



OXFORDSHIRE PRIMARY CARE COMMISSIONING COMMITTEE

Date of Meeting: 4 September 2018	Paper No: 11
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Title of Paper: Cogges Surgery

Paper is for: <small>(please delete tick as appropriate)</small>	Discussion		Decision		Information	✓
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Conflicts of Interest <small>(please delete tick as appropriate)</small>	
No conflict identified	✓
Conflict noted: conflicted party can participate in discussion and decision	
Conflict noted, conflicted party can participate in discussion but not decision	
Conflict noted, conflicted party can remain but not participate in discussion	
Conflicted party is excluded from discussion	

Purpose and Executive Summary:
 On 20 June 2018 the CCG received notification from Cogges Surgery that they were giving 6 months' notice to terminate their contract. In line with the CCG statutory responsibilities, the CCG has immediately commenced the process for developing service provision options when this contract expires.

An earlier version of the attached papers were shared with the Committee via virtual means on 3 August 2018 requesting the following actions

- 1) Note that our statutory responsibility is to ensure medical services provision for the patients registered at Cogges Surgery;
- 2) Agree that our developing strategic case should acknowledge the potential changes to the population growth across Witney but that our statutory responsibility, that of securing services for the current population, needs to remain the priority
- 3) Note that the GP Partners' decision on the future of the premises may affect our service delivery options;
- 4) Note the outline process and steps needed to achieve a solution for Cogges and the proposed timescales, understanding that this will be the responsibility of the OPCCOG to oversee and deliver

The above was agreed subject to sufficient internal resource being available to deliver; timescales being revisited; development of an engagement plan; property constraints can be mitigated.

A local solution is thus being encouraged with expressions of interest currently being sought from Oxfordshire Practices. If more than one practice is interested then a mini- competition will be considered. It should be known by end of October if a local solution has been found. In what we hope to be an unnecessary additional precaution, work has started on if a local provider cannot be found. We are seeking to identify a possible interim provider from the NHS England Framework.

Engagement: clinical, stakeholder and public/patient:

A meeting of a reference group with members of the PPG and other stakeholders was held on 7 August 2018 to help determine the best way that the CCG can engage with these patients. Notes of that meeting can be found on the CCG website

Regular updates are being provided on the CCG website which has a page dedicated to Cogges Surgery. See <http://bit.ly/cogges-updates>

A letter has been sent to each Patient aged 16+ registered with Cogges Surgery.

Financial Implications of Paper:

It is likely that additional funds will be required to support the transition from old to new provider. Any APMS contract will likely cost more than a GMS contract

Action Required:

OPCCC are asked to

- 1) Note the decision that was made by virtual means
- 2) Note the progress made to identify a local solution

OCCG Priorities Supported (please delete tick as appropriate)

✓	Operational Delivery
✓	Transforming Health and Care
	Devolution and Integration
✓	Empowering Patients
✓	Engaging Communities
✓	System Leadership

Equality Analysis Outcome:

This will be undertaken when considering each step of the process and its likely outcomes

Link to Risk:

AF26 – Delivery of Primary Care Services

Author: Julie Dandridge Deputy Director. Head of Primary Care and Localities

Clinical / Executive Lead: Diane Hedges. Chief Operating Officer

Date of Paper: 22 August 2018

Cogges Surgery, Witney

Background

Cogges GP Surgery in Witney has a patient register of approximately 7,700 people. The retirement of a GP partner in December 2017 left two GP partners at the practice, neither of whom wishes to have the responsibility of leading the practice. They have been unable to recruit another partner but have managed to recruit salaried GPs and now have a GP on a retainer scheme.

The Practice approached the CCG for help back in September 2017. In line with our relatively limited options (as set nationally), the CCG supported the practice in developing various options – merging with a local practice; handing back their contract; finding another practice to run a branch from Cogges.

The practice held a patient event on 18 Jul 2018 to share with their patients their intention to hand back their contract. There were a significant number of patients and wider public present and the CCG were in attendance to answer questions from the public about next steps, which were dependent upon the final decision of the current GP Partners as contract holders.

On 20 July 2018 the CCG received notification from the practice that they were giving 6 months' notice to terminate their contract. In line with our statutory responsibilities, the CCG has immediately commenced a process for developing service provision options when this contract expires.

