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REPORT ON THE WAY FORWARD FOR PRIMARY CARE SERVICES FOR PATIENTS OF THE VILLAGE SURGERY IN PINNER AFTER PUBLIC ENGAGEMENT

Decision Discussion Information

Report authors:

Karen Butler, Head of Public and Patient Engagement and Communications
Wendy Murphy, Organisational Development Business Partner
Anandhi Nagaraj, Public Health Consultant
Julie Taylor, Head of Contracts

Report signed off by: James Walters, Director of Development & System Management

Purpose of the report:

This report presents options for a Board decision on the provision of primary care medical services to registered patients in the Pinner area following the closure of the Village Surgery on 5 April 2010. To inform that decision, the report presents the results of public and patient engagement and further information for assessing the options against identified criteria. To inform the decision, it provides:

- A summary of assessment criteria for the Options
- A Health Needs Assessment for the Pinner area
- The methodology and results of public and patient engagement, set against four main criteria: Need, Want, Finance, Provision and any other recurring factors
- Alignment with NHS Harrow Commissioning Plans
- Impact assessment
- Options assessment
- Recommendation and Conclusion

This report was reviewed by an independent expert with experience in public consultation. David Hobbs, an external consultant, stated that 'I have assured that the presentation of the outcome of consultation on the Way Forward document is an accurate reflection, based on the responses and the cross-section of comments'.

Recommendations to the Board:

The Board is asked to consider the content of this paper, discuss and decide on an option for the re-provision of primary care services in the Pinner area for patients registered or formerly registered with the Village Surgery.

Based on the results of the public and patient engagement process and our assessment of the four criteria defined in the engagement document (Need, Want, Finance, Provision), the recommendation to the Board is that:

- NHS Harrow should provide immediate assistance to patients to re-register with alternative GP surgeries in the Pinner area.

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- As part of the feedback from the public engagement, a number of concerns were expressed about the accessibility of the Pinn Medical Centre and whether record, appointment and information systems were adequate to cope with an influx of further patients. Although the ramp to the centre and car parking charges are not likely to be possible to change, issues around appointment booking and record systems should be possible to address. It is recommended that NHS Harrow monitor the operational impact of additional patients registering at other Harrow practices, and work with the partners and patient groups to ensure patient satisfaction overall remains high, and the operational problems some have experienced are addressed. NHS Harrow should also monitor the performance of other GP surgeries absorbing the patients from the Village Surgery to ensure patient access does not decline.

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Related PCT objectives:

<input checked="" type="checkbox"/> Be the lead for health in Harrow by working with partners & engaging public	
<input type="checkbox"/> Be a model employer	<input type="checkbox"/> Ensure our systems are robust and used appropriately by staff
<input checked="" type="checkbox"/> Improve health in Harrow & reduce health inequalities	<input type="checkbox"/> Be a highly performing, innovative organisation
<input checked="" type="checkbox"/> Provide the people of Harrow with accessible & efficient care of the highest quality	

<p>Related "QIPP":</p> <input checked="" type="checkbox"/> Quality <input type="checkbox"/> Diversity <input type="checkbox"/> Innovation <input type="checkbox"/> Productivity <input type="checkbox"/> Prevention	<p>Related "Use of Resources"</p> <p>KLOE 2.1 and 2.3</p>
<p>Reference to risk on Board Assurance Framework / Risk Register</p> <p>1.6, 1.11, 1.14</p>	<p>Related "Links to World Class Commissioning Competencies"</p> <p>3.2 Public and Patient Engagement 6.2 Prioritisation of investment to improve population's health 7.2 Alignment of provider capacity with health needs projections</p>

Report history:

The Village Surgery at 5 Barrow Point Avenue, Pinner HA5 3HQ, run by a partnership of three doctors, closed on 5 April 2010. When two of the partners announced in February 2010 that they would be leaving, we asked the partners for a plan to address our concerns about whether it could provide sufficient services for patients – 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. The contractors (the three partners at the Village Surgery) therefore agreed that their contract with NHS Harrow should end.

NHS Harrow set up a caretaking arrangement with a local practice, The Pinn Medical Centre at 37 Love Lane, Pinner HA5 3EE, to ensure that the Village Surgery's 6810 patients continued to have access to primary medical services until future arrangements had been agreed. Approximately 4,300 of the 6810 patients have now made permanent arrangements to register with other practices nearby including at the Pinn Medical Centre.

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.

At a further series of public meetings on 5 October, NHS Harrow discussed options for more permanent arrangements for the Village Surgery's patients. At those meetings we launched a document, which we distributed to all the Village Surgery's former patients, made widely available in Pinner, and also published on our website, explaining the two options and inviting comments by 30 November.

This report summarises the results of this engagement and assesses the two options.

