

Name of meeting:	Leicester, Leicestershire and Rutland Strategic Commissioning Group		
Date:	20 May 2025	Paper:	X
Report title:	St Elizabeths Branch Surgery Closure – Internal Independent Review		
Presented by:	Dr Nil Sanganee, Chief Medical Officer		
Report author:	[REDACTED] Head of Strategy and Planning Senior Planning Manager		
Sponsor:	Dr Nil Sanganee, Chief Medical Officer		
To approve <input checked="" type="checkbox"/>	For assurance <input type="checkbox"/>	To receive and note <input checked="" type="checkbox"/>	For information <input type="checkbox"/>
<i>Recommendation or particular course of action.</i>	<i>To assure / reassure the Board that controls and assurances are in place.</i>	<i>Receive and note implications, may require discussion without formally approving anything.</i>	<i>For note, for intelligence of the Board without in-depth discussion.</i>
Recommendations:			
The LLR Strategic Commissioning Group is asked to:			
<ul style="list-style-type: none"> • RECEIVE and NOTE the findings of the internal independent review of the St Elizabeth's branch surgery closure process • APPROVE the development of a standard operating procedure as set out within the main body of the report 			
Purpose and summary of the report:			
This report sets out the findings of the internal independent review of the St Elizabeth's branch surgery closure process in line with the terms of reference (appendix 1). It also provides details of the proposed development of standard operating procedure that will support any future closures.			
Appendices:	Appendix 1 – Terms of reference		
Report history (date and committee / group the content has been discussed / reviewed prior to presenting to this meeting):	12 th May 2025 – LLR ICB Executive Management Team		

The report is helping to deliver the following strategic objective(s) – please tick all that apply:		
1. Improve outcomes	Improve outcomes in population health and healthcare.	<input checked="" type="checkbox"/>
2. Health inequalities	Tackle inequalities in outcomes, experience and access.	<input checked="" type="checkbox"/>
3. Value for money	Enhance productivity and value for money.	<input checked="" type="checkbox"/>
4. Social and economic development	Help the NHS support broader social and economic development.	<input type="checkbox"/>
5. NHS Constitution	Deliver NHS Constitutional and legal requirements.	<input checked="" type="checkbox"/>

Conflicts of interest screening		Summary of conflicts <i>(detail to be discussed with the Corporate Governance Team)</i>
<input checked="" type="checkbox"/>	No conflict identified.	No conflict identified in relation to this report.
<input type="checkbox"/>	Conflict noted, conflicted party can participate in discussion and decision	
<input type="checkbox"/>	Conflict noted, conflicted party can participate in discussion but not in decision	
<input type="checkbox"/>	Conflict noted, conflicted party can remain in meeting but not participate in discussion or decision.	
<input type="checkbox"/>	Conflict noted, conflicted party to be excluded from the meeting.	
Implications:		
a) Does the report provide assurance against a strategic risk(s) e.g. risk aligned to the Board Assurance Framework, risk register etc? If so, state which risk and also detail if any new risks are identified.		Not applicable
b) Does the report highlight any resource and financial implications? If so, provide which page / paragraph this can be found within the report.		No
c) Does the report highlight quality and patient safety implications? If so, provide which page / paragraph this is outlined in within the report.		None identified
d) Does the report demonstrate patient and public involvement? If so, provide which page / paragraph this is outlined in within the report.		Yes – it sets out the activity undertaken by the practice with support from the ICB.
e) Has due regard been given to the Public Sector Equality Duty? If so, how and what the outcome was, provide which page / paragraph this is outlined in within the report.		Not required in the context of this report.

St Elizabeths Branch Surgery Closure – Internal Independent Review

Background

1. In March 2024 St Elizabeth's Medical Centre applied to close their branch site in light of the landlord's decision to sell the property. The list size was circa 1,000 patients.
2. The Practice, following notice ceased Primary Medical Services from 13th December 2024.
3. The process was initially led by the Primary Care Contracting Team with oversight and governance from the Strategic Commissioning Group (SCG) who supported the proposal in June 2024 to commence a 45-day public consultation with its patients and stakeholders regarding the closure.
4. Following the engagement period a report was taken to the SCG in November 2024 to seek approval for the closure of the surgery. However, it had been identified that the recommended stakeholder engagement event had not occurred and as such the application was not approved. A stakeholder event then took place on 27th November 2024.
5. An extraordinary SCG meeting was then arranged for 29th November 2024 where the application was approved, and members were satisfied that due diligence had been followed.
6. It is important to note that the building was not fit for purpose; an extremely small converted garage which required significant investment to bring it up to the required standards for Infection Prevention Control (IPC) and Care Quality Commission (CQC) requirements. Also, fire and health and safety hazards had been identified.

