

APPENDIX C

Some press coverage related to the closure of Pinner Village Surgery

Harrow Observer - Posted by James Cracknell on Apr 1, 10 03:49 PM

Village Surgery closure shocks Pinner patients

THE CLOSURE of a Pinner doctor's surgery this week with just a few days' notice has left patients and staff shocked. The Village Surgery in Barrow Point Avenue closes today (Thursday), leaving its 7,000 patients to find alternative general practitioners.

Two of the three partners at the practice resigned in early March after a disagreement but NHS Harrow's month-long efforts at reconciliation have failed and it could not allow the surgery to continue with just one partner, citing patient safety.

Neil Sherman, 56, a patient with the practice for 25 years, said: "As with other surgeries, every now and then doctors would change. I have been very happy with the doctors there. "They said one of the partners is leaving and so for health and safety reasons they have to close it, which makes no sense to me.

"The receptionists all seemed really shocked. It is an outrageous thing to do. Last week I went in and they knew nothing, then on Tuesday they said they were closing the day after tomorrow. "It is a village surgery. If you want to see the same doctor you can. If they are going to take that away the least they can do is give us a little bit of notice and tell us what it is all about."

Another patient, who did not wish to be named, said: "The place is in complete chaos. Six times I have left messages and they haven't called me back." NHS Harrow is advising patients that records will be temporarily transferred from The Village Surgery to The Pinner Medical Centre, a polyclinic that opened in Love Lane, Pinner, in May 2009, which has the capacity to accept them permanently.

NHS Harrow's associate medical director, Dr Muhammed Ali, said: "The decision to close The Village Surgery has been taken jointly by partners at The Village and commissioners at NHS Harrow in the interests of patient safety. "Since Doctors Sheridan and Wong left the practice as partners in early March, NHS Harrow has been working with them and Dr Dove to maintain services safely at the practice, as all three doctors were still contractually responsible for providing services.

"Although NHS Harrow attempted to negotiate a period of grace, which would allow time for patients to prepare for the change, the partners at The Village and commissioners at NHS Harrow came to the decision that they would terminate their contract on April 5 in the interests of patient safety, as the problems could not be resolved. "Once the temporary arrangements are in place, we will be able to work with patients on a long-term solution."



NHS forced to close Pinner surgery after doctors fall out

Miranda Bryant, 01.04.10

Thousands of patients have had to move surgeries with less than three days' notice after a practice closed because of a "personal dispute" between GPs.

The move at The Village Surgery in Pinner followed the departure of two of its three partners — Dr Paul Sheridan and Dr Lily Wong — because of the alleged row.

It will affect about 7,000 patients who have been temporarily diverted to another practice.... Patients criticised NHS Harrow for closing the surgery. Former headteacher Neil Sherman, 56, said: "They should have consulted patients

Harrow Observer

Council probe into Village Surgery closure

Posted by James Cracknell on Jun 10, 10 03:49 PM

NHS Harrow officials will be grilled for the first time by councillors next week, wanting to know how and why Pinner has been left with just one local GP surgery.

Harrow Council have waited until after the local elections to begin an investigation into April's shock closure of The Village Surgery, when 7,000 patients were given just two days to find a new doctor.

There are now fresh concerns that a replacement surgery will not be available for the foreseeable future, to help serve the medical needs of Pinner's 20,000 population. It is understood that the Pinn Medical Centre has signed up about half of The Village Surgery's former patients on a permanent basis.

In a letter to Harrow Council, NHS Harrow director James Walters was unable to say how long the temporary measures, in which former Village Surgery patients are accommodated by the Pinn Medical Centre, will have to be in place.

Mr Walters had explained: "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. . . we would want to start as soon as possible and look to complete the process and have a decision in the next six months."

HARROW TIMES Monday 9th August 2010

Health bosses have called a public meeting to discuss the future of a doctors surgery in Pinner which was forced to close down.

NHS Harrow has announced it is holding the meeting on Tuesday, September 7, to hear from patients of the Village Surgery, which shut down at the end of April...A consultation has been launched over the long-term future of healthcare in Pinner, with many of the displaced patients going to the Pinn Medical Centre until a solution is found.

The consultation meeting is due to take place at Pinner Village Hall, starting at 7.30pm... Harrow Council has in the meantime pledged to investigate the demise of the surgery, in Barrow Point Avenue, which was blamed on the resignation of two partners.

A challenge panel has been established to look at the circumstances of the closure, amid accusations the health trust knew of the perilous state of the surgery earlier than it let on, and some residents' contention that the move was an attempt to amalgamate the two Pinner surgeries without consultation.

