

## **OVERVIEW & SCRUTINY COMMITTEE UPDATE**

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### **Hawthorn Lane Surgery, Wilmslow**

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#### **Background**

This brief report follows on from the Mid Point Overview & Scrutiny Committee Meeting held on 29<sup>th</sup> April 2010, where a report was presented to the Committee regarding the retirement of Dr Chung from Hawthorn Lane Surgery, Wilmslow. The Mid Point Overview & Scrutiny Committee was asked to consider the options available to the PCT as a result of this retirement (Report attached Appendix A) The purpose of this update is to inform the Overview and Scrutiny Committee of the work that has commenced following the Committee supporting the preferred option of dispersing the practice list.

#### **Actions Completed**

On 19<sup>th</sup> April 2010 CECPT sent letters to the following Practices who were most likely to be affected by the dispersion of Dr Chung's patient list:-

Alderley Edge Surgery  
Chelford Surgery  
Handforth Health Centre  
Kenmore Medical Centre  
Wilmslow Health Centre

After the liaising with the Cheshire Health Agency, and Dr Chung, the PCT have identified the following number of households in each specific area:-

Wilmslow	533
Alderley Edge	34
Altrincham	2
Crewe	1
Knutsford	14
Macclesfield	54
Stockport	1

Stockport PCT have 47 patients registered with them.

These geographical areas have then been broken down further into specific post codes, and letters were sent to each household on 10<sup>th</sup> May 2010 (copy letter Appendix B). Along with these letters, each household has also received a list of contact details of Practices which are specific to their post code, and also a

personal letter from Dr Chung. Some of the letters have been translated into Chinese for the relevant Chinese speaking patients.

Central & Eastern Cheshire PCT has liaised with Stockport PCT, and have sent a copy of the letter to them to send out to the 47 patients in the Stockport area with the relevant Practice details

Dr Chung has also identified a number of vulnerable patients on his practice list who may require additional help when registering with another practice. The PCT will work closely with Cheshire Health Agency to ensure that these specific patients have registered with another Practice prior to Dr Chung's retirement.

Included on the letter that has been sent out to patients are the details of a PCT helpline Freephone number which will be manned from 9am -5pm Monday to Friday by members of the Primary Care team. This will further support patients and Practices throughout the process.

#### **Actions Still to be Completed**

The PCT Communications team will be sending a media release to all local newspapers week commencing 31<sup>st</sup> May 2010. This will include a photograph and story of Dr Chung's retirement; and also a reminder to patients of the registration process.

The PCT will continue to offer its full support to Dr Chung and his staff, the patients currently registered with the practice and those practices with whom the patients may register with, throughout the process.

#### **Summary**

The Overview & Scrutiny Committee are asked to note the actions that have been completed following the Mid Point meeting on the 29<sup>th</sup> April 2010. A further update will be shared with the Overview & Scrutiny Committee detailing a summary position once Hawthorn Lane Surgery has closed. The final report will provide assurance that patients have successfully been re registered with neighbouring Practices.

Fran Willshaw  
Primary Care Facilitator  
Central & Eastern Cheshire PCT

Simon Whitehouse  
Director of Primary Care  
Central & Eastern Cheshire PCT

## OVERVIEW & SCRUTINY COMMITTEE REPORT

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### Hawthorn Lane Surgery, Wilmslow

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#### Purpose of Report

The purpose of this report is to inform the Overview and Scrutiny Committee of the retirement of a single handed GP based in Wilmslow Cheshire and the options available to the PCT with regards to ensuring the continued care of the patients currently registered at this surgery. The Overview and Scrutiny Committee are asked to consider the detail included in the paper and comment on the proposals.

#### Background

Hawthorn Lane Surgery is CECPT's only single handed GP practice. Dr W Chung took over the practice from Dr Zabron on 9<sup>th</sup> June 1986, and has remained a single handed GP practice until the present time. The current premises which Dr Chung practices from are not compliant with the DDA Act, and are also not compliant with either quality standards for accessibility or infection control. The current premises are leased and in view of them not being deemed suitable primary medical services it would not be advisable for the PCT to consider renewing this lease. This would therefore require the PCT to seek alternative accommodation if the GP services were to continue. The current practice population is 1204 as at the 1<sup>st</sup> January 2010, with 43 of those patients living within the Stockport PCT area. This is a very small list size when shown against an average PCT list size of 8980. The practice demographics show an exceptionally high average elderly population for the over 75's being 14.5% and for the 65-74year olds being 10.38% (taken from the Public Health Intelligence team report March 2009). This small list size needs to be taken into account when considering the options. The PCT, in its Primary Care GP Strategy, stated that it would work with GP's towards having no single handed GP Practices. This is based on extensive evidence demonstrating the benefits of having a larger Practice team to care for Patients and also the vulnerability for continuity of care that single handed practices present.

