October 2010

Health Sub Overview and Scrutiny Committee

Pinner Village Surgery
Challenge Panel Report

Members of the Challenge Panel

Councillor Paul Osborn (Chairman)
Councillor Lurline Champagnie
Councillor Ann Gate
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Councillor Vina Mithani
Councillor Simon Williams
Julian Maw (Chief Executive, Harrow LINk)

CONTENTS

CHAIRMAN'S INTRODUCTION & ACKNOWLEDGEMENTS

This report details the observations and findings of the scrutiny challenge panel which took place on Thursday July 22nd 2010 to consider the closure of Pinner Village Surgery. The challenge panel was made up of members of the Health Sub Overview and Scrutiny Committee and the Chairman of Harrow Local Involvement Network (LINk).

As a ward Councillor for Pinner, I was particularly keen to get to the bottom of the reasons behind the sudden closure of the surgery which came as a shock, disappointment and inconvenience to a number of the residents of Pinner. As part of our deliberations and discussions we considered the way in which the arrangements for the closure of Pinner Village Surgery was managed by NHS Harrow and the performance management processes that failed to identify the problems early on. The panel also explored whether more could have been done to avoid the sudden closure of the surgery. NHS Harrow colleagues provided evidence to the panel and in attendance was:

- Mohammed Ali, Medical Director NHS Harrow
- Julie Taylor, Head of Contracts, NHS Harrow
- Mark Easton, Interim Chief Executive, NHS Harrow
- Gillian Schiller, Chairman, NHS Harrow

The challenge panel was held in a climate where the management and structure of health services throughout the UK is changing and evolving, most significantly the proposals for GP led commissioning and the abolition of the PCT (NHS Harrow). With this in mind, reference to this challenge panel was used as evidence in the council's response to the Governments White Paper 'Equity and Excellence: Liberating the NHS'. The evidence from the challenge panel emphasises the importance and need for robust performance management structures in order to ensure provision of relevant, reliable and quality healthcare for the residents of Harrow.

The panel is grateful for the attendance and contributions from the following colleagues:

- James Kincaid, Chairman of Pinner Association Health Sub-Committee/ Vice Chairman of the Community Voice
- Andy Michaels, Londonwide Local Medical Committees (LLMCs)
- Dr Chaand Nagpaul, Harrow Local Medical Committee (LMC)
- Dr Mark Levy, Harrow Local Medical Committee (LMC)

The challenge panel was approached in a constructive manner with a focus on establishing what went wrong and what safeguards and risk management structures could be put in place to stop this type of thing from happening again. A subsequent meeting with NHS Harrow and their engagement meetings with the public after the challenge panel provided more information regarding what went wrong and has been used as evidence in this report. Information provided by the LMC has also been particularly valuable to the panel.

Councillor Paul Osborn
Chairman of Pinner Village Surgery Challenge Panel

EXECUTIVE SUMMARY

This report sets out the details, findings, conclusions and recommendations of the Pinner Village Surgery challenge panel. The challenge panel came to look at the closure of Pinner Village Surgery having been contacted by NHS Harrow a few days before its closure. The correspondence (attached in appendix A) informing the Overview and Scrutiny Chairman of the imminent closure came as a surprise and it was immediately clear that the sudden closure needed to be investigated in more detail. The unexpected closure of the surgery met with disapproval from a number of Pinner residents.

The challenge panel was held on 22 July 2010 and followed an initial briefing at the Health Sub Committee on 16 June 2010. The majority of the evidence used to support the challenge panel came from the information provided by NHS Harrow which consisted of:

- Correspondence between Overview and Scrutiny and NHS Harrow
- Correspondence that went to the patients at Pinner Village Surgery
- NHS Harrow Stakeholder and Engagement Framework and Action Plan
- The Village Surgery contractual review report
- Clinical Domain Quality and Outcomes Framework (QOF) report for the surgery

However, the most valuable evidence that supported the work of the challenge panel was the detailed discussions and evidence provided by the LMC, LINKs and the Pinner Association. The engagement meetings organised by NHS Harrow that took place in September and October 2010 to get the views of local people were also useful for us in hearing the views amongst Pinner residents and getting clarity on some contradictory information that had been presented beforehand.

The challenge panel revealed that it is essential to be transparent and have clear lines of communication, consultation and engagement on all levels, with service users and also partners. The challenge panel also highlighted how important it is to have effective performance monitoring and risk management structures in place, with relevant and useful information collated. This is because the panel came to find that the problems at Pinner Village Surgery were more long term than they were initially led to believe but due to the nature of the problems they were not taken into account when assessing and monitoring the performance of the surgery.

Essentially, the performance management structures did not provide the structure to highlight some of the problems at Pinner Village Surgery. The challenge panel also revealed that clinical evidence should not be the only criteria for measuring the effectiveness and quality of health services. The recommendations draw on the key finding of the challenge panel which are detailed on page 5.

RECOMMENDATIONS

Recommendation 1 – Performance and Risk Management

NHS Harrow should work with the Local Medical Committee to develop more relevant and effective measures to monitor and benchmark performance. Softer intelligence also needs to be considered when carrying out assessments of GP practices. Other matters such as referrals to the LMC, Nina Murphy Associates, NCAS or the GMC should also be taken into account along with clinical evidence and site visits when assessing GP practices.

Robust risk management systems for GP practices at risk of this sort of breakdown with early indications of any kind of problem be it individual doctors' clinical performance, contractual matters, issues related to human resources or any other aspect of running a general practice should be developed.

Robust performance monitoring and risk management systems will be even more important in the future where GPs will be required to work closer together in consortia and they will be both the commissioners and the providers of services.

Recommendation 2 – Consultation and Engagement with Service Users

Consultation on changes and closure of services should be done in advance of a change rather than afterwards. Consultation and engagement carried out regarding the fate of a service once it has been severed does not appear genuine.