However, Mark Easton, chief executive of NHS Harrow, disputed those claims when they were aired in June, arguing the situation is temporary and changes were not driven by the financial difficulties the body is facing.

Harrow Observer

Village Surgery meeting gets nasty as PCT admit errors



NHS Harrow was slammed at a public meeting in Pinner on Tuesday night as doctors, health committees, councillors and patients argued that the Village Surgery's sudden closure should have been avoided.

The Primary Care Trust (PCT) admitted mistakes were made in their handling of April's closure, for which patients were given just 48 hours' notice...

Tuesday evening began with angry scenes outside Pinner Village Hall as NHS staff tried to explain why their advertising had failed to mention the event was all-ticket.

When the meeting did begin, half-an-hour late, Mr Easton blamed the surgery closure on a disagreement between its three partners. But the NHS Harrow boss was interrupted when one of the said partners jumped up to deny the claim.

Dr Paul Sheridan said: "The impression that you are giving that this was a failing practice is completely erroneous... We were achieving and we were looking after our patients. There was someone suspended by the PCT, but under what conditions did they come back?"

"We had reservations and the PCT was aware of this all the way through, but we received very little support... The idea there was a dispute is misinformation. It was a simple issue of skills and competence. There was no evidence that patients had come to harm or that there were significant threats to patient safety."

Harrow Observer

NHS Harrow slammed over sudden surgery closure

NHS Harrow was subjected to a barrage of criticism at a public meeting in Pinner on Tuesday night as doctors, local health committees, councillors and patients all argued that the Village Surgery's sudden closure could and should have been avoided.

Forced on the defensive, the Primary Care Trust (PCT) admitted that mistakes were made in the way that April's closure, when patients were given just 48 hours' notice, was handled.

And in a bid to quell the tangible anger that residents were feeling toward the trust, which at times threatened to get out of control, interim chief executive Mark Easton promised that a decision on the future of Pinner's healthcare provision would be made on November 3.

In the meantime, the Village Surgery's 6,800 patient records will continue to be held by Pinner's last remaining GP surgery, the Pinn Medical Centre... But the NHS Harrow boss was taken by surprise when one of the said partners jumped up from the back of the audience to deny the claim.

Dr ... said: "The impression that you are giving that this was a failing practice is completely erroneous. "We were achieving and we were looking after our patients. There was someone suspended by the PCT, but under what conditions did they come back? "We had reservations and the PCT was aware of this all the way through, but we received very little support. "The idea there was a dispute is misinformation. It was a simple issue of skills and competence."

At the end, Mr Osborn concluded: "I don't think the right decision was made. Had a series of events not happened and had the partners not felt compelled to resign the surgery would still be open."

Under pressure, Mr Easton conceded that the health authority should have communicated the issues around the closure better, but strongly refuted accusations that it had "manipulated" the situation for financial reasons... Admitting that the trust needed to find savings of s18million from the annual budget, Mr Easton said that patient views would also be taken into account when deciding whether to reopen The Village, or to start a new practice elsewhere.

New Village Surgery meeting for Pinner residents

By Jack Royston , 12:47pm Tuesday 21st September 2010

A THIRD meeting about the collapse of a Pinner surgery has been arranged by health bosses. Angry residents demanding to know why a clinic some had been visiting their entire lives was closed with as little as 48 hours notice had to be turned away from the first meeting, on September 7.

A second meeting was held on September 16 and a third has now been arranged for Tuesday, October 5, for anyone who has not yet had the opportunity to quiz health bosses on the issue.

Mark Easton, chief executive of NHS Harrow, which managed the clinic, told those gathered at the first meeting the organisation felt to continue with just one partner would be "unsafe" for patients.

A series of allegations against Dr... were upheld by NHS Harrow's own investigation. Mr Easton said: "An independent review was conducted which confirmed there was justification for the concerns raised about record keeping, use of IT and ordering of tests, but no evidence that patients had come to harm or that there were significant threats to patient safety."

HARROW **TIMES**

Village Surgery, in Pinner, will have its fate decided by NHS Harrow in January

4:29pm Wednesday 6th October 2010

THE future of a Pinner surgery which closed suddenly will be decided in January, health bosses say. At a series of public meetings with residents at Nower Hill High School last night emotions were still running high, as NHS Harrow revealed the odds are stacked heavily against the opening of a new clinic.

The organisation said the only argument in favour of a replacement for the surgery is the desire of patients to see it happen. Financial concerns, the community's health needs and existing availability all point to moving patients to other clinics in the area.

NHS Harrow says the consultation is genuine and no decision has yet been made, but the organisation has met with huge criticism from angry residents. It is still battling to convince patients that problems at the surgery were not used as an excuse to shut it down and move most to the Pinn Medical Centre, which has spare capacity.