The purpose of this paper is to set the strategic context and the proposed process for development and decision on future services for the existing patient list.

The CCG, through the OPCCC is asked to:

- 1) Note that our statutory responsibility is to ensure medical services provision for the patients registered at Cogges Surgery;
- 2) Agree that our developing strategic case should acknowledge the potential changes to the population growth across Witney but that our statutory responsibility, that of securing services for the current population, needs to remain the priority
- 3) Note that the GP Partners' decision on the future of the premises may affect our service delivery options;
- 4) Note the outline process and steps needed to achieve a solution for Cogges and the proposed timescales, understanding that this will be the responsibility of the OPCCOG to oversee and deliver.

Witney facts and figures

- Three practices – Windrush Medical Practice, The Nuffield Practice and Cogges Surgery
- Deer Park Medical Practice was a fourth practice on the West of Witney that closed in March 2017. All patients have now reregistered or been allocated to one of the three practices above.
- A map is taken from NHS Choices where
 - Practice A is Windrush Medical Centre
 - Practice B is Nuffield Practice
 - Practice C is Cogges Surgery
 - Practice D is the now closed Deer Park



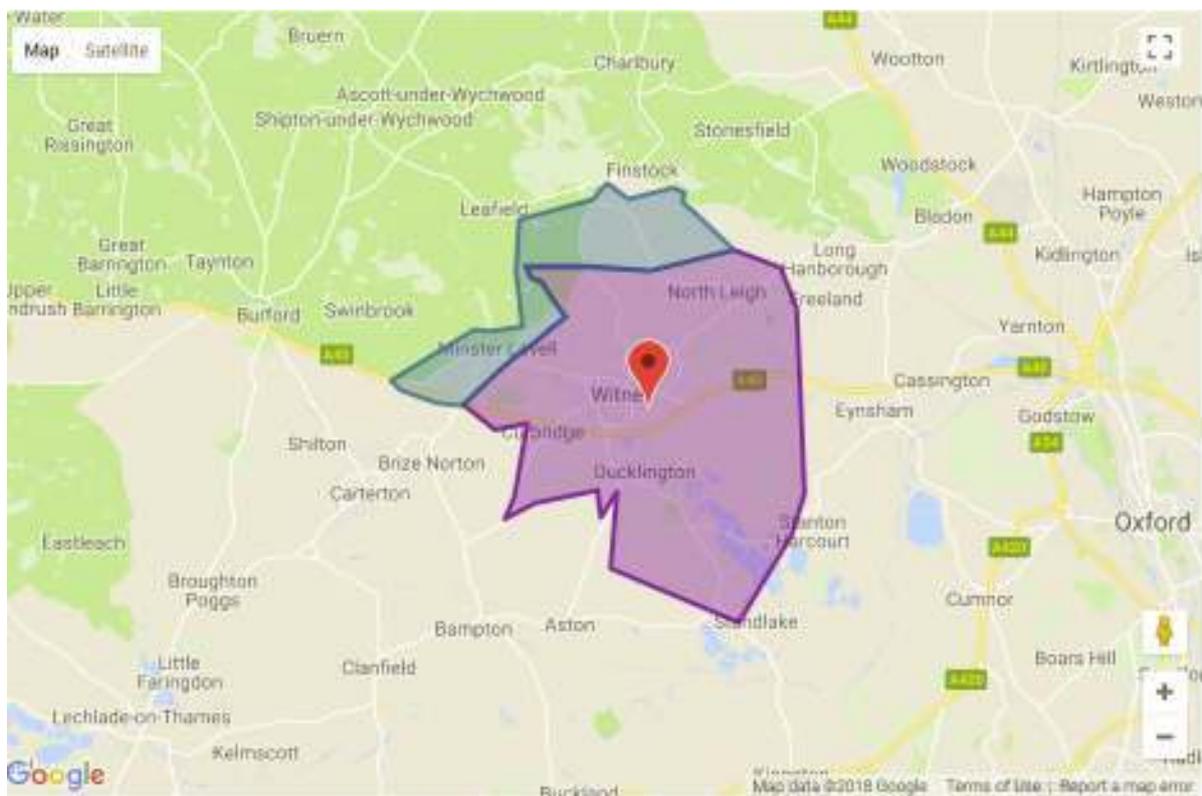
Practice distances from Windrush Medical Practice by Car (google maps) are:

