

HIGH WEALD LEWES HAVENS CLINICAL COMMISSIONING GROUP

Application Form – Primary Care Contracting Committee

Requests to change Closure of Surgeries (incl. Branch Sites)

Introduction

Contractors should complete and return this application form outlining any proposals to close branch surgeries.

PLEASE COMPLETE ALL SECTIONS OF THIS APPLICATION WHERE APPROPRIATE.

Incomplete forms will not be submitted to the Committee for discussion.

Practice Name	Rotherfield Surgery & The Brook Health Centre		
Practice Code	G81043		
Practice Site Main Address	Rotherfield Surgery Rotherfield East Sussex TN6 3QW		
Addresses of any Branch Surgeries	The Brook Health Centre Crowborough Hill Crowborough East Sussex TN6 2ED		
Names of GPs included in the practice Partnership	Dr John Davies Dr Michael Golton Dr Jane Hester		
Practice Opening Hours (Mon – Fri)		Rotherfield	The Brook
	Mon	0800-1830	0800-1830
	Tues	0800-1830	0800-1330
	Weds	0730-1330	0800-1830
	Thurs	0800-1330	0800-1830
	Fri	0800-1330	0800-1830
Practice Current List Size	7229 (as at 1.4.17)		
Number of GP WTE per week	2.7 partners and salaried GP's 0.7 regular locums (Assuming WTE = 10 sessions)		
Number of Nurse WTE per week	68.5 hours per week = 1.83 WTE		

Is the practice register open or closed to new patients?	OPEN <input checked="" type="checkbox"/> CLOSED <input type="checkbox"/>
If closed, date of re-opening – N/A	
Are you a dispensing practice?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
If YES, how many dispensing patients do you currently dispense to?	N/A
Does your proposal have any impact on patient care or delivery of services?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
If Yes, please explain details	

PREMISES (Details for the site included in the proposal)

Please tick where appropriate:	
Building Leasehold <input type="checkbox"/>	Privately Owned <input checked="" type="checkbox"/>
NHS Property Services Owned Building <input type="checkbox"/>	Shared building <input type="checkbox"/>
Details regarding shared buildings:	

CQC Compliant	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> If NO, please explain reasons:
DDA Compliant	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> If NO, Please explain reasons:

TRANSPORT / CAPACITY & ACCESS INFORMATION

<p>What public transport is available to the main surgery (and branch surgeries if applicable)?</p>	<p>Bus Route 226 travels from Town Row, through Rotherfield and onto Crowborough Town. This bus stops at Crowborough train station which is close to The Brook Health Centre. The bus runs several times a day (Mon-Fri)</p>
<p>What is the distance between your main site and your branch surgeries?</p>	<p>1.5 miles</p>
<p>What pharmaceutical services are available to patients?</p> <p>Would the closure or changes to surgeries affect the provision of this service?</p>	<p>Pharmacy in the village of Rotherfield</p> <p>No</p>
<p>What neighbouring surgeries may be affected by this proposal?</p> <p>Please state the names and the distance of where neighbouring practices are located</p>	<p>Mayfield Wadhurst Buxted</p> <p>Mayfield – 3 miles Wadhurst – 6 miles Buxted – 7 miles</p>
<p>Do the neighbouring surgeries have open or closed lists to new registering patients?</p>	<p>Open</p>
<p>Please provide as much detail as possible about the services affected by the proposed closure including:</p> <ul style="list-style-type: none"> - Opening hours at branch surgery - Clinical Hours at branch surgery - Nurse WTE weekly capacity - GP WTE weekly capacity 	<p>Our aim is to service our patient population from what was the original branch site at The Brook Health Centre. The Brook will be open Mon-Fri 0800-1830 plus extended hours.</p> <p>We do not intend reducing WTE nursing hours. Our plan for The Brook Health Centre shows we will be able to offer 29 GP sessions at 15 appointments each plus extended hours appointments and telephone consultation. We will have the flexibility to reduce or increase GP sessions to meet any change to our patient population.</p>

Please provide details of the number of clinical hours affected by the closure i.e. reduced hours or if hours have transferred to main site	The Brook Health Centre will become our main site and all hours will be transferred there.
Will any patients be de-registered for the purpose of this proposal?	No
Please provide the date that you wish the closure to take effect	31.3.18
If you are a dispensing practice and you are proposing to close a branch surgery which is also a dispensing site, have you, or do you intend to give, 3 months' notice of ceasing to dispense, as required by the NHS Pharmaceutical service regulations 2012 schedule 6 para. 10?	N/A
Should your dispensing site close, which neighbouring providers would be likely to receive your activity?	N/A
Will the closure result in any staff redundancies? If so, are the necessary legal support agencies in place to support with the process?	No

CONSULTATIONS

Has your proposal been discussed with your patients?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
If YES, please explain how this has been communicated.	(Please attach evidence supporting your patient engagement.)
Has any form of patient survey been undertaken?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
If YES, what were the results of the survey?	Please provide detailed summary of results.
Have the results of the survey been reported back to patients?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If YES, how?	

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Have you had any discussions with the following?	If YES, please provide details and outcome of discussions
CCG – Yes	Health watch
NHS England - Yes	Local Counsellors
MPs	
Any others you wish to declare in relation to your application. Yes – PCC, commissioned by NHSE under the GP Resilience Fund.	

FINANCIAL

Is there any financial impact of the proposal on the CCG?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
If YES, please explain details including costs where possible	Should the application for closure be approved, Rotherfield Surgery would cease to receive notional rent. We would require notional rent be reviewed to include an additional 4 rooms for NHS use at The Brook Health Centre. (Currently used for private rental to several paraclinical parties)
Does the proposal have any impact on the amount of rent reimbursement the practice might receive?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
If YES, please provide details	Please see above
Are there any financial implications to the practice?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
If YES, please explain details, including costs where possible	<ul style="list-style-type: none"> - <i>Conversion of admin room to an HCA/Phlebotomist room</i> - <i>Possible storage solution for patients paper records</i>

OTHER INFORMATION

<p>Please provide any other information supporting your proposal.</p> <ul style="list-style-type: none"> - Independent Assessment Report from PCC (Commissioned by NHSE under the GP Resilience Programme)
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DECLARATION

I confirm that all the information provided in this application is accurate and truly reflects the proposal that is being put forward for consideration by High Weald Lewes Havens Clinical Commissioning Group.

Signed	
Print Name	
Title	
Date	