

Scotswood GP Practice (paper 2)

Introduction

The potential closure of the Scotswood GP Practice on Armstrong Road in Newcastle has developed into a high profile case with media attention and the involvement of local politicians. It is also complicated and this report can only give the updated situation as it stands at w/c 17 March 2014. There may be further updates which can be given verbally at the Board meeting on 24 March.

Background

This GP practice was established in 2009 and was a 'Darzi Practice' commissioned under the previous government's policy of seeking to address long-standing health inequalities and high levels of ill health in areas of deprivation. The provider who was commissioned to run the practice was Primary Care North East (PCNE) Community Interest Company which is a joint venture by Northern Doctors Urgent Care (part of the Vocare Group), Falcon Medical Group and Walker Medical Group.

The responsibility for GP practices was taken over by NHS England in April 2013 and it now commissions many of the primary care services previously commissioned by the Primary Care Trusts (PCTs). NHS England is structured into Local Area Teams (LATs) with a local LAT covering Cumbria, Northumberland and Tyne and Wear. This LAT has had the responsibility for reviewing all contracts in its area and considered Scotswood GP Practice as it was coming to an end in April 2014.

Scotswood GP Practice

NHS England's LAT contacted Healthwatch Newcastle on 14 February 2014 to explain it had been working with the provider of the Scotswood GP Practice for a number of months to try to agree a solution for the future of this practice. Negotiations had, however, been unsuccessful and therefore the practice was due to be closed on 31 March 2014.

Healthwatch Newcastle was concerned about this situation and specifically the implications for the patients of this practice, their relatives/carers and the wider community within the area. It was concerned that an emergency dispersal of the patients was being proposed over a short timescale and it noted that no consultation had occurred with the patients or wider community nor with Newcastle City Council's Health and Wellbeing Scrutiny Committee. The provider, PCNE, had also issued redundancy notices to all staff at the practice.

In response to this situation Healthwatch Newcastle's Chair, Bev Bookless, signed a joint letter with Nick Forbes, Leader of Newcastle City Council, on 19 February 2014 (see appendix 1). NHS England replied to both Nick Forbes and Bev Bookless (see appendix 2) and discussions were held between NHS England, Newcastle City Council and Healthwatch Newcastle to ensure that this situation is resolved with a suitable outcome for the patients and public in Scotswood.

On 11 March 2014 Healthwatch Newcastle received information from John Lawlor (see appendix 3) informing Bev Bookless that a neighbouring GP practice - Holmside Medical Group - will take over the management of the service from 1 April 2014. This was confirmed at the Health and Wellbeing Scrutiny Committee on 13 March 2014 by representatives of NHS England who addressed both the Scrutiny Committee and a large number of Scotswood residents who had come to the meeting to express their views. It is

unclear at this stage whether all of the existing staff at Scotswood GP Practice will continue to be employed under the new arrangements and TUPE and other relevant employment laws now apply.

The NHS England representatives also confirmed that Holmside Medical Group has been given a 10 month contract. In this time NHS England intends to consult with patients and the public in Scotswood, consider Scotswood GP Practice in relation to the new medical facilities being planned in the West One development (a major NHS development on Maria Street/Caroline Street in Benwell), and the health facilities in the new Hub development being built near the Scotswood GP Practice. NHS England also crucially stated that it will consider the new fair funding formula for GP practices when it considers the future of this practice. This could have a significant influence on the viability of this and other low patient number practices.

Healthwatch Newcastle actions

Healthwatch Newcastle needs to ensure it is involved in any review of this case and understands the process which led to this situation. The Health and Wellbeing Scrutiny Committee agreed at its meeting on 13 March 2014 to establish a time-limited task and finish group to review this case. Healthwatch Newcastle has already approached the Health and Wellbeing Scrutiny Committee to be part of this process: this representation may involve a Board or staff member.

Healthwatch Newcastle also needs to be involved in the ongoing reviews that NHS England is undertaking on GP practices in Newcastle and needs to be aware of the new fair funding formula which will have implications for the future of GP practices in Newcastle.

Finally, we intend to contact Healthwatch England about this specific case and the implications of NHS England's reviews as this may be happening in other parts of the country.

Recommendations

It is recommended that the Board notes the contents of this report and agrees the actions set out in the report.



