

**REPORT TO BARNET HEALTH OVERVIEW AND SCRUTINY COMMITTEE
12 MARCH 2014**

This report provides information requested by the London Borough of Barnet's Health Scrutiny Committee following their meeting in December 2013 in relation to

- i) the decision to relocate Dr Thwe's practice to Finchley Memorial Hospital;
- ii) progress made in relocating GP practices into the vacant space at Finchley Memorial Hospital; and,
- iii) the impact of dispersing the patient lists of two practices in the West Finchley area (Dr K Dodanwatawana, 110 – 112 Ballards Lane and Dr S S Thwe, 209 Ballards Lane)

NHS England's decision to relocate Dr Thwe's practice to Finchley Memorial Hospital (FMH)

It is important to note the following clarifications to the information provided by the practice to the Committee:

- NHS England has not made a decision to relocate Dr Thwe's Practice to FMH
- Dr Thwe, as the service provider, is responsible for finding and securing adequate premises for the delivery of her contract. These should be compliant with NHS and Care Quality Commission (CQC) standards.
- Dr Thwe is a GMS (General Medical Services) contractor and she holds the contract with NHS England in her own right after the retirement of her partner Dr Vyas. Her contract is substantive, not time limited and is not on a caretaking basis.
- NHS England cannot disperse a patient list unless the contract has ended in accordance with the provisions of the contract and a subsequent decision is taken that the future care of the patients of that practice is managed by asking the patients to register elsewhere (dispersal)

It may be helpful to explain that where NHS England establishes that a GP Provider is practising from premises that do not meet standards it must address this in the interests of patient quality and safety. In these circumstances if the provider does not take action, NHS England can issue a contract notice or request that they develop a plan that remedies the failure in standards. Providers would typically be allowed at least six months to develop their plans. The consequence of not submitting a plan is that NHS England can take formal action that may result in the removal (ultimately) of and/or contract sanctions.

Obviously in these circumstances the provider may need to consider relocation to new premises. These too must meet NHS standards and will be subject to NHS

England approval. NHS England would also provide feedback to contractors who are considering relocation when asked. This may include feedback that the premises they are considering would not meet standards, for example if they are too small. It is understood that Dr Thwe is currently reviewing options to relocate her practices and shall at some point submit these to NHS England for approval. In making any determination NHS England shall take into account the impact of void premises at Finchley Memorial Hospital on the health economy.

Progress on the relocation of GP practices into the vacant space at Finchley Memorial Hospital

NHS England is actively supporting two GP practices, Squires Lane and Cornwall House, in order to facilitate their move into Finchley Memorial Hospital. Meetings with the practices, the Clinical Commissioning Group and NHS England are held fortnightly to progress the move.

The landlord for the property, Community Health Partnerships (CHP), and the two GP practices are negotiating the lease arrangements to support the use of the premises. NHS England has worked with both of these parties to resolve issues where this was appropriate or requested. At the time of writing the report, the parties had advised that they had made good progress on resolving key issues.

Once the outstanding issues with the lease have been agreed between the two parties, the practices and NHS England will be in a position to consult with patients regarding their needs and preferences when accessing primary medical services at Finchley Memorial Hospital. This will determine the timing of any move of services into Finchley Memorial Hospital. The practices have also been mindful that the timing of any move should have minimal disruption to services and therefore should avoid periods of high activity.

The impact of dispersing the patients lists of two practices in the West Finchley area (Dr K Dodamwatawana, 110-112 Ballards Lane and Dr S S Thwe 209 Ballards Lane)

NHS England decided to disperse the patient list of The Finchley Practice, 110-112 Ballards Lane following consideration of the views of other stakeholders, the overall viability of the practice and the impact on patients and other services.

NHS England liaised with the patient group, the local MP, Mike Freer, and other stakeholders regarding the future plans for the patients on Dr Dodamwatawana's list. The plan to close the practice at 110-112 Ballards Lane took effect from 31 January 2014. Each adult patient has been written to regarding this and they have been

provided with details of all local GP practices in the area where they can register to receive GP services. The practice has provided NHS England with a list of vulnerable patients and in order to provide continuity for their care, these patients have been allocated to another practice. Patient choice is paramount and patients have been provided with details of how to access NHS Choices website where they can compare practices and a number to ring in Patient Support Services should they experience any difficulties registering with a new practice. To date NHS England is not aware of any patient concerns and has not received any correspondence from patients about the dispersal of the list and their requirement to register with another practice.

Prior to coming to the decision to disperse the patient list, NHS England had written to all GP practices within a 1.5 radius of the practice to ask whether they could register an influx of patients in their postcode area. NHS England is satisfied that there was capacity in excess of what is required within these practices to register all the patients, having been assured so by a sufficient number of local practices that confirmed that they did indeed have capacity.

It should be noted that improving quality and access can be cost effectively achieved by increasing the average list size of practices. As you will be aware practice patient list sizes in Barnet historically have been below average in London. As would be expected, smaller practices are less able to leverage economies of scale to develop and expand premises and workforce (key factors in improving access). For this reason, list dispersal is a strategic approach to improving quality and access as it encourages and supports practice expansion.

Post the closure of the practice, NHS England will review those patients that remain unregistered with a GP practice. Children under 5 and the elderly aged 75 and over will be referred to the Health Visiting and District Nurse teams in order that they can review these lists and follow up with the patient/parent/carers.

It is not unusual that when a patient list is dispersed that there will be some people who fail to register with another GP practice in the area. This may occur for a number of reasons – in London the main reason is often that the patient no longer lives in the area and has no need of local services.

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