

<b>Meeting Title</b>	<b>Primary Care Commissioning Committee – Extraordinary meeting</b>	<b>Date</b>	<b>Tuesday 11 October 2016</b>
<b>Meeting No.</b>	<b>21.</b>	<b>Time</b>	<b>9:00am – 9:45am</b>
<b>Chair</b>	<b>Dr Tabitha Randell Vice Chair of the Committee</b>	<b>Venue / Location</b>	<b>Gartree Committee Room, County Hall, Glenfield, Leicester, LE3 8TB.</b>

<b>ITEM</b>	<b>AGENDA ITEM</b>	<b>ACTION</b>	<b>PRESENTER</b>	<b>PAPER</b>	<b>TIMING</b>
PC/16/111	Welcome and Introductions		Dr Tabitha Randell	<b>Verbal</b>	9:00am
PC/16/112	To receive questions from the Public in relation to items on the agenda	To receive	Dr Tabitha Randell		
PC/16/113	Apologies for Absences: <ul style="list-style-type: none"> <li>• Mr Clive Wood</li> <li>• Mrs Carmel O'Brien</li> </ul>	To receive	Dr Tabitha Randell		
PC/16/114	Declarations of Interest on Agenda items	To receive	Dr Tabitha Randell		9:05am
<b>STRATEGY AND PLANNING</b>					
PC/16/115	Long Street Surgery – Future Commissioning Options	To approve	Jamie Barrett	<b>A</b>	9:10am
<b>DATE OF NEXT MEETING</b>					
PC/16/116	<b>Date of next meeting:</b> Tuesday 1 November 2016 at 9:30am, <b>Framland Committee Room</b> , ELR CCG, Leicestershire County Council, County Hall, Glenfield, Leicester, LE3 8TB.		Dr Tabitha Randell		9:45am

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**EAST LEICESTERSHIRE AND RUTLAND CLINICAL COMMISSIONING GROUP  
PRIMARY CARE CO-COMMISSIONING (PCCC)**

<b>REPORT TITLE:</b>	<b>Long Street Surgery – Future Commissioning Options</b>
<b>MEETING DATE:</b>	<b>11 October 2016</b>
<b>REPORT BY:</b>	<b>Caroline Goulding, Senior Primary Care Contract Manager</b>
<b>SPONSORED BY:</b>	<b>Tim Sacks, Chief Operating Officer</b>
<b>PRESENTER:</b>	<b>Jamie Barrett, Head of Primary Care</b>

**PURPOSE OF THE REPORT:**

The purpose of this report is to inform the PCCC of the conclusion of the public consultation and agree the preferred option for the Commissioning of primary care services for Long Street Surgery.

**Executive Summary**

Long Street Surgery CQC registration was removed in December 2015 and was managed under a Caretaking arrangement until June 2016. In June 2016 ELRCCG terminated the PMS contract and issued an APMS contract with the Caretaking service until 30<sup>th</sup> September 2016, this has been extended until the 30<sup>th</sup> November 2016, in line with this process The cost to date to ELRCCG for caretaking service is £617,000.

The legal appeal process concluded in August 2016 and the partners of Long Street Surgery agreed to apply to cancel their CQC registration following an agreement to a consent order with the CQC. ELRCCG sought advice on the next steps for the future of this practice from NHS England and were advised to formally commence a public consultation, which concluded on Friday 30<sup>th</sup> September 2016.

The consultation asked patients of Long Street Surgery to indicate their preference on two options which were;

Option One: Dispersal of Long Street Surgery Patients

Option Two: Procure an alternative provider for Long Street Patients.

**Option One** - Would involve current patients being offered a choice of Primary Care providers dependent on the location of their residential address. Discussions have taken place with the local providers and they have confirmed there is capacity to provide a full range of services for these 2500 patients, currently registered with Long Street Surgery.

**Option Two** - To procure an alternative provider. Under this option, ELRCCG would be

required to extend/source a caretaking provider to provide primary care services for the 6-9 months whilst the procurement took place and a new provider found.

A total of 364 survey responses were received during the consultation period with additional information coming in to the CCG via phone calls, two patient drop-in events, letters and e-mails.

A total of 194 people (55%) were in favour of option 1 and a total of 161 people (45%) were in favour of option 2.

9 survey responses did not indicate a preferred option.

The key considerations for ELRCCG from the comments received are:

- Patients feel that continuity of care is an important factor whatever the outcome of the consultation.
- One of the main reasons people supported Option One was to avoid a long tendering process and felt that this would be the most straightforward option
- One of the main reasons that people provided for supporting Option Two was that they value being part of a smaller practice and many patients had been there for a number of years. They want minimal change
- There is a strength of feeling expressed that the situation has been mismanaged by the CQC and CCG. There is also strong support for the two GPs that are no longer available at the Long Street practice. This needs to be managed sensitively.
- Patients want quick appointments and need reassurance that wherever they receive their services from in the future, capacity will be there to fulfil this.
- Patient confidence in the system needs re-building and engagement and information sharing needs to be timely and honest.

### RECOMMENDATIONS:

The East Leicestershire and Rutland CCG Primary Care Commissioning Committee is requested to:

- **CONSIDER** the options and **AGREE** the preferred commissioning option for the future of Long Street Surgery. Any financial implications will need to be ratified by the ELRCCG governing body.

### REPORT SUPPORTS THE FOLLOWING STRATEGIC AIM(S) 2016 – 2017:

Transform services and enhance quality of life for people with long-term conditions	Improve integration of local services between health and social care; and between acute and primary/community care.	
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Improve the quality of care – clinical effectiveness, safety and patient experience	√	Listening to our patients and public – acting on what patients and the public tell us.	√
Reduce inequalities in access to healthcare		Living within our means using public money effectively	√
Implementing key enablers to support the strategic aims (e.g. constitutional and governance arrangements, communications and patient engagement).			√

**EQUALITY ANALYSIS**

An Equality Analysis and due regard to the positive general duties of the Equality Act 2010 has not been undertaken in the development of this report as it is judged that it is not required at this point.

**RISK ANALYSIS AND LINK TO BOARD ASSURANCE FRAMEWORK:**

The content of the report identifies action(s) to be taken / are being taken to mitigate the following corporate risk(s) as identified in the Board Assurance Framework:	BAF 10 Primary Care Capacity

## **EAST LEICESTERSHIRE AND RUTLAND CLINICAL COMMISSIONING GROUP**

### **Long Street Surgery – Future Commissioning Options**

#### **Introduction**

1. The Care Quality Commission (CQC) removed the GP Partners registration on the 21 December 2015 which resulted in the GP partners not being able to provide GPs services at the practice. The GP partners appealed the CQC decision to cancel the Practice's registration and the matter had been ongoing. The appeal hearing was initially listed for January 2016 however was set back to April 2016, it finally took place on 6<sup>th</sup> August 2016.

