

**OPTIONS FOR REPLACING GP SERVICES IN PORTSWOOD, SOUTHAMPTON.**

**Criteria for option appraisal**

The Area Team should continue to support the strategic direction to have fewer but larger practices and maximise the opportunity to merge lists when they arise to move towards a transformation of general practice provision. Criteria derived from this strategic direction to inform selection of a preferred option to ensure access to high quality local primary care services for people in Portswood are:

- Services to be provided within the Portswood locality
- Registered lists to be at a large enough scale to ensure financial sustainability for providers
- Practices to be sufficiently large to ensure that there are more than two GPs working together in a provider service to ensure robust clinical governance.
- Services to be located to ensure that there is a choice of GP practice for patients within the area
- Practices to be large enough to offer support to new GPs and to encourage career development
- Provider to have experience of providing services to challenging patient groups, preferably as part of the locality health system.

**Options Appraisal**

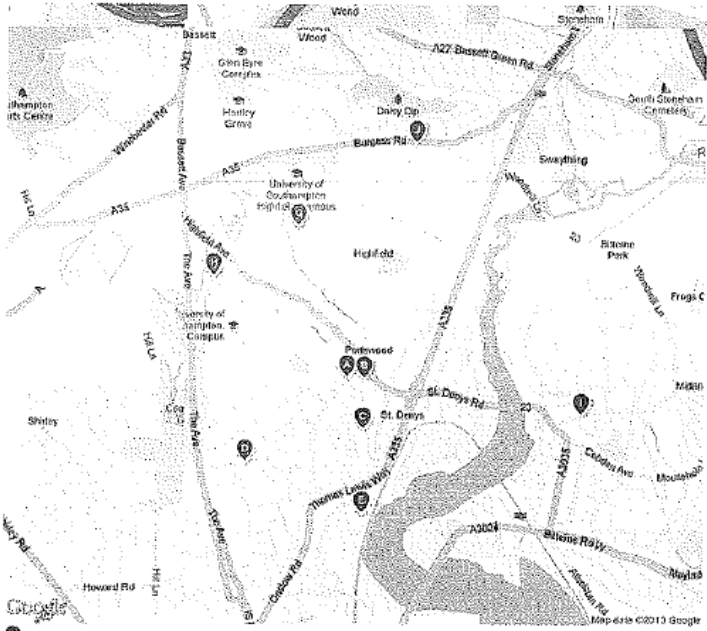
Whilst this document focusses on the replacement of the Portswood road practice the imminent vacancy of the Linfield practice has influenced some of the option development. The opportunity to work with Dr Gallagher to plan his retirement to enable creation of a larger but still below national average list size should be pursued.

The options considered are;

- 1) Disperse the patients to the neighbouring practices
- 2) Short term stand alone contract to enable securing a longer term solution
- 3) Reprocare stand alone service to accommodate the current list
- 4) Extension to a current contract to provide a branch surgery

**Option 1: Dispersal of Patients**

<b>Issues for Consideration</b>	<b>Comments</b>
Current list size	2113
Local Capacity	There are 5 GP practices very close by with 3 Pharmacies along the same road as the surgery with another 5 pharmacies within half a mile to Portswood Road Surgery. None of the practices are operating a closed list.

<p>Geographical Location</p>	 <p style="color: red; text-align: right;">NB C is Linfield Surgery</p> <p>Drs P L Thomas &amp; C A Thomas</p>
<p>Impact on other primary care providers</p>	<p>Dr Gallagher has indicated he will resign rather than accept dispersed patients. Dr Dickson has threatened to resign rather than accept dispersed patients</p>
<p>Premises Ownership</p>	<p>There is currently no lease at this practice. Premises and no commitment to occupation.</p>
<p>Practice employed staff</p>	<p>All the employed staff will be made redundant by their employer.</p>
<p>Value for Money</p>	<p>Dispersed patients would attract global sum payments at the GMS standard rate. (£66.25) Portswood road has had higher MPIG than neighbouring practices and this would not transfer. Premises costs savings would be made.</p>
<p>Deprivation Factors</p>	<p>Portswood is an area on the edge of the city centre which has high numbers of young adults ( students) and 4% over 85s. 2% of the population live in communal households.</p>
<p>Population make up( practice)</p>	<p>As at 1 January 2013 this was 2,107 with a breakdown of ages as:  0-19 = 270  20 – 69 = 1449  70 – 85 plus = 388</p>
<p>Specific Specialised Services Currently Commissioned (Enhanced Services)</p>	<p>Local Enhanced Services which have now transferred to the CCG and Public Health as commissioners:</p> <ul style="list-style-type: none"> <li>• Anti-Coagulation</li> <li>• Near Patient Testing</li> <li>• Phlebotomy</li> <li>• Basket of Procedures</li> <li>• Complex Care Management</li> <li>• NHS Health Checks</li> <li>• The practice does not provide extended opening hours or health checks for those with learning disability. They provide low levels of long acting reversible contraception in house.</li> </ul> <p>All of the practices in the locality of this practice offer more Enhanced Services than those offered at Portswood Road Surgery.</p>
<p>Viability Option</p>	<p>No</p>
<p>Why?</p>	<p>There is insufficient clinical capacity and willingness to effectively disperse 2000 patient to other local practices large numbers of patients may destabilise current practice provision.</p>

