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Dear Save Our Surgery Campaign working group,

Thank you for your detailed and constructive letter. We recognise how important Polruan Surgery is to the community and we fully understand the strength of feeling this consultation has generated. This consultation is not something we have wanted to undertake, and we have personal sadness about doing so. We hope the responses below provide clarity and context to the issues you have raised.

We are consulting because we need to consider how to provide safe, sustainable, high-quality care for all our patients in the context of workforce pressures, funding constraints and changes across the NHS.

We have grouped our responses under the main themes you raised.

1. The Building: safety, access and suitability

Your concerns:

- Have issues been formally raised with the landlord?
- What specific works are needed and what would they cost?
- Could smaller adaptations resolve confidentiality, fire safety or access issues?
- Could alternative premises in the village be considered?

Our response:
We have ongoing concerns about the building's suitability for modern healthcare delivery. These relate to:

- **Confidentiality:** Sound carries from the consulting room into the corridor and reception area. The layout makes it difficult to guarantee privacy during sensitive consultations.
- **Access:** Door widths, corridor turns and toilet facilities do not meet recommended accessibility standards. The downstairs room is significantly below recommended size for a treatment room and cannot safely accommodate modern adjustable examination couches.
- **Fire safety:** There is a 36cm drop from the fire exit onto granite steps, presenting a hazard.
- **Control of access:** The layout makes it difficult to restrict access to clinical areas, raising both confidentiality and lone-working safety concerns.

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While some minor adaptations might partially mitigate individual issues, they would not resolve the fundamental limitations of a small, converted, non-purpose-built premises.

We have explored options previously with builders. Any significant internal reconfiguration would require major structural alteration, full closure during works and substantial cost. Even with investment, it is unlikely the premises would meet modern regulatory expectations.

We have not formally sought capital funding for a new build. Given the relatively small number of patients regularly using the site, and the wider financial pressures across primary care, this would not be proportionate or realistic in the current climate.

2. Clinical waste and deliveries

Your concerns:

- Why can clinical waste not be collected?
- Parish Council uses PHS locally.

Our response:
Clinical waste is subject to different regulations from sanitary waste. Our usual specialist providers have declined to service the site due to access constraints and low volume. We have been operating a temporary workaround.

We are grateful for the suggestion regarding PHS and have now contacted them to explore whether they can assist.

Medication deliveries are also affected by access challenges, particularly during busy periods, resulting in higher stockholding costs and increased wastage risk.

3. Transport and ferry costs

Your concerns:

- Ferry crossings are physically and financially prohibitive.
- Closure risks excluding vulnerable patients.
- What mitigation is planned?

Our response:
We fully recognise the unique geography and the costs involved. These affect both patients and staff.

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If closure were approved, we would work actively to mitigate impact, including:

- Ringfenced clinics at Fowey or Par for Polruan patients
- Engagement with community transport providers
- Exploring support for prescription delivery services
- Individual contact with particularly vulnerable patients

We would not implement changes without a transition period (up to 12 months) to allow mitigation planning.

4. Dispensing and the one-mile rule

Your concerns:

- Impact of dispensing restrictions
- Whether legislative change could help
- Financial implications

Our response:
The one-mile rule has been strictly applied. Patients newly registering within that boundary cannot join our dispensing list. We have made representations but have been informed this policy will not change.

Dispensing nationally is under financial pressure and our numbers are expected to decline further under current rules. Relaxation of the rule would not materially change overall practice sustainability given the small numbers involved.

5. Recruitment and workforce

Your concerns:

- Polruan could attract part-time staff
- Are staffing issues being overstated?

Our response:
Recruitment challenges are significant across all sites. Modern general practice roles require multi-skilled staff able to work across locations and systems. Despite ongoing recruitment efforts, we continue to experience difficulty filling posts.

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We have also recently experienced partner retirements, reducing both clinical and managerial capacity.

6. Patient numbers

Your concerns:

- Why have Polruan patient numbers declined?

Our response:
Our overall list size has grown significantly (from 6,500 to 8,400 over 15 years). However, numbers regularly using Polruan Surgery have declined. We cannot definitively explain this; factors may include second homes, registration patterns and patient choice.

Funding is based on registered patient numbers (approximately £125 per patient per year to provide all GP services). Falling numbers at a branch site affect sustainability.

7. Appointments and home visits data

We will provide available data regarding appointments and home visits in the coming days.

Some requested figures (such as unfulfilled appointment requests) are not recorded centrally and cannot realistically be extracted, given the multiple routes through which patients contact us (phone, online, in person).

Home visits are provided based on clinical need, not geography. We do not anticipate a significant increase in demand if changes were made. Our PCN paramedic and frailty teams already support home visiting and early intervention.

8. Primary Care Network (PCN) and Integrated Neighbourhood Teams (INT)

Your concerns:

- Is PCN leadership detracting from frontline care?
- How does this benefit Polruan patients?

Our response:
PCNs are now the main vehicle for primary care investment. Through our PCN, patients have access to:

- Paramedic home visiting support
- Frailty teams

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- Health coaching
- Diabetic specialist input
- Social prescribing
- Pilot orthopaedic pre-assessment pathways

These services would not exist at individual practice level without PCN engagement.

There is an opportunity cost in leadership time, which is disproportionately born by us as a small practice. However, disengaging would reduce access to resources for all patients.

9. Financial sustainability

Your concerns:

- What savings would closure generate?
- What percentage of turnover?
- Request for contract details.

Our response:
We do not apportion income and expenditure by individual site. However:

- Multi-site working significantly increases costs (utilities, insurance, equipment, compliance, staffing).
- Our medical accountants (serving ~400 practices nationally) have advised our profits are in the bottom 10% of their client base.
- Small list size, multi-site operation and limited dispensing are known characteristics of lower-resilience practices.

General Practice partnerships cannot run at a deficit. Sustainability is not about maximising profit; it is about ensuring the long-term survival of the practice.

Contract information is publicly available via NHS England and links have been provided.

10. NHS Long Term Plan and "Care Closer to Home"

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We share the ambition of delivering care locally. However, in the context of the NHS 10-year plan, "home" increasingly refers to neighbourhood footprints of around 30–50,000 patients (our PCN serves ~42,000).

Our challenge is balancing:

- Local identity and continuity
- Workforce and financial sustainability
- Increasing regulatory and infrastructure requirements
- Changing contractual requirements with a drive to quantity of access

We believe consolidation may allow us to:

- Recruit new partner/s and clinical staff
- Improve continuity through named GP lists
- Strengthen resilience
- Maintain local clinical leadership

Conclusion

This consultation is not a foregone conclusion. We are genuinely seeking feedback before deciding whether to submit a formal closure application to the ICB.

We recognise that closure would disproportionately affect some patients, particularly those with mobility or transport challenges.

We are grateful for your constructive engagement and welcome continued dialogue ahead of the public meeting.

Yours sincerely,

Dr Richard Cockshott Dr Paula-Jane Marrett Dr Jan Knobloch