2. As a result of the cancelled CQC registration, ELR CCG put in place caretaking arrangement with Wigston Central Surgery to provide the clinical services to Long Street patients to ensure continuity of care. This agreement has been extended four times whilst ELRCCG has waited for the outcome of the GP partner's legal appeal with CQC.

3. ELRCCG PCCC meeting was held on the 19 April 2016 to consider options for the continuation of Long Street Surgery PMS Contract in light of the appeal hearing not taking place until August 2016. The PCCC decision was to terminate the PMS Contract giving the GP partners 28 day notice and the right to appeal. The 28 day termination notice was served on the 9 May 2016, the GP Partners did not appeal, the PMS Contract was terminated on the 6 June 2016.

4. Wigston Central Surgery which has been providing clinical services under a caretaking arrangement and agreed to continue this under a temporary APMS Contract which means Wigston Central Surgery becomes fully responsible for the running of the practice including managing the staff employed by the Long Street Surgery. This APMS contract will conclude on 30<sup>th</sup> November 2016.

5. The CQC Legal process concluded on Wednesday 3rd August 2016 and a consent order was agreed to by both parties. As part of the consent order the Long Street GP partners have agreed to apply to cancel their CQC registration and the CQC agreed a form of words related to the case. Therefore they are now unable to hold a GMS/PMS contract. Therefore ELRCCG has sought further legal advice and we are now able to move forward with concluding commissioning options.

#### **Options**

6. The two options are:

1. Disperse Long Street Surgery registered list size
2. Procure a Time limited APMS contract

### **Option One- Disperse the Registered List Size.**

7. If this option is chosen by the PCCC then all patients will be written to with the outcome of the consultation. The letter will list the local providers available for them to register with dependant on their residential address. Patients will have 28 days to register with another practice and then following this process work will be undertaken with patient registrations and the local provider to support patients to register patients with local providers.

Discussions have taken place with the following providers and they have confirmed their capacity limits:

<b>Practice</b>	<b>Current List Size</b>	<b>Limit of Capacity</b>	<b>Capacity</b>
<b>Wigston Central</b>	10780	12000	1220
<b>Bushloe End</b>	10100	12000	1900
<b>South Wigston Medical Practice</b>	8723	9500	777
<b>Total Capacity within Local Provider</b>			<b>3897</b>

To reflect the workload involved for practices when processing large numbers of patients from a dispersed list, all practices who register patients from a dispersed list will be entitled to financial support as per the agreed dispersal list policy which is £4.50 per patient.

### **Option Two- Procure an Alternative Provider**

8. If this option is chosen all patients will be written to explain the outcome of the public consultation and detail how to access primary care services. Initially we will discuss and negotiate a further extension to the Caretaking agreements if this is not possible then we will procure alternative provider for the caretaking service. Work will be completed in conjunction with GEMSCU procurement team to commence a full procurement exercise it is anticipated this could take 6-9 months.

### **Procurement Advice**

9. ELRCCG sought procurement advice from GEM CSU which advised us not to directly award a GMS contract to the current caretaking service without competition as this would be in breach of competition regulations. If Option two i.e. procure an APMS contract was chosen ELRCCG we would be required to follow a procurement process with ARDEM GEM CSU for a time limited APMS contract. This would minimise the risk of legal challenge to ELRCCG.

## **Stakeholder Engagement**

10. During this process we have consulted with the Local Medical Committee (LMC) and Healthwatch to obtain a view on the two proposed options. The LMC view is that they understand the difficulties of procurement in that we would be unable to procure a GMS contract and are opposed to replacing GMS/PMS contract with APMS and have indicated they would favour option one provided that the list dispersal policy reflects the workload on the receiving practices.

11. Representatives from Health watch have made the following comments that the matter should be resolved in this most time efficient method and that communications should be clear and that a patient hotline should be established to assist them in registering with another practice.

## **Communication and Public Consultation Events**

12 Following Advice from NHS England Central Midlands. ELRCCG commenced a public consultation programme on the two options commencing on 1<sup>st</sup> September 2016 and concluding on 30<sup>th</sup> September 2016. A public consultation report is at Appendix A.

13. ELR CCG communication team has developed a plan to manage the outcome of the preferred options:

Should Option One be agreed, letters will be sent to all households registered with Long Street Surgery, offering advice on next steps and what they will need to do to register at an alternative surgery.

Should Option Two be the preferred option, all communication will align with the agreed procurement process.

All communications will be agreed with NHS England before being implemented.

## Commissioning Summary Analysis

14. The current List size at Long Street Surgery is 2500 as of October 2016. ELRCCG Primary Care team have extensively reviewed the situation and present the following two feasible future options:

1. Disperse the patients registered list size
2. Procure an APMS contract (Time Limited)

Option	Advantages	Disadvantages	Financial Implications	Linked to Public Consultation (Main themes)
<b>1. Disperse Pt List Size</b>	Co-location of other Primary Care Services	This wouldn't allow stimulation of Primary Care market	There will be (minimal) redundancy implications to the staff at Long Street which have been agreed to be covered by ELRCCG  The agreed dispersal amount per patient is £4.50 plus sundry costs of closing down the surgery. This is detailed below in the dispersal costs	This would allow continuity of services
	Allows situation to be resolved in a timely manner for the patients and staff			
	Allows patients to choose from a range of providers in the locality within a proximity of 1.5 miles			
	The majority of patients would continue to receive primary care within the same building			The majority of Patients would still receive Primary Care service from the same building
	The cost of dispersal to ELRCG is significantly less than Option Two			

			breakdown	
	Local Practices have actively engaged in the caretaking process and have support the practice and patients over last 9 month, other practices locally would be able to accommodate a potential dispersal of patients			Allows for continuity of Service and planning for increasing capacity into primary care
<b>2.Procure APMS contract</b>	Allows competition into ELRCCG This would be procured using ARDEM GEM CSU through ELRCCG SLA	Would need agreement to extend the current caretaking APMS contract which could potentially take 9 months.	£57,000 per months which would result in an additional £513,000 cost pressure.	
		Due to the length of time to procure an APMS the patient group would still experience an unsettling time and would continue to do so until a provider is found.		

## Dispersal Costs linked to Option One

15 The Primary Care Commissioning Committee adopted an LLR Policy for financial assistance for the impact of dispersed lists, in December 2015 which agreed a payment mechanism to support Primary care when a large number of registrations occur following list dispersal/ Practice closure. The policy directs ELRCCG to reimburse Practices £4.50 per patient.