## Option 2: Short term contract in order to complete consultation and procurement process

Issues for Consideration	Comments
Current list size	2113
Current practice capacity	The current practice premises will not be available to facilitate this option. The practice currently operates as a single WTE GP and is not an attractive financial proposition.
Premises Ownership	The lease term with the landlord will be terminated to coincide with the contract closure. The termination note has not yet been actioned. Security of tenure has been provided as long as Dr Thomas continues to honour the lease and rental payments.
Value for Money	Because of the short term nature of the offer a provider may require enhanced payments to accept transformation and quality risks.
Population make up	The current registered patients are 0-19 year old = 270 20 – 69 years old = 1449 70 – 85 years old plus = 388
Enhanced Services	Local Enhanced Services which have now transferred to the CCG and Public Health <ul style="list-style-type: none"> <li>• Anti-Coagulation</li> <li>• Near Patient Testing</li> <li>• Phlebotomy</li> <li>• Basket of Procedures</li> <li>• Complex Care Management</li> <li>• NHS Health Checks</li> </ul> A new provider could introduce further enhanced services not currently provided.
TUPE	Is likely to apply transferring risk of employment to a temporary provider.
NHS CB processes throughout arrangements	Engage with local practices to enquire if any of them wish to take on a short term contract ie APMS 1 year while the Area Team look at the future of this practice. Recent experience showed a very low level of market interest in a short term offer, with two years being minimum and 5 years being optimal.  A short term lease for suitable property would be needed if it could be sourced with higher lease costs, fit out etc.
Viability of Option	Low ,
Preferred Option Why?	No, market disinterest, financial sustainability, clinical governance and patient safety/quality from perpetuating stand alone small list. Employment risks prevent small practices showing interest. Lack of premises to deliver service

### Option 3: Procurement of stand alone practice

Issues for Consideration	Comments
Ability to grow the list	The list size has remained static for the last few years, there is competition from the number of practices in the area, at its current size it does not offer financial sustainability for a provider.
Nature of Contract	APMS – 5 year duration ( with possibly option to extend to improve continuity )
Geographical Location	The new service will need to secure premises to cover the same patient population and will need to stay within the locality
Impact on other primary care providers	Pharmacies are within easy reach of the current practice. During procurement patients may prefer to register with a local GP rather than wait for an unknown new provider thus placing pressure on adjacent lists.
Premises	Current may not be available and are in any case unsuitable and non compliant with DDA. New premises could not be sourced and fitted within 3 months.
Value for Money	There is a risk that procurement for APMS produces higher cost services than GMS or PMS options, especially for small units where fixed staff costs are high. Capacity for and cost of running full market procurement for small services with limited local market is issue.
TUPE	A number of staff will need to be TUPE'd to the new organisation and may impact on bid costs. New provider must be able to provide GAD approved pensions for any staff in the NHS pension scheme or be entitled to offer NHS pensions.
Population Makeup	The current registered patients are 0-19 year old = 270 20 – 69 years old = 1449 70 – 85 years old plus = 388
Viability of Option	No, there is insufficient time to achieve and mobilise a full market tender within the notice periods that GPs are required to give.
Why?	Lack of fit with strategic direction to increase size of practice for clinical safety quality and financial sustainability. Market disinterest in small units due to high fixed cost and low profitability.

#### Option 4: Extension of current contract to provide branch surgery

Issues for Consideration	Comments
Ability to grow the list	A larger practice with 'service delivery points' across the city may attract patients and provide resilience for any population growth within the immediate city areas.
Nature of Contract	APMS – 5 year duration ( with possibly option to extend to improve continuity )
Geographical Location  Impact on other primary care providers	Service via branch surgery to be retained within Portswood.  Pharmacies are within easy reach of the current practice. Less risk of large scale registration and impact on neighbouring practices.
Premises	Current may not be available and are in any case unsuitable and non compliant with DDA. An existing city provider may be more able to negotiate local premises solutions for example by also agreeing to provide services to Linfield patients and using that site.
Value for Money	A maximum cost is equivalent to current, if Linfield surgery utilised savings of Portswood premises costs could be achieved.
TUPE	May not apply if the service is relocated. HR advice will be required by providers. Existing providers can offer NHS pensions
Population Makeup	The current registered patients are 0-19 year old = 270 20 – 69 years old = 1449 70 – 85 years old plus = 388
Viability of Option	High, strategic fit providing a willing provider can be found. This is the preferred option.
Why?	Provides basis for consolidating list sizes into larger units, improving clinical governance and providing clinical leadership for quality and patient experience. Can be mobilised within timescales available.