- Nuffield Practice 0.1 miles
 - Cogges Surgery 1.7miles
 - Deer Park Medical Centre 1.8miles
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- Despite movement, population of Witney has remained static when assessing list size

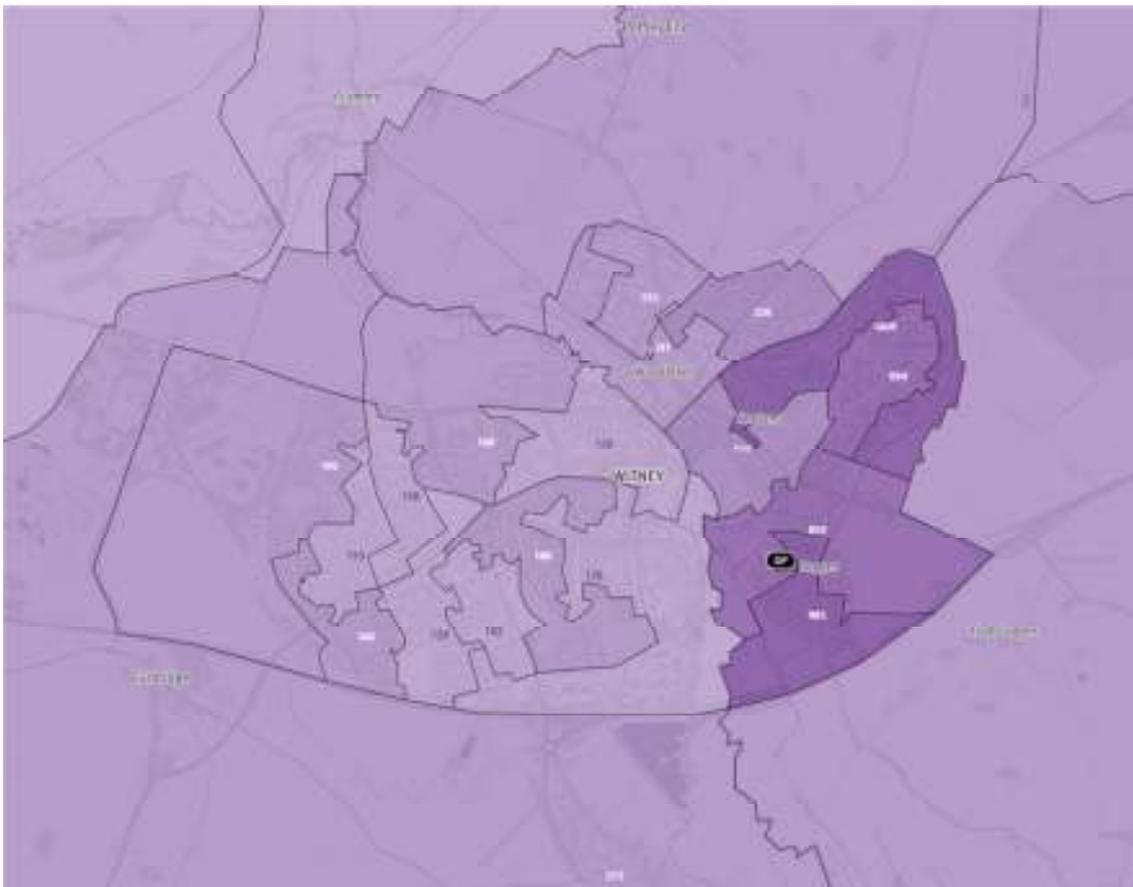
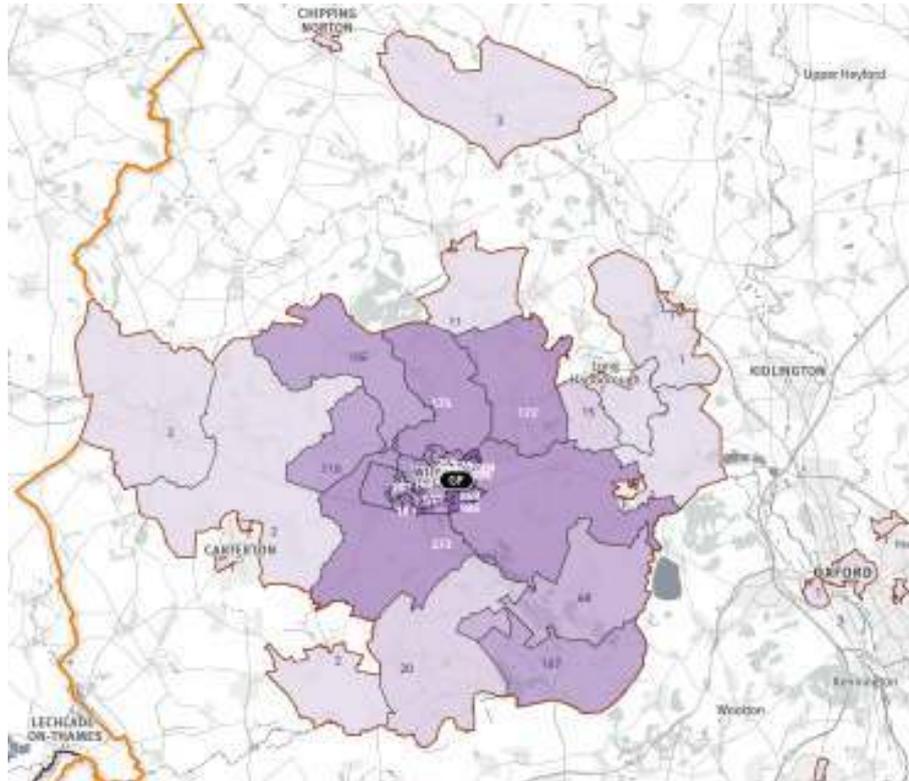
	Practice list sizes				
	Apr-15	Apr-16	Apr-17	Apr-18	Jul18
Windrush Medical Practice	14337	14555	16700	17335	17492
The Nuffield Practice	11847	11585	12096	12047	11991
Cogges Surgery	6906	6863	7465	7723	7748
Deer Park medical Centre	4266	4386	989	11	0
total	37356	37389	37250	37116	37231
%increase on previous year		0.09%	-0.37%	-0.36%	0.31%
% increase between 2015 and 2018				-0.64%	-0.33%