Below is a table detailing the dispersal cost:

Type of financial cost	Cost	Total
Dispersal Support per patients (This will be spilt across potential three practices)	£4.50 x 2700	£12,150
Costs of Patient engagement & outcome of commissioning decision.	£0.50 per letter plus VAT Based on 1500 (Approx.) households x 2	£2567
Potential redundancy Costs (ELRCCG has confirmed liability for these costs) This is applicable to three members of staff being reimbursed at the Statutory Redundancy Rates		£7367
<b>Total Costs</b>		<b>£22084</b>

Any financial Cost implication will need to be agreed by ELRCCG governing body due to the financial position of the organisation.

## Governance

17. If option one is chosen then consideration will have to be given to the ELRCCG constitution, as this will need to be amended to reflect the dispersal of Long Street Surgery.

## Conclusion

18. The legal process has concluded and therefore for patient's continuity and stability of services within the Winston area it is imperative that the future of the Long Street Surgery is concluded promptly. From the results of the patients' consultation and stakeholder engagement presented. The PCC is therefore asked to consider the information available and decide upon the future commissioning of Long Street Surgery.

## Recommendations

19. The PCCC are asked to **CONSIDER** the options and **AGREE** the preferred option for the future of Long Street Surgery.

# Appendix A

## Public Consultation Report – Long Street Surgery October 2016

## The Headlines

This report provides feedback on the public consultation run by East Leicestershire and Rutland Clinical Commissioning Group, which ran from 1 September 2016 to 30 September 2016, on the future options for primary care services for patients registered at Long Street Surgery, Wigston.

## What were the options?

- **Option One - All patients to register with an alternative practice of their choice**

Patients will have to choose a new GP practice. There are a number of GP practices in the area, including two in the same building that houses Long Street Surgery, with the capacity to take on additional patients. Patients do not have to choose a practice in Wigston area but do need to live within the boundary of their preferred practice. Help in finding and registering with a new practice will be available from ELRCCG.

- **Option Two Tendering for GP services**

A tendering process would be undertaken to identify a preferred new provider who would deliver services from the same building (Two Steeples Medical Centre). Tendering processes include a number of legal steps and it could take a number of months before a new provider can offer GP services for Long Street Surgery patients. There is no guarantee a provider will be found however ELRCCG would make every effort to secure a provider. Long-term caretaking arrangements would need to be negotiated. The new provider would be offered a time limited contract which would mean a further tendering process sometime in the future.

## Who responded?

A total of 364 survey responses were received during the consultation period with additional feedback coming in to the CCG via phonecalls, two patient drop-in events and via letter and email.

## What did they say?

A total of 194 people (54.6%) were in favour of option 1 and a total of 161 people (45.45%) were in favour of option 2.

The key considerations for ELRCCG from the comments received are detailed on page 7.

## What next?

East Leicestershire and Rutland Clinical Commissioning Group's Primary Care Commissioning Committee will consider this report and decide on the future for primary care services for patients registered at Long Street Surgery during October 2016. The decision will be communicated to all households of patients registered at Long Street

Surgery and a media release will be issued. Details will also be available on the CCG website.

## 1.0 Introduction

- 1.1 The purpose of this report is to provide feedback on the public consultation run by East Leicestershire and Rutland Clinical Commissioning Group, which ran from 1 September 2016 to 30 September 2016, on the future options for Long Street Surgery, Wigston.
- 1.2 The four week consultation was designed to gather the views of patients registered at the surgery on the options for the delivery of future GP services. The consultation was also open to patients registered at neighbouring surgeries, the public and ELRCCG stakeholders.
- 1.3 A total of 364 survey responses were received during the consultation period with additional information coming in to the CCG via phonecalls, two patient drop-in events and letters and emails.

## 2.0 Background

- 2.1 In December 2015 the Care Quality Commission (CQC - the independent regulator of health and social care) removed Long Street Surgery's registration based on the findings of their inspection of the surgery.
- 2.2 The GP partners at the surgery have since voluntarily given up their CQC registration.
- 2.3 ELRCCG also undertook its own investigation and decided to terminate the contract with the GP partners.
- 2.4 For these reasons, the GP partners can no longer provide services to patients from Long Street Surgery.
- 2.5 Wigston Central Surgery has been acting as caretaker for Long Street Surgery with support from the CCG.
- 2.6 The consultation was designed to enable ELRCCG to consider public views on options for the future provision of care for patients registered at Long Street Surgery. The options considered are:
  - **Option One - All patients to register with an alternative practice of their choice**  
Patients will have to choose a new GP practice. There are a number of GP practices in the area, including two in the same building that houses Long Street Surgery, with the capacity to take on additional patients. Patients do not have to choose a practice in Wigston area but do need to live within the boundary of their preferred practice. Help in finding and registering with a new practice will be available from ELRCCG.

- **Option Two Tendering for GP services**

A tendering process would be undertaken to identify a preferred new provider who would deliver services from the same building (Two Steeples Medical Centre). Tendering processes include a number of legal steps and it could take a number of months before a new provider can offer GP services for Long Street Surgery patients. There is no guarantee a provider will be found however ELRCCG would make every effort to secure a provider. Long-term caretaking arrangements would need to be negotiated. The new provider would be offered a time limited contract which would mean a further tendering process sometime in the future.

### 3.0 Consultation process

- 3.1 A consultation survey was posted to every household of registered Long Street Surgery patients. Additional paper copies of the survey were available via telephone and from the surgery. The survey was also available for completion online.
- 3.2 The scope of the consultation included the registered patients on Long Street Surgery, staff, Long Street Surgery’s Patient Participation Group, neighbouring GP practices, the Local Medical Committee, local MP Sir Edward Garnier, Oadby and Wigston Borough Council, Leicester City Clinical Commissioning Group and Healthwatch.
- 3.3 Information and an invitation to share views as part of the consultation was also sent to the Leicestershire Health Overview and Scrutiny Committee.
- 3.4 The consultation was publicised via a media release to the local media, posters in the surgery, emails to stakeholders, information on the CCG website and direct mail to every household of registered patients at Long Street Surgery.

### 4.0 Survey findings

- 4.1 A total of 364 survey responses were received during the consultation period.