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Contact name: J Walters
Contact no: 020 8966 1024

Executive Summary

The Village Surgery had to be closed on 5 April 2010. We asked patients to tell us their views on whether we should open a new surgery in Pinner (option 1) or help patients to register with other local practices (option 2). We explained the current position of NHS Harrow and identified the criteria we would use to make a decision.

The criteria used were:

- Health Needs
- Want
- Finance
- Provision

The majority of responders agreed that these were suitable criteria.

Against each of these criteria option 2 emerged as the strongest proposal. While option 2 was the strongest on a health needs, finance and provision basis it should also be noted that the majority of engagement respondents, most of whom lived in Pinner, supported the proposal that patients should register with a GP from established practices nearby and within the practices' catchment areas. The majority of 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 support in finding and registering with a new practice.

This is therefore the **recommendation** to the NHS Harrow Board - that option 2 should be accepted as the way forward.

1. Introduction

Following the closure of the Village Surgery in Pinner on 5 April 2010, NHS Harrow set up a caretaking arrangement with a local practice, The Pinn Medical Centre at 37 Love Lane, Pinner HA5 3EE, to ensure that the Village Surgery's 6810 patients continued to have access to primary medical services until future arrangements had been agreed. We sent a letter to each of the Village Surgery's patients telling them about the closure and saying that we would consider patients' views when deciding their future care arrangements. NHS Harrow received feedback from some of the patients, many of whom were not satisfied with the closure and had queries about the future of their primary healthcare.

At two public meetings in Pinner on 7 and 16 September 2010 we briefed patients and the public on the reasons for the Village Surgery's closure, the options available for going forward and what criteria we would use to compare these options. Many members of the public who were at the meetings made clear their frustration at the lack of notice and information at the time. NHS Harrow apologised for the distress

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and inconvenience that was caused by the sudden disruption to services. A further public meeting was held to focus on the options going forward and launch an engagement document proposing two options for the future provision of primary care services. We developed and implemented a public and patient involvement (PPI) action plan to engage with the public and patients in the Pinner area, and other stakeholders including the Local Medical Committee (LMC), local politicians and Harrow residents.

The engagement process started on 5 October 2010. The closing date for formal responses was 30 November 2010.

We sent our engagement document, 'The Way Forward', by post, to those patients formerly and currently registered with the Village Surgery and also made it available to a wider audience via an online questionnaire linked to the NHS Harrow website. This document outlined the criteria used to weigh options and the two options proposed. The two options were:

Option 1: 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.

Option 2: 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 support in finding a new practice and with registering.

The engagement document contained a feedback questionnaire, the results of which are summarised in this paper. Emails, comments and letters were received from stakeholders and are also summarised in the paper.

The results told us that 55.5% of those that responded agreed with Option 2, which was that NHS Harrow should help patients to register with alternative GP practices. 42.1% agreed with Option 1 which was to procure a new GP practice for Pinner. Some respondents did not indicate an option.

Each option has been assessed according to identified criteria which were made clear to the patients and public in the engagement document. This paper compiles the results of the engagement process and an assessment of the options against the criteria.

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2. Assessment of Criteria against the two options

In The Way Forward document we said that NHS Harrow would consider four criteria when considering the two options and invited patients and the public to comment on their suitability as criteria:

- Health Needs
- Want
- Finance
- Provision

Patients told us that they were predominantly happy with these criteria. To support the Board's decision, we make an assessment of each of them below.

2.1 HEALTH NEEDS: what health needs do the people of Pinner require and how can they be served?

As well as considering the responses received during an engagement, NHS Harrow must, when deciding how services will be provided to those patients in the future, consider the needs of the local population, how those needs might change or increase and how existing services are able to respond.

According to statistics published in the *Harrow Vitality Profile 2006*, Pinner is one of the healthiest areas of Harrow when measured by life expectancy and the Standardised Mortality Ratio (SMR), which measures how likely a person living in a particular area is to die compared with the England population.

Harrow has an overall life expectancy at birth of 78 years for men and 82.7 years for women. This is 2.3 years and 2.2 years respectively above the average for London. Within Harrow, Pinner South was amongst three areas with the highest life expectancy for men and for women.

Harrow has a lower Standardised Mortality Ratio (SMR) than either London or England for deaths from all causes age under 75 years. An SMR of 100 indicates average mortality and lower than 100 indicates a lower than average mortality. Pinner South has the lowest SMRs in Harrow at 57.8 deaths per 100,000 compared to Wealdstone which has the highest ratio in Harrow at 110.8 per 100,000.

Accessible healthcare can influence the general wellbeing of an area. In Harrow the average number of registered patients per GP is around 1800 which is at the accepted level of 1700 - 1800 patients per GP suggesting there is a good supply of GPs for the population. Looking at the area in and around Pinner the six nearest practices to Barrowpoint Avenue have a registered population of 50,868 (including the Village Surgery patients) and average list per GP of 1690, which is below the accepted level suggesting very good GP coverage.