- The boundaries of each of the three practices overlap and there is a random distribution across the town.
- Cogges and Windrush buildings are partner owned

Cogges Surgery Boundary (from primary care webtool)

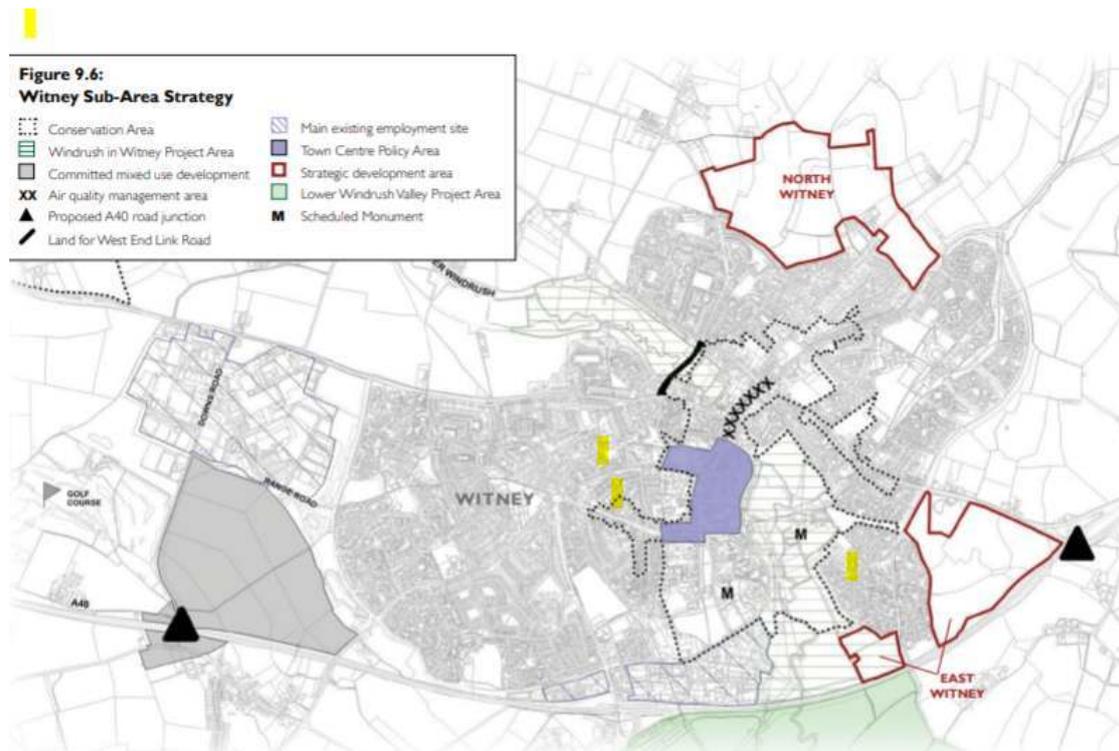


The national SHAPE tool allows the practice boundary to be reproduced together with the number of patients registered in each section – see below. The purple shading indicates the density of the registered list



Housing growth

Extract from West Oxfordshire local plan showing areas of development. Yellow rectangles mark position of practices.



This plan identifies Witney as a key area for development with an identified housing need of 4,400 homes to 2031. This includes 3,245 houses in the following developments:

- Confirmed developments in West Witney of 1000 dwellings and in Burford Road 260 dwellings
- Strategic Development Areas on the eastern side of Witney of around 450 dwellings and to the North of Witney of around 1,400 dwellings
- Non strategic housing allocations on Woodford Way Car Park of 50 dwellings and on land west of Minster Lovell of 85 dwellings

Land to the west of Downs Road has additionally been identified as an area of future long term development potential to include consideration of opportunities for new housing and employment to meet identified needs beyond 2031.

