

## **Overview and Scrutiny Committee Paper** **Primary Care Update in Brent**

### 1. Willesden Medical Centre

NHS Brent instructed the estates department to undertake a feasibility study on the space available in Willesden Health and Well Being Centre with a view to working with local practices on possible relocation to this purpose built health facility that is not fully occupied. A number of practices have been approached including Willesden Medical Centre and Dr Fletcher's practice, to discuss potentially moving into the centre. A meeting hosted by the CCG chair and interested parties is being arranged for early June. Separately the Willesden Medical Centre has worked with their current landlord to improve their existing accommodation and provide space for Dr Fletcher's practice. Following the meeting with the practice, NHS Brent will consider both proposals and make a decision on which option best meets patient needs and value for money. The Willesden Medical Centre's current lease expires on 31 August 2012. We will keep the OSC updated.

### 2. Kenton Medical Centre

NHS Brent has received a letter of resignation from a two partner doctor practice and the attached paper sets out the proposed way forward for the practice.

### 3. Kilburn Medical Centre

The Kilburn Medical Centre has been operating under a temporary contract and following consultation and consideration of the options of how to put in the permanent arrangements for the management of this population, a decision has been made to disperse the list. The attached paper sets out the background to this decision and the action we are taking as a result of a health inequalities assessment.

## **Overview and Scrutiny Committee Paper Closure of Kenton Medical Centre**

### **1. Background**

- 1.1. Drs PK Das and B Das of Kenton Medical Centre gave notice to NHS North West London (NWL) on 1 March 2012 that they intended to retire from general practice. Originally, they requested a termination date of 31 May 2012; however this was negotiated to 30 June 2012.
- 1.2. The doctors hold a Personal Medical Service (PMS) contract with NHS Brent, and own the current premises. They have confirmed the premises will not be available for use as a GP practice once they retire.
- 1.3. As Drs P Das and B Das are the only contractors the PMS contract will terminate upon their retirement and therefore a decision must be taken on how patients will access primary medical services in the future. The practice list size at the time of the termination notice was 2500; this has now reduced to 2200.
- 1.4. GPs are independent contractors and are responsible for the running of their practices and ensuring they meet the needs of the patients registered with them. Part of their responsibility is to ensure where possible that a succession plan is in place to secure continuity of care for patients. However, in some cases this is not always possible and so NHS NWL must then decide how to ensure those patients can continue to access services after contract terminates.

### **2. Options considered for re-provision of GP services to practice registered population**

- 2.1. In light of the contract termination, NHS NWL had to determine how to proceed and identified two options.
  - 2.1.1. Option One - enables patients to choose to register with a GP from an existing list of established practices in the area. There are five general practices within one mile and 4 slightly further away who are all accepting new registrations. Most of these practices hold contacts with NHS Harrow but this is not a barrier to patients living in Brent wanting to register.
  - 2.1.2. Option Two - involves inviting applications from providers to take up a contract to provide primary medical services for the former patients of the surgery. There is a formal procurement process that should be followed in such cases that ensures the process of selecting a provider is fair and transparent. This procurement would be a competitive tendering exercise.

### 3. Capacity in the surrounding practices

3.1. The ten nearest practices to Kenton Medical Centre have been contacted and asked about their capacity to register large numbers of patients within a short period of time. They have all confirmed they are willing to register patients within their catchment area and most practices have confirmed that they have sufficient capacity to register high numbers of patients. The table below details practices' responses.

Practice	Distance from KMC	Is your list open	How many new registrations with one month could the practice cope with without adversely affecting their ability to provide primary care services	In the last 3 months has your practice reviewed your current list size with the intention of developing/expanding?
Kenton Bridge Medical Centre (Dr Golden)	0.22 miles	Yes	400+	Yes
Kenton Bridge Medical Centre (Dr Raja)	0.22 miles	Yes	400	Yes
The Northwick Surgery	0.42 miles	Yes	400	Yes
The Civic Medical Centre	0.95 miles	Yes	400+	Yes
Headstone Road	0.98 miles	Yes	A handful	No
Sudbury & Alperton Medical Centre	1.06 miles	Yes	100	No
Primary Care Medical Centre	1.06 miles	Yes	400	Yes
The Streatfield Medical Centre	1.09 miles	Yes	150	Yes
Savita Medical Centre	1.11 miles	Yes	250	Yes

3.2. The additional and enhanced services provided by Kenton Medical Centre were compared those offered by other practices in the area and it was found that the surrounding practices were offering a similar range of services to Kenton Medical Centre and catering to similar population health needs.

#### **4. Consideration of Population Needs**

4.1. The NHS NWL must consider the needs of the local population, how those needs might change or increase and how existing services are able to respond when deciding how services will be provided to those patients in the future.