John Lawlor
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19 February, 2014

Dear John,

Scotswood GP Practice Armstrong Road: Suggested Closure

We are taking the unusual step of jointly writing to you. This is to reflect a strong and shared dismay at what we hear is a proposal to close Scotswood GP Practice, 460 Armstrong Road, Newcastle. We are particularly concerned to hear the Local Area Team has already put in place arrangements for an emergency dispersal of the patient list. We question how this is possible given the long-standing, well understood and importantly legal obligation to consult the public, patients and local overview and scrutiny committee on all significant changes to local services at an early stage. As the local Council and local Healthwatch we will be considering, very seriously, our right to refer this apparent breach to NHS England's national team. (<http://www.england.nhs.uk/ourwork/d-com/assurance/> and <http://www.england.nhs.uk/ourwork/patients/>)

You may recall the siting of this Darzi Practice was an important issue to the City Council Wellbeing for Life partners and to many others seeking to address long-standing health inequalities and high levels of illhealth in the area. Arguments put forward then still apply and we find it hard, if not impossible, to understand the conclusions your Contract Review has come to proposing such an immediate closure. You will be familiar with the pattern of illhealth including high levels of adult long-term conditions such as COPD and diabetes.

Information we have seen states the patient list is small and is not expected to grow. Yet there are well established and agreed plans for significant housing growth at Armstrong Road. The first phase of 'The Rise' has begun, bringing 188 new houses,

and further phases will follow. A public private partnership between three builders and Newcastle City Council has come together to form the New Tyne West Development Company.

Long-awaited regeneration will see 1,800 homes, far from a picture of reducing demand that is painted. The review also states there are alternative practices in the area, but this falls a long way short of respect for patient choice and taking account of the challenge of local topography and strong community affiliation. Not everybody has access to a private car. Local Councillors are also concerned at an apparent extension of the 'GP free zone' along the riverside given there are currently no Practice in Lemington, the neighbouring Ward.

Lastly, the Contract Review states that keeping the Practice open does not represent value for money. However, no evidence for this is provided. The Practice is in a Ward in the 10% most deprived in the country and the surgery operates in one of the most deprived parts of that Ward. It is in an area that has undergone massive change in recent years and a financial judgement in February 2014 can only be seen as a snapshot, rather than a true figure of the net worth of primary care support. We understand that the Practice is, if anything, under-Doctored and has been working hard, with success, to tackle issues not easily expressed by a spreadsheet. Achievements include moving to one of the highest screening rates for cervical cancer in the city and, pleasingly, can report 100% uptake in childhood immunisation. Antibiotic prescription rates have gone from being one of the highest to one of the lowest. There is excellent work with Health Visitors and the Practice team has supported a significant number of cases involving domestic violence and safeguarding. Trust built up would all be put at risk impacting on already low breast feeding rates, high levels of child obesity and high levels of substance abuse and associated levels of mental illhealth.

We would also ask you to reflect on how this proposal will impact on wider issues of primary care in the neighbourhood. Located next to the Practice is a well-used chemist. What thought has been given to the impact of closure on the business owner and to principles set out in Newcastle's Pharmaceutical Needs Assessment ? Healthy Lives, Healthy People, the public health strategy for England (2010), says: "Community pharmacies are a valuable and trusted public health resource. With millions of contacts with the public each day, there is real potential to use community pharmacy teams more effectively to improve health and wellbeing and to reduce health inequalities." Well advanced plans also see Benwell and Scotswood Ward feature significantly in a shared bid to provide long-term interventions to give children the best start in life and a strong and local GP presence is essential.

A good and easily accessed provision of GP surgeries is also vital to the management of secondary and tertiary care, particularly in an area of challenging health inequalities. Limiting access to primary care will not help our CCGs meet financial pressures from NHS Budget targets.

Finally, we would remind you of the serious responsibilities NHS England has for provision of a fair and equitable access to services. We would therefore like to understand what, if any, consultation and engagement plans are in place should you

propose any termination, re-configuration or additions to the city's network of GP surgeries in the future.

Given the speed with which the LAT appear to want to act I look forward to hearing your response to this letter, if possible, within five working days.

Yours sincerely

Nick Forbes .

Bev Bookless

Councillor Nick Forbes
Leader of Newcastle City Council

Bev Bookless
Chair Newcastle HealthWatch

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21 February 2014

Dear Nick and Bev,

Scotswood GP Practice

Thank you for your letter of 19th February 2014, regarding the above practice. As I said in my note yesterday evening, I have a great deal of sympathy with the frustration and anger which you both feel about this situation. The announcement made last week by the provider of the services, Primary Care Northeast, of their intention not to continue to provide medical services in Scotswood after 31st March 2014, left us in a position where we have been unable to engage with local communities as we would wish, and indeed as our stakeholders and patients have a right to expect.

I have asked my office to arrange a meeting within the next week, when we will have the opportunity to discuss this matter in detail, however in advance of that I thought it would be helpful to respond to the points which you raise in your letter.

As you note, Scotswood Practice was procured under the Equitable Access to Primary Medical Care Scheme in response to Lord Darzi's report 'High Quality Care for All'. The Alternative Provider of Medical Services (APMS) contract is held by Primary Care North East, a group made up of Northern Doctors Urgent Care, Falcon Medical Group and Walker Medical Centre.

