

Derby and Derbyshire Local Medical Committee Heritage Gate, Celtic House 3rd Floor, Friary Street Derby DE1 1LS

09 October 2017

Dear Dr Madan

Thank you for meeting with Derbyshire LMC.

You asked that we write to explain why rural localities may need many hubs to provide an accessible and equitable service for the extended access outlined in the GPFV.

Derbyshire dales locality has 7 practices with a population of around 40,000 patients. From one end to the other of the area is around 25 miles, and is only possible to travel this length by using 3 buses. The local diagnostic centre is not in this locality. There are 2 community hospitals, and both are earmarked for closure due to CCG cutbacks. There was a proposal that the only way to provide a service to this population is to have provision from all the practices. The practices were willing to do this. However, the CCG said this was not possible, and that the provision needs to be from 1 hub. So the locality were asked to think again. The new proposed hub was in a town at one end of the locality, thus restricting access for most of the population.

You assured us that this was not the idea of the GPFV, and that innovation should not be stifled to increase access in line with the ideals proposed.

We are sure this must be true for many parts of the country. Indeed, even in southern Derbyshire, a locality proposed that due to the deprived population they serve that each of the towns in the locality would need a hub to ensure access, but again this was not seen as the right model, and they were asked to think again.

We would be pleased if you could give us guidance as to how localities can proceed as the current response is that GP's will say no we will not provide this, and let the CCG work out their own solutions.

Yours sincerely

Dr Peter Williams Chair

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