4.2. Annex One outlines the practice population profile and how they compare with the NHS Brent and national profiles. The Kenton Medical Centre has a larger proportion of patients aged 25-39 than the National or PCT populations. The practice population is within the least deprived super output area in NHS Brent. Expected and reported disease prevalence is generally in line or less than PCT and national averages.

4.3. The map at Annex Two shows the distribution of patients registered at Kenton Medical Centre and the location of the closest practices in the area.

#### **5. Financial and Contractual Landscape**

5.1. There are cost implications to both options. Option One would mean the patients register with other practices. The practices would receive a cost per patient from their PCT for any additional patients they registered. There would however be little cost in facilitating people to re-register and no costs related to new premises, maintenance or set up.

5.2. Option Two would mean undertaking a procurement process to select a new provider. This would incur cost for the administration of a procurement process. There would then be the new contract cost and premises and IT costs.

5.3. If the decision were made to procure a new practice then the NHS NWL is obliged to ensure that the contract is awarded through a competitive process that complies with relevant EU regulation and guidance for Part B services as well as NHS NWL London Standing Financial Instructions. This process is estimated to take between 9-12 months.

5.4. In addition, there are no premises currently available for a new service meaning that the Commissioner or Provider would have to source, refit

and fund (rent and rates) new suitable premises in the area. The current premises attracts notional rent payments as it is owned by the contractor which is lower than recent current market rents in the area. Requiring a new provider to supply suitable premises and refit for use would further increase the contract price.

## **6. Stakeholder Engagement**

6.1. The Primary Care Contracts team worked with Brent and Harrow LINK to develop a stakeholder engagement plan.

6.2. A four week engagement process was undertaken to inform patients and stakeholders of the proposed option and to ask for feedback on what information would be of use to patients in choosing a practice to register with. The following external stakeholders were written to;

- All patients over the age of 16
- The Brent Overview and Scrutiny Committee
- Councillors in the Kenton Ward of Brent and Kenton West Ward of Harrow
- Bob Blackman MP and Barry Gardiner MP

6.3. It was brought to our attention on 4 May by Cllr Margaret McLennan that there had been an oversight in the list of stakeholders and the Councillors for Northwick Park Ward (where the practice is based) had not been included in the engagement process. All the information sent to the other stakeholders was immediately passed on to all three Councillors in this ward.

6.4. Six responses were received during the engagement period, these were as follows;

- 6.4.1. Two responses from patients were received asking for advice about how to register with another GP practice
- 6.4.2. One response from a patient asking for more information about the nearby practices e.g. premises access and waiting times.
- 6.4.3. One patient asked if patients could be automatically transferred to a GP practice of choice, instead of having to re-register
- 6.4.4. A GP in a Brent practice, not included in the list of nearest practices, stating that they had capacity to register additional patients
- 6.4.5. Barry Gardiner, Member of Parliament for Brent North, requesting further clarification on the notice period for the practice closure.

## **Conclusion**

6.5. In light of the responses during the engagement period and after reviewing both of the options in detail it was recommended to the NHS NWL Board that patients should be asked, and supported where needed by the practice and local PALs team, to register with an alternative practice in the local area, as described in option one above. The reasons for this are as follows:

- Existing GP practices in the surrounding area have capacity to register additional patients
- The list of 2500 is well below the local average practice list size and, with list inflation in Brent at around 24%; the actual list size is likely to be somewhat lower. This suggests that this is not a viable list to put out to procurement or attract sufficient interest from the market.
- It presents more individual choice for patients when choosing where they would like to be registered in future.
- As the practice premises will no longer be available for use, the availability and affordability of suitable new premises in the local area may be challenging for new providers.
- The length of time to procure a new practice and premises would be between 9 – 12 months.

6.6. Following a Board decision patients and stakeholders will be written to informing them of the decision.

6.7. If the final decision is to ask patients to re-register then the letters will include details of other practices in the area (with their opening times, services offered and patient satisfaction survey results). The lists of practices will be reviewed to ensure that the practices listed are those closest to where patients live, rather than closest to the Kenton Medical Centre.

6.8. The practice will be asked to work with district and community nursing teams to identify vulnerable patients and provide them extra assistance to re-register. The practice will keep NHS NWL updated with regards to these patients so that we can have assurance that they have re-registered prior to the practice closing.

## **ANNEXES**

1. The Network of Public Health Observatories: Profile for Kenton Medical Centre
2. Map of distribution of patients registered with Kenton Medical Centre.

## **Overview and Scrutiny Committee Report    May 2012**

### **List Dispersal of The Medical Centre GP Practice, 18 Cambridge Gardens, Kilburn, NW6 5AY**

#### **Background**

Elahi HealthCare Ltd is the current provider of medical services at The Medical Centre which is based at 18 Cambridge Gardens, Kilburn, NW6 5AY. Following the death of the original contract holder in October 2005, the PCT provider arm maintained the practice. Subsequently, the PCT entered into a temporary APMS contract with Elahi Healthcare Ltd for the provision of medical services at the practice.