A breakdown of the results can be viewed in the table below:

Having read the information provided on the two options, please indicate your preference for the future of Long Street Surgery (please tick only one).		
Answer Options	Response Percent	Response Count
Option 1	54.6%	194
Option 2:	45.4%	161
<i>answered question</i>		355
<i>skipped question</i>		9

**The reasons that people gave for their choice of Option One are:**

Option One

- Want to move and settle into a practice that is already established
- Quickest and easiest option
- Avoid long tendering process
- Uncertainty of what the future will bring
- Patient choice
- Consistency and continuity of care
- Better quality services
- Happy with doctors who have been covering the service
- Difficulty getting appointments at Long Street
- To join same practice as other family members
- Want to change practice anyway
- Potential difficulty finding GPs and someone to take over Long Street

**The reasons that people gave for their choice of Option Two are:**

Option Two

- Ease of access
- Satisfaction with service received at Long Street Surgery
- Option 1 would overload the other practices and make it difficult to get an appointment
- We like to belong to a small practice
- Most convenient option
- Continuity and consistency in the way the surgery is run
- Registered for many years as a patient at Long Street Surgery
- Continuity of care
- It would provide a new choice for patients
- We need 3 surgeries at Two Steeples health centre
- Return to 'normality' and restore patient confidence
- Don't know enough about other GP practices
- All patients and records would be kept in one place

Respondents who chose Option One said they had no concerns about registering with an alternative practice of their choice. Please see the table below for further details:

If you chose Option One, please tell us what concerns, if any, you may have.		
Answer Options	Response Percent	Response Count
No major	100.0%	132

concerns	
Any other factors please (provide further details here)	100
<i>answered question</i>	132
<i>skipped question</i>	232

Those who chose Option Two also responded that they did not have any concerns about the process of tendering for a new service:

If you chose Option Two, please tell us what concerns, if any, you may have.		
Answer Options	Response Percent	Response Count
No major concerns	100.0%	86
Any other factors (please provide further details here)		105
<i>answered question</i>		86
<i>skipped question</i>		278

### Issues for consideration

Respondents were asked for details of anything else they wished us to consider in relation to the future of services for patients registered at Long Street Surgery.

145 out of 364 people answered this question. The detailed comments can be viewed at Appendix B. They provide a real insight into what people valued about the service provided at Long Street Surgery and what they feel should be duplicated or what could be done to improve patient experience in the future.

Many people valued the service provided by GPs previously practicing at the Long Street Surgery and felt that the smaller size of the practice population allowed for continuity of care and appropriate time spent getting to know and listening to patients. Patients do not want to wait long for appointments and some are concerned that if Option One is chosen, other practices will become overloaded and there will be fewer appointments.

There was a suggestion to bring practices together into one larger practice and also to utilise the wider range of services available in Two Steeples for the benefit of more patients.

Overall, patients want a smooth and efficient resolution to the issue whichever option is chosen and they want to be engaged with and communicated within a timely manner.

## **The key considerations for ELRCCG from the comments received are:**

- Whichever option patients support, they feel it will give them continuity of care and stability, so this is an important factor whatever the outcome of the consultation.
- One of the main reasons that people give for supporting Option One is that they want to avoid a long tendering process and feel that this will be the most straightforward option.
- One of the main reasons that people give for supporting Option Two is that they value being part of a smaller practice and many patients have been there for a number of years and want minimal change.
- There is a strength of feeling expressed that the situation has been mismanaged so far by the CQC and CCG and a strong support is voiced for the two GPs that are no longer available at the Long Street practice. This needs to be managed sensitively.
- Patients want quick appointments and need reassurance that wherever they receive their services from in the future, capacity will be there to fulfil this.
- Patient confidence in the system needs re-building and engagement and information sharing needs to be timely and honest.

## **5.0 Patient drop-in sessions**

5.1 In total, approximately 75 people attended one of two drop-in sessions held at Long Street Surgery held on 7 September 2016 (around 50 people) and 22 September 2016 (around 25 people).

5.2 The sessions were held between 5pm and 8pm on each date.

5.3 Patients were able to take part in individual conversations or group discussion and staff from the CCG were on hand to answer questions and to provide copies of the survey and other consultation information.

5.4 Key themes arising from comments and questions from the events are:

- concern regarding capacity to take on new patients at neighbouring surgeries
- wish for continuity of service
- desire for original Long Street Surgery doctors to return to run the surgery

5.5 A number of people also requested:

- information about the consultation process
- information about how the decision will be communicated
- information about how to register with another practice

5.6 Full details of the matters raised at each event can be found at Appendix A.

## 6.0 Other responses/feedback received

- 6.1 A total of 14 comments/requests for information via telephone from members of the public were recorded by ELRCCG's Primary Care Team. This figure does not include calls where the request was simply to send out further copies of the survey.
- 6.2 The CCG received one letter and one email from registered patients.
- 6.3 Key themes arising from comments and questions are similar to those raised at the events:
- concern regarding capacity to take on new patients at neighbouring surgeries
  - desire for original Long Street Surgery doctors to return to run the surgery
- 6.4 A number of people also requested:
- information about the consultation process
  - information about how the decision will be communicated
  - information about how to register with another practice

## 7.0 Consultation analysis

- 7.1 The survey responses have been independently analysed by ArdenGEM Commissioning Support Unit on behalf of East Leicestershire and Rutland Clinical Commissioning Group and incorporated within this report.
- 7.2 Analysis of events, calls and correspondence to East Leicestershire and Rutland Clinical Commissioning Group has been analysed by the CCG's Communications and Engagement Team and added to this report.
- 7.3 It should be noted that the consultation was open to anyone who chose to respond. As this was a consultation and those who chose to respond are, by their very nature, self-selecting, the results cannot be extrapolated and assumed to represent the views of the entire registered list or the population as a whole.
- 7.4 It is important that the overall results and key themes are read in conjunction with the summary and verbatim comments recorded as there is a wealth of feedback that cannot be captured via key themes. Full details of comments and responses are attached as appendices to this report.

## 8.0 Next steps

- 8.1 This information in this report will be considered by East Leicestershire and Rutland Clinical Commissioning Group's Primary Care Commissioning Committee and used to assist in a decision on the future of GP services for patients registered at Long Street Surgery.
- 8.2 Once a decision is made, all registered households will receive a letter explaining the decision and if applicable, any action that needs to be taken.

8.3 A copy of this report will be available on East Leicestershire and Rutland Clinical Commissioning Group's website and is available in hard copy from the CCG on request.