Raw data on the disease prevalence of chronic diseases of the current patient list was in line with or slightly higher than the Harrow PCT average (March 2010). The slightly higher prevalences are likely to be due to the age make up of the list. The Quality and Outcomes Framework (QOF) data for 2008/09 shows that the prevalence of most chronic diseases in the practice are similar to that of Harrow except chronic kidney disease (CKD) which is considerably higher in the practice population.

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Appendix 1 provides additional detailed information about the Pinner area, the population, the other GP practices in that area and a health needs assessment carried out by a public health consultant. It was concluded:

- The health needs assessment of village practice population showed that there are more elderly population, has considerably higher number of patients with CKD and mental illness.
- There are practices within a defined area of geographical access which have similar characteristics and capacity to accommodate these patients.
- The QOF data and the Non Elective admissions show that the comparator practices have similar health needs and managed in a similar way.

2.2 WANT: What do the public want, largely reported from our engagement events and the feedback forms?

Since 5 April, NHS Harrow's PALS team have responded to a number of telephone calls, emails and letters from individuals who raised concerns about the closure of the Village Surgery.

In September, we held two public meetings to explain the closure of the Village Surgery. From 5 October NHS Harrow engaged with the public, patients and key stakeholders on the way forward for providing primary care services to the patients registered or formerly registered at The Village Surgery, as set out in a communications and engagement plan. We presented the options for the future provision and explored the views of public and patients.

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2.2.1 Engagement Events

On the advice of Paul Osborn, Pinner Ward Councillor, and James Kincaid from the Pinner Association, we held a public meeting at a venue in Pinner on 7 and 16 September 2010. These were held at Pinner Village Hall.

The first meeting was held on the evening of 7 September. The details were advertised via flyers posted in community sites in the Pinner area, in an advert in the local paper, on the NHS Harrow website and through individual letters posted to the patients registered at the Village Surgery. Due to high demand and limited venue capacity, a second event was planned for 16 September for those unable to attend the first event. This second event was also used to target key stakeholders.

More than 150 people attended the 7 September meeting. Approximately 75 members of the public were unable to get in due to limited capacity. These individuals were given the opportunity to be booked onto the second meeting. The second meeting on 16 September was attended by 140 people.

The two events, which followed a similar format, were chaired by Councillor Paul Osborn. Mark Easton, Chief Executive of NHS Harrow, gave a briefing and presentation. Those attending were given the opportunity to ask questions which were answered by a panel including Paul Osborn, Mark Easton, James Walters, NHS Harrow Director of Development and System Management, Chris Read, NHS Harrow Non-Executive Director, Dr Muhammed Ali, Medical Director, and senior managers from NHS Harrow and other representatives from the borough. At the second meeting the Chair of NHS Harrow, Dr Gillian Schiller, joined the panel.

The briefing and presentation content included:

- Why the Village Surgery closed
- Why the Village Surgery could not re-open in its former state
- An overview of primary care in the Pinner area
- A comparison of GP surgeries and services in the area
- A map and information about local GP surgeries accepting additional patients
- The financial picture

Many members of the public at the meetings made clear their frustration at the lack of information at the time of the closure and NHS Harrow apologised for the distress and inconvenience that had been caused by the sudden disruption to services.

As a result of the public response to the first two meetings, and in order to further engage with the public and stakeholders, a 20 page engagement document was produced, entitled "The Way Forward". This explained what happened and the assessment criteria and key principles of the two options going forward. The document was launched at a third public meeting on 5 October 2010 at Nower Hill High School. This event was run in a workshop style and was supported by independent facilitators the Realise Group.

Three separate sessions were held on the evening, at 5.30pm, 6.30pm and 7.30pm. After the Chief Executive's presentation at each session, attendees discussed and provided feedback while sitting in small groups with an NHS Harrow representative. These were recorded electronically and captured and this feedback is presented in section 3.2.5. Over 300 people attended over the three sessions.

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2.2.2 The Engagement Document

350 copies of The Way Forward were distributed to attendees at the engagement event on 5 October. A covering letter and copies of the document were posted to all patients registered or formerly registered with the Village Surgery, GP practices, libraries, community groups, the voluntary sector and local councillors. A survey form was included in the document, asking for views on the criteria used to assess the options and on the two options for future provision of services. A Freepost address was made available to encourage responses. We offered to supply the information in the document in a variety of formats and also stated in the document that respondents could fax their responses, or to phone or email their responses to the PALS team.

The public were also given the option to read The Way Forward and complete the survey online via an electronic survey on our website.

2.2.3 Stakeholder Meetings

In the Way Forward document we also offered talks to community or voluntary groups and invited requests for these via telephone or email to the PALS team. No requests were received.