The practice has always achieved targets, including the Quality & Outcomes Framework and the Directed and Local Enhanced Services that are commissioned from them.

The PCT has been aware of the intentions of Dr Chung to retire as this had been discussed on a number of occasions. However it was only on the 22<sup>nd</sup> March 2010 that the PCT received a letter outlining that he wished to terminate his GMS Contract at the time of his retirement of the 30<sup>th</sup> June 2010. Unfortunately this does present the PCT with some very tight deadlines to ensure that this is managed in an open and transparent way. This is the reason for this report which is aimed at consulting with the Overview & Scrutiny Committee as an integral part of the process. Whilst it is appreciated that this is tight, the PCT is able to confirm that if a decision is made to proceed as detailed below that patient care will not be compromised.

## **GP Requirements**

When dealing with this situation the PCT is advised by the Department of Health to ensure that it follows National Guidance. However it should be noted that there is no nationally agreed procedure to follow as often local circumstances are variable, and require a degree of flexibility to be shown.

### **National Guidance - Retirement of a provider**

To qualify for NHS Pension benefits a type 1 medical practitioner (e.g. a Partner, single handed GP or a GP shareholder) must resign from any involvement in a GMS contract, PMS agreement or APMS contract. They cannot return to the NHS for at least 24 hrs.

This requires the GP to officially resign from their contract and any other NHS work for a minimum period of 24 hours. After this period they may return to NHS employment, including provider status in a GMS contract, but cannot work for more than 16 hrs a week in the first month following the break in service. Dr Chung has expressed no desire to continue to work at all as a GP after his retirement date.

Therefore, if an individual (single-handed) GP wishes to retire, the GMS contract will automatically terminate on the retirement date if succession arrangements have not been agreed. Dr Chung has made no succession arrangements preferring for the PCT to explore viable options. The PCT can agree a mutually convenient date for the termination or, if the contractor writes to serve notice, a period of 6 months notice should be given. Unfortunately due to the receipt of the notification of the retirement date of the 30 June 2010 only being received towards the end of March 2010 the PCT has no alternative but to agree to a termination date of the end of June 2010 as Dr Chung will not be in a position to provide services after this date. After the termination date the PCT is responsible for ensuring the continuity and provision of primary medical services to patients previously registered with the practice.

The PCT is responsible for ensuring continuity and provision of services to Dr Chung's patients. There is therefore, a need for a clear process on how the termination will be progressed and the PCT is committed to following the due process. However, there is not the flexibility of having a full 6 months in which to progress this situation as the PCT has agreed in principle to a mutually convenient date as detailed above. Whilst recognising that there is a challenge, the PCT is well advanced in its planning and is at an advanced state of readiness once an agreement has been reached on next steps, and is confident that patients will be managed appropriately. The PCT is keen to reach agreement with all parties that the mutually convenient date with Dr Chung can be confirmed and that plans can be implemented to manage the transition in an effective way.

## **Options**

As the PCT is responsible for ensuring continuity and provision of services to the patients there should be a clear process on how the termination will be actioned.

The options available to the PCT would appear to be as follows:

1. **Disperse the patient list** – As already noted it was identified that 43 patients on the practice list resided within the Stockport PCT area. To compound the situation none of those patients living in the Stockport PCT area reside within any CECPT GP Practice boundary and therefore the PCT will need to work closely with Stockport PCT to ensure these patients are accommodated. Whatever option is chosen this situation will not change as no GP practice is obliged to agree to take on a patient residing outside of its boundary. Having reviewed the list in some depth it soon became apparent that not only were there the 43 patients living in the Stockport area but a number of patients were also located near to other towns within the PCT boundary but not necessarily close to Wilmslow e.g. Macclesfield, Knutsford. It would be more sensible and safer for these patients to register with a practice much nearer to their home. After taking into account these two anomalies outlined the true list size to be taken into consideration is somewhat less than originally thought.

