

Care and Independence Scrutiny Committee - urgent request for information: re imminent closure of Reeth Medical Centre

The role of the Care and Independence Scrutiny Committee includes safeguarding the interests of residents who are older, vulnerable, or who require additional support to live independently, particularly where changes to local services may affect practical access to care.

Given the proposed closure of Reeth Medical Centre is scheduled for 31 May, the Committee requests written responses as a matter of urgency to the following questions so they can be considered at its meeting on 20 April.

The Committee is seeking clarification of the potential impact on elderly and vulnerable residents and the process by which decisions relating to future service provision to these patients have been reached.

Question 1 - current status and priorities

Could you clarify the current status of the proposal, and given that the closure is scheduled in a matter of weeks, whether the priority is now to disperse patients to other practices or to secure an alternative provider to maintain services in Reeth?

In November 2025, partners at Reeth Medical Centre formally decided to hand back their GMS contract. As a partnership, six months' notice was required; the contract will end on 31 May 2026.

The ICB has two options, mandated in statute, to either procure a new contract or disperse the list. A procurement process takes a minimum of three months; best practice is to begin by testing the market by following an Expression of Interest process.

The EOI was issued widely across practices, federations, trusts and alternative providers within the ICB. This process did not yield a suitable provider therefore the ICB is now following the list dispersal process.

Question 2 - patient dispersal and higher-need patients

Information published by the NHS Humber and North Yorkshire Integrated Care Board indicates that all options for maintaining services locally have been explored and that patients are expected to be dispersed to practices in Hawes, Leyburn and Richmond. On that basis, can you confirm how many patients are expected to transfer to each receiving practice, and how many of those patients are older people or are identified as requiring regular ongoing care?

The allocation is based solely on the patient's postcode and which practice boundary they reside within. Based on this approx. 115 patients will be allocated to The Friary, Richmond, 10 to Quakers Lane with the remainder being allocated to Central Dales (Hawes & Aysgarth). No patients reside within the boundary of Leyburn practice.

Question 3 - receiving practice capacity

What assessment has been made of the capacity of the receiving practices in Hawes, Leyburn and Richmond to absorb additional patients, including impacts on appointment availability, continuity of care and home visiting provision?

The practices will be examining the impact of the allocated patients. The ICB process in allocating the patients is mandated in statutory guidance.

Question 4 - independence impacts

What assessment has been made of how the loss of locally delivered GP services may affect residents' ability to remain living independently, particularly for those who rely on nearby access to routine appointments, medication monitoring and home visiting support?

The ICB is required by statute to follow the process dictated by the contract handback. We are working with key stakeholders, including North Yorkshire Council, to highlight any risks arising from the mandated process.

Question 5 - transport access

What assessment has been made of how many registered patients do not have ready access to a car, and how this may affect their ability to travel to alternative practices, given the limited availability of public transport?

The ICB does not have commissioning responsibility for transport however we are engaged closely with North Yorkshire Council, the mayoral combined authority and local VCSE partners to assess all options

Question 6 - locally delivered services and emergency support

What assessment has been made of the impact of the proposed closure on the range of services currently delivered locally from Reeth Medical Centre, including same-day appointments, home visiting support, first-response emergency care prior to ambulance arrival, and care delivered at home for patients approaching end of life?

The practices patients are allocated to will have to meet the requirements of the national GMS contract including same day appointments and prescribing of palliative medication in certain situations. The ambulance transport contract is not affected by the contract handback at Reeth Medical Centre, nor is the district nursing contract which supports end of life care for patients in their own home.

Question 7 - emergency response resilience

What assessment has been made of the impact of the proposed closure on local emergency response resilience across Swaledale and Arkengarthdale, particularly given ambulance response distances to parts of the area?

There is no change to the ambulance contract. Yorkshire Ambulance Service would still be required to meet their contractual requirements for patients living in the current Reeth Medical Centre boundary.

Question 8 - interim arrangements before closure

What interim arrangements are being considered to maintain local access to primary care services if a replacement provider cannot be secured before the proposed closure date?

The required procurement expression of interest process has been undertaken with no suitable providers identified. Patients will be allocated automatically to their new practice which will preserve continuity of care.

Question 9 - timeline and substantial variation assessment

Can you set out the timeline for this process, including:

- a) when notice was first given by the GP partners of their intention to retire and hand back the contract;

The partners at Reeth gave the required six months notice on 27.11.2026

- b) when was it determined that patients would be dispersed to surrounding practices rather than services being maintained locally;

The decision to proceed with a list dispersal was approved by ICB executives on 31.03.2026 following the market testing using an Expression of Interest process.

- c) what decision framework or matrix was used to determine whether this change in how services would be provided constituted a substantial variation in service provision, particularly for patients who are older, vulnerable, or require additional support to live independently, and when was that assessment completed.

No commissioning decision has been made by the ICB. The contract handback is the choice of the partners and the options of the ICB are either procurement or list dispersal.

Question 10 - communication and patient engagement

What steps were taken to inform patients of the proposed closure and the timeline for those communications; what opportunities were provided for patients to give feedback; and what specific measures were taken to ensure that patients who may not have access to online information were kept informed and able to participate?

As no commissioning decision has been made by the ICB, no patient engagement is required. Communication is strictly controlled during any procurement process and patient communication could not begin until the final decision was made. A full communication package for patients, local practices and stakeholders had been prepared for distribution once a final decision was made.

Unfortunately, the partners at Reeth Medical Centre felt they had to release information early by posting to their Facebook page without the prior knowledge of the ICB.