Brian Brooks, 72, of Moss Lane, used the Village Surgery for 30 years and said: "In a nutshell, I think the consultation is rather like saying 'we will do what we think is good for you'. "It's just political and the whole thing is pointless."

At the second of three meetings last night, residents heard how the closure has been a tragedy not just for residents but for the GPs themselves who still do not know for certain what the future holds.

APPENDIX D

**The Way Forward
for the continuing medical
care of patients who were
registered
with the Village Surgery in
Pinner**

Published October 2010 by NHS Harrow, The Heights, Fourth Floor, 59-65 Lowlands Road, Harrow HA1 3AW Tel: 020 8422 6644 www.harrowpct.nhs.uk

1 Background

The Village Surgery, previously located at 5 Barrow Point Avenue, Pinner HA5 3HQ, closed on 5 April 2010.

NHS Harrow (also known as Harrow Primary Care Trust or the PCT) set up a caretaking arrangement with a local practice, The Pinn Medical Centre at 37 Love Lane, Pinner HA5 3EE, to ensure Village Surgery patients still have access to primary medical services until future arrangements have been agreed.

NHS Harrow **held two public meetings in Pinner on 7 and 16 September** where we heard the views of patients **about the closure of the Village Surgery. Many members of the public who were at the meetings made clear their frustration at the lack of information at the time about the closure and NHS Harrow apologised for the distress and inconvenience that was caused by the sudden disruption to services.**

We now want to look forward, exploring the views of patients who were formerly registered with the Village Surgery; of residents of Harrow in general; and of stakeholders from across the borough.

We are inviting comments on this document so we can reach a decision on a long-term solution for the patients previously cared for by the Village Surgery.

At the end of this document there is a sheet for you to feed back your views to us. Other ways that you can give us your views are explained later in the document.

You can send us your comments at any time before **Tuesday 30 November**.

2 The role of NHS Harrow

NHS Harrow is responsible for health care in Harrow. It receives an annual sum of money from the government and spends it on commissioning (buying) all the health services Harrow residents use.

NHS Harrow's budget last year was £338 million. Of this, £46 million was spent on GP and other primary care services.

NHS Harrow doesn't employ GPs. It commissions them as independent contractors to provide GP services to patients.

3 How the Village Surgery came to close

The Village Surgery was run by a partnership of three doctors: Dr Dove, Dr Sheridan and Dr Wong. Together, they were contracted by us to provide services to registered patients.

In February 2010 two partners wrote to NHS Harrow saying they would be leaving the practice. This would leave the practice significantly understaffed. NHS Harrow received complaints about access and we had concerns about whether the practice could provide sufficient services for patients. We asked the partners for a plan to address the concerns – none was forthcoming.

By 19 March 2010 these two partners had left the practice, leaving one partner and 1.5 salaried doctors. The remaining partner then wrote to us saying that he also wished to leave the practice. This meant the contract came to an end.

The partners helped in making the transition to the temporary arrangements with the Pinn Medical Centre as smooth as possible.

4 Why the Village Surgery cannot re-open where and as it was

The practice building was not owned by NHS Harrow. We understand that it is being sold and is no longer available for use as a GP surgery.

The contract that the Village Surgery partners had with NHS Harrow to provide GP services is no longer in place. It ended when all the partners resigned.

The rules stipulate that NHS Harrow has to advertise any new contract to provide GP services, and go through a standard national NHS procurement process, so that all providers are given the opportunity to apply. Sometimes there is justification to limit applications to local providers only, but the principle of fair selection on an even-handed basis must always be applied.

5 What are the options?

Option One:

Procure a new practice for Pinner

This option involves inviting providers to apply for a contract to provide primary medical services for the former patients of the Village Surgery and for the area of Pinner. There is a formal procurement process that NHS Harrow would have to follow to ensure that the process of selecting a provider is fair and transparent.

A range of providers would be eligible to apply including existing GP practices from within or outside Harrow.

The doctors who worked at the Village Surgery would be free to apply for the contract if they wished, but they would be in competition with other potential providers of the new service.

You can read more detail about this option on page 12.

Option Two:

Help patients to register with alternative GP practices

This option proposes that patients register with a GP from established practices nearby and within the practices' catchment areas. These practices would expand as necessary to take on the additional patients.

Patients who are more vulnerable or who find it difficult to register would be offered supporting in finding a new practice and with registering.

You can read more detail about this option on page 13.