In future NHS Harrow/ the future commissioners of services should ensure that there is liaison with key organisations such as the council, LINks and other relevant groups regarding consultation, communication and engagement with patients and the public.

Recommendation 3 – Working with Partners and key Stakeholders

Open and transparent provision of information and consultation with the council, the LMC, LINKs and other key stakeholders would have meant that some of the problems following the closure of the surgery could have been avoided. The actual closure of the surgery might also have been avoided had more advice been sought from the LMC.

Steps should be made to ensure that as plans towards GP commissioning progress, the message for the need for real consultation with all relevant stakeholders should be emphasised.

Recommendation 4 – Managing the closure of the service

Additional support should have been provided for the more vulnerable patients at Pinner Village Surgery, the closure of the surgery should have been communicated better with people requiring regular contact with their GP such as those on repeat prescriptions. It was also unclear to us why if the closure was necessary it couldn't have been gradual with a more effective transition to the Pinn Medical Centre.

Recommendation 5 – Choice for Patients

NHS Harrow should do everything possible to ensure that there is genuine choice of surgery for patients in Pinner and that continuity of care is preserved. NHS Harrow should also provide accurate

information on the choices and availability of practices to register patients from Pinner Village Surgery – within a geographical boundary and distance that is acceptable to patients.

Recommendation 6 – Consideration of other options
In advance of the NHS Harrow engagement meeting we advised NHS Harrow that it would have been useful to discuss having the Pinner Village Surgery run by another practice. However, the surgery was sold before the engagement meetings took place.

In future, consideration should be given to all the options available and a thorough financial business case should be supported with a thorough analysis and modelling of all the options with the help of the LMC. While recognising that the financial position of NHS Harrow may not allow new investment, NHS Harrow should be prepared to commit to the resource previously allocated to the funding of the Village Surgery.

Recommendation 7 – Working relationships
Regular meetings to address upcoming issues and developments should be organised between the Health Sub Overview and Scrutiny Chairman and Health and Social Care lead members and the Chief Executive of NHS Harrow.

Recommendation 8 - Capacity at the Pinn Medical Centre
NHS Harrow should ensure that the Pinn Medical Centre genuinely has the capacity that they say they do for the additional patients.

The following sections of this report detail the challenge panel's considerations in full.

BACKGROUND

At the end of the previous administration, on 31 March 2010 the Overview and Scrutiny Committee were contacted by the Director of Development and System Management, NHS Harrow regarding the imminent closure of the Village Practice in Pinner on 5 April 2010. (Letter attached in appendix A)

It was decided by the Scrutiny Health and Social Care policy and performance lead members at the time, that due to the proximity of the elections on 6 May 2010, it may be more appropriate to address and investigate the issues in the next administration. The lead members felt that the immediacy of the closure of the practice was something that would possibly warrant further investigation. In view of this, the lead members wrote to the Director of Development and System Management, NHS Harrow raising a number of questions and issues to be addressed at a future Overview and Scrutiny meeting (attached in appendix A). The lead members received a response which was presented and considered at the 16 June meeting. (Attached in appendix A)

16 June 2010 Health Sub-Overview and Scrutiny Committee Meeting

At a meeting on 16 June 2010, the newly established Health Sub-Overview and Scrutiny Committee were briefed by NHS Harrow on the details surrounding the closure of Pinner Village Surgery by the Director of Development and System Management, the Head of Contracts and the Head of Patient and Public Involvement. The committee sought clarity with regards to:

- why the Village Surgery closed
- whether there was a possibility it would re-open
- which doctors would be practicing at the new surgery
- why there had been no consultation prior to the closure
- what would future consultations involve
- what was being done to assist patients with registering elsewhere

At the meeting the committee were informed that NHS Harrow held a contract with all three practitioners at Pinner Village Surgery. The Village Surgery was closed as a result of two partners leaving the surgery in early March 2010. Notification for resignation came from one doctor on 17 February 2010 and another on 22 February 2010. On 25 March the last remaining partner wrote to NHS Harrow applying for variation of their PMS contractor status and requested to be removed as a contractor.

NHS Harrow initially explained that they had no prior warning of any problems before the resignations came in February 2010. It was later revealed that the long term problems were also taken into consideration before the closure. NHS Harrow explained that, due to the lack of sustainable working arrangements and inadequate governance arrangements in place, it was decided that the practice should be closed as it was felt it posed a risk to the safety of patients. The decision to close the practice was taken jointly by partners at Pinner Village Surgery and commissioners at NHS Harrow.

Patients at the surgery were informed of the decision to close the surgery through a letter that was sent out on 30 March 2010. The practice was closed a few days later on 5 April 2010. NHS Harrow's website set out a number of frequently asked questions to aid patients. Patients were informed that the arrangements were temporary until they had been consulted along with other key stakeholders. Patients who attended the Pinner Village Surgery were directed to the Pinn Medical Centre, also in

Pinner. The remaining salaried doctors, nurses, and administrative staff from Pinner Village Surgery were also moved to the Pinn Medical Centre.

Following a lengthy discussion and a number of questions left unanswered/ partly answered and a change of tact by NHS Harrow at certain points, the committee decided to set up a challenge panel in which the issues could be discussed in more detail. It was decided that the following information would aid the deliberations of the challenge panel:

- details and figures relating to costs of providing services in one location as opposed to two
- information relating to how funding is allocated to surgeries which is largely based on the size of the surgeries registered patient list and income received per patient
- what the purpose of a future consultation would be in view of the fact the surgery had already closed without consultation with patients
- the performance management information on the surgery
- details of the site visits that formed part on the audit monitoring processes carried out by the PCT

The detailed scope of the review is included in appendix B.

OBSERVATIONS ARISING FROM THE CHALLENGE PANEL

The challenge panel opened with a briefing from the key stakeholders in attendance including the Pinner Association, Local Medical Committee and the LINks. NHS Harrow then briefed the panel on the additional information they provided that had been requested by the panel.