2.2.4 Summary of Public Meetings, 5 and 16 September

Notes taken at the public meetings held at the Pinner Village Hall on 5 and 16 September indicated that the attendees had concerns about:

- The temporary arrangements at the Pinn Medical Centre which might be affecting the level of service
- The effect on the local pharmacies
- Continuity with GPs from the Village Surgery who had transferred to the Pinn Medical Centre

A number of patients at the meetings said they found it helped that some of the GPs were being employed by the Pinn.

In attendance and providing comments at the meetings were:

- Nick Hurd, MP for Ruislip, Northwood and Pinner
- GPs from the former Village Surgery: Dr Dove, Dr Wong, Dr Sheridan
- Dr Kelshiker, GP Partner at the Pinn Medical Centre
- Pinner Councillors Paul Osborn and Lurline Champagnie
- James Kincaid of the Pinner Association
- The Local Medical Committee: which represents GP's interests in Harrow

2.2.5 Summary of Public Meeting, 5 October, 3 sessions

Realise, the external facilitators for the event, produced a report which listed the feedback and comments from the Public Engagement meeting. The report contains 607 individual responses to two questions gathered from the participants in the three sessions on the evening. The attendees were able to submit as many comments as they liked.

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The questions posed were:

Question 1: What makes a good GP practice?

Question 2: What are the most important issues for the people from the Village Surgery?

An analysis of the comments to both questions indicates that there are four broad categories of concerns. These four categories and the extent of response are represented below.

Categories of issues	Total number of comments	
Continuity	131	<ul style="list-style-type: none"> • Importance of a personal care relationship • Consistent GP
Accessibility	123	<ul style="list-style-type: none"> • Doctors and availability; locality and parking; mobility of patients influences parking • Accessibility for elderly patients to get to the practice
Choice	60	<ul style="list-style-type: none"> • More facilities, more services e.g. X-ray • GPs with a wide range of specialism
Impact	39	<ul style="list-style-type: none"> • The provision criterion – can the Pinn Medical Centre absorb such a large proportion of the Village Surgery’s patients and also maintain the ease of access and quality of care from doctors who are known to the patients?

2.2.6 Health Sub Overview and Scrutiny Committee Report

In October 2010, the Health Sub Overview and Scrutiny Committee published a Pinner Village Surgery Challenge Panel Report. Eight recommendations were cited in the report under the following headings:

- Performance and Risk Management
- Consultation and Engagement with Service Users
- Working with Partners and key Stakeholders
- Managing the closure of the service
- Choice for Patients
- Consideration of other options
- Working relationships

The PCT has responded to the report and the recommendations within it, with some of those being implemented already, for example regular meetings with the Health Sub Overview and Scrutiny Committee are in place.

2.2.7 Survey results from The Way Forward document

419 paper responses were received from the questionnaire in the engagement document ‘The Way Forward’, and 51 responses electronically via our website. This totalled 470 responses.

We also received 24 responses after the closing date. However, these were not counted in the results.

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RESPONSE SUMMARY

The following questions and responses are taken directly from the engagement document and the results are broken down into electronic and paper responses.

Q1: Are you responding on your own behalf?

Answer options	Response count			Response percent
	Online survey	Paper responses	Total	
Yes	50	415	465	98.9%
No	1	2	3	0.6%
No response	0	2	2	0.4%

Q2: If YES, are you:

Answer options	Response count			Response percent
	Online survey	Paper responses	Total	
A current Village Surgery patient	15	134	149	31.7%
A former Village Surgery patient	33	307	340	72.3%
A resident of Pinner	25	371	396	84.3%
A resident of Harrow	13	105	118	25.1%
No response	0	7	7	1.5%

Some responders identified themselves in more than one category and therefore were counted in each category they indicated.

Q3: Are you responding on behalf of an organisation?

Answer options	Response count			Response percent
	Online survey	Paper responses	Total	
Yes	0	4	4	0.9%
No	50	386	436	92.8%
No response	0	29	29	6.1%

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

- Patients / public group
- Healthcare professionals
- Voluntary or community group
- Statutory body
- Other

Two organisations on paper responses were identified as healthcare providers, and two

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organisations did not identify themselves. From the website survey, one responder identified themselves as a healthcare provider and one was unidentified.

Q5 – Q8

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

Answer options	Response count			
	Online survey	Paper responses	Total	Response percent
Yes	42	343	385	81.9%
No	9	52	61	13.0%
No response	0	29	29	6.2%

Q6: If NO, why not?

	Comments count			
	Online survey	Paper responses	Total	Response percent
Comments received (Q6)	10	56	66	14.0%

A cross-section of comments for Q6 can be found in Appendices 2 and 4.

