

22 April 2010

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Scrutiny Team
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Dear Lynne

THE VILLAGE PRACTICE PINNER

I am writing in response to the letter dated 14th April 2010 from Cllrs Vina Mithani and Rekha Shah, requesting further information about the events at the Village Surgery resulting in its closure on 5th April 2010.

I have responded to each of their enquiries in turn for clarity.

- 1. How NHS Harrow monitors the performance of its contracts with GPs and what redress it has when performance appears to be deteriorating? In this context it would be helpful to know when you became aware of the issues that have resulted in the closure.*

NHS Harrow's primary care contract monitoring process involves the annual review of each practice in order to confirm compliance. There are then quarterly updates which also inform the balanced scorecard that we publish on our website for patients. However the monitoring process is also sensitive to other factors that affect practice performance and contract compliance as they arise eg. sudden fluctuations in staffing, patient complaints or patient safety concerns. These can come from a range of sources, sometimes our complaints team or Patient Advice and Liaison Service.

The contract sets out a process for PCTs to follow when tackling non compliance. Briefly, this entails issuing remedial or breach notices to the contractor citing the instances of non-compliance, the remedial action necessary to put right the contract breaches and the consequences if the contractor does not take remedial action. All contractors under the contract must agree the action to be taken and respond to the PCT as one organisation or "Contractor" about all compliance issues.

NHS Harrow was notified in mid February 2010 that one of the partners at the Village was to cease practising there and would leave the partnership at the beginning of March. They would remain responsible under the contract. This prompted concern as to how the Contractor would continue to provide services at the level necessary for the size of the practice list. This was followed by a further notification in late February that another partner at the Village was to cease practising there and would

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leave the partnership. They again would remain responsible under the contract. This deepened our concerns about how the Contractor would ensure continued services to the patients following this breakdown in the partnership and also raised concerns about the clinical governance arrangements that would now be in place in light of the fact that there was only 1 remaining partner.

The Contractor was asked in mid February and late February to inform the PCT of how clinical governance arrangements were being maintained in the circumstances, how the practice intended to address the serious concerns about future provision of services and what arrangements were in place to ensure continued services in light of the fact that 2 practising GPs were leaving.

A response was received from one partner at the practice addressing these points but almost immediately other clinicians at the practice began to raise concerns about their own workload and the governance arrangements. These in part contradicted the assurances the PCT had been given. Following a meeting to discuss those issues on the 16th March a contract remedial notice was issued to the Contractor requiring the issues to be remedied urgently.

Further concerns were raised by practice clinicians to the PCT's Acting Medical Director, who was sufficiently concerned by the risk to patients to call an urgent meeting with the Contractor on 29th March 2010. At that meeting the Contractor agreed that they wanted to terminate their contract with the PCT quickly in order to preserve the safety of patients. In the circumstances the PCT agreed for the contract termination to take place effective from 5th April 2010.

2. Why there was no prior consultation on the closure?

The intention was to hold the practice to their contractual responsibilities and resolve the issues. However when the situation became serious and the Contractor asked to terminate the contract, the PCT had to act quickly to secure primary care services for the patients. This did not allow the time for prior consultation.

3. Why the closure was so urgent?

I think my reply to questions 1 and 2 covers this question.

4. What is meant by 'an absence of sustainable permanent working arrangements and the necessary governance measures posed a risk to the safety of patients'?

The situation I have described meant the PCT had no assurance that the clinical management of patients was happening in a controlled way or that there was an over-arching governance arrangement that identified issues of concern and resolved them. There was no plan forthcoming from the Contractor that demonstrated there would be recruitment of additional GPs in longer term posts or that clinical governance arrangements that confirmed services given by the practice would be monitored continuously and high standards of care safeguarded. This created a risk to patient safety.

5. Your letter refers to arrangements as a 'temporary' measure. If this is indeed the case, what long-term solutions are proposed?

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The arrangements put in place with the Pinn are temporary while an engagement process is undertaken to decide on the long term future. The engagement process and scope have not yet been determined as there was not previously time to do this. Consequently there are no proposals developed yet. Essentially though the PCT with stakeholders needs to decide the best way of ensuring patients who were at the Village can access high quality care in the long term.

6. *What are the pros and cons of these solutions?*

Part of the engagement process will be to explore what options are possible and what benefits and disadvantages there are for each.

7. *When and how do you intend to consult on these proposals?*

As stated in no.5 above the engagement plan is only in development now but we would want to start as soon as possible and look to complete the process and have a decision in the next 6 months.

8. *In this context, how do you intend to commission GP services for the wider area?*

At this moment we are commissioning care temporarily for these patients from the Pinn. The PCT's broader intentions regarding commissioning services are set out in our Commissioning Strategy Plan.

9. *What are the implications of a sudden and significant increase in patient numbers for the Pinn Medical Centre? Have you assessed the capacity of the centre to accommodate this and have you assessed the risk to patients?*

Clearly, the Pinn have had a sharp increase in workload since the temporary arrangements were made with them just before Easter. However, they were in a good position to house those arrangements as their new building had capacity for additional consulting rooms to be brought into use which was done quickly. The staff, nurses and salaried GPs from the Village moved with the patients to the Pinn which has helped greatly with the additional demands on them, but in addition to that the Pinn have also recruited more clinicians to ensure that demand is met.

The Pinn has a strong management structure both clinically and administratively which has proved invaluable in the transition. The PCT is acutely aware of the sudden demands made of the practice and is offering them advice and support as and when they require it.

10. *Are you satisfied that the Pinn Medical Centre is accessible to the patients of the Village Practice in Pinner, particularly those who are elderly or disabled?*

The Pinn is a new build that complies with DDA requirements and NHS standards. It is 0.2miles or 320 metres from the Village Surgery. There is parking available and a local bus stop and met line station very nearby. We believe the Pinn is accessible for all patients. As you know they already service their own list of patients including those who are elderly or who have a disability.

I hope this information is useful to you and I will of course keep you updated on this situation throughout the process.

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Please let me know if you require any further details.

On a separate but related issue, I would like to inform you that Dr Gould and partners who currently run practices at Stanmore Medical Centre, Stanmore, Stanmore Park Medical Centre, Stanmore Park and Buckingham Road Surgery, Chandos Crescent, Edgware have decided to close the Buckingham Road Surgery site from 31st May 2010.

The premises there do not meet the standards required for the provision of NHS services. The practice has been actively seeking alternative accommodation in the immediate area for a prolonged period but unfortunately has had no success. They have therefore gained agreement from the PCT to close that site and instead see those patients at their other sites. The practice list at Buckingham Road is small, under 1500 and can be easily accommodated at the other sites. The GP and staff from Buckingham Road will remain with the practice working at the other sites. The practice have consulted staff and discussed this with patients in advance and letters are now going out to patients to inform them of the changes reassuring them they will remain with the practice unless they choose to re-register elsewhere. A list of practices in the area has also been enclosed for patients. Neighbouring PCTs and practices have also been informed.

Please let me know if you require any further information regarding this.

Yours sincerely

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NHS Harrow

CC Julie Taylor
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