

Dr J Higgins
Pennine Lancashire CCG Accountable Officer
East Lancashire Clinical Commissioning Group
Walshaw House
Regent Street
Nelson
BB9 8AS

Dear Dr Higgins

Slaidburn Country Practice

I am writing to complain and raise concerns over the continued threat to GP Practice services at Slaidburn Country Practice. I understand there continues to be a lack of clarity about a successor provider to the current incumbents, despite a 6 month contract extension, and that only at the last minute are the CCG market testing the service on a wider basis, and then, with a very short lead-time of 2 weeks (which is already under way).

How will the CCG's current market testing process achieve a different result to any local discussions to date, if the funding is the same or less, particularly as would-be providers have very limited time to achieve an understanding of the CCG's requirements, seek necessary clarifications, and submit a final proposal? This makes it highly unlikely that effective bids will be received and I am concerned that the CCG would use this flawed process to justify closure of the service on the basis of lack of interest.

As has been made very clear previously, Slaidburn Country Practice looks after the healthcare needs of patients living around Slaidburn, Newton, Tosside and Dunsop Bridge and others spread over an isolated rural area of 120 square miles. Travel to Clitheroe (and its GP Practices) is difficult, particularly for those without their own transport, as there are no bus services to the village, and the nearest Urgent Care Centre/hospital covering our area is up to an hour (at best) drive away. In addition, Slaidburn clinicians attend local emergencies as blue light ambulances have taken up to 120 minutes to reach this isolated rural location.

The CCG has designated Slaidburn as atypical under Department of Health Guidance as it does not reflect the profile of most GP Practices due to its isolated rural setting. I understand that Slaidburn was the model for the definition for a rural Practice used in the guidance, which allows the CCG to make provision for the necessary funding to support service continuity. By its rural nature it will cost more to run Slaidburn but its cost effectiveness in absolute terms offsets the additional funding needed for other health services which would have to be used more by the local population if Slaidburn were closed. It seems perverse that the very model for the rural atypical Practice is now at risk of closure.

I believe that rural communities deserve no worse access to healthcare than those living in urban areas and the value of local rural GP Practices cannot be

overestimated in their contribution to rural communities. Local need and preference is for a local 5-day service to provide continuity of care to patients and visitors to the area. The CCG made the commitment at a public meeting earlier this year to maintain such a service and I am extremely concerned that this may not now happen.

There continues to be a clear need for a local service and the current process of redesign should not be finished without further discussion to find a long-term solution. If the current procurement process is unsuccessful, quite possibly because of the extremely short timescale for responses, please seek a way of achieving a further extension to current arrangements, to enable every possible avenue to be explored to ensure the CCG is able to keep its publically stated commitments to the patients of Slaidburn.

Yours sincerely,

Signature:

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Print Name:

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Date: August 2019

Address:

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CC Nigel Evans MP