

Patient Engagement Event

To discuss the proposed closure of Rotherfield Surgery

4th November 2017 1.30pm

At Rotherfield Village Hall

Andrew Fermor - Chairman of the League of Friends. Chair for today's meeting.

Welcome & Introductions

Representatives from Rotherfield Surgery

- **Dr John Davies – GP Partner**
- **Dr Michael Golton – GP Partner**
- **Dr Jane Hester – GP Partner**
- **Bob Ely - Chairman of the Patient Participation Group**
- **Julie Acey - Practice Manager**

Representatives from the Clinical Commissioning Group (CCG)

- **Sally Smith – Director of Delivery**
- **Elizabeth Tinley – Primary Care Contracts Manager**
- **Hugo Luck – Associate Director of Operations**

Representatives from Rotherfield Parish Council:

- **The Chair Robert Harris,**
- **Vice Chair Louise Henrick, and**
- **Councillor James Kitchenham.**

East Sussex County Councillor **Bob Standley**

Wealden District Councillor – **Phil Dixon**

Representatives from RSM, in particular **Jo Evans and Vicky Cheeseman.**

Apologies were given to anyone who may have been missed.

Andrew Fermor outlined the purpose of the meeting, to talk about the proposed closure of Rotherfield Surgery,

- first, so that patients could hear the background and reasons for the proposal - and the present state of play,

- and second, to hear the audience's views and hopefully answer some of the questions from patients.

There was to be no formal agenda for the meeting, a running order was outlined:

Dr Davies to explain the background to the issue, and the reasons why the Doctors had had to take the unwelcome decision to propose the closure - a decision that was as unwelcome to them as it was to their patients. Dr Davies would also summarise what stage the process for considering the proposal had now reached.

Andrew Fermor would then briefly update the patients on where we were on looking to achieve a possible solution to the problem.

Bob Ely would read the reply to his letter, as Chair of the PPG (Patient Participation Group), to Nus Ghani MP.

The forum would then be opened to hear patients' views and questions.

Dr John Davies

The doctors in Rotherfield do not want to close the surgery, I have worked here for over 30 years and Dr Golton for 25 years, it has been a fantastic surgery to work in and we have always prided ourselves on the clinical care we have given.

You will realise from today's discussion that the reasons for our application are financial. The response to our letter has been overwhelming and humbling, I think I can sum up the feeling that to close Rotherfield surgery would be a disaster, a feeling I agree with.

So you might ask, why are we proposing to close the surgery?

It is a decision that we have deliberated over for many, many months, it wasn't an easy decision to put the proposal forward, and it is '*a proposal*' at this stage, it hasn't reached the point where the CCG have agreed to close the surgery. The reason we have put this proposal forward is to secure the future of the practice, the practice as a whole, both Jarvis Brook & Rotherfield.

You may be aware that there are fewer doctors looking for partnerships in general practice, GP partners not sessional doctors. We have been attempting to recruit for two years, we had two applications, from very good doctors, who were very suitable, but at the end of the day they withdrew from the application. The reason they dropped out was financial. As a rural practice we earn less than the average practice in this area, and when doctors are

looking at the potential for partnership they look at the salary or the share of profits they will be getting. So to ensure a future of the practice we have to attract partners. It is very difficult as partners reduce in numbers to run a successful and conscientious practice, so to make the practice more attractive we either have to increase our income or reduce our expenses. Our income is quite tightly controlled by the government through NHS England. We have maximised our income. The one thing we do have control over is our expenses, and to ensure the viability of the practice, the proposal would be to close one of the surgeries. All of our patients will remain our patients. Should the proposal go through patients will be asked to travel down to Jarvis Brook. We will not be stepping down from a clinical point of view but for a financial reason.

The running costs of Rotherfield surgery is approximately £30K per year.

From a clinical point of view I believe it is a terrible decision to have to make. I believe we should be providing care close to our patients.

The reason we have chosen to work from Jarvis Brook is there is room to expand there. In addition the patient base at Jarvis Brook is growing, whereas the patient base at Rotherfield is static.

Dr Davies then outlined the options available to the partners.

To go on as we are is not an option. When I (Dr Davies) retire, you cannot run two sites with one or two partners; the workload is huge.

Option 1

To close one site, save money and optimise the services at one site. This becomes feasible, as with a decrease in partners it is easier for remaining partners to work together.