### **List of Appendices**

**Appendix A - Notes from patient drop-in sessions**

**Appendix B - Verbatim patient comments**

**Appendix C - Equalities information**

## APPENDIX A - Long Street Patient Consultation event notes (patient details removed)

7 September 2016

Type of Enquiry / Comments	Response
Patient family unhappy about the re tender process. Keen to hear how they can re-register and whether practices would accept them	Advised on the consultation period and direction given on how to re-register
Patient away during October and has a repeat prescription due in early November. Worried that service would be stopped and would not be able to access medication without any knowledge	Patient advised they will be written to advice of the outcome of the consultation.
Concern over if the other surgeries will have capacity to be able to take on the extra patients and would they employ extra GPs	Patient advised that discussions have taken place with all the local surgeries and they do have open lists.
Concern over the medical records and would a new surgery have access	Patient advised of the GP2GP record transfer and assured that medical records do follow the patients
Understand that GPs will not be coming back to the surgery, will they open a practice somewhere else	Advised this is extremely unlikely.
Hospital letters have old practice address	CCG to advise UHL
Patient wanted to know what would happen if they do nothing.	<ul style="list-style-type: none"> <li>• Information on 2 options provided to patients</li> <li>• Patients will be advised of outcome by letter at the end of the consultation period</li> <li>• Patients will be informed of outcome by letter as soon as possible after the 30 day consultation period</li> </ul>

	<ul style="list-style-type: none"> <li>• If list dispersal is the preferred option then patients will be given list of local practices where they can register</li> <li>• If re-procurement is the preferred option then patients will stay with Long Street and be looked after through caretaking arrangements until a permanent solution is found through a procurement process that could take up to 12 months to complete</li> </ul>
Patient wanted to know whether they had to register with another practice now	<ul style="list-style-type: none"> <li>• Process explained as above to patient</li> <li>• Assured that it was not necessary for them to register with another practice now but if their preferred option would be list dispersal then they do not have to wait until the end of the consultation period. They can choose to register with another practice in the area as they are all currently operating an open list.</li> </ul>
Patient concerned that there will be no practice left at Long Street	<ul style="list-style-type: none"> <li>• Patient assured that the CCG is going through a consultation period and a decision on the future of Long Street will only be made after all responses analysed after the end of the 30 day consultation period.</li> </ul>
Have the doctors been sacked?	<ul style="list-style-type: none"> <li>• Patient advised CCG unable to discuss specifics relating to the GPs – the purpose of the consultation is to respond to patient queries in order to help inform patient choice with regard to the 2 options being proposed</li> </ul>
Thinking of moving practice as would like a regular doctor	<ul style="list-style-type: none"> <li>• Patient given information on process as above and assured of a regular doctor whichever option is selected – if List Dispersal is selected they will be able to choose to register with another practice in the area. If procurement option I selected new GPs will be recruited to take over Long St but the process may take up to 12 months to complete and so may not get a regular doctor</li> </ul>

	until then.
Would like to register with Central Surgery	<ul style="list-style-type: none"> <li>• Patient advised they could – in fact they could do that at any time without waiting for the consultation period to end.</li> </ul>
Patient wants to get an appointment to see a doctor. Not happy with Long Street surgery (during caretaking arrangements) as had to wait 15 days for an appointment.	<ul style="list-style-type: none"> <li>• Suggested matter is discussed with the practice in the first instance. If problems persist can follow the NHS complaints process (details available from the practice)</li> </ul>

Overall concerns related to capacity of the other practices and if they would be able to provide enough doctors to see patients

### Group Discussion

A representative from the CCG outlined the history of the CQC process and what the CCG has done since CQC deregistered the practice. CCG put in caretaking arrangement as the doctors could not run the practice. The care taking arrangements have continued whilst the CCG waited for the outcome of the doctor's appeal against their registration with CQC. The appeal was heard in August and the court decided that since the doctors were not running the practice they were no patient safety matters to consider and issued a consent order where the CQC acknowledge that it was premature in cancelling the practices registration and at the same time the doctors agreed to cancel their registration with CQC.

Details were then shared about the consultation the CCG is undertaking asking patient views on the two options for GP services for the Long Street patients. The 30 day consultation will end 30<sup>th</sup> September and the CCG through it Primary Care Commission Committee will make a decision in October. Patients will be made aware of the outcome and what they need to do by end of October/beginning of November.

A number of patients highlighted that they will choose option 1 because they want the continuity of seeing the same GPs.

## Questions asked

Question	Response
Main question asked by a number of patients. How can we get the doctors back?	Explained that the doctors cannot return as they have deregistered with CQC. Doctors must be registered with CQC to run a practice.
Why are the doctors practicing at other practices.	Explained that the doctors can practice at other practices as individual doctors are not required to register with CQC. If a doctor is running a practice then they must be registered with CQC.
Can the two doctors run the practice again if the CCG decided to procure new doctors to run the Long Street practice.	No the same doctors cannot run the practice as Doctors must be able to register with CQC to run a GP practice.
It looks like from the letter patients have received that the CCG has already made a decision of asking patient to register with other practices	No decision has been made. The CCG is seeking patients view before a decision is made. This is the opportunity for patient s to provide their views on GP services for the Long Street patients.
What if the majority of patients chose option 2, procurement what will the CCG do?	CCG will review all patients' feedback and the CCGs Primary Care Commissioning Committee will make a decision for the Long Street patients.
Can we register with other practices?	Yes you can if you choose to do this but you must be living in the practices area to register with them.
Do the other two practices in the same building have capacity to take on additional patients?	The other three practices in Wigston area have informed the CCG that they have capacity to take on additional patients. The Practice manager from Bushloe Surgery who was at the meeting also confirmed that Bushloe Surgery has the capacity to take on additional patients
What is procurement process?	Explained the process from advert being placed to the process of choosing a provider through submission of application with

	possible interviews before choosing a preferred provider. A number of legal steps need to be undertaken with the process being open and transparent.
Will patients receive a decision letter?	Yes patient will be made aware of the decision and what they need to do.
Will patients have a list of practices that they can register with?	If a decision is made to ask patients to register with other practices then the CCG will provide a list of other practice to patients. Patients will be asked contact the practice to find out if they live in the practices area to be able to register with the practice.
Question 7 on the survey incorrect. Asking for first 4 letters of the patient postcode. Postcode have letter and number	Acknowledged the error made.
More surveys should have been sent with the letter	Informed additional surveys available from the practice. Patient can complete on line or can request from CCG who will post additional survey to patient.