6 How we will make our decision

NHS Harrow will consider four criteria when deciding whether or not to commission a new GP practice:

- **Health needs** – We must decide if patients need a new GP practice or whether there is sufficient care already provided locally.
- **Want** – We will take into account patient views in Pinner and across the borough of Harrow.
- **Finance** – We will look at whether a new practice is affordable and whether this is the best use of scarce resources at a time of very tight NHS finances in Harrow.
- **Provision** – Is there a viable contract that GPs will want to bid for? Here we consider factors such as how many patients would want to register with and use the new service, what the impact would be on other local GP practices, how bidders might purchase premises and how long the process of procuring a new practice might take.

The next section takes you through the issues we will need to consider as part of the consultation. It describes the issues in each of the four decision making criteria.

6.1 Health needs

As part of our decision making process we will need to look at the health needs of Pinner residents and how well they are currently being met by the provision of existing GP practices. We know about health in Pinner from the recent Health Needs Assessment undertaken by our Public Health doctors.¹

About Pinner

Pinner ward has a total population of 19,200. Pinner is in an area of relatively low population density. However, there is one pocket of high density associated with a council estate cluster. Pinner has a relatively elderly population and its ethnic composition is predominantly white.

Access to GP services

Access is currently good. 83% of people in Pinner report that they are able to see a doctor quickly compared to 80% across Harrow. 79% of patients report they have been able to get an appointment more than two days in advance compared to an average in Harrow of 67%. The percentage of patients satisfied with opening hours is 82% in Pinner compared to 76% for the whole of Harrow. (Source: National GP Patient Survey 2009/10; this survey was conducted before the Village Surgery's closure.)

The Village Surgery patients

The Village Surgery had a patient list size of about 7,000, including some in Hertfordshire. Currently Village Surgery patients are being cared for at The Pinn Medical Centre on 37 Love Lane, Pinner which is 0.23 miles from the former Village Surgery location. Over 3,000 Village Surgery patients have chosen to re-register with alternative local practices, leaving 3,800 without permanent registration.

The Village Surgery itself

The Village Surgery was supported by 2.5wte (wte = whole time equivalent) GP partners, 1.5wte salaried GPs, 1.5wte nurses (two individuals) and 8wte administrative staff. Two of the former Village Surgery partners are now practising at the Pinn Medical Centre as salaried doctors on short-term contracts. The staff who were employed at the Village Surgery as salaried GPs, nurses and administrative staff have also transferred to the Pinn Medical Centre.

