

Briefing document:

Proposed closure of West Coker Surgery practice list to new patients for 1 year

Summary

A proposal is being put to Somerset Clinical Commissioning Group (CCG) that the practice list of West Coker Surgery be closed to new patients for 12 months, starting as soon as approval can be obtained. This will not affect existing patients. It will continue on from the present temporary closure. The CCG requires that interested parties are informed and given the opportunity to comment on the proposal. The reason why this is being sought, is that there is only one remaining permanent GP at West Coker Surgery with around 4400 patients, whereas there would normally be three permanent GPs. By closing the list to new patients, this will allow patient numbers to naturally fall and more importantly not continue to rise. The main cause for the recent and ongoing increase in the list is that many patients have been transferring to West Coker from neighbouring practices without moving house. If granted, the list closure will give the practice some protected time to find and appoint suitably skilled and qualified GPs to work with the remaining GP. There are no other staffing issues because the practice has an excellent team of nurses, dispensers and non-clinical staff and provides high quality easily accessible care as judged by national surveys and patient feedback.

Background

West Coker Surgery is a small semi-rural general medical practice in the village of West Coker, a few miles outside the market town of Yeovil in south Somerset. There has been a small practice in the village for many decades. The practice building was purpose built some years ago but is well maintained with its own dispensary. This means, if a patient chooses, that they can receive their medication from the surgery rather than from a chemist, provided they live more than a mile from any chemist. This additional service provision is welcomed by its patients and is different to other local practices.

It is also smaller than other local practices with a list size of around 4500. Otherwise, it provides the usual range of services expected of a GP practice and has the expected range of staff types: GP, practice nurse, health care assistant, manager, admin and reception staff – and dispensers, the latter being unusual but valued. Until recently it has also actively undertaken health service research and also taught medical students in the practice; both of these activities have stopped due to lack of medical staff.

Its provision of medical and nursing care has changed in line with national and regional changes during the ongoing covid pandemic, in that all non-routine GP and nurse appointments are now triaged by telephone before being booked and face to face clinical consultations have markedly reduced compared to pre-pandemic levels. This has meant that patients can be quickly assessed and given appropriate care, and importantly has meant that just one GP (together with an excellent non-medical team) has been able to keep the practice functioning well to date.

Changes in patients and GPs

West Coker had historically been run by two full time GPs until about 2005 when three GPs were working from the surgery site. This three GP model worked well until the last 12 months, during which time two of the permanent GPs moved on to other practices, for different reasons. The

practice list size had been stable at around 3000 for many years; it slowly increased but over the past few years the list has enlarged, principally due to patients asking to join the list that lived locally already and simply changed from another local GP practice to West Coker without moving house. This was welcome as it meant that the financial security of the practice was more secure and could thus support three GPs in the longer term.

The present problem

However, the practice now has a problem in that it has become a victim of its own success! As the practice list has grown the number of GPs available to work in practice has reduced greatly both nationally and locally. The loss of the other two permanent GPs has therefore come at a very unlucky time. We have been fortunate in securing the services of an excellent experienced locum GP but that does not solve the longer term problem. The practice needs two more permanent experienced high quality GPs to work with the remaining GP.

Despite advertising nationally and locally we have not been successful in finding suitable permanent GPs. There is a natural training cycle for GPs nationally with the great majority qualifying in the autumn each year so the medium term aim is to keep the practice going until then, when hopefully we will be able to appoint but many newly qualified GPs do not want to go straight into a permanent post and may want to locum for a while and try out a few practices before making a decision on where to work permanently. So we are requesting a one year permanent list closure, the maximum that the NHS regulations allow.

Why does a permanent list closure help

At present there is a temporary list closure in place, having been agreed with the CCG; they have also confirmed that this will continue after 31st March until the application for a permanent closure is considered. Both temporary and proposed permanent list closures (up to one year) reduce patient numbers in two ways. First, there is a natural turnover of patients, mainly due to patients moving away. Second, it stops new patients moving into the practice area from registering with West Coker. This second is more important to West Coker because of the increasing trend of patients asking to register with us without moving house. A falling list size means that there is less demand on the remaining GP. It also means we can try and maintain our high access and care standards for existing patients. However, having only permanent GP can not go on indefinitely.

Future scenarios

Ideally the practice will secure the services of two more permanent GPs within the next year or so; if they can be employed before the maximum one year permanent closure time limit then the list will be opened earlier than one year. If suitable GPs can not be found then there are a range of scenarios. These include the practice: closing permanently and the 4400 patient list needing to register at remaining GP practices in the area; merging with another local practice; being taken over by a large NHS body (such as symphony health care who run a number of local GP practices already) or another large organisation such a private health care organisation.

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March 2022

