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| DECISION-MAKER: | HEALTH OVERVIEW SCRUTINY PANEL | | |
| SUBJECT: | GP SERVICES PORTSWOOD | | |
| DATE OF DECISION: | 18 JULY 2013 | | |
| REPORT OF: | DIRECTOR OF COMMISSIONING, NHS ENGLAND | | |
| <u>CONTACT DETAILS</u> | | | |
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STATEMENT OF CONFIDENTIALITY

BRIEF SUMMARY

This report outlines the issue, options considered and recommended for replacing GP services in Portswood, following notification received for one of the GP's wishing to terminate their contract to retire. Simon Jupp, Director of Commissioning NHS England will give an update to the Panel on progress to date to explore extending current GP contracts in Portswood.

RECOMMENDATIONS:

- (i) That the Panel notes the issue for GPs in Portswood, the options considered and recommendation taken forward by NHS England.
- (ii)

REASONS FOR REPORT RECOMMENDATIONS

1. As part of the HOSP's terms of reference the panel has a role to respond to proposals and consultations from NHS bodies in respect of substantial variations in service provision.
- 2.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

3. None

DETAIL (Including consultation carried out)

4. There are a number of sole practitioner or small practices in the Portswood area each holding varying list sizes of between 2100 and 3500 patients. It has long been identified that this is an area where problems could arise should one of the practitioners resign or retire from providing Primary Medical Services if this impacted on the other practices. Whilst efforts have

been made by Southampton City PCT, Southampton City CCG and the Area Team to facilitate federating the practices, no successful management plan has been forthcoming from the contractors themselves. None of the small practices are keen or able to take on further patients, therefore, should one practitioner retire out of the contract without a successor, the remaining practices have indicated they would also resign to avoid further work pressure. This would leave the Portswood area without continuing primary medical care. A majority of the GPs are nearing retirement age or suffer ill health leading to a desire to retire.

5. The Primary Care Commissioning team received notification at the end of March from Drs P & C Thomas, at Portswood Road Surgery, that they wish to terminate their GMS Contract and have given 6 months' notice. This will take effect from 30 September 2013.
6. The Area Team has had a number of discussions with practices, the CCG, and other local providers to inform the development of this paper, which uses a standard template published by NHS England for evaluation of options on practice closure.

7. There are six practices within the Portswood area:

| Practice | Name of GP | Number of Patients | No GPs | Type of Contract |
|---------------------|-------------------|---------------------------|--------------------|-------------------------|
| Portswood Road | Dr Thomas | 2100 | 1 + p/t salaried | GMS |
| St Denys Practice | Dr Dickson | 2828 | 1 + p/t salaried | GMS |
| Linfield Surgery | Dr Gallagher | 3503 | 1 + 2 p/t salaried | GMS |
| Mulberry House | Dr Amarpala | 3058 | 1 + p/t salaried | GMS |
| Highfield Health | Dr Low | 4180 | 3 | GMS |
| Alma Medical Centre | Dr Ord-Hume | 9920 | 6 | GMS |

8. Southampton PCT had plans to develop a single site primary care hub as part of the new Sainsburys development on the site of the old bus depot, to house the Portswood Road, St Denys Practice, Linfield Surgery and Mulberry House practices. For a variety of reasons this did not take effect, partly due to the practices not engaging in the process and appreciating the wider strategic direction for general practice, leading to unwillingness to share back office functions/accommodation therefore creating a high cost development that became unaffordable. No other solution to the pressure experienced by the practices has been put forward by them.
9. Portswood Road Surgery (Drs Thomas) have requested to terminate their contract which takes effect 30 September 2013.

10. Dr Gallagher (Linfield House) became ill last year and whilst he has returned to work, he wishes to retire in the near future. He has two salaried GPs who have both handed in their notice which will take effect in the beginning of August. It is unsustainable for Dr Gallagher to continue to provide services in the medium term. Dr Gallagher currently provides the Violent Patient Scheme for patients within the city and beyond who have been removed from lists due to violent or threatening behaviour. He also manages a number of patients who have addictions to drugs and / or alcohol. It is anticipated following discussion with him that Dr Gallagher will tender his resignation during the summer, as a single handed contractor he is required to give only 3 month notice to terminate his contract. (NOTE DR Gallagher submitted resignation after preparation of this paper)
11. The St Denys Practice (Dr Dickson) and Mulberry House (Dr Amarapala) are in discussion to put forward a proposal to merge their contracts. They have shared their finances with each other with the long term aim to consolidate onto the St Denys Practice site and expand within the surgery to accommodate additional GPs. They do not feel in a position to expand further in the short to medium term.
12. It has been established that the Sainsbury's development can no longer accommodate the GP surgery. There is however a building next door which is being sublet. Details of these have been sought by NHS property services to inform any longer term plans for the area.
13. Since the inception of the NHS Plan in the 1990's, there has been a strategic direction to have bigger practices with populations of 20,000+, housed in large premises covering a large geographical area. Whilst this intent has been upheld it is generally accepted that PCTs have been unable to force this issue as it is for the GPs to grow into expansion as independent contractors and could only be influenced by PCTs or achieved through consensus. LIFT projects have aimed to secure premises for the purpose of housing a number of GP practices, but rarely have the GPs themselves engaged in sharing back office functions to drive efficiency and consistency. The changing nature of General Practice does not lend itself easily to sole practitioners and the Local Medical Committee is supportive of practice mergers and not of perpetuating the present small practice. Helen Parker in her internet blog for the Nuffield Trust (www.nuffieldtrust.org.uk/blog/) on May 23rd 2013 said:
From discussions with GPs and policy makers, there appears to be some consensus that the current 'small scale' organisational model of general practice has served us well for the last 60 years or so, but health care needs have now outgrown it and larger scale models of provision are likely to be required. Additionally, there is a pressing need to ensure that general practice is an attractive career option, if we are not to witness our high quality primary care workforce crumble over the next few years. We therefore need to work out how to keep what is valued highly by patients about 'small scale' practice, such as continuity of care and identity with a local practice. At the same time, work needs to be done to examine organisational models that ensure the sustainability of the general practice business model, facilitate scope for extended primary care provision and development, support integrated care, and create attractive career paths for clinicians.