Performance and Risk Management

One of the key issues the panel wanted to address through the challenge panel was the quantity and quality of the performance management information collated by NHS Harrow. The panel felt that had more robust systems of performance management and monitoring been in place, the sudden closure of Pinner Village Surgery could have been avoided as plans would have been made in advance to manage the situation.

The panel were informed that the problems at the Pinner Village Surgery dated back over two years. The issues were related to specific personnel at the practice and difficulties within the partnership. The panel were also informed that National Clinical Assessment Service (NCAS) carried out an assessment of the surgery but it was later revealed that a performance investigation was actually carried out by an external agency – Nina Murphy Associates which showed that some governance and administrative measures did not appear to be working properly but this was not linked into NHS Harrow's performance monitoring framework, nor deemed a cause for concern.

The panel found that the performance management information collated by NHS Harrow was mainly focussed on clinical evidence and part of the problem at Pinner Village Surgery was that their were problems related to the administrative and governance systems in place which had led to strains in relationships. The performance monitoring information does not monitor or take into account softer intelligence.

The panel set out early on in the proceedings that the details and the nature of some of the more personal issues would not be discussed as part of the challenge panel. Although the personnel problems at the Village Surgery did have a bearing on the actual running and breakdown in the structure of the practice and they are inter-related, the panel felt that these issues did not warrant the decision for the sudden closure of the surgery.

The panel felt that Pinner Village Surgery should have been monitored more closely, a risk assessment carried out and contingency plans should have been in place. This is in view of the knowledge that there was support provided by the LMC for particular personnel at the GP surgery and this had been in place for over two years. The fact that and external agency had been called in to give a performance investigation of the surgery also adds weight to the fact that contingency plans should have been made by NHS Harrow for the surgery.

The panel learned that the problems at Pinner Village Surgery did not initially cause worry for NHS Harrow despite some of the problems because these types of issues were not flagged up on their reporting and monitoring framework. NHS Harrow also explained that they did not pick up on any problems on the site visits that took place as part of their monitoring practice.

The panel emphasised that this was a real worry and there is a need to develop performance monitoring information that is more robust and transparent and picks up on non-clinical evidence that

may affect the performance of GP surgeries and that evidence from different agencies should be jointly considered.

Recommendation 1

NHS Harrow should work with the Local Medical Committee to develop more relevant and effective measures to monitor and benchmark performance. Softer intelligence also needs to be considered when carrying out assessments of GP practices. Other matters such as referrals to the LMC, Nina Murphy Associates, NCAS or the GMC should also be taken into account along with clinical evidence and site visits when assessing GP practices.

Robust risk management systems for GP practices at risk of this sort of breakdown with early indications of any kind of problem be it individual doctors' clinical performance, contractual matters, issues related to human resources or any other aspect of running a general practice should be developed.

Robust performance monitoring and risk management systems will be even more important in the future where GPs will be required to work closer together in consortia and they will be both the commissioners and the providers of services.

Consultation, Engagement and Communication

Consultation and engagement with Service Users

The panel was very disappointed and concerned regarding the level of engagement that took place prior to the closure of the surgery. Through the challenge panel, members sought to build the confidence of the public to ensure that due process has actually been carried out.

The way in which the surgery was closed also contradicts much of the key pledges in the NHS constitution including:

Access to health services
The NHS commits to make decisions in a clear and transparent way, so that patients and the public can understand how services are planned and delivered.

Informed choice
You have the right to choose your GP practice.

The NHS also commits to offer you accessible, reliable and relevant information to enable you to participate fully in your own healthcare decisions and to support you in making choices.

Involvement in your healthcare and in the NHS
You have the right to be involved in discussions and decisions about your healthcare, and to be given information to enable you to do this.

You have the right to be involved, directly or through representatives, in the planning of healthcare services, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services.

The NHS also commits to provide you with the information you need to influence and scrutinise the planning and delivery of NHS.

(The NHS Constitution, January 2009)

The patients at Pinner Village Surgery were not given any of the opportunities described above.

The panel spent some time considering the way in which NHS Harrow communicated the closure of the surgery to the residents of Pinner. The perception amongst Pinner residents is that it wasn't necessitated by a sudden need to protect patient safety but it was a planned merger with the Pinn Medical Centre and an opportunistic reaction to a surgery that had been the cause of concern for a number of years. The closure is believed to be a merger because the Pinn Medical Centre was a brand new, highly publicised GP led Health Centre with excellent facilities but also with excess capacity to be filled.

The closure of the surgery appears as though it fitted with both the policy objective to move from small GP practices to polyclinics whilst at the same time it provided the solution to help alleviate the challenging financial predicament faced by the NHS Harrow. The fact that the incident had taken place at the end of the financial year also aroused suspicions amongst patients. The fact that two doctors formerly at Pinner Village Surgery along nurses and other support staff moved seamlessly to the Pinn Medical Centre, also makes the closure appear orchestrated.

The panel stressed that they viewed the Pinn Medical Centre as an excellent facility and a very viable alternative for the former patients at Pinner Village Surgery but felt what was not reasonable was that the decision was made without the involvement of the actual patients. The Pinner Association also reported that not everyone received the letter regarding the closure and would have turned up to the surgery only to find it closed.

The panel feels that the evidence available doesn't support the perception that the closure was pre-planned and accepts that NHS Harrow was acting in good faith in the decisions they made however, as can be seen in the recommendations below, the panel feels that NHS Harrow did not make the right decision in abruptly closing Pinner Village Surgery.

The panel felt that had NHS Harrow been transparent, explained the circumstances to patients (i.e. the long term problems and excess capacity at the Pinn Medical Centre) along with providing adequate time in which to transfer and find an alternative GP practice it is probably likely that patients would have responded more positively to the need to close the surgery rather than putting them in a position where they had no choice. Had the right procedures been carried out many of the patients at Pinner Village Surgery may have responded more positively to registering with the Pinn Medical Centre.