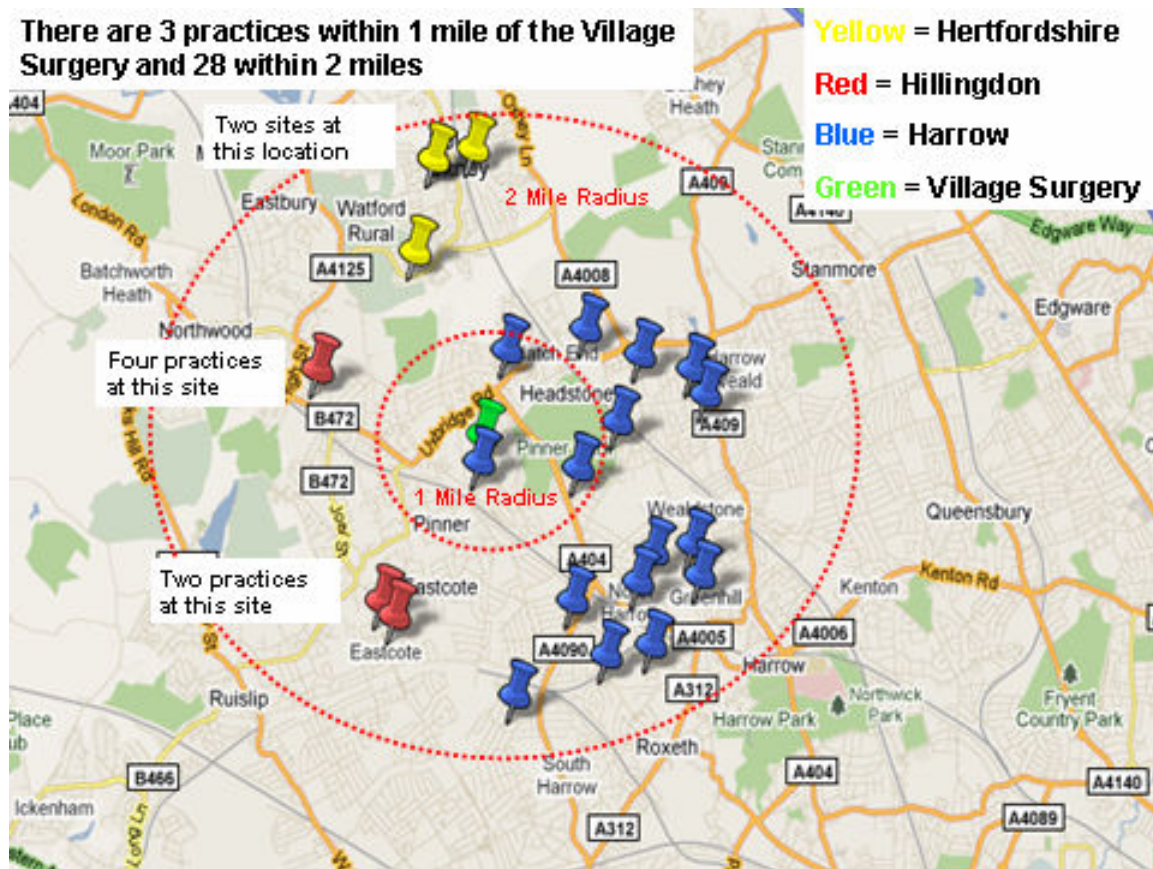
Other practices in the area

Looking at the area in and around Pinner, the six nearest practices to Barrow Point Avenue (where the Village Surgery was located) have 50,868 registered patients (including the Village

¹ You can read the full Health Needs Assessment, and also a summary, on our website www.harrowpct.nhs.uk For a printed copy please call us on 020 8966 1090/1031, fax us on 020 8426 6941, email pals.office@harrowpct.nhs.uk or write to PALS Team, NHS Harrow, The Heights, 59-65 Lowlands Road, Harrow HA1 3AW.

Surgery patients) with an average per GP of 1690 patients. This is below the national accepted level (1700-1800 patients per GP) and below the average for Harrow (1800 patients), indicating that **there is very good GP coverage in Pinner**.

The patient profile of other local practices is similar to that of the Village Surgery and these practices manage patient care in a similar way. Local practices have capacity to take on more patients and their registration lists are open.



All Harrow GP practices within a two mile radius have told us that they can take additional patients. Some practices have unlimited spaces available immediately; others have said that they would extend the capacity of their service if necessary to accommodate a large influx.²

The position across Harrow

With the closure of the Village Surgery, Harrow currently has 37 GP practices. Harrow is well served with primary care, and we have enough GPs to care for our registered population. However, the size and performance of practices can vary considerably and it is part of NHS Harrow’s role to ensure that residents have access to GP services providing good quality services.

² You can see the list of these practices on our website www.harrowpct.nhs.uk For a printed copy please call us on 020 8966 1090/1031, fax us on 020 8426 6941, email pals.office@harrowpct.nhs.uk or write to PALS Team, NHS Harrow, The Heights, 59-65 Lowlands Road, Harrow HA1 3AW.

NHS Harrow has a duty to buy services for everyone living in the borough so that each person has equal access to services of good quality and inequalities in health access and outcome are reduced. The primary care map of Harrow shows that East Harrow has greater health needs and poorer provision than Pinner. The PCT will have to take this into account in taking a decision on which is the option chosen for Pinner.

Local transport and parking

Public transport in the area is good; Pinner is on the Metropolitan Underground line and there are five bus routes serving Pinner. Street parking is available, including NCP parking on Waxwell Lane and pay and display at Marks and Spencer. Whilst free parking may not be available outside all local practices, access is good.

6.2 Want

This section is about what patients from the former Village Surgery have told us so far:

- Many patients feel a strong sense of loyalty to their former doctors at the Village Surgery (two of whom are now practising at the Pinn Medical Centre). They want some certainty and continuity in their health care arrangements and the prospect of a long-term relationship with a reliable GP who knows them and their health needs well.
- Many patients have said to us they would like the Village Surgery to reopen. But this is not possible. The premises are privately owned and no longer available and the contract to provide services at the Village Surgery ended with the resignation of the partners.
- Many patients would like a new practice to open to replace the Village Surgery. The pros and cons of this option are described on page 14.
- Over 3000 patients have already decided to transfer their registration on a longer-term basis to other practices.
- 3800 patients are still under the temporary care of the Pinn Medical Centre, which is obliged to keep records and systems separate for Village Surgery patients as they are only temporarily registered. The Pinn is open to Village Surgery patients for the same number of hours as the Village Surgery was, and staffing levels are higher. However, uncertainty about long-term arrangements means the Pinn cannot invest in staffing and system changes to accommodate the additional patients.
- When considering long-term arrangements, some former Village Surgery patients would like extended catchment areas and more choice of GP practice.
- Some patients would prefer a smaller practice which they feel is more personal. There are several small practices within two miles of the former Village Surgery location with less than four GP partners.
- Although there are many practices nearby with space on their patient lists, some patients (particularly those who are elderly or infirm) feel that this is too far for them to travel.