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

Answer options	Response count			
	Online survey	Paper responses	Total	Response percent
Yes	14	95	109	23.2%
No	36	241	277	58.9%
No response	1	83	84	17.9%
Comments received (Q8)	14	97	111	23.6%

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

Within themed areas, the following number of comments were received to Q6 and Q8 to indicate that there was some disagreement with the criteria used to assess options and that additional criteria should be taken into account in the decision making process:

Themes	Comments			
	Accessibility	Choice	Continuity	Impact
Online survey responses	6	3	7	2
Paper responses	14	15	29	12
Total	20	18	36	14

A cross-section of comments for Q8 can be found in Appendices 3 and 4.

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Summary of Q5-Q8

It is significant to note that 82% of the respondents agreed with the criteria as described in the Way Forward document for making a decision on the options and 59% did not see any additional criteria needed. This provides assurance that the criteria used for the assessment of options are suitable.

Comments received by the respondents who disagreed with the criteria indicated that continuity of services was of the utmost concern, especially continuity of service with their GPs from the Village Surgery. Choice, accessibility and the impact of a change in service were also raised as additional criteria to be considered. Respondents were concerned about a lack of choice if there were not a smaller, or medium sized GP surgery in the Pinner area as they perceived the larger Pinn Medical Centre to be the only choice available. They expressed concerns about access to the Pinn Medical Centre, particularly the pay-for-parking arrangements and the difficulties by elderly and infirm people in navigating the wooden ramp at the entrance. There were also concerns about the impact on the current level of services after absorbing the Village Surgery patients into local GPs – the timeliness of appointments, the ratio of male and female doctors and having a sufficient mix of doctors reflecting the ethnicity of the population.

A cross-section of comments for Q5-Q8 can be found in Appendices 2, 3, and 4.

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

1. **Option One:** Procure a new practice for Pinner

Answer Option 1	Response count			Response percent
	Online survey	Paper responses	Total	
Yes	21	177	198	42.1%
No	0	160	160	34.0%

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

Answer options	Response count			Response percent
	Online survey	Paper responses	Total	
Yes	28	233	261	55.5%
No	0	66	66	14.0%

Many responders indicated 'Yes' and 'No' for each option. Sixteen responders on paper surveys did not indicate YES or NO for this question.

Two responders on the electronic survey did not indicate YES or NO for this question.

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Comments in response to Q9

Answer options	Response count			
	Online survey	Paper responses	Total	Response per cent
No comments received	23	204	227	48.3%
Comments received	28	215	243	51.7%

Summary of comments for Q9

N.B. Not all respondents wrote comments. Electronic survey respondents were able to choose one option only whereas paper respondents were able to tick 'Yes' and 'No' for each option.

Option One: Procure a new practice for Pinner

Comments on Option One showed that 23 individuals indicated that they wanted more choice in Pinner. This was supported by 20 comments from others that the Pinn Medical Centre was too large, too impersonal and too difficult to access. 17 individuals also expressed a need for continuity with GPs, especially those from the Village Surgery. A few people commented that the impact of additional patients being seen at the Pinn Medical Centre had affected the service and that additional resources would be required if this was to become a permanent arrangement.

In addition to comments received for Option 1, 18 people who ticked 'No' for the Option indicated that they did not see the need for a new surgery, and 9 commented that they were satisfied with the Pinn Medical Centre.

Option Two: Help patients to register with alternative GP practices

23 individuals who ticked 'Yes' to Option Two indicated that they were satisfied with the services at the Pinn Medical Centre. An additional 13 commented that they did not see the need for an additional GP Surgery in the Pinner area, some having based their decision on the criteria assessment and contents in the Way Forward paper. Others commented they valued continuity (9), accessibility (10) and choice (9) regardless of the provision of healthcare. Six people specifically asked for support in re-registering with a GP in the Pinner area.

A cross-section of comments for options 1 and 2 in Q9 can be found in Appendices 5 and 6.

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PROFILE OF INDIVIDUALS WHO RESPONDED

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.)

Answer options	Response count			Response percent
	Online survey	Paper responses	Total	
Yes	2	74	76	16.2%
No	48	323	371	78.9%
Prefer not to say	0	10	10	2.1%
No response	1	12	13	2.8%

Q11: Are you male or female?

Answer options	Response count			Response percent
	Online survey	Paper responses	Total	
Male	32	165	197	41.9%
Female	18	241	259	55.1%
Prefer not to say	0	10	10	2.1%
No response	1	2	3	0.6%

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

Answer options	Response count			Response percent
	Online survey	Paper responses	Total	
White	42	357	399	84.9%
Mixed	0	2	2	0.4%
Asian / Asian British	2	26	28	6.0%
Black / Black British	0	4	4	0.9%
Chinese	1	8	9	1.9%
Other	1	2	3	0.6%
Prefer not to say	3	13	16	3.4%
No response	2	7	9	1.9%

Q13: Which age group are you in?

