

Update on GP care in Plymouth

Briefing for the Chair of the Wellbeing Overview and Scrutiny Select Committee

26 April 2017

This paper has been prepared by NHS England for the Chair of Plymouth's Wellbeing Overview and Scrutiny Committee. It provides an update on the closedown of four surgeries in the city and also the current position regarding the management of the Ernesettle contract sites at Ernesettle Medical Centre, Mount Gould Medical Centre and Trelawny Surgery.

The surgeries that have closed are:

- Hyde Park Surgery
- St Barnabas Surgery
- Saltash Road Surgery
- Cumberland Surgery

The first three were all independent practices, for which the previous providers handed back their contracts, having been unable to sustain the service themselves or to make alternative arrangements. The Cumberland Surgery was not commissioned by the NHS, but set up 'at risk' by the previous provider before its time-limited contract ended.

All four surgeries were kept open on a temporary basis by NHS England, at a significant premium in cost, so options for the future could be explored. Ultimately, the decision was taken in each case that the surgeries could not be sustained at standard contract rates, given their history and the move away from small practices towards primary care 'at scale'.

The emphasis over recent months has therefore been on the orderly closedown of all four surgeries. In each case, the current contracts ended on 31 March 2017.

Note: Homeless people who are cared for under a separate outreach contract were not directly affected by these changes. The contract was repocured by Northern, Eastern and Western Devon Clinical Commissioning Group and awarded to Adelaide Street Surgery to provide continuity after 31 March.

Approach

The patients registered with each surgery needed to register with another practice – a process known as dispersal - to ensure continuity of care after 31 March.

NHS England may not itself transfer patients, as all have the right to choose the best alternative practice for themselves. Such individual decisions will typically be based on distance, opening times, staffing and facilities.

The approach to closure of a practice is well-established, with NHS England staff and the outgoing provider working together on a comprehensive 'exit plan' to identify and mitigate all risks.

The approach recognises that special help might be needed by vulnerable patients. These might include people with learning disabilities or who require ongoing medication, for example. See 'Measures taken', below, for details.

Re-registrations were tracked, by age group. This process continues post-closure.

Progress towards closedown

The table below shows the decline in the registered lists at each surgery:

	30.09.16	31.03.17
Cumberland Surgery	1721	482
Hyde Park Surgery	2850	763
Saltash Road Surgery	2098	311
St Barnabas Surgery	1444	299
Total	8113	1855

Age Breakdowns

	31.03.17		31.03.17
Cumberland Surgery		Saltash Road Surgery	
0-19	134	0-19	69
20-59	336	20-59	230
60-79	12	60-79	12
80+ -	0	80+	0
	<u>482</u>		<u>311</u>
	<u><u>482</u></u>		<u><u>311</u></u>
Hyde Park Surgery		St Barnabas Surgery	
0-19	89	0-19	49
20-59	651	20-59	231
60-79	22	60-79	19
80+	1	80+	0
	<u>763</u>		<u>299</u>
	<u><u>763</u></u>		<u><u>299</u></u>

This shows that more than three quarters of the patients had re-registered before the practices closed. Delays in data-returns mean that the true number is likely to be higher. There will also be patients who have moved away but not registered elsewhere, including students.

Past experience shows that many people will not re-register until they need treatment. Especially for younger adults, this might be a matter of many months after their own practice has closed. In this context, it is important to note that the great majority of those yet to find a new doctor are of working age, and therefore much less likely to be seen as vulnerable.

The age breakdown shows that all but one patient aged 80-plus had re-registered. People in this age bracket typically rely much more heavily on their practice than younger adults. Staff have attempted to contact the one remaining patient, who has just turned 80 years old, on several occasions by letter and telephone to offer support; it appears that the patient travels abroad.

NHS England's approach throughout has been pro-active, given the advantages for all people of being registered. Although anyone should be able to see a GP in an urgent situation, failing to register will mean that medical records are not immediately available, which can undermine patient safety.

NHS England also recognised that surrounding practices could not cope if every patient tried to re-register simultaneously. As a result, these practices were offered flexibility over the need to meet requirements such as providing health-checks for all new patients by 31 March.

To try to even out transfers of patients, NHS England's approach was:

- Not to urge all patients to re-register immediately when the decisions were taken in November about the four surgeries; Christmas was coming up and the contracts ran until 31 March, so there was no hurry
- To follow up this messaging with further reminders as the deadline drew closer

The great majority of patients affected lived within the catchment areas of at least five other surgeries. Many live closer to another surgery than to the one with which they were registered.