Approach

7. Concerns were received by [REDACTED] in relation to the closure and as such it was agreed that a review of the ICBs decision-making processes would be undertaken. The review took the form of:
 - A desk-top review: All SCG reports and minutes
 - Discussions with leads
 - Discussion with practice which took place with the Practice Manager on 8th May 2025
 - Triangulation of all information
8. Terms of reference for the review were developed that were approved by the LLR ICB Executive Management Team (appendix 1).

Findings

9. A review of SCG reports was undertaken highlighting that the Policy Guidance and Manual was followed.
10. A comprehensive list of practical actions that needed to be taken to support the smooth closure of the site was shared with the practice. The checklist has been reviewed and whilst stakeholder engagement is outlined, the need to engage with councillors and MPs is not specific. However, this element is included within the checklist that was provided by the Communications and Engagement Team.
11. In addition, a meeting took place with the Practice Manager of St Elizabeth's surgery. She advised that the support received from the ICB was excellent.
12. However, it was felt that the process was disproportionate given the list size etc regarding the patient engagement exercise. From the practice's perspective, the decision to close the branch surgery had already been taken given the GPs retirement and his wish to sell the building. It was felt that the engagement exercise would give patients false hope that the surgery might stay open.

13. In relation to the patient engagement exercise, the practice was concerned that only 84 responses to the questionnaire were received which equates to 1.1% of the practice population and 7% of the Evington registered population.
14. The practice felt supported by the ICB communications and engagement team but would have liked more support with the stakeholder engagement element. A stakeholder mapping exercise was not undertaken.
15. The practice has not received any patient complaints following the closure. (Two complaints were received by the ICB).
16. A handful of patients registered elsewhere but some have subsequently returned to St Elizabeth's.
17. With regard to the terms of reference for the review, the findings are as follows:

- **To provide assurance of due diligence on statements made about serving notice on the tenancy of the premises** - Statements made from the practice were consistent; the GP partner who owned the building was retiring and wanted to sell the property. The remaining GPs due to the state of the building had no desire to purchase the building. The ICB was not in control of the messaging as practice is an Independent Contractor and the responsibility sat with them.
- **Explore why the ICB didn't consider and engage with another GP contracts in the area in the interests of the population** - The building was not fit for purpose and therefore it would have been irresponsible to engage with alternative GP's regarding provision from this site. The practice did liaise with other GPs in the area in terms of patient registration should patients wish to transfer. They also held drop-in sessions for patients to help them complete registration forms.
- **Review the accuracy and clarity of the communication and engagement process particularly in relation to stakeholders** - This was a gap and whilst it did eventually happen the ICB should have supported the practice with stakeholder mapping. The practice advised that they felt out of their depth with this and struggled with capacity and expertise to undertake.
- **To understand if there has been any negative impact thus far from the decision the ICB took in closing the branch site** - Did not find any negative impact.
- **Advise upon whether an EQIA should be undertaken post-hoc to review ICB decision making** – There is a need to be proportionate given the list size and it is unclear as to what would have been achieved given very few patients left the practice.
- **Review the process for initiating new GP contracts considering distribution and need** - This is mainly driven by significant housing growth in any particular area. It often requires capital funds of which the ICB do not generally receive for primary care and is solely reliant on s106.

Recommendations

18. It is clear that the decision-making process for the closure of the St Elizabeth's branch surgery was robust. However, it could be further strengthened with the development of a Standard Operating Procedure to include:
 - Identification of a Senior Responsible Officer to oversee the process
 - Identification of an operational lead with clearly defined responsibilities
 - Template action plan with identified leads, timelines etc. The latter should inform the internal governance process to be followed up to approval
 - Practical actions checklist template i.e. phone lines, IT etc (provider to submit providing evidence that actions have been completed)
 - Stakeholder engagement – in particular a 'how to' guide on undertaking stakeholder mapping to ensure that all parties are involved from the outset
 - Patient and public engagement – template letters that can be adapted accordingly

- Media handling including MP requests etc
- Process for undertaking an EQIA
- Process for undertaking a QIA
- Undertaking a lessons learned exercise

19. The majority of the elements above are already in place but it would be beneficial to pull them all together into one comprehensive document.

Recommendations

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- **APPROVE** the development of a standard operating procedure as set out within the main body of the report