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Type of Enquiry / Comments	Response
Patients kept in the dark, no communication received about the Long Street Surgery over recent months until now	Acknowledged that there was a lack of communication however ELRCCG was restricted because of the legal process.
Why can you not just replace the GPs?	Explained the procurement process that needs to be followed if ELRCCG decides to seek alternative GPs to run the practice.
Lack of appointment with the current caretaking practice. Not the same service that was provided by the GPs running the Long Street Practice. Notification not sent regarding flu jabs.	Explained that all GPs run their practice differently but do offer the same service. ELRCCG is working with the caretaking practice to ensure availability of appointments to meet the needs of the Long Street practice. The caretaking practice offers a mixture of GP and Nurse appointments including flu appointments.
Using the walk in centre when we cannot get appointment at Long Street and seeing one of the Long Street partners working at the walk in centre which is embarrassing.	Explained that the GPs can work at other GP Practice but they cannot run a GP practice in light of the agreement the GPs made with CQC.
Can we register with other practices. Will we get a list of practice that we can register with?	ELRCCG is undertaking a consultation process and no decision has been made. All patients have a right to register with other practices if they choose to do this but must be living in the practices area to register with them. If a decision is made to ask patients to register with other practices then a list of other practices will be sent with the decision letter.
Why will it take months for the procurement process?	Because a number of steps have to be taken from advert being placed to the process of choosing a provider through submission of application with possible interviews before choosing a preferred provider. A number of legal steps need to be undertake

	with the process being open and transparent.
Will you send another letter informing patients of the decision and what to do?	Yes a letter will be sent once a decision is made by ELRCCG taking account of patient views. Patients will be informed of the decision made and what patients need to do.
Will the caretaking arrangement continue?	Yes, care taking arrangement will stay in place until ELRCCG makes a decision. Patients can continue to use the Long Street Surgery.
Will the care taking practice run the surgery and are they trying take over Long Street Surgery?	The care taking practice is only temporary running Long Street Surgery. They cannot take over the practice. If ELRCCG decides to seek alternative GPs to run the practice then ELRCCG will need to go through a legal procurement process.
We like [named doctor] working for the caretaking practice. Can he run the practice or can the care taking practice continue to run the practice?	No [named doctor] cannot run the practice. ELRCCG will need to undertake a legal procurement process if a decision is made to seek alternative GPs to run the Long Street practice.
Why do we see different GPs working at Long Street Surgery?	The caretaking practice has tried to ensure regular GPs are available by using their own GPs and by employing locums on a long term contract however on occasions the regular locums have not been available and the caretaking practice has had to seek other locums. The two options that ELRCCG is seeking views on will ensure Long Street Surgery patient will be able to see regular GPs.
What will happen to Long Street Surgery staff?	Discussion will take place later with all Long Street Staff once ELRCCG has made a decision. Staff are protected through employment rights.
How do we do we find out which GP surgery catchment areas we fall in?	Advised to use NHS Choices

Can you provide information about how the two practices in the same building manage urgent appointment requests?	Leaflets for surgeries provided
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## **APPENDIX B**

The following comments were made by respondents when asked for details of anything else they want us to consider in relation to the future of services for patients registered at Long Street Surgery:

- I was happy with Dr Pathak on the occasions I needed to see a doctor and it would be nice if Dr Pathak is still practising at the Two Steeples Medical Centre if I could be placed with her as my GP
- I believe, as a parent, my daughter and son won't get care needed and to gain my daughter's trust takes a very long time. Long Street surgery have her trust and she will open up to her doctor.
- Long Street Surgery have never let me down. Call back from the doctor is fast and I'm not rushed. Making appointments is great and prompt to the time of the appointment.
- The same nice counter receptionist that takes the appointments. She has been there a long time now.
- Prefer Dr Dayah back
- I wish to stay with Long Street Surgery as I have been with them a very long time and don't really want to change.
- I would expect you to consider 1) waiting times to be reduced; 2) one to one care of high quality; 3) full engagement with the patients.
- At the moment there is no continuity
- The difficulty of a large number of patients being able to register with other suitable surgeries and the lack of continuity to all these patients.
- Please deal as quickly as possible with the issue as we have all waited far too long for this trouble to be sorted out.
- Let's get a doctor in asap. We are suffering, staff included. Seeing a different doctor all the time is worrying.
- I would like to stay with the team I am familiar with.
- I don't see any reason for anyone to complain. My wife comes for assessments for many different illnesses and she is very well looked after by all staff at the surgery. We would hate, as a family, to change surgery. I also don't see how other surgeries can cope with all patients moving. Care will become stressed and I can see many complaints being made.
- Being able to see the same doctor if needed, or the same nurses, instead of just anyone available. Continuity is important.
- My concern is that you consider bringing the Long Street GP back because he was a very good doctor. He was very co-operative with the patient and he would go out of his way to listen to all your problems. I hope the CCG will consider bringing him back.
- I had a bad experience earlier this year with a locum doctor at Long Street Surgery. I had filled in a complaint against him and he has since apologised in writing. I do not wish to repeat all this again as it is very stressful.
- It would be useful if there was a wide range of services, minor ops, acupuncture, family planning etc.
- Would like a quality service instead of a Government guide to waiting times.
- The CQC's role in this debacle has been shameful and they should be held ot account. The CQC has destroyed wilfully a fantastic practice and the livelihood of our doctors.

- I have been with the Long Street practice from its origin and before that with Dr Longford and Liddel. During those years I have never had cause to complain. This is the kind of service I would want to receive moving forward, when I am unwell.
- Time allocation must be dependent on age related problems, young and old.
- That the re-organisation is carried out as quickly as possible and that the patient population is kept fully informed of the decisions and progress of the changes.
- We would prefer to have Dr Dayah and not the locums we have had for the last year.
- I have been a patient at Long Street for 19 years with Dr Dayah and with his predecessors for a further 49 years. The practice also looked after my parents and brother. I think that there is ample room in Wigston for a small practice where patients can receive a more personal service which goes with contact over a long period of time.
- I live very locally. You have good parking facilities and have the physio, hearing clinic and no doubt other facilities which I am so far not aware of. I am currently going to the Parklands Gym 3 times a week and have done so for nearly 11 years. I am computer literate and use my computer most days.
- If we have to change to another practice I want one that offers emergency appointments. I do not want to belong to a large surgery where you never see the same GP twice.
- When you ring up and are told that there are no appointments until the following week – very frustrating. The receptionist is too nosy on occasions. There was a note saying that if patients are more than 10 minutes late this may be an issue, but on more than one occasion doctors are late – timekeeping. Locum doctors – need some stability.
- A smooth transition from Long Street to whichever of the other two surgeries that hopefully won't affect patients' monthly prescriptions etc.
- The past and present situation has not been good with Long Street surgery – neglect, incompetence, inconsistency and slackness. A new option is welcomed and will be better than the less than good service at Long Street.
- Not being able to see a familiar face, ie different doctors. Some security please.
- This keeps happening to this particular surgery. Some political games are going on and it's the patients who are having to deal with the brunt of it.
- I would like the same services that were provided by Long Street Surgery.
- Will services within Two Steeples Health Centre be available to Long Street patients to avoid travelling to hospital?
- At the moment it is difficult to get an appointment, this then expands onto the other surgeries. Also, the lack of information patients have received about Long Street Surgery.
- Continuity of doctors. Availability of appointments.
- I am very elderly and do need a doctor nearby
- Cut down waiting times for appointments, as a two week waiting period is not fit for purpose when you're ill and need to see a GP.
- Couldn't all 3 surgeries be combined together?
- There should be more communication between services and the GPs as this is where mistakes and miscommunication can happen.
- Services offered of the highest standard – as has always been the case with the current doctors.
- Just stop messing around and wasting time and money and get Dr Dayah back. The best GP in Leicester.
- Return the practice to its original owners. They are the best doctors I have come across. I have always found them both to be very thorough and kind and I have

always been happy with their procedures and treatment. Having read the CQC report, I find it ludicrous that two well qualified and experienced doctors have been “sacked” for mostly administrative problems that a good practice manager being appointed could easily resolve.