NHS Harrow produced a 'stakeholder, communications and engagement framework and action plan' for the provision of services to patients previously at Pinner Village Surgery

Recommendation 2

Consultation on changes and closure of services should be done in advance of a change rather than afterwards. Consultation and engagement carried out regarding the fate of a service once it has been severed does not appear genuine.

In future NHS Harrow/ the future commissioners of services should ensure that there is liaison with key organisations such as the council, LINks and other relevant groups regarding consultation, communication and engagement with patients and the public.

Working with partners and key stakeholders

Along with the inadequate consultation and engagement with the residents of Pinner, the panel were also disappointed with the way in which NHS Harrow communicated with them during some stages of their investigation. The panel felt that inadequate and contradicting information was presented at the 16 June meeting and some information was withheld at the challenge panel.

The LMC is a statutory body and the professional voice for GP's aimed at providing advice and support for practices on a wide range of issues including contracts, managing practice vacancies, performance and service issues, patient and safety practices as well as PCT disputes. The situation at Pinner Village Surgery was not unusual to the LMC but what is unusual is the fact that they were not consulted on the closure of the practice, simply informed of the plans to close the practice.

At the challenge panel, it became clear that the council and the LMC were not provided adequate information regarding how the actual decision to close the surgery came about. NHS Harrow has a duty under the GMS Regulations 2004 (Part 8, Regulation 120) to consult the LMC when terminating a contract or imposing a contract sanction. The GP support team of Londonwide LMCs were aware of some of the problems beforehand in relation to specific personnel but NHS Harrow did not formally consult or notify the local LMC in Harrow that the contract at Pinner Village Surgery was being terminated.

During the discussions about how the decision to close the surgery came about, NHS Harrow admitted that there had been a long history of constantly patching up the service at Pinner Village Surgery. Had NHS Harrow been more open and transparent about things rather than saying the first indication of problems at the surgery came with the resignations then perhaps the challenge panel wouldn't have actually had to take place.

Had NHS Harrow been open regarding the issues at Pinner Village Surgery prior to the resignation of the first two partners, the financial predicament they were facing and had they explained the situation. The council and in particular the ward councillors in Pinner could have been used by NHS Harrow to communicate the situation with the residents of Pinner.

Recommendation 3

Open and transparent provision of information and consultation with the council, the LMC, LINKs and other key stakeholders would have meant that some of the problems following the closure of the surgery could have been avoided. The actual closure of the surgery might also have been avoided had advice more been sought from the LMC.

Steps should be made to ensure that as plans towards GP commissioning progress, the message for the need for real consultation with all relevant stakeholders should be emphasised.

NHS Harrow Consultation with Pinner Village Surgery Patients post closure

The panel members were keen to know what the future consultation plans would focus on given that there was a lack of patient involvement in the initial decision, patients essentially would not be given a real choice as the surgery was already closed.

At the challenge panel a 'stakeholder, communications and engagement framework and action plan' was presented. The document aimed to help people to find alternative surgeries if they weren't already registered elsewhere.

The documents specific aims were to:

- Define the communications and stakeholder engagement approach on the future provision of primary medical services to patients from the Village Surgery
- Identify the key primary and secondary stakeholder groups

At this time NHS Harrow were clear that they would not be consulting on the option of a new practice as there were alternatives for the patients of Pinner Village Surgery - the Pinn Medical Centre in particular is within close proximity to the Village Surgery building.

Following the challenge panel, in September/ October NHS Harrow embarked on a number of engagement meetings in which they came out and met Pinner residents. The meetings were well attended and a number of disgruntled and disappointed former Pinner Village Surgery patients attended. NHS Harrow was held to account with patients asking pertinent questions, seeking an honest and clear response. The panel felt that the communications and engagement strategy was too little, too late; this is what should have been produced before the closure.

Recommendation 4

Additional support should have been provided for the more vulnerable patients at Pinner Village Surgery, the closure of the surgery should have been communicated better with people requiring regular contact with their GP such as those on repeat prescriptions. It was also unclear to us why if the closure was necessary it couldn't have been gradual with a more effective transition to the Pinn Medical Centre.

Many of the patients at Pinner Village Surgery had good relationships with their GPs, it will be particularly important for patients to get the same level of care in the new GP practices they register with. Assurances should be made that all the patients are able to register in the surgeries that have been recommended to them in the consultation documents.

Recommendation 5

NHS Harrow should do everything possible to ensure that there is genuine choice of surgery for patients in Pinner and that continuity of care is preserved. NHS Harrow should also provide accurate information on the choices and availability of practices to register patients from Pinner Village Surgery – within a geographical boundary and distance that is acceptable to patients.

Finance and Registered Patient List

At the challenge panel the issue of payment and registered patient lists was also touched on in brief. It was explained that there were 3, 500 patients from the Pinner Village Surgery that were not yet registered at a new GP practice though the money for the patients is going to the Pinn Medical Centre. Payment for GP services moves with the patient so the patient list from Pinner Village Surgery currently sits with the Pinn Medical Centre and they are receiving payment even from those patients that have yet to register at the Pinn Medical Centre or elsewhere.

Following a question about how much each surgery is paid in relation to their patient list, the panel learned that the difference in payment in surgeries across the board per patient can vary in terms of marginal costs from a range of £65.00 to £130.00 per patient. The cost per patient varies from practice to practice dependant on the type of contract in place, historical funding and the range of services.

We are unclear from the financial data that NHS Harrow shared with us the extent to which the closure of the Pinner Village Surgery either increased or decreased costs for NHS Harrow. Whilst there seems to be a saving in terms of the payment for rent, NHS Harrow pays more to the Pinn Medical Centre due to the additional services provided b the Pinn.

Discussions also took place in relation to the savings being made by NHS Harrow in relation to providing services at one less GP surgery. The patient to practice payment structure and the types of contract was explained to be very complicated at the challenge panel. At later meeting with the chair, more clarity was provided.

Alternative Options

During the course of the challenge panel, it became clear that alternative options were not considered. The reason for this was said to be because of the history of patching up the service provided at the Pinner Village Surgery and the risk to patient safety at the time the resignations came from two or the partners at the surgery.