Patients registered at The Medical Centre span a wide geographical area stretching from Kilburn to Kensington, Chelsea and Westminster as well as patients from other PCT areas. The total registered list as at April 2012 was 2113.

The Contract held with Elahi Healthcare Ltd was a temporary contract. The contractor was given six months notice in December 2011 with the termination taking effect at midnight on the 30th June 2012. To ensure that the registered patients of The Medical Centre continued to access primary medical services NHS Brent undertook a review and considered the following two options available to it:

- i)     Develop specification and tender on open market:
- ii)    List dispersal of the registered population.

#### **Decision**

On 1 May 2012, NHS Brent's Executive Management Team (EMT) considered the options appraisal for the future management of the practice. They concluded the following:

"The concerns and views of the patients who attended the two meetings were noted and their preference for the practice to continue at the current site. However procurement could not be justified on these grounds. There was no guarantee that a contract would be awarded to a new provider or a service could be provided from the existing site."

EMT agreed to recommend to NHS Brent Board that the practice list be dispersed on the basis that there were 32 practices within a 1 mile radius. The existing providers within a 0.5 mile radius reported that they had current capacity to take on new patients, with 7 providers reporting capacity to allow for an increase within a month of up to 200 patients and above. This level of capacity to take on new patients in Kilburn and the

neighbouring PCTs outside of Brent was not evident in the Willesden locality at the time of the options appraisal for Burnley GP Practice

On the 9<sup>th</sup> May 2012 NHS Brent Board endorsed the decision that:

- The Medical Centre GP service is closed
- The patient list is dispersed to other nearby GP Practices

The NHS Brent Board requested that in implementing the dispersal, a full equalities impact assessment WAS undertaken so that the PCT ensured that it mitigated any risk of vulnerable groups being disadvantaged by this dispersal.

### **Equality impact screening-**

Analysis was done to understand the demographics of the practice registered list. The analysis highlighted that there were some vulnerable people. As part of the dispersal process the PCT has considered this information and has taken steps to mitigate against any one of these vulnerable people not being able to access primary medical services once the contract is terminated.

The analysis is shown below:

<b>Gender :</b>	<b>1273 male and 1054 female</b>
<b>Sexual orientation</b>	<b>Not recoded</b>
<b>Race:</b>	<b>approximately 85% Afro Caribbean</b>
<b>Religion:</b>	<b>approx 80% Christian, 4% Jewish</b>
<b>Disability</b>	<b>2 wheelchair bound, 1 deaf</b>
<b>Number of patients for Dossetting<sup>1</sup></b>	<b>37</b>
<b>Housebound</b>	<b>20</b>
<b>Safeguarding</b>	<b>4</b>
<b>Vulnerable adults</b>	<b>1 (learning disability)</b>
<b>Carers</b>	<b>8</b>
<b>Refugees</b>	<b>none</b>

<sup>1</sup> Dossetting is organising medications individually, by day and time, into boxes with compartments so as to simplify the taking of medications and may indicate the need for additional support

### **Mitigating Actions**

Registered patients will have a choice of GP practices to re-register with and in the majority of instances this will be nearer to their home. There are 32 practices within a one mile radius of the Medical Centre all of whom are operating open lists.

The PCT has written to all registered patients informing them of the decision. Enclosed with the letter is information that shows patients the nearest 13 practices to 18 Cambridge Gardens. The PCT will be writing

again to patients ahead of the practice closing and will enclose this information again.

For those patients that are wheel chair bound or elderly 7 of the practices within half a mile have step free access into the practices.

Six practices within half a mile of 18 Cambridge Gardens have both male and female GPs, which will provide greater choice for patients.

Given the high Afro Caribbean registered population the PCT will work with local community, voluntary, church who have links back into this community to help support the dissemination of the information that has been sent out. The PCT will similarly make links with the Jewish community to support the dissemination of the information that has been sent out.

The PCT will write to the patient who is deaf offering the assistance of The Silent Sounds organisation to accompany him to register at the practice of their choice to ensure that they are able to re-register easily.

The PCT have contacted the Safeguarding team to support the 4 children who are on the safeguarding list. We will ensure support is offered, via the practice, to the vulnerable adult patient who has a learning disability in choosing where to re-register. The nearest practice to The Medical Centre is signed up to the national Learning Disability Directed Enhanced Service. The PCT is currently updating the list of practices who will also offer this service.

Contact will be made with the housebound patients to find out if they need any support in registering with a new practice. We will seek with the practice's cooperation, consent to approach the house bound patients to see if they need our help in re-registering.

Over the coming weeks the PCT will monitor the progress of the closure of the practice, including the decreasing list size.

This paper summarises the main points of a full equalities impact assessment which is being finalised and would be available to share.

Jo Ohlson  
NHS Brent Borough Director  
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