuses, at the moment a number of elderly and disabled have complained about the access to the current premises and as I am sure you know some Care Group drivers will not take calls to the surgery anymore because of the access & parking difficulties."

- e) As well as extensions to the original surgery the current annexe (originally a commercial site) was acquired in 1999 creating significant additional space. What was the original surgery size designed for 8,000 patients compared to the current extended surgery/annexe space for 12,750 patients? What ancillary services, for example health visitors and midwives, are also now accommodated on site compared to similar provision in earlier years?

NO SPECIFIC ANSWER PROVIDED

- f) There are currently 8 partners with two additional doctors employed by the practice, according to the staffing details on the NHS website. The surgery says that the current patient list is served by 5.5 'whole time equivalent' doctors creating a high patient to doctor ratio. The implication is that most of the existing doctors are working part time. It is claimed that the practice wishes to increase the number of doctors. Would the practice and its patients be better served, *in situ*, by more full time doctors?

ANSWER: "On the expansion of services, the use of the premises is already optimised – one reason why a number of the doctors are part-time is because consulting rooms are shared – there are not enough for all"

- g) How would patients be better served in terms of accessing the two High Street pharmacies and the considerable distance between them and Abbey Mill compared to the proximity of the current surgery to the pharmacies?

ANSWER: "As with all changes there will be pluses and minuses."

- h) Has any consideration been given to the impact on the viability and vitality of the High Street given that, at its current premises, the surgery provides a constant flow of people wanting prescriptions who have time to wait, directly on the High Street, while these are fulfilled? What guarantees have Sainsbury's given about not fulfilling prescriptions from, say, Hedge End?

ANSWER: "I am not sure it is for the practice to consider the viability and vitality issue since their role is the provision of medical services... As for Sainsbury's, I understand that they have stated they would not put a pharmacy in the superstore but apart from the fact I'm not sure that could be made legally binding, they could presumably offer a service which took in prescriptions in BW, processed them in Hedge End and brought them back (or even delivered them) I'm sure you know the surgery pharmacist cannot issue prescriptions to anyone living within a mile of the surgery."

- i) The surgery says that there is increasing dissatisfaction from patients regarding parking at the existing premises. Why can't this be at least addressed partially by reopening the main parking area for use by patients as was the case historically? Very few town centre employers have on-site parking, meaning that it is normal for employees to have to make their own arrangements. There would, after all, only be 13 dedicated car park spaces at the site of the proposed new surgery whereas over 20 are used at the existing site – to the exclusion of patients.

ANSWER: "In this later respect the PPG has raised this issue and continues to believe that more spaces should be made available for patients rather than staff – we have been unable to make any headway in that respect."

3. Partnership issues

We are aware that some of these questions have a level of commercial and personal sensitivity. But they do go to the heart of many of the community's biggest concerns. The partners should be aware that any failure to address these – in full – may well generate new levels of patient distrust.

ANSWER: "As you acknowledge the questions in section 3 are sensitive and do I feel get too personal. What I can tell you is that whatever is obtained from the sale of the existing site would be applied in full to the new premises, Sainsbury's would be funding any balance (land value & building cost). Any retiring partners need to be 'bought out' by the remaining (or new) partners for their proportionate value in the partnership at the time of their retirement – this would apply irrespective of the premises involved and is fairly standard practice when any member of a partnership retires."

- a) What evidence is there to suggest that the practice is unable to attract new doctors? If an interest in the existing premises is transferred to new doctors at their market value, reflecting their age and condition, why would that not be a perfectly normal transaction to undertake? New incoming doctors would not normally demand new premises. The claim that the existing premises as 'not being fit for purpose' is not substantiated by the PCT (see above).

NO SPECIFIC ANSWER PROVIDED

- b) If the partners are to acquire a property at a significantly reduced price, how is that not to end up as a personal financial advantage to them individually in the long run? Presumably the partners' ownership of the existing surgery is set to show a substantial personal gain, and to be realised shortly in the case of those partners who are retiring soon.

NO SPECIFIC ANSWER PROVIDED

- c) For the potential development of a site on this scale, the local community would expect a really significant 'planning gain' – a new recreation centre, youth hall, swimming pool etc. The entire 'planning gain' in this proposed development would be subsumed by a new surgery. How can you reassure residents that they haven't lost out to personal gain for the individual partners? If you are unable to do that, what sharing scheme might you come up with to share such gain with the local community – a percentage share in the free element of the new surgery perhaps, held in trust by the Parish Council?

NO SPECIFIC ANSWER PROVIDED

- d) How would new partners be attracted to the practice in terms of their participation in the ownership of new premises? Would they be given a share in the premises at the discounted cost as an inducement to join the practice? Or would they pay full value?

NO SPECIFIC ANSWER PROVIDED

- e) Two partners are apparently not participating in the transfer to the proposed new premises, presumably on retirement. This leaves 50% of the remaining partners due to retire in the short term. 'As with all property ownership there is a risk involved as to value and to finding a buyer when you sell your share on retirement' (letter from all 8 partners to WCC Planning Department dated 8th September 2010). Any such risk would normally be much greater over a short period (particularly in the current economic climate). Why then are these three doctors who are intending to retire shortly willing to accept what would

normally be a very significant financial risk? On the face of it the very significant financial discount on offer by Sainsbury's appears to be an obvious motive. Please dispel this concern, felt by very many of the patients, by disclosing in full the nature of the financial arrangements with Sainsbury's and the future sharing in the value attributed to these premises acquired with the help of Sainsbury's very significant financial incentive.

NO SPECIFIC ANSWER PROVIDED

4. Recent letter to patients

In November a letter was sent to a large proportion of your patients.

- a) Why was this request for support sent some five full months after the submission of the planning application? Why was it not sent out at a much earlier stage in the consultation process?

NO SPECIFIC ANSWER PROVIDED

- b) What exactly did you mean by urging patients to write "in support of the surgery element of Sainsbury's planning application" since there is no such thing as a separate 'surgery element'?

NO SPECIFIC ANSWER PROVIDED

5. Response

Many people have copied us in on letters to the surgery. Why have the doctors only responded to a tiny handful of the concerns expressed to them in writing by their patients? Does the practice fear that it cannot justify its actions?

NO SPECIFIC ANSWER PROVIDED