Plans are also being developed for an Enysham Garden Village but it is not clear as yet whether this will be on the Barnards Gate site or a North of Enysham site.

Deer Park campaigners still seeking re opening of site at Deer Park

Housing growth

Housing and Population growth estimates –next 5-10yrs

Forecast number of homes to be built in this area in the next 10 years, plus their estimated occupancy

Cluster	2018/19 Housing Growth	2019/20 Housing Growth	2020/21 Housing Growth	2021/22 Housing Growth	2022/23 Housing Growth	5 year Housing Growth Total	*5 yr Population growth Total	2023/24 Housing Growth	2024/25 Housing Growth	2025/26 Housing Growth	2026/27 Housing Growth	2027/28 Housing Growth	10 year Housing Growth Total	*10 yr Population growth Total
Rural West	328	405	314	284	255	1,566	3,758	245	225	105	80	40	2,261	5,426
Witney & East	254	498	473	789	735	2,747	6,593	777	730	645	820	595	6,114	14,674
Total	582	901	787	1053	990	4,313	10,351	1022	955	750	700	635	8,375	20,100

Data provided by OXIS - Oxfordshire County Council January 2018

* Assumes average of 2.4 people per dwelling

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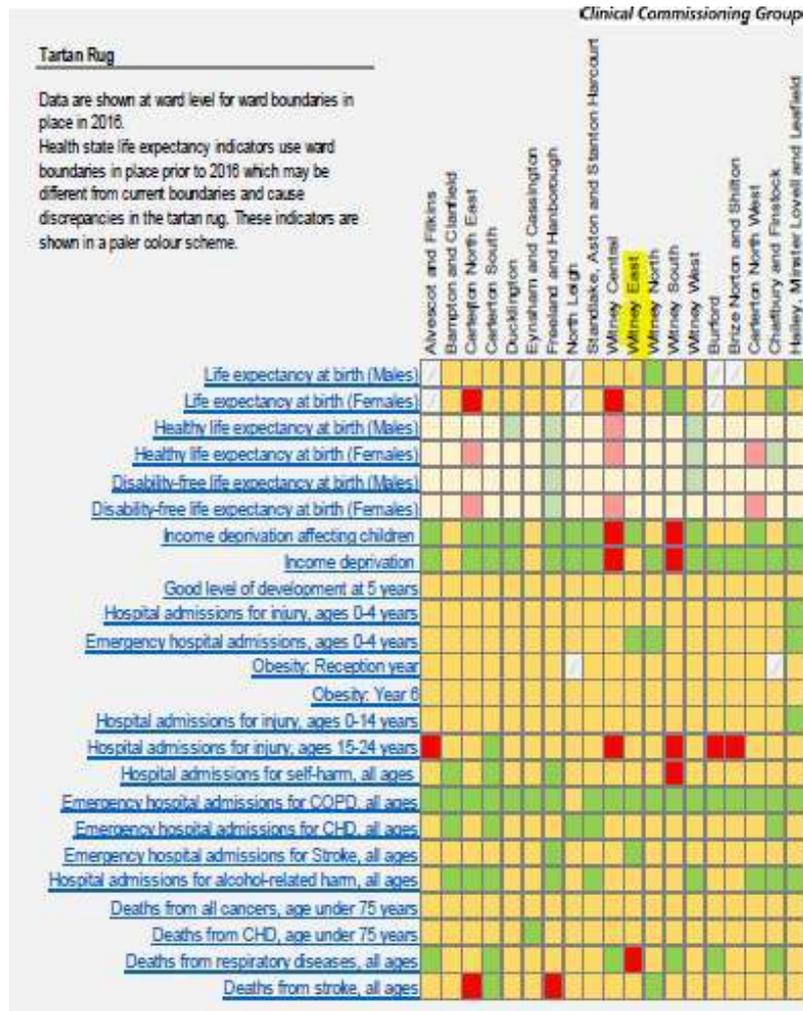
Witney and east numbers include those for Enysham Garden Village which may be served by Enysham Medical Practice.