Option 2

Merging with other practices in the area. We have approached neighbouring practices, who are not interested in merging with us, mainly due to financial reasons. Or approaching a third party to take us over, e.g.: Virgin Health or similar. Dr Golton has made initial inquiries. This would not be a desirable option; the partners would become sessional doctors working to a business model.

Option 3

To run Rotherfield as a branch surgery, still providing medical services, although not at the current level, but to run with a reduced service with possibly one doctor and one nurse each morning.

The only way this can work is to reduce the running costs. Tentative discussions have taken place around the possibility of community funding, with the purchase of the building and running costs being met by the community. There could be potential for the building to remain as a community health centre or social centre for Rotherfield. This option has not been discussed in any great detail but could be an option to satisfy us all.

Until we are an attractive practice, in financial terms, we will not get another partner.

Andrew Fermor responded;

It is clear that we have a very serious problem here. BUT I can say that we will not let the Rotherfield Surgery close without making every effort to prevent that happening.

Our doctors are keen to keep a surgery in Rotherfield, but the inability to recruit a new partner or partners has made it very difficult for them to do so. As you have heard, the dearth of new young doctors willing to join a GP practice is not limited to Rotherfield. It comes down essentially to finance, or rather the lack of it, which makes joining a GP practice so unattractive now to new young doctors.

Efforts have been and are continuing to be made to solve the problem. I am delighted to say that our Parish Council has been both supportive and active. We have also had a strong and very welcome expression of support from RSM.

A small steering group has been set up, comprising Louise Henrick, the Parish Council Vice Chair, Dr Golton and myself. We are working on possible solutions. It is early days yet, and there is a very great deal of thought needed and work to be done. You heard Dr Davies set out the options, and those essentially are what we are looking at, especially the last - the closer community involvement. And there cannot, of course, as yet be any guarantee of success. But we must be positive, and hopefully better news will emerge.

I am sorry that sounds so general, but it would be wrong to try to be more specific at this stage.

Constructive input, suggestions and ideas are, of course, welcome, either today or over the coming days.

Bob Ely read the response to his letter to Nus Ghani MP. A copy is attached to these notes.

Suggestions, Questions & Comments from the floor;

	Question/Comment	Response
Cllr Standley	We have a lot of people here all of the same opinion. We have to find a solution quickly. It is crazy to expect patients to	

	travel to Crowborough, when we know transport is poor. We must continue campaigning.	
CLlr Dixon	<p>How many patients are there at Rotherfield?</p> <p>I think I speak for everybody here, I think everyone is happy to put their hands in their pockets to keep the surgery open. Between 3000 patients it isn't an awful lot of money. We should explore the option of the community purchasing the surgery.</p>	Dr Davies responded: 3000
RH	<p>What will the freehold or leasehold of the surgery cost the community?</p> <p>Is there any way the practice can increase its fee paid income?</p>	<p>Dr Davies responded: A valuation was carried out a couple of years ago and valued at £500,000</p> <p>As mentioned earlier it is quite a tightly regulated system for payment, 95-98% of our work is NHS work and payment is dependent on our list size and weighted capitation. We offer additional services for which we are paid and do optimize the opportunity to generate additional income.</p>
PK	<p>I am a volunteer driver with RSM (Rotherfield St Martin); I am not looking forward to the ferrying of people from Rotherfield to The Brook. It is a short journey but can take up a lot of time.</p> <p>I should say, I am not speaking on behalf of RSM. If a local charitable organisation were to come forward to buy the freehold of the premises and then to offer such rooms that were required by the surgery, I can see that in the short term, but in the long term would it be a possible solution to having a permanent surgery at Rotherfield?</p>	<p>Dr Davies responded: Yes, that it was I alluded to in my opening speech.</p> <p>If we became a branch surgery working as we suggested, then there would be other rooms available on for the owners of the freehold to rent out. Rent reimbursement would be paid by the government for the rooms used by the practice.</p>
SC	A charitable organisation trust seems	