14. There were four options considered by NHS England, outlined in more detail in Appendix 1.
- Option 1: Dispersal of Patients
 - Option 2: Short term contract in order to complete consultation and procurement process
 - Option 3: Procurement of stand alone practice
 - Option 4: Extension of current contract to provide branch surgery
15. The primary care commissioning team recommended that Option 4 be considered and approved by their Executive Team (Wessex). Authority was given to explore extending current contracts to cover services to patients in Portswood and delivery from one or more local premises.
16. Option 4 engages with a provider that is willing to take on the current patients in one or more of the existing premises and expand one of them to accommodate all of the patients in due course onto one site. The intention is to retain all of the local services including the violent, drug and alcohol patients and ensure most importantly provide stability within the locality.
17. The services will be retained within the locality as a 'branch' of an existing local provider who can provide the clinical leadership and financial stability to enable the strategic position of having a smaller number of larger more sustainable services within the Portswood area to be reached.
18. No local practices within the immediate neighbourhood or adjacent wards have indicated at CCG locality meetings or meetings with AT staff any interest in being involved in this solution. Providers in the adjacent ward have expressed interest in developing this option with us. Either party could consolidate its current contracts to work under one contract covering all surgery outlets it holds instead of the several it currently holds.
19. **Advantages of option 4**
- 1) Meets the strategic direction of having fewer small practices.
 - 2) Ensures stability within the locality
 - 3) Clinical leadership within the practice and improve patient outcomes and care
 - 4) Financial stability across the locality
 - 5) Ensuring choice for patients by having larger more stable practices
20. **Disadvantages op option 4**
- 1) Difficulty in engaging with a local provider
 - 2) Ensuring that an agreeable financial settlement can be made across a number of practice contracts held by the provider
 - 3) Ensuring that the provider can engage with the local community to improve patient care
 - 4) Ensuring good clinical leadership
 - 5) Has not allowed for formal competition*, however recent offers to the market of practice in Portsmouth has shown only one local practice interest at an affordable level. Offer of 2 year temporary contract in Southampton city secured only two proposals. The market seems therefore to have flattened with the current uncertainty and lack of morale in general practice.

**post drafting note: all practices in Southampton with overlapping or adjacent lists are being invited to express interest.*

21. It is recognised that patient engagement about service change is required. Any proposal to relocate services from Portswood Road the short distance to Linfield surgery for example to or any other local premises will need to be shared with HOSC if approved. The regional communication team have been alerted that their support will be required. They will encourage the new provider to work with patients to understand what they have valued about previous services, what they would like to retain and what they would like to see change so that can inform the provider's planning. They have explored if previous work on patient experience in the area is available to inform our options and have examined GP survey data which does not contain significant findings for improvement.
22. The opportunity for the locality to have established its own solution to this problem has not been forthcoming. Linked with the inability to force smaller practices to merge has inevitably resulted in the current situation whereby, when a small practice resigns from providing primary medical services it destabilises the local GP community with the remaining practices threaten to follow suit.
23. Of the four options explored, one will definitely destabilise the current practices, and any procurement is not easily achievable within the timescale now available. Even if successful, this goes against the grain of the strategic intent in re-procuring very small services and inevitably destabilises the patients.
24. The fourth option is the most appropriate within the context that the Area Team is faced with at present. A willing provider has been identified with experience of providing services in immediately adjacent localities and to challenging populations and other practices could be invited to express interest.
25. The panel are asked to note the issues, options and progress to date in replacing GP services in Portswood and consider if any issues need to be brought forward to a future HOSP meeting.

RESOURCE IMPLICATIONS

Capital/Revenue

26. None

Property/Other

27. None

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

28. Not applicable

Other Legal Implications:

29. None

POLICY FRAMEWORK IMPLICATIONS

30. None

KEY DECISION? No

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| WARDS/COMMUNITIES AFFECTED: | Portswood |
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SUPPORTING DOCUMENTATION

Appendices

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| 1. | GP Surgeries, Portswood – options considered |
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Documents In Members' Rooms

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| 1. | |
| 2. | |

Equality Impact Assessment

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| Do the implications/subject of the report require an Equality Impact Assessment (EIA) to be carried out. | Yes/No |
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Other Background Documents

Equality Impact Assessment and Other Background documents available for inspection at:

Title of Background Paper(s)

Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)

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| 1. | | |
| 2. | | |