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**Dr Ed Garratt OBE DL
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We are pleased to attach a paper on behalf of the Boxford and surrounding community – ***Proposal to close the Boxford Surgery-Objection and Counter Proposal***. This we submit for consideration by the ICB regarding the future of the Boxford Surgery as part of the Boxford and Hadleigh Group Practice. To complete access to community generated information for the ICB, we also attach a copy of the petition which was signed by over 500 members of the community.

We were grateful for the opportunity to meet you in Boxford on Friday 6th December and to discuss matters in the presence of James Cartlidge MP. As we agreed this paper is presented in suitable time prior to the February meeting of your board.

Our community has always held the Boxford and Hadleigh Group Practice in high regard although recent moves to reduce the service in Boxford have undoubtedly dented confidence. You will see that the thrust of our paper is entirely positive, to further that confidence and build on the contribution of the Boxford Surgery, as far as possible remove its perceived shortcomings and confirm rather than deny its contribution to neighbourhood primary care. It does seem that this is in line with future national policy further outlined this very week by the **PM “ a new era of convenience and care, faster treatment at your fingertips, patients in control – an NHS fit for the future”** Rather than being seen as an anachronism , a modified and digitally enhanced Boxford satellite surgery could be part of that scene.

On behalf of the community, we ask the ICB to look upon the Boxford Surgery as an asset for the future, remaining part of the contract for the group practice, with enhancement rather than closure as the guiding principle.

C Parr
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PROPOSAL TO CLOSE THE BOXFORD SURGERY- OBJECTION AND COUNTER PROPOSAL

On behalf of the local Community

Introduction

News of the proposal to close the Boxford Surgery was received as a major blow to residents of Boxford and surrounding satellite villages. The main reason being given for the closure is that the building is no longer 'fit for purpose'. To many it is a considerable shock to find that the contracted Boxford and Hadleigh Group Practice had not been investing and updating a building which houses a local NHS GP service that has been an easily accessible community asset providing consultation, minor treatment, phlebotomy and the highly appreciated dispensary service since it was built in the 1950s on the site of the large watermill which burned down in 1934. It has provided initial primary care and consultation since soon after the establishment of the NHS and the local assumption was that the surgery formed part of the existing contract for the Practice and that contract would continue.

The overriding wish of the community, witnessed at the public meeting called by the Practice, is that the surgery be retained and appropriate improvements undertaken. The representative group acting on behalf of those affected by the proposal have been struck by the almost universal determination to retain the facility and not to embark on any plans to cushion the effects of closure until all avenues are exhausted. This paper seeks to consolidate the views of the community for due consideration by the NHS Suffolk and North East Essex Integrated Care Board (ICB). ICB and Alliance guidelines gives us confidence that these views will receive due consideration and weight: **'People living in our communities have the knowledge and skills and ideas to develop the solutions to meet the needs of their health and care and wellbeing'**.

Boxford- Designated as A Core Village

There are a few definitions of a 'core village'. Babergh District Council has the following definition in its core strategy: *'The settlements identified as Core Villages have been defined as such not because of size or potential opportunities for growth, but because of the role they play, providing a number of essential services and facilities to a catchment area of smaller villages and rural settlements. All of the Core Villages identified have 5 or more settlements looking to them for many everyday convenience needs. All of those listed host some of the key everyday services including a primary school, Doctors Surgery, Convenience shop / Post Office and have access to public transport'*.

In Boxford's case the original settlement, largely unchanged in numbers of dwellings until post WW2 has subsequently added three significant housing estates which have contributed to its sustainability and vibrancy. Developers have been able to ride on the back of the core facilities, school, shops, playing fields, church, village hall, pubs, community council and, crucially, surgery. Where, post development, removal of the surgery is planned, despite its

undoubted contribution to the village and local area's growth, cynicism abounds. This is particularly so when the PM pledges to **“bring back the family doctor”** and **“move care closer to the community. The NHS must become the Neighbourhood Health Service”**. The government's revised housing targets are certain to drive up future housing numbers across the district and in and around Boxford.

Village Demography and the Surgery

Demographic statistics do not stand still and there is a danger in drawing misleading conclusions when measuring the surgery's catchment area, now and in the future. However, two facts are valid in points made later in the paper on costs of closure and transport challenges. Taken from data used in an independent housing survey for the Neighbourhood Plan in 2021, the total population of the village of Boxford (c1300) and the villages immediately north and west of it, Groton (299) Edwardstone (325) Leavenheath (1370) Assington (402) Milden (118) is 3814. This is not insignificant when compared with the Hadleigh population of 8253.

