



PILSLEY PARISH COUNCIL

Clerk - P Woodward
33 Allendale Road
Wingerworth
Chesterfield
S42 6PX

The Practice Manager
Staffa Health
3 Waverly Street
Tibshelf
Derbyshire
DE55 5PS

Your Ref:
Our Ref: PPC/PW/Corresp
Contact: Phillip Woodward
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Date: 23/07/2019

Dear Mrs Cater

Re: Proposed closure of Pilsley Medical Surgery

I refer to your recent communications announcing the consultation process on the proposal by Staffa Health to close its Pilsley Surgery.

In the first instance the council has asked me to thank you for agreeing to meet with a number of parish councillors in advance of the formal consultation period to provide a little more information on the process and the reasons behind the proposals.

The proposals were considered initially by the parish council at its meeting on 1st July when it agreed to establish a working group to assess the proposals in detail and to formulate its detailed response to your consultation. The immediate response of the parish council is to vigorously oppose the proposal to close Pilsley surgery. The facility is viewed by all members of the Council as an efficient, accessible and convenient local NHS service which provides an essential element of the healthcare infrastructure in the community - it is a five-day-per-week lifeline for many of our residents.

The initial meeting of the Council's working group was held as an open meeting for members of the public to attend. Over 50 local residents attended the meeting and, together with members of the Council, offered many personal observations on how the closure of the surgery in Pilsley would impact directly upon their health and wellbeing. I will attempt to summarise these later in the letter.

Before I do this, the parish council would like to make a number of general comments and observations regarding the literature you have made available as part of the public consultation process.

Firstly, the parish council is puzzled why, as part of a stated attempt to deal with an inability to recruit GPs and '*redesign aspects of (y)our services overall*' you have immediately singled out the Pilsley surgery for closure rather than generating a full options appraisal which considers which one of your four sites it would be more cost

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effective to rationalise if the options appraisal recommends this is necessary. You go on to state that the reasons for the proposed closure are “compelling” but then offer no justification for arriving at this conclusion. Surely the people of Pilsley are deserving of a more complete explanation of how you have reached this conclusion.

You offer to transfer all Pilsley patients to appointments at your other surgeries but give no indication or analysis in the consultation paperwork what staff and time capacity exists in those other surgeries to accommodate the additional demand which 3600 Pilsley residents would generate on those facilities.

The council is also concerned to note that the final decision on your proposals will be made by NHS England and the Derby and Derbyshire Clinical Commissioning Group (CCG). It would have been prudent and more honest of you to mention in the consultation paperwork that the senior GP of Staffa Health also sits on the Governing Body of the CCG. The parish council has written separately to the CCG expressing concerns over this.

Now to move on to comments and observations raised by members of the public and members of the council at the Council’s working group meeting.

ONS data records that 19% of households in Pilsley do not have access to a car. This makes their ability to access services at any of the other Staffa Health facilities extremely difficult. The proposed closure will therefore immediately disadvantage one fifth of the more vulnerable residents of Pilsley. Even for patients with access to a vehicle, your FAQ sheet contains misleading information on the distances to the other Staffa sites – the true driving distance from Lower Pilsley to Tibshelf is 3.5 miles, from Lower Pilsley to Stonebroom is 3.6 miles and from Pilsley to Holmewood is 3.6 miles.

Bus services through the village have been progressively reduced by the commercial operators over recent years such that there is now only one bus per hour from Pilsley to either Tibshelf (number 56) or to Stonebroom (number 55). The bus route from Pilsley to Holmewood is not regarded as a viable suggestion as the nearest bus stop on this route drops off and picks up $\frac{3}{4}$ mile from the Holmewood surgery and is beyond the reasonable walking distance for most people visiting the doctor.

Many of our residents who will need to rely on public transport have expressed major concerns about being able to cope with the coordination of appointments with bus times to and from the Staffa Heath surgeries in the other villages if the proposed closure of Pilsley were to go ahead. They are especially concerned that Stagecoach (the local operator) has developed a reputation for withdrawing services at very short notice. This being the case, they are concerned that, should a decision to close Pilsley surgery be determined (in part at least) on the assumption that public transport will continue to be available, this is unlikely to always be the case.

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Although our residents do not query your comments regarding the decrease in GP numbers they have queried whether your response is premature. National politicians have made the claim that increased investment is currently taking place in GP training and we are concerned that in a few years there may not be the same scarcity of GPs yet Pilsley will have lost its surgery if your proposals go ahead.