6.3 Finance

NHS Harrow spends around £330 million on healthcare for Harrow residents. Over the last three years our spending on hospital care, mainly emergency care, has risen by almost 50%. This has placed NHS Harrow in financial deficit and we have to save £18 million this year to meet our financial responsibilities. At the end of August we were £5.5 million behind on our financial plan. We have to pay for emergency hospital care when it's needed and that limits our leeway to invest in other areas. Our present financial problems mean that we have to be extremely vigilant with our spending.

The Village Surgery cost NHS Harrow £575,000 for core services for 6,800 patients. If we were to procure a new practice to replace the Village we would look at the financial information we have:

- If all the patients re-registered with practices nearby it would cost NHS Harrow between £231,980 and £434,165. As some practices provide more services than others, we cannot give a precise figure.
- A new practice would have to be advertised to bidders, so we can't be sure exactly how much it would cost. However, we do know:
 - It would be likely to cost more than the old Village Surgery.
 - The Department of Health has a calculator to help us assess the cost and this model suggests that costs could be as high as £893,000.
 - The last GP practice procurement was for Mollison Way. The cost was £647,000 for an initial patient list of 2,300 (based on a specification of the GP practice being open for 84 hours a week).

6.4 Provision

In this section we look at what pursuing the option to purchase a new practice would require.

NHS Harrow has to follow national rules when it purchases new services, to ensure a fair and equitable process is followed. The contract for the Village Surgery has come to an end and any new GP contract would have to go through a procurement process. NHS Harrow would have to advertise, shortlist and interview a range of GP companies before selecting a preferred bidder.

A number of patients have told us that they want the Village Surgery back with the doctors who were previously there, but, assuming they wished to bid, they would be in competition with other bidders. Although it is sometimes justifiable to limit the scope of procurement to local GPs, the procurement must be seen to be fair to all potential applicants.

In procuring a new GP service, NHS Harrow would need to consider the following:

- GPs are paid in a number of ways, including an amount for every patient registered on their list. We would need to consider whether the current Village Surgery registered list, which is smaller than it was, would be attractive to potential providers of a GP practice and how many additional patients might choose to register from other local practices.
- We have explored the cost of a new practice on page 10. However, finding suitable premises within Pinner Village might prove difficult or costly for a new GP practice provider. As the Village Surgery premises have been sold, any new surgery would have to be in a different location.
- Running a procurement process takes time, usually at least six months.

7. The options in more detail

Option One — Procure a new practice for Pinner

This option involves inviting providers to apply for a contract to provide primary medical services for the former patients of the Village Surgery and for the area of Pinner. There is a formal procurement process that NHS Harrow would have to follow to ensure that the process of selecting a provider is fair and transparent.

A range of providers would be eligible to apply including individual GPs, existing practices from within or outside Harrow, or corporate providers.

Part of the process is preparing a service specification for the providers to consider when applying. This specification would detail such matters as:

- The range of services that would have to be provided
- The times when services should be available
- The quality standards required
- The specific health needs of the patient group that would have to be catered for
- Possible future service developments or expansion of the GP practice and/or its services
- The profile of the practice population and the wider geographical area
- Premises requirements and location.

It is important that the specification is both explicit in describing what is required but is flexible enough to ensure that a range of providers are able to apply and are not excluded.

In any specification for services developed by NHS Harrow the standards and quality required from providers would be high and would seek to satisfy the needs of the patients.

Following the consultation period, the time it would take to complete the procurement process and have a new provider in place could be 6-12 months.

The doctors who worked at the Village Surgery would be free to apply for the contract if they wished, but they would be in competition with other potential providers of the new service.

Option Two — Help patients to register with alternative GP practices

This option proposes that patients register with a GP from established practices nearby and within the practices' catchment areas.

There are three GP practices within one mile of the former Village Surgery. Within two miles there are 28 practices. Of these, 19 are in the London Borough of Harrow and many of them are looking to grow their registration list; eight are in the London Borough of Hillingdon and one is in Hertfordshire. All can accommodate additional patients living within their catchment area; not all Village Surgery patients live close to the surgery's former premises and most of these practices have space for new registrations wherever Village Surgery patients live. Details are published on our website and are also available from NHS Harrow's Patient Advice and Liaison Service (PALS) on 020 8966 1090/1031; email: pals.office@harrowpct.nhs.uk

These practices range from single-handed GPs to larger group practices. NHS Harrow would liaise with the practices to ensure they were aware of the approximate number of patients they could expect would approach them to register. NHS Harrow would also collate any additional information the practices might want us to provide to patients when making a choice of practice.