Answer options	Response count			Response percent
	Online survey	Paper responses	Total	
Under 25	1	6	7	1.5%
25-34	1	14	15	3.2%
35-44	5	23	28	5.6%
45-54	11	27	38	8.1%
55-65	13	80	93	19.8%
Over 65	19	255	274	58.3%
Prefer not to say	0	10	10	2.1%
No response	1	4	5	1.1%

The majority of those commenting were within the 65+ age range.

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Summary of Respondents Profile:

Appendix 1 contains the profile of the Village Surgery and its comparison with the population of Harrow as a whole. The Surgery had a higher proportion both of people who are white and of elderly people. 84.9% of responders were white compared with 65% of the practice population. 58.3% of responders were aged over 65 compared with 21% of the practice population, although it is likely that this group use the surgery to a greater extent than others.

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

Answer options	Response count			
	Online survey	Paper responses	Total	Response percent
Yes	31	321	352	74.9%
No	18	86	104	22.1%
No response	2	12	14	3.0%

Q15: If you answered YES to Q14, how would you like to be kept informed?

Answer options	Response count			
	Online survey	Paper responses	Total	Response per cent
Website	5	13	18	3.8%
Focus group	1	3	4	0.9%
By post	9	238	247	52.6%
By email	25	80	105	22.3%
No response	18	99	117	24.9%

Some responders on the paper survey identified more than one way of keeping in touch and have been counted for each way they indicated.

2.2.8 Stakeholder Feedback

Emails and letters received during the engagement are referred to in Appendix 7.

2.2.9 Other Feedback

A petition to reopen the Village Surgery, signed by 488 patients, was submitted via Carters Chemist on 8 September 2010 before the engagement document was launched and before detailed information was available as to why the Village Surgery could not be reopened. It was resubmitted on 2 December 2010 by Mrs G Millen with an additional page containing a further 11 signatures, making 499 signatures in total.

The petition states:

We urge NHS Harrow to reopen the Village Surgery for the following reasons:

- Patients in Pinner do not have a choice of surgeries anymore
- Parking is expensive at Pinn Medical
- We cannot move to a different surgery as there is not one nearby

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Carepoint practice from neighbouring PCT, Hillingdon, submitted their interest in opening a branch surgery to their Northwood practice in the Pinner area through the engagement process. They had identified commercial premises for potential use and would initially open for morning sessions only with plans to extend the opening hours as demand dictated.

2.2.10 Further Engagement

Further engagement may be considered once the Board has decided on the options. These will be discussed with the Local Authority Overview and Scrutiny Committee and Local Involvement Network (LINKs).

3. FINANCE

3.1 Financial Landscape

NHS Harrow is currently financially challenged, with a savings plan in place to pull back from a deficit position. Based on available financial information on the procurement of Primary Medical Care services, a surgery open five days a week from 8:00am to 6:00pm could cost between £600,000 and £893,000 for the first contracted year. This translates into £3 million to £4.5million for a standard five year contract. This Village Surgery contract had a baseline value of £575,000. As there are no available premises owned by NHS Harrow, it would be up to the incoming provider to secure premises, which would be an additional cost to the contract price. Whilst £83,000 would be saved from the Village Surgery notional rent (which is paid in addition to the baseline contract), this may not be sufficient for new premises.

Procurement would be a significant additional piece of work for NHS Harrow at a time when is reducing its staff by over 50%, and has to concentrate on implementing a large savings plan.

See Appendix 8 for a breakdown in the costs for a new GP surgery.

4. PROVISION

4.1 Existing Service Providers in the Area

There are 28 general practices within 2.0 miles of the former Village Surgery who are all accepting new registrations. Nineteen of the practices are situated in the London Borough of Harrow, eight are in the London Borough of Hillingdon and one is in Hertfordshire. The Borough in which the practice is located does not affect people asking to register as long as they are within the practice's catchment area.

These practices range from single handed GPs to larger group practices. All provide general medical services and a range of additional services. The quality of the care those practices provide is generally high, with very good achievement against key indicators in the Quality and Outcomes Framework.

The Pinn Medical Centre reports that they would be able to absorb existing patients of the 'vacant' practice as they have capacity in terms of premises registrations to see up to 23,000 patients. The six nearest practices to Barrow Point Avenue (where the Village Surgery was located) have 50,868 registered patients (including the

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

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

The 2009/10 General Practice Patient Survey (GPPS), measuring satisfaction with medical services, showed that in the Pinner area 90% of patients reported that they were satisfied with the care they received at their GP against a PCT average of 84%.

Similarly satisfaction with accessing GP services in Pinner is higher than the average across the PCT with 83% of people reporting they were able to see a doctor fairly quickly compared to 80% across the PCT and 79% of patients reporting they were able to get an appointment more than 2 days in advance compared to a PCT average of 67%. Also the percentage of patients satisfied with opening hours is 82% in Pinner compared to 76% for the whole of Harrow.