An average of 2.4 people per new house has been calculated as currently there is no data on the size of each of the house and thus the likely occupancy. When this is available a more accurate calculation can be undertaken.

Demographics of the population

The demographics of Cogges surgery is presented below with a mainly young population which means that there weighted population (used for calculating funding from the global sum) is low.

Data from April 2018



Cogges Surgery

It was founded in 1991 in response to the need for a third practice in Witney. The surgery was purpose built and has suitable access for disabled patients with the majority of patient areas on the ground floor. The practice promotes continuity of care and can accommodate patient choice

There are two GP partners (11 sessions) and 4 salaried GP (providing 20 sessions). They are supported by 2 nurses and a health care assistant and phlebotomist.

The premises of Cogges Surgery belongs to a property owning partnership and the CCG will need to determine if this is still available for the provision of GMS services

Patient engagement

A patient engagement plan is being prepared.

The CCG attended the practice PPG meeting on 18 July 2018 when the practice announced their intention to give notice on their GMS contract. This was well attended by patients of Cogges.

The CCG has set up a dedicated page on their website which will include media briefings and a question and answer section which will be regularly updated. Briefings have also been sent to HOSC and key Witney stakeholders.

The CCG has formed a reference group consisting of Cogges PPG, patient volunteers from the meeting held on 18 July 2018 and other stakeholders including a representative from the District and Town Councils, PPG groups of Enysham, Nuffield and Windrush and Healthwatch. This group will meet on 7 August to help inform the CCG on how best to link with the public.

Possible options going forward:

Option 1: Seek Oxfordshire practice to merge with Cogges to provide a branch surgery from Cogges site

Benefits

- Services at Cogges likely to be maintained.
- Pts would see very little difference
- GPs and Cogges staff likely to be retained
- Would avoid consultation
- A practice in Oxford City has expressed an interest

Risks

- Need to find a practice that is willing to provide a branch surgery from Cogges
- It may not be efficient to run a branch surgery from Cogges
- May not accommodate the population growth in and around Witney
- It is not yet clear what the property owner partners wish to do with their property

Option 2: Merge with a nearby practice and move GMS services away from Cogges

Benefits

- May retain local GPs in the area and so pts would be able to remain with existing GP
- Other community primary care services could continue to be provided from Cogges (property partners permitting)
- Provides sustainability to merged practice
- May provide a solution for dealing with population growth
- Service continuity may be maintained during transition

Risks

- Likely to be much public interest
- Need for engagement and likely consultation

- CCG reputation on closing another practice in Witney
- Does not test the market to see if any other providers are interested
- Merger may not address population growth expected over next 10 years or so

Option 3: Procure a new APMS contract for the Cogges area

Benefits

- May retain local GPs in the area and so pts would be able to remain with existing GP
- May provide a solution for dealing with population growth
- May provide opportunity for innovation

Risks

- May not be any providers willing to work from Cogges
- Premises may not be available
- Risks associated with an APMS contract
- Would not provide solution for growth unless another site was identified that could accommodate flexibility to increase
- Time to undertake a full procurement would mean that an interim provider would need to be found for a 12month period