When considering this option it is important to take into account the transport available to people travelling to these practices; see page 8.

The time it would take to implement this option would be relatively short, approximately two months.

Patients who are more vulnerable or who find it difficult to register would be offered supporting in finding and registering with a new GP practice.

8. What are the pros and cons of each option?

If there is a new practice (Option One):

Need

- X** Based on the Health Needs assessment, Pinner is not the logical place to establish another GP practice; other parts of Harrow have fewer GPs per patient and have had less investment in new premises.

Want

- ✓ Initial views expressed have demonstrated that patients would like a new practice in Pinner.
- ✓ It would give more choice and would reduce travelling times for some.
- X** However, these views have often been linked to a desire to have the Village Surgery doctors return to the Village site. As we explain on page 12, this is not possible as any prospective new practice would have to bid for a GP contract competitively and would not necessarily include the former Village Surgery doctors. The Village Surgery site is not available.
- X** Procuring a new practice could take at least six months. This would leave temporary arrangements in force for much longer than NHS Harrow and patients had expected.
- X** We must consider what patients would like in Pinner but we also have to consider what patients across the whole of Harrow need.

Finance

- X** Establishing a new GP practice would cost more money at a time when finances for health care in Harrow and in the country as a whole are very tight.

Provision

- X** It might be difficult for prospective providers to find appropriate premises in the area.
- X** The number of patients still left on the Village Surgery list has reduced – this is less attractive to potential providers of a new GP practice.

If the option of patients registering elsewhere is agreed (Option Two):

Need

- ✓ There is sufficient spare capacity in existing GP practices close to the Village Surgery site. All can accommodate additional patients living in their catchment areas.
- ✓ 90% of patients in the Pinner area have reported that they are very satisfied with the care they receive from their GP. Although the survey was conducted while the Village Surgery was still open, this level of patient satisfaction with GPs in Pinner is much higher than the Harrow average of 84%.
- ✓ On average, each GP in Pinner has 1690 registered patients. In Harrow, the average is 1800.

Want

- X Patients would have to travel further than they do now, unless they chose to register at the Pinn Medical Centre.
- ➔ However, those patients who would prefer a smaller practice would have a wide choice available to them.

Finance

- ➔ Relying on existing GP practices would cost less money at a time when finances for health care in Harrow and in the country as a whole are very tight; the savings would make a contribution to the £18 million we need to stay within our budget.

Provision

- ✓ *There are three GP practices within one mile of the former Village Surgery and 28 practices within two miles. All of them are operating an open list and are accepting new patients. Some practices have indicated that extra capacity could be built in if necessary.*

*We will carry out an **equalities impact assessment** on each of the two options, to ensure that we have taken into account whether or not they might have a disproportionate effect on individuals, by reasons of gender, gender identity, race, disability, age, sexual orientation, belief or human rights.*

9. Conclusion

NHS Harrow will not decide between these two options until its Board meeting in January. This is to give adequate time for discussion and consideration of the outcome of the consultation.

When NHS Harrow's Board decides, it will have to take all relevant factors into account. We have heard Village Surgery patients argue strongly that they want their surgery back. We have explained in this document that returning to the status quo is not possible. The choice therefore is between a wholly new practice or utilising the capacity within nearby GP practices to care for Village Surgery patients. We have explained that questions of cost and the relative provision of primary care across Harrow will need to set against arguments for a new GP practice.

We welcome your views in helping us reach a decision so that the future care of Village Surgery patients can be settled. **A final decision will be made at the NHS Harrow Board meeting in January 2011.**

10. Timeline

Document launched	Tue 5 October 2010
Any comments must reach us by	Tue 30 November 2010
Board papers published on NHS Harrow website	Wed 5 January 2011
NHS Harrow Board meets and makes a decision	Tue 11 January 2011

11. Your views

To make your views known, you can:

- Complete the feedback form on pages 18-20 of this document and post it to:
Freepost RSEZ-ESJR-XEEK, PALS Team, NHS Harrow
The Heights, 59-65 Lowlands Road Harrow HA1 3AW
- Visit our website <http://www.harrowpct.nhs.uk> and complete the form online
- Fax us on 020 8426 6941
- Call us on 020 8966 1090/1031
- Email: pals.office@harrowpct.nhs.uk
- Request a talk to your community or voluntary group by emailing pals.office@harrowpct.nhs.uk or calling us on 020 8966 1090/1031

Please let us know if you need further information or require additional support to give your views. The document can be provided in alternative formats on request.