The panel raised a number of questions including why locum doctors were not considered? To which it was explained that this wasn't feasible due to the inadequate governance structures at the surgery. At the panel the LMC pointed out that it is not uncommon for PCTs to maintain continuity of service provision in similar circumstances, such as a sudden unexpected absence of partners in a single handed practice, and further that NHS Harrow has experience of doing so in other surgeries in Harrow in recent years.

Discussions took place around examining the financial model to re-open the practice but being run by other GP's. The LLMC representative informed NHS Harrow of another practice that was willing to take over the premises of Pinner Village Surgery. The LMC also explained that there were a number of procurement and contract types that could have been employed to fit the arrangements at Pinner Village Surgery.

Recommendation 6

In advance of the NHS Harrow engagement meeting we advised NHS Harrow that it would have been useful to discuss having the Pinner Village Surgery run by another practice. However, the surgery was sold before the engagement meetings took place.

In future, consideration should be given to all the options available and a thorough financial business case should be supported with a thorough analysis and modelling of all the options

with the help of the LMC. While recognising that the financial position of NHS Harrow may not allow new investment, NHS Harrow should be prepared to commit to the resource previously allocated to the funding of the Village Surgery.

The Contract

As part of the discussions around the alternative actions that could have been taken, the panel discussed the contract at Pinner Village Surgery in brief as the panel was keen to know why certain interventions weren't made regarding the contract. The contract was signed by all the partners at Pinner Village Surgery and therefore any changes also had to be signed by all of them. The PCT did admit that other steps could have been taken but they were dependent on the communication and the consent of all the partners.

It was explained that the situation at Pinner Village was inadequate as there was only one partner left. All the partners were contacted by letter with regards to what they planned to do and with no response forthcoming from the GP's, a remedial notice was served. The initial letter requesting a response was sent out on 19 March and the remedial notice was served on 26 March. There was clearly insufficient time between the letter and the remedial notice.

NHS Harrow explained that the remedial notice was served because there is usually a period of 28 days allowed in which a reply can be sent but in the circumstance this was too long and so the remedial notice was issued due to concerns over patient safety. NHS Harrow explained the level of concern was so great that the surgery had to close.

The alternative actions would have possibly been to take on another partner or take on locum staff to support the surgery but in view of the history of the surgery and the state it was in, NHS Harrow felt it was best to close it. NHS Harrow explained they were also unable to force the partners to stay on at the surgery, two of which are currently employed at the Pinn Medical Centre.

The panel disagrees and felt that the partners could have been required to co-operate with an orderly transition to another surgery or to comply with NHS Harrow in keeping the surgery open with additional support.

MEETINGS FOLLOWING THE CHALLENGE PANEL

Following the challenge panel, a number of meetings including engagement meetings organised by NHS Harrow took place, these meetings have been used to inform the panel's recommendations.

Meeting with NHS Harrow – August 2010

The chairman of the panel and Health and Social Care Lead members were invited to a meeting with NHS Harrow colleagues at which they aimed to clarify a number of the issues and unanswered questions from the challenge panel.

NHS Harrow presented and explained:

- the history and chronological account of what had happened at Pinner Village Surgery, explaining some of the confidential personnel issues at the surgery

- the payment system in respect of how practices receive payment per patient numbers. A baseline payment is provided and surgeries get paid more in terms of the additional services they provide, i.e. enhanced services and the implications on quality outcomes. All in costs per patient with enhanced services added on were around £100.00 at Pinner Village Surgery and £140.00 at the Pinn Medical Centre. However, the more patients a surgery has the more it brings down the marginal costs.
- that opening another practice would require going through a tendering process which is costly in itself and a new form of procurement that had been put in place would have to be employed and there would have to be a bid for the practice in a like for like service.

The chairman highlighted the deficiencies in the performance management system. The risk RAG status should have a catchall category to flag up risks and further information that should be taken into account in the monitoring process. NHS Harrow colleagues acknowledged the problems with the information they collate in terms of measuring performance.

Other options that could have been employed were also discussed at the meeting. The chairman of the panel queried why NHS Harrow did not use the formalities of the contract to try to at least persuade the fist two partners that resigned to stay at the practice for a while longer in order to provide patients with some sort of gradual wind down of service. The additional staff that were employed by the Pinn Medical Centre to work at the Pinn to support the temporary arrangements could have been employed by NHS Harrow to work at Pinner Village Surgery whilst the surgery was closed gradually or whilst a solution with new partners was found.

The seamless transition of the two doctors that first resigned raises a concern around the duty of care to patients and how this will be managed in an environment where GPs will be commissioners and providers in future.

The importance to have open conversations early on was agreed on by the Chief Executive of NHS Harrow and NHS Harrow colleagues to flag up concerns in advance. Discussions should have taken place even prior to the closure.

The proposal for the NHS Harrow engagement with patients was then considered. The Chairman of the panel stressed that some financial modelling should be carried out in order to be clear on the feasibility of re-opening the surgery/ commissioning another surgery to be opened where Pinner Village Surgery operated and that NHS Harrow should work from a presumption of trying to secure continuity of care and choice for patients. At the meeting the chairman of the panel learned that the building had subsequently been sold by the partners.

Recommendation 7

Regular meetings to address upcoming issues and developments should be organised between the Health Sub Overview and Scrutiny Chairman and Health and Social Care lead members and the Chief Executive of NHS Harrow.

NHS Harrow Engagement with former patients of Pinner Village Surgery

NHS Harrow initially scheduled one consultation meeting which was held on 7th September 2010. However, following over-subscription an additional two were organised on 15th September and 5th

October. The meetings on 7th and 15th September were held at the Village Hall Pinner and the meeting on 5th October at Nower Hill School.

