

Agenda Item	10
Paper	General
Meeting Date	14 Dec 2010

## PINNER VILLAGE CHALLENGE PANEL REPORT

Decision  Discussion  Information

**Report author:** Cllr. Paul Osborn, Harrow Council

**Report signed off by:** Mark Easton, Chief Executive

### Purpose of the report:

This report outlines the details, findings and recommendation of the Pinner Village Surgery challenge panel which took place on 22 July 2010. The Health Sub Committee commissioned the challenge panel to consider the reasons which led to the sudden closure of the surgery.

### Recommendations to the board:

Members of the board are recommended to:

- Consider the report of the scrutiny challenge panel
- Consider the finding and recommendations of the scrutiny challenge panel when taking the final decision in relation to the Pinner Village surgery patient list at the board meeting in January 2011.
- Note the response to the Health Scrutiny-Sub Committee submitted by the Chairman and Chief Executive

### Related PCT objectives:

- Financial performance
- Performance improvement to "good"
- Commissioning developments

### Related "QIPP":

- Quality  Diversity
- Innovation
- Productivity
- Prevention

### Related "Use of Resources"

**Reference to risk on Board Assurance Framework / Risk Register**

**Related "Links to World Class Commissioning Competencies"**

### Report history:

Overview and Scrutiny Committee – 26 October 2010  
 Health Scrutiny Sub-Committee – 7 December 2010

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## **PINNER VILLAGE CHALLENGE PANEL REPORT**

**Contact name: J Walters**  
**Contact no: 0208 966 1024**

### **1. Purpose of the report**

This report outlines the details, findings and recommendation of the Pinner Village Surgery challenge panel which took place on 22 July 2010. The Health Sub Committee commissioned the challenge panel to consider the reasons which led to the sudden closure of the surgery.

### **2. Terms/ acronyms used in the report.**

Detailed in the report.

### **3. Equality impact assessment**

Harrow council has a priority to 'improve the support for vulnerable people' and 'build stronger communities', the content of this report is relevant to both these priorities and the need to safeguard the interests of residents and ensure equitable provision of services in the council.

### **4. Recommendations**

#### 1. Performance and Risk Management

NHS Harrow should work with the LMC 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 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.

#### 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.

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### 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 regarding the need for real consultation with all relevant stakeholders should be emphasised.

### 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.

In future, should a similar situation occur, more thought should be given to how it is managed and the interests and well being of the most vulnerable patients should be given particular consideration and attention.

### 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.

### 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 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.

### 7. Working relationships

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

### 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.

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## **Appendices**

Enclosed with report:

Appendix A – Correspondence between Scrutiny and NHS Harrow Council

Appendix B – Challenge Panel Scope

Appendix C – Press Coverage

Appendix D - NHS Harrow Engagement Document

Appendix E – NHS Harrow response

## **Background documents**

Enclosed in appendix of report.

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**Board Report Executive Director sign off**

This report has been approved by the accountable Executive Director and satisfied that the implications for the following areas have been adequately considered.

**Financial**

**Equalities**

**Name: Mark Easton**

**Job Title: Chief Executive**