	<p>perhaps to be the best way forward.</p> <p>How many patients are at Jarvis Brook?</p> <p>So with a total of 7000 patients, would a charitable trust be preferable, this would take the onus off the parish council. Perhaps the costs of setting up a stand-alone charity should be explored?</p>	<p>Dr Davies responded: Approx. 4000</p> <p>Yes this would be an option, however, a separate charitable trust requires someone to set it up and run the trust. If we could find someone to take on the full time management of it, that would be good.</p>
<p>CW Pharmacist at St Denys Pharmacy, Rotherfield</p>	<p>We obviously support the GPs and we hope for a satisfactory outcome at this meeting.</p> <p>After what has been said so far can I conclude that the problem lies fairly and squarely with the CCG?</p> <p>In March 2015 I, purely on a volunteer basis offered to help the Rotherfield area, by applying to do a pharmacy prescribing course at Reading University. This course is not expensive. I had a meeting with Drs Davies & Golton, and they were very supportive of my idea and the objectives to help the Rotherfield community. It was a meagre amount of money; however, at that juncture CCG refused any form of funding but hoped that things would improve in the future. However, we are now 2.5 years later and still nothing has happened.</p>	<p>Sally Smith responded: That was a very specific example around a pharmacy scheme to support the practice in Rotherfield back in 2014. 2014 is a long time ago and over the passage of time CCG's have been working with general practices in High Weald, Lewes, Havens on a number of initiatives, both as a CCG and with NHS England to look at how we can address the workforce challenges facing healthcare and general practice. With regard specifically to pharmacy, we have a practice based pharmacy scheme in place in a number of our practices; we are rolling it out. It is dependent on recruitment. We have been recruiting pharmacists in general practices across High Weald Lewes Havens over the last two years. We have those pharmacists in practices in Newhaven, Lewes & Peacehaven and have adverts out at the</p>

		<p>moment for pharmacists, to roll that the scheme out to Crowborough and Uckfield. That is a specific example of some of the workforce initiatives. In terms of working with other practices, we are doing exactly the same as other CCG's, looking to see what we can do to attract GPs back in to general practice, as GP Partners as well as salaried doctors, paramedic practitioners and pharmacists. Workforce is the real issue facing us, as well as our healthcare partners up and down the country.</p>
PT	<p>Would RSM and/or LOF (League of Friends) be prepared to open a potential subscribers list for those people interested in putting forward funding to buy the freehold premises? I am prepared to offer £1000 now if someone is willing to open a subscriber list.</p>	<p>Andrew Fermor responded: Thank you for that constructive point – I am sure that is something we will be doing, but not absolutely right now.</p>
LS	<p>I have lived in this community for 12.5 years; I probably wouldn't be here now if it wasn't for the surgery. We have had the advantage of living abroad and have seen how the other side do it. Sooner or later we have to say that the present position, where we give so much abroad, we need to start thinking differently in this Country and look after our elderly and needy.</p>	
AP	<p>I regret to say that I think the lady from the CCG did not address any of our queries.</p> <p>May I suggest that a small working party put together a list of our practical proposals whereby people in the village, who go to the surgery, can indicate how they would like to make their financial contribution?</p>	<p>Andrew Fermor responded: Very well put, I am sure we will be doing that. Thank you.</p>
RH	<p>Could we have a list of people who we should be lobbying?</p>	<p>Andrew Fermor responded: Yes, a list will be placed on the surgery website – please see the</p>

		end of these minutes
MA	I didn't hear the lady from the CCG say "Charlie, you're on for the course next year" Perhaps she would like to say that now? The right to reply is right here, right now.	Dr Davies responded: I think at this stage, it isn't fair to look at things so precisely. If we are looking at how pharmacists can help us it has to involve the GPs as well and as much as we want input from pharmacists in the practice, what we are discussing today doesn't have a great deal of relevance to that. What we are looking at today is a shortage of doctors working in the practice, for overall care and the running and management. I think it's a bit of a diversion, at the moment, to be asking the CCG to give those kinds of commitments.
RW	What sort of cost are we looking at? You have mentioned £30,000, the cost running Rotherfield. How short are you, if as a community, we were to pay, we need to know what we are facing.	Dr Davies responded: £30,000 is an estimate of the running costs, with reception costs; we are looking around £40,000 - £50,000. Accurate costs can and will be given to the steering group. If we can save those costs and it is reflected in our profits, it looks much more attractive to a potential partner.
JA	Why should it be Rotherfield that closes, when Crowborough already has two surgeries?	Dr Davies responded: It has been a difficult decision. At the moment Rotherfield is static with patient numbers whereas Jarvis Brook is growing. Future housing is planned for the area. We have been asked if we can take another 400 patients. Expansion is most likely at Jarvis Brook; it is the most densely populated area. As said we do not want to close either surgery.
JL	To what extent does the number of patients who do not turn up impact on costs?	Dr Davies responded: Some areas of the Country have a higher DNA (did not attend) rate than us. I am not convinced it makes a difference to our profits.