Consultation Meeting on 7 September, 15 September and 5 October

The first two meetings in September were chaired by the Chairman of the challenge panel at the invitation of NHS Harrow and the Pinner Association. NHS Harrow gave a presentation to the former patients of Pinner Village Surgery of which much of the content is also included in the consultation document (attached in appendix D) this was followed by a challenging question and answer session.

Members of the public raised queries and sought clarity on:

- why such sudden and drastic measures had to be taken, at best 48 hours notice was given to patients?
- why a sufficient notice period wasn't served with time for vulnerable patient and those with repeat prescriptions etc to organise themselves?
- the fact that prior to the establishment of the Pinn Medical Centre, the option of a merger with Pinner Village Surgery was put to them. Patients had not been keen on this but felt that the original objectives had been achieved through the closure of Pinner Village Surgery. It was felt that the whole situation appeared manipulated.
- why the timing of the closure of the surgery just so happened to coincide with the end of the financial year?

From the consultation with patients it was found that former Pinner Village Surgery patients are unable to make appointments after 6.30pm like other patients at the Pinn Medical Center. Feed back from some of the former Pinner Village Surgery patients is that the Pinn Medical Centre is unable to cope with the additional patients.

Patients were informed that along with the two partners that resigned from Pinner Village Surgery and were employed by the Pinn Medical Centre, the nurses were also moved and additional Drs and nurses were hired and so the Pinn Medical Centre had the capacity and staff to deal with the additional patients from Pinner Village Surgery. In turn the public questioned why the additional nurses and doctors that were hired by the Pinn Medical Centre couldn't have been hired by NHS Harrow to work at Pinner Village Surgery.

Concern was also expressed at some of the correspondence from the Pinn Medical Centre urging patients to register promptly. Having viewed the letters, the chairman agrees that whilst understanding the purpose of the letter more care should be given to the language used, particularly when it is being sent to vulnerable patients at what is a stressful time.

Recommendation 8

NHS Harrow should ensure that the Pinn Medical Centre genuinely has the capacity that they say they do for the additional patients.

Queries were also raised regarding the permanency of the position of the two Drs that had moved over from Pinner Village Surgery to the Pinn Medical Centre. Of which NHS Harrow explained it was to be resolved by GPs and the partners at the Pinn Medical Centre.

Members of the public also queried over whether some form of an arrangement had been made between the two partners that first resigned and the Pinn Medical Centre.

Patients were also unhappy as to why they were being consulted after the closure of the surgery had already taken place and questioned how legitimate any consultation would be following the closure of the surgery. At this point there was an acceptance from NHS Harrow that they could have done things better.

NHS Harrow Engagement Document

Prior to the final meeting of on 5 October where the engagement document was presented (attached in appendix D) the challenge panel had sight of it presented their views to NHS Harrow.

The panel members felt that the document is not the type of document that members of the public would necessarily want to read. The panel also felt that the engagement document reads more like an explanation and a document explaining why a new surgery can not be set up rather than an objective consultation document.

The figure of £893, 000 that was estimated as the cost to re-establish another surgery was queried by the panel in view of the fact that a recent procurement at Mollison Way cost £647,000. The figure of £893, 000 was arrived at through a generic Department of Health model based on a patient list of 7,000 patients. However there is no clarity as to what type of GP contract it would be based on. There are two different types of contract which can affect the costs and outcomes for procurement, also is the figure based on a service from 8am to 8pm? Opening 7 days a week etc? The consultation document does not fully explain this.

The point was also made by the panel that the point stating *'over 3000 patients have already made the decision to transfer their registration permanently to the Pinn'* was inaccurate as the decision to transfer was made in the circumstances of not actually having a choice.

The consultation document also stated *'We would need to think about the potentially detrimental effect a new surgery would have on existing surgeries if it were to draw a large number of patients to its registered list. This would subtract income from established surgeries and potentially destabilise their financial viability'.* The advantage of an increased number of patients would only have been gained following the closure of Pinner Village Surgery and so this was not really a viable point.

CONCLUSION

The challenge panel's main objective was to get clarity on what led to the closure of Pinner Village Surgery. The panel had the opportunity to address some of the detail and issues surrounding the closure of Pinner Village Surgery but they were disappointed that they did not receive all the information that they requested, especially during the early part of the challenge panel meeting. This made the process longer and more challenging than it needed to be.

The outcomes of the deliberations and discussions at the challenge panel did not provide members with any of the assurances they had sought nor a particularly clear picture regarding the issues that lead to the closure of the surgery. The panel felt as though an agenda was being served both financially and on a policy level with the closure of surgery and the disarray at Pinner Village Surgery provided the ideal opportunity to deal with it through the closure.

Towards the end of the challenge panel we felt that the lines of communication became more transparent and the picture surrounding the issues that led to the closure of Pinner Village Surgery became somewhat clearer. The subsequent meetings that took place after the challenge panel provided a greater insight for members. However, the panel have been given an even clearer picture from evidence that colleagues at the LMC have provided.

We feel that while NHS Harrow may have acted on legitimate concerns and for valid reasons but they could have offered more support to the Pinner Village Surgery patients either for the short term to enable a smoother transition or to enable the surgery to continue long term. NHS Harrow should have taken the appropriate performance measures as necessary and offered more support to partners at Pinner Village Surgery. The additional staff that were procured to support the Pinn Medical Centre by the Pinn could also have been procured by NHS Harrow to work at Pinner Village Surgery whilst the services wound down.

Whilst the Pinn offers excellent facilities, the way in which the closure at Pinner Village Surgery was carried out was not in line with the NHS constitution in terms of giving people choice. Many people like small surgeries and peoples choices have been reduced by what happened at Pinner Village Surgery. The savings for the PCT may be marginal but the effects on patients are significant.

We would also like to put it on record our view that the Pinn Medical Centre Partners and staff have worked very hard to ensure patients were cared for over this uncertain period and by employing two doctors from the Pinner Village Surgery they have been helpful in ensuring patients received continuity of care.

