

Dean Jenkins

What is the financial case for the closure of this branch surgery? What (if any) savings will be made and how will that be invested in patient care? *Dr Ball said he had already addressed this, along with the care of the patients identified in their previous calls. He was vague about the financial impact*

What risks have been identified for the health of people from Grampound who need / prefer to use public transport and how will they be mitigated? *As detailed in several other questions, it was acknowledged that those who could not use private transport would have to access via the bus.*

Alice James – non-driver.

I would like to say that your review of Grampound patients who attended Grampound surgery in a 1 year period may have given you those numbers, but it did not cover other regular Grampound attendees who HAD to go to Probus because they could not be seen here. *Largely re-iterated that most patients were able to visit other surgeries. Even mentioned that of the 27 who had not gone to another surgery in the 12 month period, most had accepted that they could go to another surgery if vital. Telephone triaging also mentioned.*

Can you say that some of them did not have difficulty/problems accessing Probus and would not have gone there as a first choice? *Acknowledged that Probus would not have been many of their first choices.*

There may be a bus service through Probus, but it necessitates a fair bit of organisation in one's day to fit in at least a 2 hour period to get there and back. *Acknowledged that it would probably be longer than 2 hours.*

What arrangements are there for home visits for those who can't get to Probus Surgery through age and/or disability? *Phone consultations. District nurse for truly housebound*

What about the people who cannot handle the technology as, coincidentally, they will be the most vulnerable in the community and those who need a surgery in Grampound? *Acknowledged inconvenience*

Is the practice looking for alternative property in Grampound? *No*

Given the massive impact of the withdrawal of medical service from Grampound would the practice consider purchasing one of the new properties, if they are built, one the old site to act as a new surgery? *No. Not fair to other Probus surgery users.*

Why was notice given in secrecy and without viable alternatives? *Apologised and admitted not handled well.*

Have they considered building a new surgery on say the petrol station site? The population is expanding and they are intending to extend the Probus buildings. A new surgery in Grampound would benefit all. *Not considered it.*

What are the plans for providing surgeries in Grampound if permission is not given to close. *No fall-back position.*

You are not allowed to close the Grampound Surgery without permission yet you relinquished your lease without making arrangements to meet your contractual liabilities. So why is this consultation taking place now rather than last September when it should have happened. *Disputed that they were "not allowed". Doesn't think their contract specifies that they must provide services in Grampound.*

I would wish to know how the Probus premises can cope with increased usage as they already seem to struggle with this currently: is this due to limited accommodation or doctor and nurse availability *Plans to reduce face to face consultations with telephone triaging.*

The Practice appears to present the closure as a lease issue: were they not protected contractually from withdrawal of the lease. Why could the premises not be bought. If indeed it is the lease and not financial how will the savings in staff (Doctors, Nurses, Pharmacists, Receptionists), running costs etc be redeployed to assist Grampound residents. (home visits and pickups) *Accepted that it was not just a lease issue and that they saw no long-term future for the Grampound Surgery because of financial issues. No redeployment (see above). The desire by the landlord to sell the property meant that things had not proceeded at the speed they would wish, but they do not wish to continue with Grampound Surgery for financial reasons*

Regarding the proposed walking route via Carne View Road, signage, lighting, distance and safety are issues with foot travel through the playing fields from the upper bus stop in Probus. How will the surgery manage appointment times to help patients negotiate the bus timetable? It appears unreasonable for patients particularly those who are elderly or infirm to have to spend 3-4 hours to attend a GP surgery appointment. I would suggest special slots reserved for Grampound residents who are able and have to use the bus. For those patients without transport and unable to use the bus will the surgery provide a taxi service. *Not fair to other Probus surgery users.*

There are patients who require nurse delivered service e.g. dressings, blood tests, chronic disease management etc that were previously delivered in Grampound Surgery Will the District Nursing Service be able to cope. Will the PCC be able to fund additional services or are the Practice prepared to fund practice nurse services to be delivered in patients' homes where they are unable to travel to the Probus Surgery. *District nurses will only visit housebound. There are no plans for practice nurses to make home visits (may not be covered by insurance and other constraints).*

The delivery prescription service to the Grampound shop appears to be improving however the Practice should be asked if they will conduct an audit with oversight from the Parish Council to assess the efficiency and operation of this service. Issues that appear to predate Covid appear to be timeliness, missing items, prescriptions remaining in Probus or dispatched elsewhere and occasionally wrong items or quantities. When there are mistakes apologies are in short supply and patients are expected to rectify mistakes by travelling. *Apologised for poor service. May have taken this point back for in house performance procedures and specifically asked for feedback for poor service.*

