Kimberley Medical Centre – briefing paper

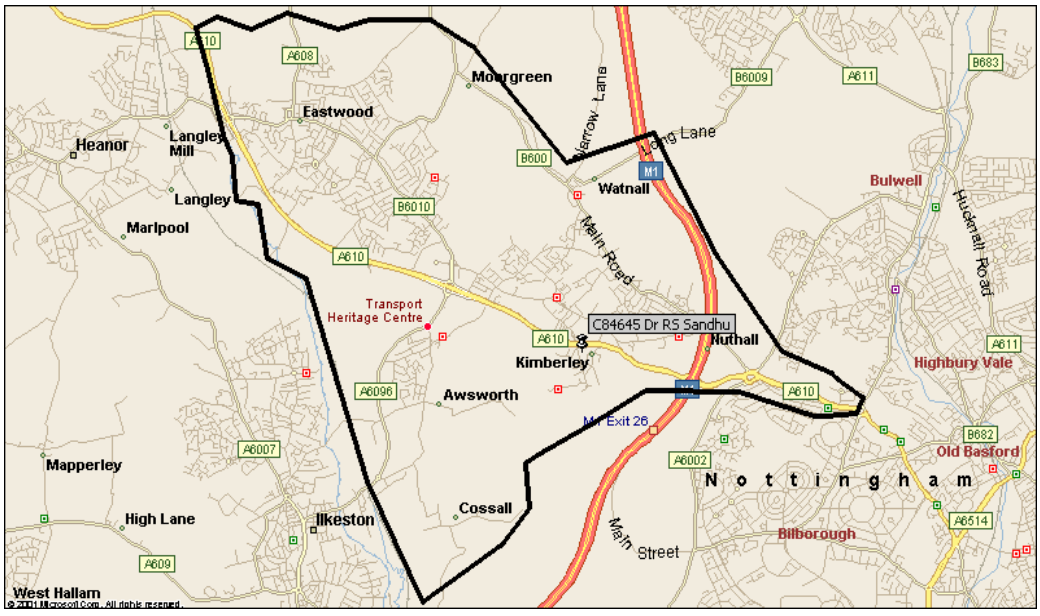
Due to the imminent retirement of Dr Sandhu, a single-handed practitioner, a decision needs to be made about the commissioning of Primary Medical Services for his patients at Kimberley Medical Practice. There are three options for maintaining provision of General Medical Services for these patients (a significant number of whom are out of catchment).

The first option is to disperse the patients amongst neighbouring practices; the second is to procure the continuing service as a branch practice by an existing local provider; and the third is to tender for a new provider. Of the two procurement options, considering the relatively small size of the practice, it would be more feasible to tender for a provider who would run the practice as a branch of their main surgery or to cater for the patients from within their existing surgery.

Kimberley Medical Centre is a single-handed PMS practice run by Dr R Sandhu. On 23 December, Dr Sandhu confirmed he would be retiring, effective from 31st March 2010. Since 5th January 2010, Dr MS Mughal has been the locum at the practice since Dr Sandhu is a single-handed practitioner.

The Practice list size at 30/09/2009 was 2026, a slight decrease from 30/09/2008 (a 1.65% decrease). At 30/10/2009, 1749 patients were within the catchment area and 284 were out of area.

Practice Boundary



A decision to disperse the patient list will require a minimum 30 day period of consultation with stakeholders.

Importantly, there are a lot of Punjabi-speaking patients registered at the practice, with the added complication of many being from out of catchment area. There needs to be consideration how to meet their needs, either by interpreting arrangements, or from advice and information for them regarding registering with other GPs who can speak Punjabi. This may affect the consultation process.

Should the PCT opt to put the Primary Medical Services out to tender – either as a branch service or as a full tender, there would be a period where the practice would have to be run by the PCT. This raises many issues, amongst them are TUPE implications, strain on our own staff resource, issues for ordering and payment for medical supplies, and so forth.

Option One – Dispersal of patient list

This option would be the quickest resolution and would allow certainty for patients who re-register with their new GP.
If this option is approved, patients would choose which practice in the locality to register with. (Please refer to map for distribution of current practices). There is a good choice of alternative providers.

Neighbouring practices

There are a number of neighbouring practices within a five mile radius of Kimberley Medical Practice.

The closest practice is Hama Medical Centre (0.27 miles), where the patient list size has recently showed a slight drop in numbers. Consultation will need to take place with the neighbouring practices on the potential impact that a significant rise in patient numbers could make. Practices locally have open lists accepting new patients. The PCT is confident of satisfactorily registering patients with a new GP should dispersal be the preferred option.

Option 2 – Limited local advertisement for branch surgery

There is the option for local General Practice providers to be asked to express an interest in providing for Kimberley Medical Practice's patient list as a branch practice or to cater for the patients from within their existing surgery.

Although this option would be quicker to achieve than a full tender process (option 3) , it would mean that the practice would have to be run by the PCT, possibly from the existing premises for a significant period from 1st April 2010 whilst the branch was being procured. This means that the practice would be reliant upon locum services until a new provider is confirmed. There are risks to the continuity of patient care and continuity of service. This process may take up to six months to conclude. Under this option, there is no guarantee that the new service would be run from the current premises since these are owned by Dr Sandhu.

Option 3 - Full tender for Primary Medical Services (APMS contract)

Under this option, an advertisement will be placed for providers of primary care services to run the practice.

This could take up to twelve months for a new provider to be delivering the new service and, given the very small practice list size, there is a concern that there is likely to be a shortage of tenders.

It would mean that the practice would have to be run by the PCT possibly from the existing premises for at least 12 months from 1st April 2010 whilst the new service provider was being procured. This means that the practice would be reliant upon locum services for a lengthy period until a new provider is confirmed. There are risks to the continuity of patient care and continuity of service. Under this option, there is no guarantee that the new service would be run from the current premises since these are owned by Dr Sandhu.

Recommendations

Considering the facts above, the recommended choice would be for Option 1 – Dispersal of patient list.

Suggested Timetable

Date w/c	Stage	Lead
08/02/10	30 day period of consultation (08/02/10 to 10/03/10)	PCT
08/02/10	Send letter to registered adult (16+) patients of practice	PCT
08/02/10	Letter to key stakeholders – Dr Sandhu, local GP practices, OSC, County Councillors, Borough Councillors, PPIF	PCT
22/02/10	Consultation with neighbouring practices and PBC	PCT / NWC / NNEC
22/02/10	1 x Public meeting / Open Practice sessions	PCT
22/02/10	Staff consultation meeting	PCT and Practice
22/02/10	Meeting / presentation to Practice's Patient Participation Group (PPG)	PCT
02/03/10	OSC meeting – Health & Wellbeing Committee	PCT attending
22/03/10	Collate final feedback received for verbal report to Board	PCT
25/03/10	PCT Board meeting	PCT
TBC	Post-consultation feedback letter to all registered patients	PCT

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