- Please re-instate Drs Dayah and Meman, since they were cleared of any wrongdoing.
- Have always been happy with the care provided and pleasant staff at Long Street Surgery
- A more efficient phone service please.
- It is vital that a new doctor is found for the existing surgery.
- Dr Dayah was a fine, compassionate and thoughtful doctor. I was very content there. We were not told why Dr Dayah’s surgery was shut. I found the treatment first class there. He was kind, thoughtful and considerate. The atmosphere was professional. This is a complete waste of money for the NHS.
- Re-instate Dr Dayah, an excellent GP who has been let down by his admin staff, the council and pen pushers.
- That we will receive a reliable service from the new surgery of our choice. That we will be registered in the surgery of our choice and at least receive the same level of service as provided by Dr Dayah. There is a particular practice in Wigston where I would not wish to be a patient.
- Will nurses remain the same?
- As long as I am informed soon after any decisions / actions are taken, then I am ok with this.
- When telephoning the surgery for results, some receptionists try to interpret the results. Not acceptable. However, to be fair, receptionists much more improved over the last year or so in terms of efficiency and demeanour.
- I never had issues with the service I received. In fact, I have been more than happy.
- Is there any chance of Drs Dayah and Mannan returning to Long Street Surgery? Both have been our family GPs for many years, shown commitment, loyalty and excellent practice to us always.
- When will we be informed of the outcome?
- It would be so nice after all my years at Long Street to be able to make appointments with the same doctor each time, so they can get to know a person and their health issues and build up a complete picture and history.
- I understand the SOMER Team use the facilities at Two Steeples and wish this to continue for my recovery and further tests / checks for cancer
- As long as the same prescriptions available and records transferred
- My concerns are that the less GP practices in Wigston there are, the more patients each practice will have to take on, so will the services suffer and it get harder to get an appointment? It is bad enough now.
- Dr Dayah is the best doctor I have ever seen
- Hopefully I can register with a surgery at Two Steeples which is convenient and near to my place of work.
- As patients of Long Street Surgery, we value the additional local services provided at Two Steeples, such as hearing.
- So sad to lose the services of such wonderful, clever doctors as Drs Mannan and Dayah
- Re-instatement of my original doctor, Dr Dayah.
- Patients have registered with Long Street because they feel that they are treated as an individual in a small practice, or because their family members have also been registered with the practice and a sense of loyalty has built up. I would want to be

able to carry on in this way and build up a relationship with a new practice rather than be treated as a number along with 10,000 other patients.

- There is, at the very best, a conflict of interest for the Chairman of ELRCCG, who stands to benefit financially from the CCG's unfounded attempt to decimate Long Street Surgery, when patients are forced to register with another practice, including Dr Palin's. There should be an independent review of the CCG's actions with regard to Long Street's future and the conflict of interest involving Dr Palin. Drs Dayah and Mannan have been absolved of any wrongdoing and should be reinstated with immediate effect.
- I feel the survey is biased in favour of a dispersal of patients and there is an underlying agenda within the CCG to achieve this. There is a grave shortage of GPs within Leicestershire which has been reported in the news this week and to deprive us of two excellent GPs after the CQC lost this court case is short sighted and counter-productive.
- Appointing new receptionists as some of their attitudes have much to be desired.
- Longer hours for patients who cannot get time off from work to attend an appointment mid-morning or mid-afternoon.
- Dr Dayah is an excellent GP. The best I have ever seen.
- We just want them back. The case against them was dropped so they should come back.
- Get Drs Mannan and Dayah back.
- Good GPs like Drs Dayah and Mannan who actually care about their patients.
- Inform patients what is happening.
- I hope that other surgeries will have the capacity to cope with extra patients.
- I would like to know who I was seeing and that they knew me and knew my problem so that I didn't have to go through my problem every time I visit. The previous doctors were good. Would they be prepared to come back?
- Get the original doctors back as they were very good.
- If you have to close Long Street Surgery, you should find us somewhere else to go.
- Why not merge all the current practices at Two Steeples into one big practice?
- Just to keep us informed that we still have somewhere to go.
- Long Street Surgery has been shambolic for a number of years. It would be good to draw a line under it and move on with a new provision in place.
- Their welfare and a quick resolution to this problem.
- I would hope that information gets to patients in a much better way than it is at present. All parties involved in the Long Street fiasco have not treated patients in the way they should.

## APPENDIX C

### Respondent information

The majority of respondents are patients located within the LE18 area and registered with Long Street Surgery:

Are you a patient or carer of a patient registered with Long Street Surgery? Please tick the main option which applies to you. I am:			
Answer Options	Response Percent	Response Count	
A patient	94.8%	343	
A carer of a patient	1.1%	4	
A relative of a patient	0.6%	2	
Other, please specify	3.6%	13	
<i>answered question</i>			362
<i>skipped question</i>			2

The majority of those who responded are female, two of whom are currently pregnant of have given birth within the last 12 months:

Gender		
Answer Options	Response Percent	Response Count
Male	37.4%	134
Female	52.0%	186

See the table below for the respondents' age breakdown:

What is your age?		
Answer Options	Response Percent	Response Count
Under 16	0.3%	1
16 - 24	1.1%	4
25 - 34	3.4%	12
35 - 59	31.8%	114
60 - 74	27.1%	97
75+	24.9%	89
Prefer not to say	11.5%	41
<i>answered question</i>		<b>358</b>
<i>skipped question</i>		<b>6</b>

The majority of people who completed this survey are aged between 35 to 59 years old.