	Can patients be fined or asked to leave?	We are unable to charge patients who do not attend,
MH	<p>Agree with the funding issues described. We have a system that is wonderful but one we really cannot afford under the current funding basis. We really need to recognize it and do everything we can. The point I really want to make is, regarding our MP, who unfortunately hasn't been able to make it. The community spirit is wonderful and I'm all for it.</p> <p>Unfortunately, this is a short term fix. We have a greater problem – funding, what the Government has done to contracts for doctors and the increase in the burden on doctors. I would like to know what the MP, in addition to supporting saving the surgery, is going to do about that. We can fix this in the short term but the long term problems are going to continue.</p>	<p>Andrew Fermor responded: Thank you. In defence of our MP, the reason she is not here, is that this meeting clashes with a meeting arranged some time ago with a cancer patient whose health is deteriorating. That was not a meeting she felt she could cancel.</p> <p>We need to keep lobbying. There will be a list of those to write to on the surgery website.</p>
	With regards to lobbying, can you suggest content of email or letter?	<p>Andrew Fermor responded: We will provide some guidance on the surgery website. Please see the end of these minutes.</p>
SK	<p>Regarding building in Crowborough. Is it right that these properties are built without ensuring the infrastructure is in place?</p> <p>The traffic through Church Road is already appalling and traffic on Crowborough Hill is chaos. The bus service is nondescript.</p>	<p>Cllr Dixon responded: Consultation on infrastructure is carried out prior to new build. All doctor surgeries would have been consulted prior to building approval.</p> <p>Dr Davies responded: The surgery was consulted some two years ago, when there was capacity. We agree that should Rotherfield Surgery close, there will be considerable pressure on Jarvis Brook as well as pressure on traffic.</p>
LW	How will you cope with the extra cars in the car park at The Brook?	Dr Golton responded: We have looked at this and accept that there is no easy solution. We have looked at

		<p>extra parking around the side of the building, possibly for staff parking. We have spoken to the Council to apply for white lines at the entrance of the surgery, for a safer exit onto the main road. We will also be looking at our appointment system to stagger clinics to avoid congestion. We accept it will be very difficult.</p>
<p>BD</p>	<p>How many patients would need to be registered at Rotherfield to make it economically attractive to a new partner?</p>	<p>Dr Golton responded: I believe that there is a fundamental problem with the structure of general practice in this country. The problems that have arisen here have happened all over the country. Over 100 surgeries closed last year.</p> <p>There are two issues: it is not about money. Young doctors leaving medical school are not interested in being partners, there are several reasons for that: they want part time work, or they want salaried work, which is fully pensionable.</p> <p>We have a lot of locums and I have asked them why they don't want to be partners and it is just not an attractive option to them.</p> <p>Year on year the number of partners in general practice has dropped and we are now getting to a stage where we are left with partners who are about to retire . We are therefore left with a small critical mass of partners in each practice and over the next 10 years this is just going to get worse.</p> <p>Even if we are given facilities in Rotherfield, in a few years' time,</p>

		<p>when I retire, unless someone has taken my place there has to be a new model in place. I don't know what the answer is, but it is not just about money. This is beyond the CCG, this is NHS England, this is for the politicians, who I believe are hiding behind us, giving us the difficult decision to make.</p> <p>This is not a decision we want to make but no-one has come forward and given us another option to keep the surgery open.</p> <p>We have been attempting for two years to get a new partner; we have been unsuccessful. Other surgeries in the area are in exactly the same situation and we won't be the last one this part of Sussex to have be having these sorts of meetings.</p>
AB	<p>If Rotherfield surgery closes, how will Jarvis Brook cope with another 3000 patients on the appointment system when it is already difficult to get an appointment in Rotherfield?</p>	<p>Dr Hester responded: Our number of doctors is going to remain the same. For the foreseeable future, we will not be reducing staffing. We will be able to facilitate rooms within the building that at the moment are not being used for clinical rooms, enabling us to have the same number of appointments across the week, for doctors, nurses, healthcare assistants & phlebotomist. There may be an option to extend the building in the future.</p>
CJ	<p>Have you carried out an impact assessment for the effect of the different options on the people of Rotherfield? Not just in financial terms but the social, clinical & environmental aspects - what will the impact of those different options be? And will we know about them, so when deciding which option we may</p>	<p>Dr Davies responded: There hasn't been an impact assessment done. Perhaps the CCG could help us with that. Undoubtedly from the feeling in the audience today, the impact is going to be significant if we close Rotherfield. Jarvis Brook will be</p>