Age group statistics are only available for Boxford itself, taken from its Neighbourhood Plan, but show that 26.5% are over the age of 65, higher than Suffolk at 23.6% and England at 18.4%. Any removal of adjacent key facilities is unwelcome to all but especially the elderly and parents with young children or no car during the working day. There are 190 females in the age group 20-40 and 300 plus children below the age of 10. The value of a potential local consultation without the need for a journey and/or childcare cannot be overestimated.

Boxford has always acted as a hub reducing demand on Hadleigh and Sudbury for a variety of services, used not just by its own residents but also those of the surrounding villages and hamlets. We invite the ICB to consider the Boxford surgery in the round, not just as a cost centre of the partnership to which they award a contract for Boxford and Hadleigh, taking note of demography and the proportion of patients who need to journey for all aspects of primary care, as opposed to a small number of professional staff of working age making a daily journey. Rather than concentrating on closure and potential implications, should full consideration be given to expanding the use of Boxford as a hub for patient consultation, possibly re-drawing the boundaries and taking pressure not just off Hadleigh, but potentially Lavenham and Bildeston as well?

Consultation and the Proposal

Those affected by this proposal were given the opportunity to give feedback through the Practice advocating the closure. We are assured that the Ipswich and East Suffolk Alliance and the ICB will listen to the views expressed. They will be individual perceptions of the impact of closure. It is important that the community as a grouping, rather than just individuals, provides a considered response regarding the impact of the proposal that

individuals may not have covered in their feedback. **‘Communities will tell the ICB the things that it needs to know and understand and the ICB will listen’.**

Some have referred us to the 2018 Care Quality Commission Report, reviewed in 2023, which delivered an ‘Outstanding’ rating in the Responsive category for timely access to service:

‘People’s individual needs and preferences were central to the planning and delivery of tailored services. People could access appointments and services in a way and at a time that clearly suited them. *The Practice had reviewed the access in the community and the use of the branch site in Boxford. Due to patient popularity, the Practice had kept the site open.* This had also resulted in reduced travel time for patients as services could be provided closer to their home. The Practice had completed a survey alongside the patient participation group in September 2018. The results showed there were 171 positive comments regarding accessing the services.’

NB A Boxford resident organised a petition for individuals to register opposition to the closure plan. 595 persons signed it as at early November.

IMPACT

The same report commented extremely favourably on the leadership, governance and culture of the Practice and its promotion of high-quality person-centred care. Nowhere is this appreciated more than Boxford who proudly regard the village surgery as a contributor to the overall excellence. Points below cover some detailed factors and estimates of the impact of its proposed closure:

The advantage of local consultation and nurse practitioner services cannot be overstated in the minds of many:

- 4 doctor sessions a week = 68 potential consultations per week or c280 per month
- 2 nurse/ phlebotomy sessions per week = 40 per week or c170 per month

The prescription collection and personal service is extremely highly valued:

- 1000 prescriptions per month
- Average 4000 items per month

For many this loss of local consultation and prescription collection is amplified in a feeling of impending insecurity and cost by the transport implications. Most of the cost incurred in journeys to Hadleigh will be passed on to individuals with a large increase in return journeys replacing the low numbers of staff journeys made to fulfil the current Boxford commitment. The ICB will be aware of the considerable national and local government impetus behind carbon reduction and electrification of vehicles, the latter a very real problem in the centuries old centre of the village, and the closure of the surgery directly challenges that impetus:

- The bus service, although recently saved from complete removal is inadequate. A once 1 hourly service is now a 2 hourly service. Timing an appointment with the buses would be quite problematic with the online and telephone booking system and would mean a minimum of 3 hours away from Boxford as opposed to perhaps 20- 30 minutes with a Boxford appointment for those who live in the village.
- Taxis are currently £14-£18 one way to Hadleigh. • Dial a ride is extremely difficult to arrange with appointments.
- The voluntary car assistance scheme is already overloaded and has no prospect of expansion. To rely on charitable volunteer engagement is impractical and arguably irresponsible.
- It is calculated that removing the surgery would cause 300 extra journeys a month to be needed between Boxford and Hadleigh for consultation; this adds up to 3600 a year. This is calculated as a hidden cost to individuals, or volunteers of £20,000 a year not including journeys purely for prescriptions and phlebotomy which could add a further £50,000 p.a. at a conservative estimate. Taxis, inevitably the only choice for some, would increase this figure.
- Some alleviation of this might be incurred by an increased bus service, very much the aspiration of the Department of Transport but every additional bus costs £40,000-£45,000 to introduce and at least one additional bus would be required for the 4 additional loops Sudbury- Hadleigh necessary to make attendance at the Practice manageable after negotiating an appointment. This estimate does not include the fare cost to individuals. It should be noted that the walking distance between bus stop and the Practice premises is 7-10 minutes through the town, crossing the busy High Street.
- Hadleigh has a considerable traffic problem and parking is overloaded at the Practice. Adding the number of journeys to the town occasioned by a Boxford surgery closure exacerbates these factors and adds to carbon footprint.
- **Comment** All these costs are purely indicative and not presented as an alternative investment appraisal. However, even in raw form they show that there is a heavy cost to both individuals and the public purse, which is in danger of being forgotten, while presumably the Practice makes a considerable opportunity bonus in building disposal and a saving on operational costs.