Measures taken

In preparation for the closedown, and in line with previous experience, the following steps were taken:

- A first letter was sent by NHS England in November 2016 to inform each patient that the current contract would end on 31 March 2017 and that they would need to find a new surgery. This stressed that there was "no great hurry for anyone to find a new

practice, but we would advise you to do so by March next year to ensure continuity of your care.” The letter included contact numbers for more than 40 other surgeries that could take new patients; details of how to compare practices via NHS Choices; and phone, email and postal details for anyone who needed help or further information.

- A first reminder letter was sent in early January 2017, highlighting the closure date of 31 March and warning that continuity of care might be affected if patients did not re-register in a timely way. The practice list, link for NHS Choices and contact details for support were again included.
- A second and final reminder letter, stressing the short time to closedown, was posted out on 20 February.
- A letter was circulated in February to all health and social care organisations around Plymouth, informing them that the practices would close. The letter requested that they update patient records to ensure that results and other communications were no longer sent to patients of the closing practices after 31 March.
- All post was redirected to the NHS England office in Saltash to be returned to sender or redirected where appropriate.
- The numbers of patients registered at each surgery was monitored by age-group, with the emphasis on reaching any remaining people who were considered vulnerable
- NHS England maintained communication with all Plymouth GP practices, advising them of the numbers of patients yet to find a new doctor. Throughout this period, practices around Plymouth have kept their patient lists open and have registered all patients who were eligible.
- A full exit plan was drawn up with Access Health Care for bringing its contract to an orderly end and to provide all practicable help and support for patients in re-registering. As noted above, while the great majority of people are perfectly able to find a new practice, either themselves or with help from their families, there was special provision for people who might need extra support. For example:
 - Care homes were contacted to encourage and support re-registration
 - Local mental health and learning disability teams were contacted to help identify clients who might need further help to re-register and to support them through the process
 - Special arrangements were made for patients who were prescribed methadone, so interim care could be provided if necessary

- Midwives and health visitors were contacted so mothers-to-be could be encouraged to register elsewhere
- Assigned social workers were contacted to help support vulnerable adults and children through re-registration
- Carers were identified, so they could be approached and provided with additional help
- Staff at all four surgeries actively encouraged patients to register elsewhere; whenever they came for appointments, registration (GMS1) forms were available to take away
- Posters about the need to re-register were displayed at each surgery, with walls otherwise bare to make it clear that closure was coming
- Local pharmacies also displayed the poster and liaised with Access Health Care regarding concerns for any patients; GMS1 forms were also provided to pharmacies
- Answerphone messages at each surgery included a message about forthcoming closure
- Information about the closure was printed on to prescription slips

As a further safety net, NHS England has a secure system in place to ensure that, for anybody who has failed to re-register, an electronic patient record/summary can be provided when they do find a new practice. This will support their new GP in providing diagnosis and treatment pending the arrival by post of the substantive medical record, which might take up to six weeks.

Update on the Management of the Ernesettle Contract Sites

The negotiations with the preferred bidder identified through the procurement process stalled very late in the process, so it was not possible to progress to signing a long term contract.

Access Health Care has now been awarded a further temporary contract for the running of the Ernesettle contract at the Ernesettle, Mount Gould and Trelawny sites, which previously also included patients who went to the Cumberland Surgery.

This has enabled NHS England to arrange for former Cumberland patients to remain on the Ernesettle contract pending re-registration with a practice of their choice. These patients – 482 as of 31 March – can therefore continue to use primary medical services run by Access Health Care at Ernesettle Medical Centre, Mount Gould Medical Centre or Trelawny Surgery.

Conclusion

The number of people who have yet to find a new doctor is low, and concentrated strongly in the group of working age

The patients identified as 'vulnerable' received individual support from the practice by linking with them and their relevant key workers. Access Health Care provided regular progress reports to NHS England regarding this process.

The number of re-registrations confirms NHS England's analysis that there was capacity at the other practices across the city to take on all displaced patients

Analysis of information from NEW Devon CCG shows that patients registered at the four closing surgeries had not increased their attendance at Minor Injuries Units or at Derriford Hospital's A&E Department

Finally, it is important to note that, in an emergency, any unregistered patient may access primary care under arrangements for 'immediate and necessary' care. They should nevertheless register as soon as possible to gain the benefits of ongoing care with a practice team.