	<p>potentially decide to lobby for, we know what the impact of that will be, not just from a financial aspect for the doctors but for the community.</p>	<p>more congested.</p> <p>As Dr Golton alluded to, it is not about money, but it is about having the doctors to run the surgery. We can wish for a surgery in each village, but if I retire it will be very difficult to run two sites with the two partners left.</p> <p>If anyone is going to lobby anywhere, it has to be higher than the CCG. It has to be more financially attractive to be a partner. That is the essence of the problem.</p>
PH	<p>I am a Consultant in the NHS.</p> <p>I fully endorse what Dr Golton & Dr Davies have said; it is not just a financial issue.</p> <p>In the doctor media, the word going around is that it is very unattractive to be in general practice. A lot of graduates are choosing to emigrate or work as locums and the older generation are choosing to retire, because it is not just about money; there is also the regulatory burden and having to prove you are able to do the job you trained to do, it is a multi-faceted problem.</p> <p>The politicians have not engaged and as Dr Golton has said are hiding behind doctors, leaving them to take the rap.</p> <p>As a secondary care doctor I feel devastated. We are getting the same problems in the hospital service - the NHS is collapsing, not because the doctors don't want to make it work, because they do, it is because the system to support care is simply not there.</p>	
PK	<p>From what everybody is saying here and from the medical perspective, the one</p>	<p>Andrew Fermor responded: The power of a single MP is</p>

	<p>person who seems to be falling behind and needs to step up to it, is Nus Ghani. She is the one who can make something happen higher up this tree. The pressure needs to be placed on her now, for her to step forward, and support her community. These are the people who voted for her. She owes it to them.</p>	<p>pretty limited, which is why everyone needs to keep up the pressure, keep up the lobbying to ensure, not only our MP, but our councillors and the CCG remain aware of this issue and keep it in the forefront of their minds.</p>
RB	<p>I moved here 50 years ago and I and my family have received excellent care. I would hate to think that anyone moving to Rotherfield now wouldn't have the excellent care we have enjoyed for 50 years. So it needs some real attention.</p> <p>Should the Surgery go, what would happen to the Pharmacy?</p>	<p>Dr Davies responded: We do have the option of Electronic Prescribing where prescriptions are sent to direct to the pharmacy, so when in Jarvis Brook, prescriptions can still be sent up to the Rotherfield Pharmacy.</p> <p>There will be some impact with the loss of passing trade but we will still keep them busy with prescriptions. I am not convinced the pharmacy will close.</p>
BE	<p>With regards to Nus Ghani, it has been requested that she raise this national issue in 'the house'</p>	
LL	<p>Is there another business model, other than the partnership model?</p> <p>Is there an option of renting out rooms to generate income to keep the surgery open?</p>	<p>Dr Davies responded: Yes, there are other business models. There are companies that run surgeries, they are often not successful. They work on profit, maximising income with a minimum of staff. I'm not sure that is a good model.</p> <p>With regards to sub-letting, it doesn't help the income. We receive a notional rent for the space used for NHS purposes. If</p>

		we start using rooms for other purposes, the notional rent goes down.
SH	<p>I am a retired GP and have had the pleasure of working with the local practice.</p> <p>I understand the residents of Frant had a fortnight's notice of the closure; they had a letter asking them what they thought and then two weeks later it was closed.</p> <p>We ought to recognise that we are very fortunate that our practice have given up their Saturday afternoon to engage with the community about the future – thank you.</p>	
CW	<p>With regards to whether the pharmacy will close, I think there is a distinct ominous inevitability it will eventually. Why? Because it is cost effective. I think what will happen is; prescriptions that are currently electronically relayed to Rotherfield will be relayed to Jarvis Brook instead. This in itself will be a very cost effective measure because it will require only one pharmacist, and from a cost effective view, it would make common sense. There would be one pharmacist less to pay and a lot less staff to pay. It will close purely on that effective basis. It is obvious, in time; it has that element of inevitability. I cannot give you any assurances that the pharmacy will remain open if the surgery at Rotherfield closes.</p>	Please see additional note at the end of these minutes
KS	<p>My question alludes to other surgeries around the Country who are facing the same situation, I have come across articles in the paper which refer to foreign aid money ending up in the pockets of politicians and not used for the purpose it was intended.</p> <p>We should broaden the appeal further than Nus Ghani but also to politicians throughout Parliament of the need to</p>	