The majority of respondents are White or White British. A full breakdown of ethnic backgrounds can be viewed below:

What is your ethnic group?		
Answer Options	Response Percent	Response Count
Asian or Asian British	8.4%	30
Black or Black British	0.6%	2
Chinese	0.0%	0
Mixed dual heritage	0.3%	1
White or White British	73.5%	263

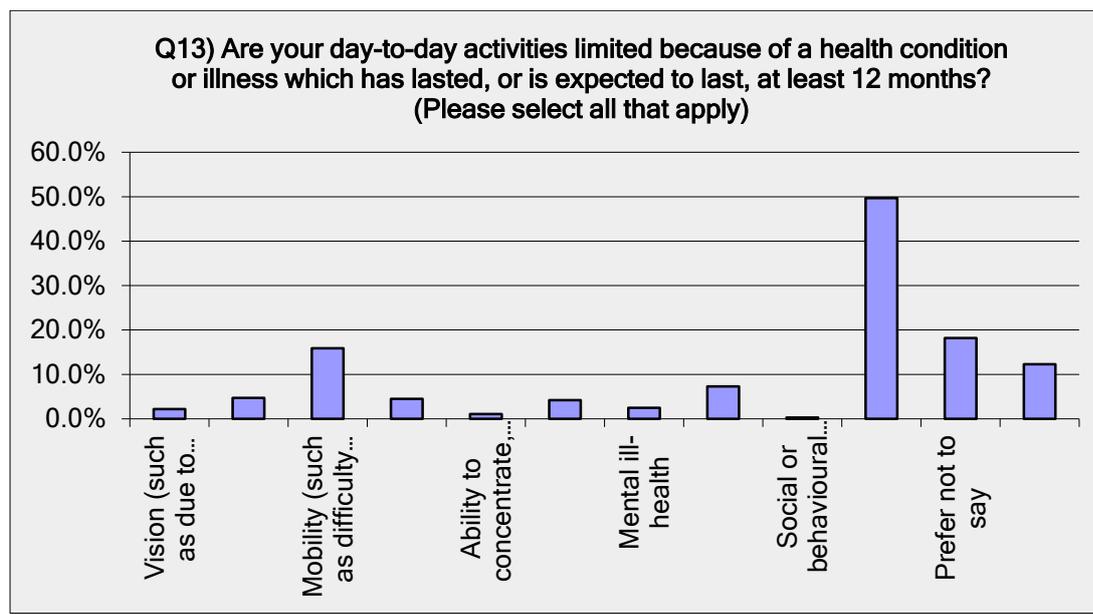
Gypsy/Romany/Irish traveller	0.0%	0
Arab	0.0%	0
Other (please tell us below)	3.9%	14
Prefer not to say	13.4%	48
If you ticked 'other' please tell us here.		15
<b><i>answered question</i></b>		<b>358</b>
<b><i>skipped question</i></b>		<b>6</b>

The majority of respondents do not provide any support to family members, friends, neighbours, or others due to a health condition:

**Do you look after, or give any help or support to family members, friends, neighbours or others because of either:**

<b>Answer Options</b>	<b>Response Percent</b>
No	68.7%
Problems related to old age	6.1%
Long-term physical or mental-ill-health/disability	4.2%
I'd prefer not to say	17.0%
Other (please describe)	4.5%
If you ticked 'other' please tell us here	
<b><i>answered question</i></b>	
<b><i>skipped question</i></b>	

The majority of respondents do not provide any support to family members, friends, neighbours, or others due to a health condition:



The majority of respondents are not affected by a condition which is expected to last at least 12 months:

Answer Options	Response Percent	Response Count
Vision (such as due to blindness or partial sight)	2.2%	8
Hearing (such as due to deafness or partial hearing)	4.7%	17
Mobility (such as difficulty walking short distances, climbing stairs)	15.9%	57
Dexterity (such as lifting and carrying objects, using a keyboard)	4.5%	16
Ability to concentrate, learn or understand (learning disability/difficulty)	1.1%	4

Memory	4.2%	15
Mental ill-health	2.5%	9
Stamina or breathing difficulty or fatigue	7.3%	26
Social or behavioural issues (for example, due to neuro diverse conditions such as autism, attention deficit disorder or Aspergers' syndrome)	0.3%	1
No	49.7%	178
Prefer not to say	18.2%	65
Any other condition or illness (please describe below)	12.3%	44
If you ticked 'any other condition or illness', please tell us here.		51
<b>answered question</b>		<b>358</b>
<b>skipped question</b>		<b>6</b>

The majority of respondents are heterosexual/straight:

<b>What is your sexual orientation?</b>		
<b>Answer Options</b>	<b>Response Percent</b>	<b>Response Count</b>
Bisexual	1.7%	6
Heterosexual/straight	74.6%	267
Gay	2.0%	7
Lesbian	0.0%	0
Prefer not to say	19.0%	68

Other	2.8%	10
If you ticked 'other' please tell us here.		11
<b>answered question</b>		<b>358</b>
<b>skipped question</b>		<b>6</b>

The majority of respondents are married or in a relationship:

<b>Are you:</b>		
<b>Answer Options</b>	<b>Response Percent</b>	<b>Response Count</b>
Single - never married	9.5%	34
Living in a couple - Married/civil partnership	47.2%	169
Co-habiting	3.9%	14
Not living in a couple- Married (but not living with husband/wife/civil partner)	2.0%	7
Seperated	0.8%	3
Widowed/surviving partner/civil partnership	11.5%	41
Divorced/dissolved civil partnership	5.9%	21
Widowed/surviving partner/civil partner	3.9%	14
Prefer not to say	12.8%	46
Other relationship	2.5%	9
<b>answered question</b>		<b>358</b>
<b>skipped question</b>		<b>6</b>

The majority of respondents are Catholic/Protestant or other Christian denominations:

<b>What is your religion or belief?</b>		
<b>Answer Options</b>	<b>Response Percent</b>	<b>Response Count</b>
<b>No religion</b>	<b>12.3%</b>	<b>44</b>
<b>Baha'i</b>	<b>0.0%</b>	<b>0</b>
<b>Buddhist</b>	<b>0.0%</b>	<b>0</b>
<b>Christian (including Church of England, Catholic, Protestant and all other Christian denominations)</b>	<b>65.6%</b>	<b>235</b>
<b>Hindu</b>	<b>5.0%</b>	<b>18</b>
<b>Jain</b>	<b>0.0%</b>	<b>0</b>
<b>Jewish</b>	<b>0.3%</b>	<b>1</b>
<b>Muslim</b>	<b>0.8%</b>	<b>3</b>
<b>Sikh</b>	<b>1.1%</b>	<b>4</b>
<b>Prefer not to say</b>	<b>12.0%</b>	<b>43</b>
<b>Other (please specify)</b>	<b>2.8%</b>	<b>10</b>
<b><i>answered question</i></b>		<b>358</b>
<b><i>skipped question</i></b>		<b>6</b>

**For more information please contact us at:**

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