4.2 Procurement

This would apply to Option 1 only. The procurement strategy is a crucial factor in profiling the needs of NHS Harrow and the service characteristics and matching them with the procurement route that most fulfils these requirements.

The initial parameters to consider relating to procurement are:

- (a) Cost (and Price Certainty at Contract Commencement).
- (b) Time - Programme
- (c) Quality of product
- (d) Risk to NHS Harrow
- (e) Risk to the provider (given the reduced list size)
- (f) Value for Money (competitive tendering)
- (g) Complexity of the project
- (h) Clarity of Route.

If the engagement and consultation leads to a decision of procurement, the European Directives for Part B services must be taken into account, along with other relevant Department of Health guidance specific to NHS services. In summary, these require that NHS Harrow runs a competitive process to award a contract of this value. Each bid or proposal would be scored on an equal basis and the contract would be awarded to the highest scoring provider.

NHS Harrow also uses the PCT Procurement Guide issued by the Department of Health, which sets out the considerations and key principles for PCTs when deciding when to procure and through what route. The Principles of Cooperation and Competition should also be considered. In addition, NHS Harrow has its own procurement policy and handbook to guide commissioning staff through local best practice.

By prioritising such requirements, a procurement system which best meets these requirements can be adopted which:

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- a) Is suitable for the PCT's needs, the project type and the PCT's exposure to risk.
- b) Is feasible in terms of the PCT's internal expertise, internal management structure and resources.
- c) Is attractive to providers and demonstrates a sustainable business model.

The procurement process could take 12 months to complete.

5. Other Factors

5.1 Alignment with our Commissioning Strategy Plan (CSP)

The NHS Harrow CSP sets out a number of improvements in primary care to facilitate improved patient reported access and establish more services in the community, closer to patients' homes. This is only possible through the integration and joint working of local GPs, to prevent hospital admissions or attendances where possible. To achieve this aim NHS Harrow established a plan to reduce the number of individual primary care premises in the borough, so that GPs can work together to improve overall access, from better premises, with more services available. The expectation is that this work is lead by GP's who are adept at forming natural partnerships. This strategic direction will need to be considered as part of the decision process.

5.2 Equality impact assessment

An Impact Assessment was completed by a Public Health Consultant which is detailed in Appendix 9. The results of the assessment were that the benefits of option 2 outweigh those of option 1 while the risks of option 1 outweigh those of option 2. Hence, option 2 is the most effective and cost effective option.

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6. Options

The options for the Board to discuss and consider the implications of are set out below, with an assessment against the criteria.

The option of reestablishing a service at the existing Village Surgery site has been excluded because as the contract has ended, a new contract would need to be established through a competitive process with a range of external providers.

Option One involves inviting applications from providers to take up 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 PCTs follow in such cases that ensures the process of selecting a provider is fair and transparent. As approximately 4,300 patients have already registered with alternative practices, the contract could only guarantee a list size of approximately 2,500 patients, many of whom will have registered elsewhere by the time the contract is awarded.

Criteria	Pros	Cons
Health needs		<p>Pinner is already well served with primary care compared to the rest of Harrow and already has higher life expectancy and outcomes than other parts of Harrow so an additional practice cannot be justified in terms of epidemiology.</p> <p>Procurement of a GP practice in the Pinner area may put other health services at risk of further development within the constraints of the current financial environment.</p>
Want (Engagement response)	<p>Expansion of primary care services in the surrounding area</p> <p>Potential to keep former Village Surgery GPs in the area if they were successful with a bid for the service under the procurement guidelines</p> <p>View that if option 1 promotes choice in GP surgeries in Pinner and improves accessibility and potentially in continuity.</p> <p>Many also expressed a strong desire to maintain the relationship with their GP from the Village Surgery.</p>	<p>Less than half (42%) of respondents to the engagement questionnaire agreed with this option.</p>
Finance		<p>As the Village list size has reduced it may be difficult to sustain the long term financial sustainability of a new practice.</p> <p>NHS Harrow is currently in financial deficit. A new practice would cost between £600,000 and £893,000 per year and take considerable management time.</p>

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Provision		Length of time to procure a new practice and premises; it would take approximately 12 months to follow a full procurement process.
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Option Two enables patients to choose to register with a GP from an existing list of established practices in the area. There are 28 general practices within two miles of the former Village Surgery which are accepting new registrations, although which practice is open to an individual will depend on which GP catchment area they are in. Nineteen practices are situated in the London Borough of Harrow, many of which are looking to grow their registration lists; eight are in the London Borough of Hillingdon and one is in Hertfordshire. The borough in which the practice is located does not affect people asking to register as long as they are within the practice's catchment area.