	keep some of that money in Britain where it is needed most.	
PS	<p>I have only been a member of this surgery for 64 years! At the end of the day, I think we are missing what we came here for - the major worry is that Rotherfield surgery is going to close and if Rotherfield surgery closes, Rotherfield will die.</p> <p>We all want to support both surgeries and let's help where we can but the whole subject has been about money, so let's raise some.</p> <p>In the meantime I would like to say, to our doctors, for the service they have given us, and let's hope it goes on, a very big thank you.</p>	<p>Dr Davies responded:</p> <p>Thank you Peggy, you got the biggest applause of the day!</p> <p>SH alluded to the fact that we have spent our Saturday afternoon talking about this meeting, I couldn't live with myself if we said we were just going to close the surgery.</p> <p>This surgery has been my life and commitment for the last 32 years and I only want to do my best for the people of Rotherfield. Whatever transpires, I do hope we can keep a presence in the village. I will look at every aspect or facet we can use to achieve that, as I'm sure the steering group will too.</p> <p>For me medicine has never been about money. This is totally alien to me today, to be here talking about what we earn and what we are going to be doing, but unfortunately it is an aspect of what the NHS are making us do today. It is almost like being in the front line for some of the changes they want and taking the hit for it.</p> <p>Thank you for all of your support today, it's been fantastic we have been quite overwhelmed by the letters of support we have had.</p> <p>I would like to thank the League of Friends (LOF), the Patient Participation Group (PPG), the</p>

		Clinical Commissioning Group (CCG) and the councillors, thank you all for coming.
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Closing Speech - Andrew Fermor

I have never been at a meeting where there has been 100% support for what is proposed. We have taken notes of everything that has been said today - constructive, helpful suggestions, and an absolutely clear underlying message.

We will have to work on the options that we started with, especially the last one, the community involvement; I do know your very strong interest in that. The underlying principle that I started with remains: we will not let the Rotherfield Surgery close without every effort to prevent that happening

Finally thank you to everyone who was involved in setting up this meeting, to the members of the official bodies who have given up their time also, thank you particularly to our roving microphone ladies!

Thank you very much, thank you for coming, safe journey home.

DETAILS OF PERSONS TO LOBBY WITH REGARDS TO THE PROPOSED CLOSURE OF ROTHERFIELD SURGERY:

Nus Ghani MP
House of Commons
London
SW1A 0AA

Jeremy Hunt MP
Secretary of State for Health
House of Commons
London SW1A 0AA

High Weald Lewes Havens Clinical Commissioning Group
36-38 Friars Walk
Lewes
East Sussex
BN7 2PB

For questions and points suitable for raising at the next PPG Meeting on 13th December
Bob Ely
Chair
Rotherfield Surgery & The Brook Health Centre PPG
Fiddler's Joy
Rotherfield
01892 852659

WEBSITE ADDRESS WITH ADVICE ON HOW TO WRITE TO AN MP

<http://democracylawblog.com/resources/contact-your-mp-or-mla>

NOTE WITH REGARDS TO ST DENYS PHARMACY ROTHERFIELD

Since the patient engagement meeting on 4th November, we have received assurances from Mr Mahendra Sharma (owner of St Denys Pharmacy) that St Denys Pharmacy in Rotherfield will remain open no matter what.

PHARMACY 2U

We understand that letters have been sent to local residents from Pharmacy 2U, offering to arrange delivery of repeat prescriptions on the behalf of the patient.

We, the Partners of Rotherfield Surgery & The Brook Health Centre, would like to make it clear that Pharmacy 2U are not part of our practice and we do not endorse their service in any way.

If you think you may have signed up to this service in error please contact the surgery or the local pharmacy of your choice to ensure your preference of pharmacy is noted correctly.