Above all, the challenge panel highlighted the need to ensure clear channels of communication and transparency, with services users and also with key partners. Had there been open communication with residents in the first instance, open communication with the council and other partners such as the LMC and LINks, some of the problems which followed could have been avoided.

We look forward to hearing of the outcomes following NHS Harrows consultation and engagement that took place on 7 September, 15 September and 5 October and the final decision regarding the future of Pinner Village Surgery patient list will be taken on 11 January 2011 at the NHS Board meeting.

We are committed to working with NHS Harrow and GP consortia, the future commissioners of services for Harrow residents; we will also continue to work hard to ensure we safeguard the interests and ensuring the needs of Harrow residents are met.

APPENDIX A

Letter to Pinner Village Surgery Patients from NHS Harrow

30 March 2010

Dear Sir / Madam,

Re: The Village Surgery

You may be aware that there have been a number of medical personnel changes at The Village Surgery in recent weeks, with Drs Sheridan and Wong leaving. This has had some effect on the running of the surgery, which has been of concern to patients, staff and doctors at the surgery. The PCT shares these concerns and has worked very hard with Drs Dove, Sheridan and Wong, who still held the contract to provide medical services, to ensure that the services continued to be provided in a safe and efficient manner. Our chief concern has been to ensure the safety of patients.

However, in the last few days, it has become clear that the practice cannot be sustained any longer and the doctors agreed with NHS Harrow yesterday that the current arrangements should not continue. We have had to make temporary arrangements quickly to secure a continuous safe service to all the patients.

We have therefore arranged for The Pinn Medical Centre to provide you with medical care from 6th April 2010.

We apologise for the very short notice and any inconvenience this may cause. I would like to reassure you that the PCT is working with The Village Surgery and The Pinn Medical Centre to make the transition as smooth as possible.

The administrative staff, salaried doctors and nurses from The Village Surgery will also be working at The Pinn Medical Centre from next week, although you can be seen by any GP at the centre. Your medical records will be available for the clinicians to access for consultations at the centre for Tuesday.

These are temporary arrangements and will continue until we have consulted with patients of the practice and other stakeholders on the long-term arrangements for patient care and come to a decision using that feedback and other relevant information.

Enclosed is a short information sheet about The Pinn Medical Centre to give you a brief introduction to their practice.

From Tuesday 6th April 2010, you can contact The Pinn Medical Centre as follows:

The Pinn Medical Centre
37 Love Lane
Pinner
HA5 3EE

Open: Mon-Sun 8am – 8pm

Tel: 020 8866 5766

If you need to see a GP or nurse, please contact The Pinn Medical Centre on 020 8866 5766 to arrange this. We will keep you informed of any further changes and will contact you in relation to the consultation process shortly.

Alternatively, if you wish, you can approach any local GP practice to ask if they will take you on as a patient, as long as you are in their catchment area.

Information about practices in your area is available from public libraries, Citizen's Advice Bureaux and NHS Harrow. You can contact us on the telephone number below or visit our website, www.harrowpct.nhs.uk, or go to www.nhs.uk.

If you have any queries and would like to speak to someone, please contact our Patient Advice and Liaison Service (PALS) on 020 8966 1090 or 020 8966 1031.

Yours sincerely,

Julie Taylor
Head of Contracts

Letter from Overview & Scrutiny to NHS Harrow

Overview and Scrutiny Committee
Chairman Councillor Stanley Sheinwald

14th April 2010

James Walters
Director of Development & System Management
NHS Harrow
The Heights
Fourth Floor
59-65 Lowlands Road
Harrow
HA1 3AW

Dear James

THE VILLAGE PRACTICE PINNER

Thank you for advising scrutiny of the closure of the Village Practice in Pinner. We are writing to advise you as to how we would like to consider this issue further.

As we are sure you are aware, the meeting of the Overview and Scrutiny committee on 13th April was the last in the current administration. As such, we did not feel that we would be able to consider the closure in any detail at this meeting. However, the committee has identified a range of issues on which it would appreciate further information. We should be grateful if you could let us know:

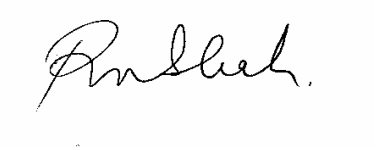
- How NHS Harrow monitors the performance of it contracts with GPs and what redress it has when performance appears to be deteriorating. In this context it would be helpful to know when you became aware of the issues that have resulted in the closure.
- Why there was no prior consultation on the closure
- Why the closure was so urgent.
- What is meant by 'an absence of sustainable permanent working arrangements and the necessary governance measures posed a risk to the safety of patients'.
- Your letter refers to arrangements as a 'temporary' measure. If this is indeed the case, what long-term solutions are proposed?
- What are the pros and cons of these solutions?
- When and how do you intend to consult on these proposals?
- In this context, how do you intend to commission GP services for the wider area?
- 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?
- 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?

We should be grateful if you could provide your response to Lynne Margetts, Service Manager Scrutiny, she can be contacted at lynne.margetts@harrow.gov.uk or at:
London Borough of Harrow
Scrutiny Team
3rd Floor
Civic Centre
Station Road
Harrow
HA1 2XF

We have scheduled further discussion of the issue for the first full meeting of the Overview and Scrutiny committee after the election. This will take place on 8th June and we would like to invite you to attend the meeting to discuss the matter further with the committee. We hope you will be able to attend.

Many thanks for your assistance.

Yours sincerely.



Councillor Vina Mithani
Scrutiny Policy Lead Councillor
Adult Health and Social Care

Councillor Rekha Shah
Scrutiny Performance Lead Councillor
Adult Health and Social Care

cc Cllr Stanley Sheinwald, Chairman Overview and Scrutiny Committee
Cllr Mitzi Green, Vice Chairman Overview and Scrutiny Committee
Cllr Paul Osborn, Performance, Communication and Corporate Services Portfolio Holder, Pinner Ward Councillor

Response to Overview & Scrutiny

22 April 2010

Lynne Margetts,
Service Manager Scrutiny
London Borough of Harrow
Scrutiny Team
3rd Floor, Civic Centre
Station Road
Harrow
HA1 2XF

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 it 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 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?*

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.

