



APPENDIX 2

Head of Legal Services and Monitoring Officer
Helen Miles

Tracy Savage
Deputy Director of Quality and Head of
Medicines Optimisation
IW Clinical Commissioning Group
Building A
The Apex
St Cross Business Park
Newport
Isle of Wight
PO30 5XW

From
**Paul Thistlewood, Scrutiny Officer,
Democratic Services, 5th Floor, County Hall,
Newport, Isle of Wight, PO30 1UD**

Tel (01983) 821000 ext 6321
Email paul.thistlewood@iow.gov.uk
DX 56361 Newport (Isle of Wight)
Web iwight.com.uk

Our Ref:
Your Ref:

28 June 2018

Dear Tracy

APPLICATION TO CLOSE PRACTICE LIST : SANDOWN MEDICAL CENTRE

Thank you for your letter of 22 June 2018 regarding the above.

The Chairman remains very concerned about this matter and the wider implications upon not only the residents of the area but impact upon neighbouring practices.

In order to establish the timeline for the temporary closure of the patient list could you clarify the date from which the medical centre took the decision to temporarily suspend its list to new patients and the date of the application to the CCG for the closure of the practice list.

I note that you indicate that the number of patients that have been refused registration over the past six months is held by the practice. Does the CCG have these figures as this may assist in identifying the likely numbers that could arise in the course of the next six months?

In the BMA's quality first guidance, referred to in your response, it does indicate the following :-

"Enhanced service/incentive scheme list

They are therefore not essential services and provision is voluntary for practices. This guidance can help practices to decide whether they should take on an enhanced service, as well as ensure that they are being properly resourced to deliver patient care as part of this provision.

The practice can cease providing any enhanced service with the appropriate notice, but may wish to particularly consider doing so where the funding available does not adequately cover the cost of providing the service, **or where providing the service would detract from their ability to provide safe and quality core GP services to patients.**

Cont ...

Assessing whether to take on or continue an enhanced service

- **Does the practice have the time, infrastructure and staffing capacity to carry out this work safely and effectively?**
- **Will taking on the enhanced service detract from or undermine the practice's provision of core GP services**

Additional services

Most practices provide optional 'additional services' specified in the GMS contract that are in addition to essential services to patients but funded through their core global sum or PMS baseline funding. The list of additional services that can be provided is:

- cervical screening services
- contraceptive services
- vaccinations and immunisations
- childhood vaccinations and immunisations
- child health surveillance services
- maternity medical services
- minor surgery

While these services are not obligatory, most practices provide them. **However, practices can opt out of providing these services on a temporary or permanent basis if they do not have the capacity to provide these services, and there is no consequential risk to patient safety and quality.**

Part 4: Patient partnership and self-empowerment

There is considerable benefit in working in partnership with patients to empower them to take more control over their own health, and to make informed decisions about which services they should access when in need of care. In any dialogue with patients, it is important that communication is not simply defensive of any changes taking place, but instead practices should proactively engage with patients and patient groups to explain why they are having to make the changes which result in services not being provided, and seek their views on how to manage the situation.

Part 7: Reviewing other roles

If clinical workload done by the practice is exceeding capacity, individual GPs may need to review the degree of commitments outside practice, in order to provide safe and quality care to patients.

Many of the activities described below are valuable both to the practice, the individual GP, and the wider community so **the only reasons for considering a reduction in such work would be in order to protect the core responsibility of providing safe, quality GP services to patients.** Practices and individual GPs will need to consider carefully the full implications of reducing workload in this way, balancing the overall value with the time and capacity created to focus on core GP work.

Review of outside appointments and additional roles

Many GPs now choose portfolio careers which allow them to expand and develop their areas of interest and expertise.

The opportunity to take on additional roles and appointments is a highly-valued part of many GPs' careers and the BMA's GP committee believes that GPs should be encouraged and

Cont ...

supported in making these choices. However, **in the event that the workload pressure on the practice is such that patient safety or contractual and regulatory obligations are compromised, and efforts to tackle this workload have not been successful, then individual GPs and their practices may wish to consider reviewing external appointments, particularly when practices are facing difficulties with recruitment and retention.**"

Can you therefore give an assurance that all the above has been taken into account by the CCG in taking its decision to close the patient list and that the focus of the practice will be core GP work over the next six months?

You did not give a response to the question seeking confirmation that the list of patients will reopen before the expiry period if the number of registered patients falls to the number specified in the closure notice?

Is there a formal record of the Practice's discussions with the Patients Participation Group and was this supplied as support?

It was not clear from your reply that the views of the IWNHS Trust had been sought prior to the decision though you do advise that it would work closely with it during the closure period. Can you confirm whether the Trust made formal comments on the proposal before the decision was made?

It is believed that the practice at St Helen's has indicated concerns that it would be unable to cope with any additional patients. Can the CCG confirm what practices have indicated an ability to provide for additional patients? This would not only affect practices in the immediate Sandown area but across the Island as people who move to Sandown from say Newport would have to remain at their existing practice thereby impacting on that practice to take on new patients.

The list of frequently asked questions supplied with your letter was for background for the committee and a public version would be issued in due course. Can you indicate why the list provided to members is confidential and what the difference will be to the public version?

Can you also clarify whether the attendees listed in your letter are just for the Sandown Medical Centre or in relation to other items on the agenda?

Finally you advise that the decision was taken at the Primary Care Committee on 14 June 2018. The chairman is aware of problems previously experienced with meetings not being quorate. Can you confirm that this meeting was quorate?

The chairman has indicated a willingness to have an informal meeting of the committee. This will enable not only this issue to be discussed but a number of other elements of service delivery. I will ensure that Jo Smith, the Manager of Healthwatch IW, is also invited. I will look at the council diary and come back with some suggested dates.

Yours sincerely



Paul Thistlewood
Scrutiny Officer