12. Glossary of terms

PRIMARY CARE TRUST (PCT)	Part of the NHS responsible for the planning and securing of health services and improving the health of a local population.
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PRIMARY CARE	<p>The first point of contact for many people when they develop a health problem is their doctor, dentist, pharmacist or optician.</p> <p>Together these health professionals work as part of the NHS front line team which is referred to as Primary care. They work alongside a variety of practice nurses, district nurses, health visitors, oral hygienists, dispensing assistants, speech therapists, chiropodists and other healthcare specialist to provide a wide range of non hospital-based health care services to our local population.</p>
COMMISSION	<p>In this context the process of acquiring services to meet the health needs of the local population. Includes patient and carer focused service planning through reviewing, planning and prioritising service developments, implementing the NHS agenda, monitoring service agreements, allocating funds with service providers and investing/disinvesting appropriately in services. Commissioning is done through PCTs and their collaborative commissioning structure, partner agencies, health service providers and the voluntary sector.</p>
PROCUREMENT	Act of buying goods or services
PROVIDER	Supplier of services
QUALITY STANDARDS	<p>As part of a new NHS contract, introduced in 2004, GP practices are rewarded for achieving clinical and management quality targets and for improving services for patients within a Quality and Outcomes Framework.</p> <p>It sets out a voluntary system of financial incentives for improving quality within the General Medical Services contract for GP payments.</p>
DEPRIVATION	<p>A measure of material poverty based on a number of criteria, such as income, economic circumstances, environment, etc.</p>

13. Feedback form

Responses from individuals will be shared within NHS Harrow to enable us to consider respondents' views fully but will otherwise be kept confidential.

Q1: Are you responding on your own behalf?

Yes

No

If NO, please go to Q3

Q2: If YES, are you:

- a. A current Village Surgery patient? Yes No
- b. A former Village Surgery patient? Yes No
- c. A resident of Pinner? Yes No
- d. A resident of Harrow? Yes No

Q3: Are you responding on behalf of an organisation?

Yes No

Q4: If YES, what sort of organisation is it?:

<input type="checkbox"/>	Patients / public group
<input type="checkbox"/>	Healthcare professionals
<input type="checkbox"/>	Voluntary or community group

<input type="checkbox"/>	Statutory body
<input type="checkbox"/>	Other (please specify)

What is the name of the organisation?.....

.....

Q5: Do you agree with the four decision-making criteria we have set out (Health needs, Want, Finance and Provision)?

Yes No

Q6: If NO, why not?

.....

.....

Q7: Are there any other criteria we should take into account?

Yes No

Q8: If YES, what other criteria should we take into account?

.....

.....
.....

Q9: Having read this document, which of the two options do you support?

a. Option One: Procure a new practice for Pinner

Yes No

Comments, if any:.....
.....
.....

b. Option Two: Help patients to register with alternative GP practices

Yes No

Comments, if any:.....
.....
.....

We should be grateful if you would provide the following information as it will enable us to check we have received responses from a representative group of people.

Q10: Do you consider yourself to have a disability?

(The Disability Discrimination Act defines disability as: A physical or mental impairment which has a substantial and long term adverse effect on a person's ability to carry out normal day to day activities.)

Yes No Prefer not to say

Q11: Are you

Male? Female? Prefer not to say

Q12: Which ethnic group do you consider yourself to belong to?

<input type="checkbox"/> White	<input type="checkbox"/> Chinese
<input type="checkbox"/> Mixed	<input type="checkbox"/> Other
<input type="checkbox"/> Asian or Asian British	<input type="checkbox"/> Prefer not to say
<input type="checkbox"/> Black or Black British	

Q13: Which age group are you in?

Under 25 55-65

<input type="checkbox"/>	25-34
<input type="checkbox"/>	35-44
<input type="checkbox"/>	45-54

<input type="checkbox"/>	Over 65
<input type="checkbox"/>	Prefer not to say

Q14: Would you like to be kept up to date with developments at NHS Harrow?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Q15: If you answered YES to Q14, how would you like to be kept informed? **Please remember to provide your contact details.**

<input type="checkbox"/>	Website	<input type="checkbox"/>	Focus Groups	<input type="checkbox"/>	By Post	<input type="checkbox"/>	By Email
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Name:

Address:

.....Postcode:.....

Tel:..... Email:

Thank you for taking the time to complete this form.

Please post your comments to: **Freepost RSEZ-ESJR-XEEK**, PALS Team, NHS Harrow, The Heights, 59-65 Lowlands Road Harrow HA1 3AW.

For other ways of making your views known please see page 16.