The 5-year contract commenced on 1 April 2009 and as the contract was due to end on 31 March 2014, NHS England Area Team for Cumbria, Northumberland, Tyne and Wear undertook a contract review which is standard practice in these situations. The review highlighted that although a good level of service is being provided, the current registered list of patients, around 1500, is very small, and the list has not grown to the levels anticipated when the contract was let. It is the case that the future viability of the service as a single GP practice unit was in doubt.

The Area Team's aim was to continue the service with the current provider until such time as a decision was reached about the future of the practice and alternative service delivery models considered. These alternatives would include the option of dispersing the patient list alongside others such as merging the contract to provide greater critical

mass in the current service.

The provider was offered a 1 year extension on their current contractual terms which, on a cost per patient basis is already very high compared to the average in the area. They declined this on the grounds that they would not be prepared to continue to provide the service unless they received substantial additional funding, a request to which the Area Team is not in a position to agree.

In order to ensure that patients and stakeholders were communicated with in a timely manner about potential options, we then sought to secure a period of notice that would exceed the termination date by three months. This offer was also declined last week and as you know, the provider took the decision to not to continue to provide the service after 31st March 2014 and issued redundancy notices to their staff.

NHS England's primary concern is ensuring patient safety and continuity of care. You mention the health inequalities and high levels of deprivation in the area and we know of the work which the GPs and practice staff have put in to addressing patient need. We have explored all options regarding the future of the practice and have taken legal advice in this regard. While we continue to explore alternatives, it is our view that dispersal to other practices in the area is the safest and most viable option for patients. It is very unfortunate that the current provider is unable or unwilling to consider an extension to the contract on the existing contractual terms.

There are 12 practices within a 2 mile radius of Scotswood surgery, all of which have open lists; we have been in contact with all practices and have been assured that there is adequate capacity. We are equally confident of the ability of the GPs and staff within these practices to work with all patient groups and support them in their healthcare. We have a plan to work with staff in Scotswood practice to immediately identify vulnerable patients so we can ensure timely registration with their new GP practice in a way which supports their care.

We have written to all patients informing them of the situation and offering them guidance in relation to the alternative services and how they can register. We have also enclosed an information sheet and a list of local practices which I have included for your information. North of Tyne PALs service has agreed to support patients with signposting and any other queries.

I note your comments about the regeneration which is underway in the area and the impact which additional residential developments may have on demand for medical services. In addition the link which you make between timely access to primary medical services and the ability of CCGs to manage demand for non-elective secondary care services is well made. NHS England and CCGs are jointly tasked with developing a strategy for primary care which provides high quality, accessible services, delivered at a scale which allows more care to be provided outside of hospital. While plans are still in their infancy, we anticipate that the West One development will be designed with this strategy in mind and will provide capacity to meet any increased patient demand over the next few years.

Both the CCGs and the Area Team recognise the importance of involvement and contribution of all stakeholders in these plans as they evolve, both through formal consultation and engagement and equally importantly informally, and this is something which I would welcome the opportunity to discuss further when we meet.

I would conclude by reiterating my personal sympathy with the sentiments expressed by you both in relation to this situation and to re-emphasise that this is not a reflection of the relationship which we wish to have with local colleagues both now and in the future.

Yours sincerely

A handwritten signature in black ink that reads "John Lawlor". The signature is written in a cursive style with a large initial 'J'.

John Lawlor
Area Director

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11 March 2014

Dear Bev

GP services from Scotswood GP Practice

Further to my note last Wednesday, I am writing to you to update you further on the situation regarding the provision of GP services at Scotswood GP practice.

I am pleased to confirm that Holmside Medical Group will be taking over the management of the service from 1 April 2014. Holmside is an established local practice, providing primary care services from their site on Armstrong Road for many years, with an experienced team who are committed to the health of the local population. The practice bring with them a range of clinicians who will support the service and hope that the existing team at the Scotswood practice will continue with them to deliver a high quality service.

We have written today to all patients registered with Scotswood practice to inform them of the latest developments and to confirm that there is now no need for them to register with another local practice, unless they wish to do so. The Patient Liaison and Advice Service (PALs) will continue to act as a point of contact for any patient requiring support.

I would reiterate that we are committed to delivering the highest standard of services to the people of Cumbria Northumberland Tyne & Wear and I would like to thank you for your patience in what has been a very complex matter. I hope that the arrangements which we have been able to put in place go some way to mitigate your concerns about the immediate future of the practice and to confirm our commitment to consulting and engaging with local residents and stakeholders.

I will of course keep you updated with regards to any further developments with the service and I look forward to discussions with you in the next few months as we consider future options.

Yours sincerely



Area Director
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Christine Keen, Director of Commissioning, NHS England - CNTW Area Team