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

James Walters
Director of Development & System Management, NHS Harrow
CC Julie Taylor, Dr Muhammed Ali

APPENDIX B

HEALTH SUB-OVERVIEW AND SCRUTINY COMMITTEE

CLOSURE OF PINNER VILLAGE SURGERY

SCOPE – JULY 2010

1	**SUBJECT**	Pinner Village Surgery
2	**COMMITTEE**	Health Sub-Overview and Scrutiny Committee
3	**REVIEW GROUP**	Cllr Champagnie Cllr Gate Cllr Miles Cllr Mithani Cllr Osborn (Chairman) Cllr Williams
4	**AIMS/OBJECTIVES/ OUTCOMES**	▪ To consider the details and the issues that lead to the closure of Pinner Village Surgery ▪ To review the way in which the arrangements for the closure of Pinner Village Surgery was managed by NHS Harrow taking into consideration that the decision to close the surgery is unlikely to be changed ▪ To gauge whether more could have been done to avoid the sudden closure of Pinner Village Surgery ▪ To consider the implications of the transfer of patients from Pinner Village Surgery to the Pinn Medical Centre and other local health centres ▪ To ensure the arrangements put in place for the patients of the surgery are suitable and in their best interest in respect of the equalities implications, financial implications and logistics ▪ To consider the way in which NHS Harrow engages with the public over service changes ▪ To address what future consultation on the closure of Pinner Village Surgery may entail ▪ To consider what the purpose and benefit of a future consultation by NHS Harrow on the closure of the surgery would be ▪ To highlight any issues that may warrant further consideration
5	**MEASURES OF SUCCESS OF REVIEW**	▪ The panel is able to safeguard the interests of residents and constructively ensure that their needs are met in terms of changes and service developments within the NHS. ▪ The panel is able to contribute constructively with suggestions of how the NHS manages changes in service and service development proposals as they emerge ▪ The panel is able to allay the concerns raised by residents within the context of lessons to be learnt and future service changes and developments
6	**SCOPE**	The scope covers Harrow community health services, Adult social care

		and children's services. The scope of the challenge panel will only consider issues where there is the potential for the local authority to make an impact – essentially what the council can add to the NHS Harrows consultation and engagement process. The main focus of the challenge panel is to address the steps that were taken by NHS Harrow in advance of the sudden closure of the surgery. To consider anything else that could have been done to avoid the sudden closure and measures that have been put in place subsequently following the closure and the consultation and engagement process.
7	**SERVICE PRIORITIES (Corporate/Dept)**	Improve support for vulnerable people Build stronger communities
8	**REVIEW SPONSOR**	Paul Najsarek, Corporate Director Adults and Housing
9	**ACCOUNTABLE MANAGER**	Lynne Margetts, Scrutiny Manager
10	**SUPPORT OFFICER**	Fola Irikefe, Scrutiny Officer
11	**ADMINISTRATIVE SUPPORT**	Fola Irikefe, Scrutiny Officer
12	**EXTERNAL INPUT**	Possible input from the following may be considered as part of a challenge panel: **Stakeholders:** ▪ Relevant corporate director(s) ▪ Relevant portfolio holder(s) ▪ The 'wider community' e.g. residents and resident groups ▪ Local Involvement Networks (LINk) ▪ Local Medical Committee **Partner agencies:** ▪ Harrow Primary Care Trust **Experts/advisers:** ▪ Care Quality Commission – policy evidence ▪ Centre for Public Scrutiny – policy evidence ▪ Academic experts ▪ Public policy think-tanks
13	**METHODOLOGY**	▪ Challenge panel to be provided with background information on the events that lead to the closure of Pinner Village Surgery and the steps that were taken to try and avoid the sudden closure ▪ Challenge panel to be provided with: ➢ figures related to the cost of providing services in one location as opposed to two ➢ details of the monitoring process and monitoring scorecard from the Pinner Village Surgery in the months prior to the closure

		➢ the annual compliance review ➢ details of what future consultation by NHS Harrow will involve ▪ Development of question framework for discussion at round table ▪ Possible witnesses to be invited: NHS Harrow, LINk, Harrow Local Medical Committee, Corporate Directors Adults and Housing and Children's Services and Portfolio Holder for Adult Social Care, Health and Wellbeing
14	**EQUALITY IMPLICATIONS**	The closure of the practice may have had some significant equalities implications with regard to the accessibility of services for vulnerable residents. The impact on residents is of paramount importance to the challenge panel and they will be keen to know how and whether the equalities implications were taken into consideration before the closure of the surgery and for the imminent consultation NHS Harrow will be carrying out. The challenge panel aims to ensure that all patients at Pinner Village Surgery have equal opportunity and choice in terms of access GP services.
15	**ASSUMPTIONS/ CONSTRAINTS**	The challenge panel may be to some extent be dependant on the willingness of partners to participate and contribute fully to the challenge panel.
16	**SECTION 17 IMPLICATIONS**	
17	**TIMESCALE**	Challenge Panel to be held in July 2010.
18	**RESOURCE COMMITMENTS**	To be met from the existing scrutiny budget. No significant additional expenditure is anticipated.
19	**REPORT AUTHOR**	Fola Irikefe, as advised by the Challenge Panel members
20	**REPORTING ARRANGEMENTS**	Outline of formal reporting process: To Service Director [ ] When…….. To Portfolio Holder [ ] When…….. To O&S/ Health Sub [ ] When…….. To CMT [ ] When…….. To Cabinet [ ] When……..
21	**FOLLOW UP ARRANGEMENTS (proposals)**	Initial monitoring by Overview and Scrutiny Committee/ Health Sub Committee (after 6 months) then monitoring by the Performance and Finance Scrutiny Sub-Committee on a 'by-exception' basis.