Option 4: Dispersal of patients

Benefits

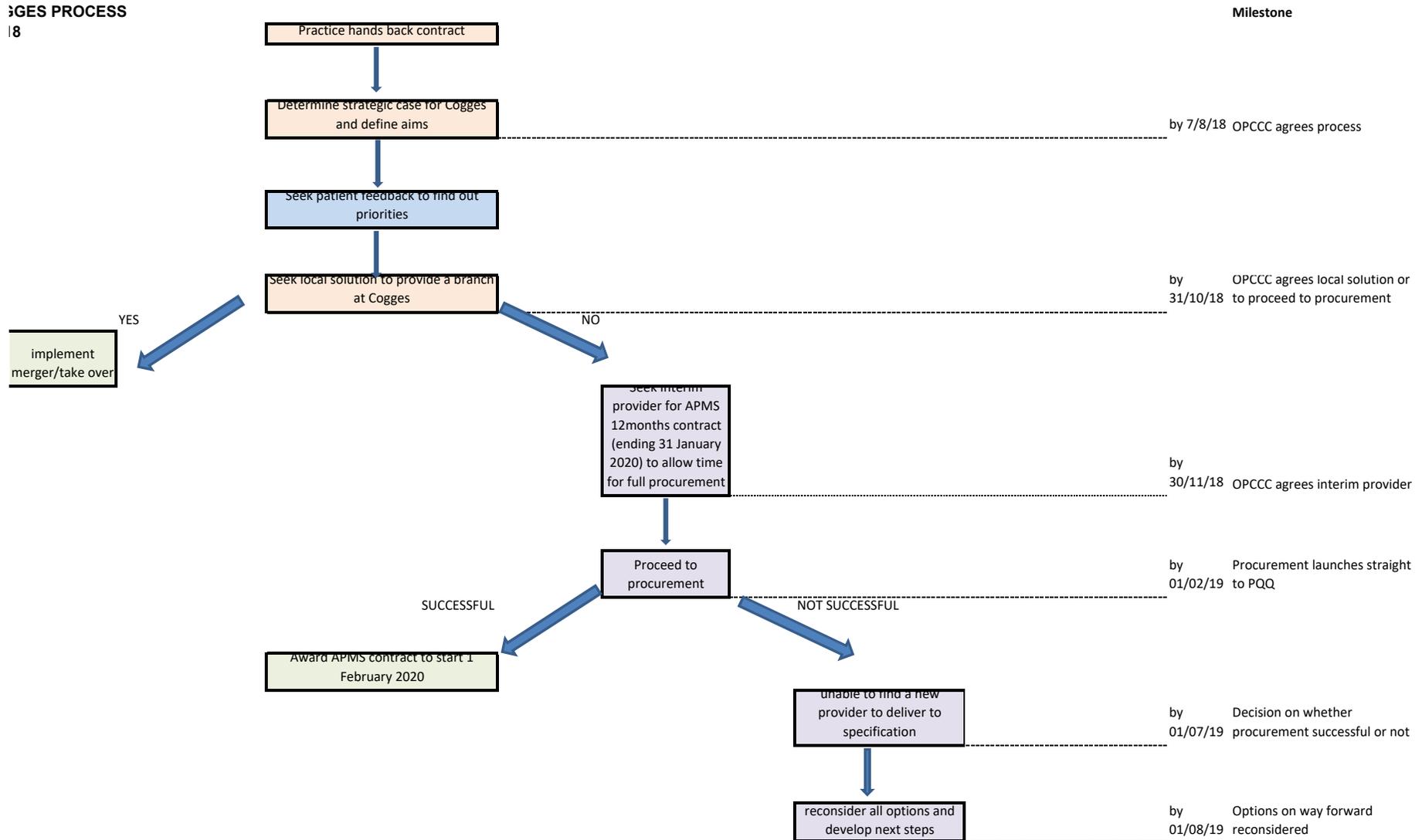
- No requirements to find a new provider

Risks

- Existing practices may not have capacity
- Services will no longer be provided from Cogges
- Disruption for patients of Cogges and wider Witney patients

Julie Dandridge, 3 August 2018 v7.1

COGGES PROCESS
18



20/09/2018 JD

Following feedback from OPCCC:
 Dates changed for local solution to be determined
 Dates changed for interim provider to be sourced
 Dates to changed around procurement