Criteria	Pros	Cons
Health needs	Existing GP practices in the area have capacity to register additional patients. Most practices in Pinner have similar population structure and will be able to cater to the needs of the Village Surgery population.	
Want (Engagement response)	More than half (56%) of the questionnaire respondents agreed with this option. Many have registered at alternative GP surgeries and are happy with the service they are receiving, some referring to the expanded services at the Pinn Medical Centre. Many respondents wished to maintain their GP from the Village Surgery even if that was at an alternative surgery. A concern about the effective use of healthcare resources was raised if Option 2 is not implemented.	There are concerns about the impact of an increase in the number of patients registering at the existing GP practices which might affect the quality of services without additional resources. Potential loss of continuity of care.
Finance	Limited financial impact as practices are paid based on their registered patient list size (a cost per patient). As Village Surgery patients register at alternative practices, the list will be dispersed, as will the previous funding. NHS Harrow will save £83,000 which was previously spent on the Village Surgery premises as an annual allowance for 'notional rent'.	

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Provision	A document illustrating the nearest existing surgeries to the location of the Village Surgery has been produced and distributed ad hoc at public meetings and is available on our website. The information could be expanded to encompass further details of the GPs and services available at each surgery and posted to all registered and formerly registered Village Surgery patients so that they are aware of the options. Guidelines to register could also be included with contact details of the PALS team for additional information and additional help can be provided by the PALS team for vulnerable patients who need assistance to re-register.	Some patients will experience a minimal increase in travel distance. Concerns have been raised about car parking and physical access at the Pinn Medical Centre.
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7. Conclusion

The overall conclusion from the assessment of the two options is reflected in the Recommendations (Section 2). The results of the public and patient engagement process and the assessment of the four criteria defined in the engagement document (Need, Want, Finance, Provision) support the recommendation to provide immediate assistance to patients to re-register with alternative GP surgeries in the Pinner area.

Health Need: the evidence and evaluation suggests that a new practice is not needed. This is based on the size of the population, the lower than average GP list size, the lower than average deprivation levels and the disease profile which is already accommodated for in neighbouring surgeries.

Want (Engagement response): although there is not an overwhelming response against the procurement of an additional GP surgery in the Pinner area, the public have considered the financial implications and lack of urgent need in the area. 56% agreed with Option 2 which was to support patients to re-register with GP surgeries in the Pinner area. However, there are views expressed about the lack of choice and continuity that this option may incur.

Finance: 4,300 of the 6,810 patients registered at the Village Surgery have already chosen to apply for registration at other practices nearby. This makes the viability of re-opening a surgery potentially unattractive to GPs who would bid for the service. The PCT is currently in a financial deficit and has to make difficult decisions on commissioning new healthcare services. A new surgery would cost up to £893k per year, £4,465k over five years, which might have a detrimental effect on the provision of other healthcare services which are based on greater evidence of need.

Provision: to procure a new surgery in the Pinner area would take approximately 12 months. In the meantime, it is predicted that more Village Surgery patients will re-register at neighbouring surgeries to further reduce the patient list and cause a new practice to be even less viable.

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8. Recommendations

Based on the results of the public and patient engagement process and our assessment of the four criteria defined in the engagement document (Need, Want, Finance, Provision), the recommendation to the Board is that:

- NHS Harrow should provide immediate assistance to patients to re-register with alternative GP surgeries in the Pinner area.
- As part of the feedback from the public engagement, a number of concerns were expressed about the accessibility of the Pinn Medical Centre and whether record, appointment and information systems were adequate to cope with an influx of further patients. Although the ramp to the centre and car parking charges are not likely to be possible to change, issues around appointment booking and record systems should be possible to address. It is recommended that NHS Harrow monitor the operational impact of additional patients registering at other Harrow practices, and work with the partners and patient groups to ensure patient satisfaction overall remains high, and the operational problems some have experienced are addressed. NHS Harrow should also monitor the performance of other GP surgeries absorbing the patients from the Village Surgery to ensure patient access does not decline.

9. Acknowledgements

We wish to thank staff at NHS and from our partner organisations for their support at public meetings and in the compilation of this report.

10. Appendices

- Appendix 1 – Needs Assessment Summary
- Appendix 2 – Cross section of online survey comments to Q6
- Appendix 3 – Cross section of online survey comments to Q8
- Appendix 4 – Cross section of paper comments to Q6 and Q8
- Appendix 5 – Cross section of online survey comments to Q9
- Appendix 6 – Cross Section of paper comments to Q9
- Appendix 7 – Correspondence received in response to the patient and public engagement
- Appendix 8 – Financial spreadsheet – summary
- Appendix 9 – Impact Assessment for service changes

11. Background documents

These documents are available on request.

- Communications and engagement plan
- Realise Group Report

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12. Board Report Executive Director sign off

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

Financial

Equalities

Name: James Walters

Job Title: Director Development & System Management