Patients in Grampound are considering moving to online pharmacies with delivery services. Will the Practice cooperate and make approval for this a prompt and efficient process? Has the practice any plans for home or postal delivery to patients. *They already do some but I think it is for the housebound.*

I think that Practice needs to be made aware of the loss of trust this mismanaged approach to closure has engendered locally particularly in view of the previous rejected closure attempt. Many individuals will not wish to be identified as complainants because of fear of future reprisals. The Parish Council is key in being able to act as the intermediary and represent the interests of this community. *Stressed that criticism is welcome and complaints won't lead to discrimination.*

Finally, the Practice should be commended for removing the telephone message about rudeness to staff and receptionists as this potentially caused distress and offence to the vast majority of courteous patients. *Thanked and acknowledged that it probably didn't give the right impression.*

#### Grampound Parish Council

1. *Why have neither the Parish Council nor any Grampound patient seen a copy of the proposals for the closure of Grampound Surgery? Proposal is, even now, a work in progress but doesn't think that there is anything in it that hasn't been discussed here.*
2. *The mailing received on 18<sup>th</sup> September was the first notification of the closure and was fully 1 year after you surrendered the lease. Why was there no announcement of the proposed surrendering of the lease before it took place? Acknowledged that the procedure they had followed was probably not correct.*
3. *Why was there no survey specifically for the Grampound Surgery regarding the closure, rather than hiding away a few questions within the larger practice wide survey? Practice had originally done a more specific Grampound Closure survey but this had been withdrawn at the suggestion and with the agreement of the NHS commissioning body and replaced with the one we got in February.*
4. *Surely the procedure for closing the surgery should be:*
  - i) *Engage with the patients*
  - ii) *Submit proposals to KCCG*
  - iii) *Surrender the lease (if approved by the KCCG).*
5. *After we got wind of the closure, the PC and Cornwall Councillor managed to arrange a meeting with the Surgery at the end of May. At that stage (8 months after the lease was surrendered), KCCG were not aware of your proposals. Disputed this. Why? It then took a further 3 months for you to actually submit a proposal. Why? To my view, you have done this in precisely the reverse order to what you should have done. Acknowledged that the procedure they had followed was probably not correct, partially blaming on the swift decision they were forced into by the requested surrendering of the lease.*
6. *The practice was offered the opportunity to buy the lease but decided it was not economical. Why did you not make any other approaches to see what support you could get from other interested bodies (Cornwall Council or the NHS for example)? No steps taken. Didn't even consider it.*
7. *You have made two flu jab sessions available at Grampound and they were fully booked within 2 days, so now people are being forced to go to Eden. Surely if there is a demand, you should be catering for it shouldn't you? It also goes some way to show the demand for services at Grampound which you will no longer be catering for. Felt that this didn't have anything to do with the closure of the surgery, the demand for slots not equating to the need to provide them at Grampound.*

### Further Comments from Cllr. Taylor

Claimed to have tried to be open and transparent in the face of all the evidence to the contrary.

Acknowledged inconvenience that this will cause to Grampound Residents, and advised that this can be offset by organising volunteer collection services for medicines and volunteer transport to help those without cars.

Advised that the original survey planned for late 2019/early 2020 was more specific to closure of Grampound Surgery but that this was overridden and diluted by the NHS body they were consulting. A lot of the objection about the handling of this might have been avoided if a specific survey making it clear that the lease had been surrendered had been issued in early 2020. Q for PCCG - Is it true that the NHS drove these changes to the communications, and if so, why?

Dr Ball advised that he didn't believe that their contract specified that services have to be provided IN Grampound (i.e. surrendering their lease would not automatically mean they could not fulfil their contract). Q for PCCG – Is this correct?

Renewal of Lease was not guaranteed with the old landlords. *[This is a commercial arrangement so not something we are party to but I think the old landlords would have had some difficulty selling a lease out from under the feet of a GP's practice]*. The new landlords have refused to extend the lease. It did not even occur to the Practice to seek alternative funding to allow them to continue operating out of Grampound.

Any additional signage and lighting for the proposed walk to the practice via Carne View will be for the Council and not something the practice would get involved with.

Disagreed that the KCCG were not aware of the proposals in May. *[I was at that meeting and the notes I made say "KCCG only took up their role in April and so were not aware of the proposals]*.

They are looking to increase telephone triage interviews and reduce face to face appointments generally (not just for Grampound residents).

Question for surgery – how many attendees? Question for PC – How many attendees 10 years ago at the proper public consultation?