Many of our residents have been left puzzled by your statement that *'the proposal is almost entirely due to the decrease in the number of GPs'*. Whilst they recognise this as an issue (see above), they are conscious that whatever GP capacity is available to Staffa Health, this could be delivered from any of your four current sites. This has led them to conclude that the proposal is driven more by a desire to reduce the overheads of the practice and to release capital bound up in the Pilsley premises. They would prefer to read a more open and comprehensive analysis of the financial circumstances surrounding the proposal rather than couching this in comments such as *'allowing us to redesign aspects of our service'* or *'allow the Practice to remain sustainable'*.

Coupled with this, the consultation is very hazy on the future investment in capacity which may or may not take place at the Tibshelf premises. It is not clear whether land is available for the suggested improvements there, no planning permissions appear yet to have been sought and no clarification is given of what is meant by the statement *'we are working with the Local Authorities to expand the car park there'*. The associated proposal to relocate administrative staff at Pilsley as a short term measure only serves to reinforce the feeling amongst Pilsley residents that they are being exploited and discarded by Staffa Health.

It has also been highlighted by our residents that the surgery in Pilsley is by no means the oldest and most inaccessible property asset in the Staffa Health portfolio. The building is single storey and has perfectly adequate access for disabled patients. The contrary claims in the FAQs therefore do not stand up to a reality check.

Some of our residents have expressed concern over how patient numbers in Pilsley are recorded and has questioned whether these are understated. One resident's hospital notes used recently (June 2019) identified him as a patient of Dr Cooper of Tibshelf! They are also concerned that the reported patient numbers registered at Pilsley itself only show half of picture – they believe that a further analysis of the percentage of these who regularly use the surgery compared with other locations might be a more appropriate indicator.

Our residents also have grave concerns about the potential knock-on impact on the Pilsley pharmacy should the surgery be singled out for closure. The pharmacy exists mainly on the business generated by the adjacent doctor's surgery but also provides other goods and services in the community. It is felt that it too would disappear not

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long after the surgery’s closure if this were to go ahead thereby generating further disadvantage to vulnerable residents of Pilsley.

Two final issues raised by our residents is the fact that planning permissions are already in place to erect a further 200 dwellings in Pilsley. In the next few years this additional development will add further demands on the services that currently exist in the village. Any reduction in the availability of healthcare facilities in the village will be compounded in these circumstances. They also raise concerns that the proposed closure of the Pilsley surgery is likely to increase the demands made on both the ambulance service and the local A & E facility as people unable to access GP surgeries in neighbouring villages look for alternative means of accessing the healthcare they need.

Finally, the parish council has asked me to bring to your attention a range of interesting and relevant statistics that present a picture of Pilsley. These data suggest a community which already demonstrates a significant degree of stress and deprivation and begs the question – is this an appropriate place from which to withdraw frontline medical support and services?

INDICATOR for PILSLEY	
1	The percentage of residents over 65 years is higher than the England average
2	The percentage of pensioner households is higher than the England average
3	22% of people in Pilsley have a limiting long-term illness compared with 18% across England
4	Over one third of Pilsley residents are ranked in the 8th decile (high health deprivation) on the Index of Deprivation Health Domain.
5	The percentage of residents with a limiting long-term illness is 22.2 compared with the England average of 17.6. (Census 2011)
6	The most recent data from the Child Wellbeing Index (Children living in the most deprived 20% of areas in England) - 34.1% in Pilsley / 19.9% across England
7	Incapacity benefit claimant rate = 7.9% (England average = 5.7%)
8	Numbers of DLA & Attendance Allowance claimants are both higher than the England average.
9	Rate of 16-24 year olds receiving workless benefits = 8.5% (England average = 3.6%)
10	Working age DWP Benefits payable to all people of working age (16-64) who need additional financial support due to low income, worklessness, poor health, caring responsibilities, or disability. (14.8% - Pilsley / 10.7% - England)
11	SMR for emergency admissions to hospital - 109 in Pilsley (England =100)

(OCSI Data 2018)

I sincerely hope that the comments summarised above, that have been generated in partnership with residents of the local community, will lead you to rethink your

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proposals and continue to provide the much valued healthcare which our residents receive from the Pilsley surgery.

Yours sincerely,

P Woodward

Phillip Woodward
Clerk - Pilsley Parish Council

C/c - NHS England
- Derby & Derbyshire CCG
- Derbyshire County Council Health Improvement Scrutiny Committee

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