The final impact point from the potential loss of local consultation and dispensary services at Boxford is certainly more speculative but is founded on a perceived reduction in personal wellbeing and security that many have expressed in a variety of ways, notwithstanding admirable efforts by the Practice to persuade them otherwise. It is thought that the likelihood of dialling an ambulance or going to A and E will increase, a view shared by the Secretary of State:

Quote **Wes Streeting** - “I’m determined to make the NHS more of a neighbourhood health service, with more care available closer to people’s homes. Because if patients can’t get a GP appointment, then they end up in A&E, which is worse for them and more expensive for the taxpayer”.

The Boxford Surgery and Remedial works

In March 24 the Practice commissioned an estimate for improvement works to the building – in a spirit of openness this estimate (c £60,000+ VAT) was shown to the Boxford representatives. The Practice also shared operating costs of the building (£31,000 per annum); we believe this to be a little overstated but would accept £25-26,000. £7,000 per annum is received from the NHS, making an operational cost deficit of £17-18,000 per annum. Understandably, there is concern about it not being fully up to specification as regards fire safety and disabled access. Attendees at the public meeting were also made aware about a feeling of insecurity for those working there; a report of an incident involving an angry and aggressive patient was cited as an example. Of course, these issues have been managed for decades and some construction shortcomings circumvented to provide the service; there is a concern that excellence can be the enemy of the particularly good and highly valued service, and too much has been made of an isolated security incident. In addition, some further points are offered for consideration:

- Assessment of the cost of building modification indicate that the sums involved are minor when such expenditure would guarantee the continuation of a local primary health service hub. We believe that in the first instance the NHS should fund this cost. If, however, that is not possible then there could not be a better use of Community Infrastructure Levy (CIL) funds, and representatives have ascertained that this could be possible. East Suffolk Council has allocated £1.5 Million of CIL to fund the expansion of three local doctors’ surgeries and ensure that residents benefit from improved health facilities in areas of housing growth. (26.09.24 - *East Suffolk Council website*). Of course, a fully costed site plan would be necessary.
- Boxford would press for the allocation of this money if necessary and its representatives have ascertained that some additional land at the rear of the building could be obtained if necessary to address disabled access and security issues. Our view is that the disabled access has been managed up to now and that the fire safety ‘risks’ are low within this building.

Comment - The low cost of both ongoing maintenance and potential capital investment in the Boxford surgery when set against more eye-watering figures for the total cost of the NHS led to surprise that this factor should carry any significant weight.

Conclusions

1. The overriding wish of the community is to retain the Boxford surgery and to correct the lack of investment in the building in recent years.
2. The closure impact falls most on the vulnerable and disadvantaged.
3. Closure transfers a cost of anywhere between £70,000 and £100,000 per annum to the community and the public purse while removing a valuable service which currently causes an insignificant public deficit.
4. Closure will cause an increase in traffic, carbon footprint and journeys on a dangerous road (A1071)
5. Closure will likely cause an increase in use of ambulance and A and E services.
6. The Boxford surgery is working now; with investment and ingenuity it can be improved and enhanced to meet the future realistic aspirations for care in the community in Boxford and the surrounding area.
7. The closure of a surgery so highly valued by the community it serves is the antithesis of current Government policy of making the NHS more of a neighbourhood health service with more care available closer to people's homes.

Recommendations

- The local community the ICB not to accept the application by the Practice to modify the contract so as to result in the closure of the Boxford surgery.
- That the ICB invites and encourages the Practice to develop an investment and improvement plan for Boxford surgery enhancements. The local community would be pleased to assist in this process.
- The Practice seeks to fund the operational costs for the Boxford surgery from the NHS whether that be by contract with the ICB or from other sources.

On behalf of the local community group:

C. Parr

D. L. Burden

06.01.25