The PCT should therefore identify whether there is sufficient capacity/choice within the Wilmslow area to meet the needs of Dr Chung's remaining practice list. Once capacity/choice has been identified, the PCT will need to work closely with the Cheshire Health Agency to identify the geographical areas and practices where the patients can be signposted to for registration, and ensure that a robust system is in place for this transitional period.

2. **Tender/Procurement exercise to secure a new provider for a small single handed list** – The length of time for a tender process, and also the vulnerability of having a small single handed GP practice would need to be considered. With the timescales that the PCT has, and the responsibility for the continued provision of service to those patients, this option would not be considered as viable.
3. **Provide services under a PCTMS arrangement** – The PCT would be required to have the appropriate resources (financial and physical) available to run a PCTMS practice. This option would also mean that the PCT would have the financial responsibility for the practice, and also the issue of finding alternative accommodation from which to provide the services. Again due to the time constraints and the small number of patients, this would not be a viable option.

### **Preferred Option**

Having taken into account wider NHS Policy such as patient choice, and considering the options above, including pertinent issues such as the length of time for a tender process, the vulnerability of having a small single handed practice and the ability of the PCT to have the appropriate resources (financial and physical) available to run a PCTMS practice; it is the view of the PCT that our preferred option is option1 to disperse the list. In making this assessment the PCT has identified that there is sufficient capacity/choice within the CECPT area to meet the needs of these patients, and that the local GP practices are keen to work with the PCT and grow their list size. Clearly enabling a patient to have choice of practice to which they can register with is a very important consideration, and care that the PCT takes seriously.

The PCT have considered the following points in this decision process:

- whether patient choice would be significantly affected in the area
- numbers of patients registered under the contract
- patient demographics – elderly, care home patients, housebound , patients with learning disabilities etc
- location of patients, such as whether patients reside in the practice area/ PCT area
- impact on local practices of list dispersal – increased workload, financial viability, capacity and workforce issues
- consultation with local practices, patients (albeit limited because of numbers and not wishing to cause unnecessary anxiety), staff (at practice), LMC, local services/agencies
- media and other stakeholder interest such as MPs and other primary care providers such as pharmacy
- PCT/ provider action plan for closing the practice e.g. outstanding bills to be settled by the contractor, notices to be displayed internally and externally, answer phone message on telephone advising callers after the practice closes usually keep on for at least one month (likely to be at PCT cost), termination of staff contracts and settlement of redundancy pay, inventory of PCT assets and removal i.e. IT equipment, logging and removing patient information (clinical system) and paper records etc
- Notifying agencies of closure i.e. Patient Advice Liaison Service (PALs), Cheshire Health Agency, Acute Trust, PCT colleagues, OOHs, NHS Choices web lead etc

Given the information already provided with regards to dates, the PCT has some very tight deadlines to follow in order to ensure that the patients can be supported to find an alternative practice with which to register with by 30<sup>th</sup> June 2010 at the latest. The practices where this is likely to have an impact on are those who share a similar practice boundary to Hawthorn Lane Surgery (listed below). However, there is also a cohort of patients who reside in the Macclesfield area. The PCT is currently working with the Cheshire Health Agency and Stockport PCT to clarify the numbers involved in each area.

The following CECPCT practices are most likely to be effected by this process:

Wilmslow Health Centre  
 Kenmore Medical Centre  
 Handforth Health Centre  
 Chelford Surgery  
 Alderley Edge Surgery  
 Macclesfield Practices

All practices listed have an open list and are accepting new patients.

### **Progress to date**

The following progress has been made to date. The PCT Trust Board agreed on 30<sup>th</sup> March 2010, to delegate the responsibility to Simon Whitehouse, Director of Primary Care, to progress the preferred option once an agreement has been reached. Also as a part of the statutory process the PCT have consulted with the Local Medical Committee (LMC) on 7<sup>th</sup> April 2010. The LMC, who represent the GPs in Cheshire and their interests in all relevant political and managerial settings at both national and local level were also fully supportive of

this process, and of the preferred option. The LMC informed the PCT that after careful consideration of the options available they agreed that the dispersal of the practice list would be the best option, especially given the unique circumstances of the practice population and where they reside.

The PCT is now looking to the Overview & Scrutiny Committee to comment on the detail contained in this report and would welcome any further advice and guidance that the Committee may have to support and endorse this sensitive process to ensure the minimum disruption to the patients involved, many of whom have been with Dr Chung for a considerable length of time.

### **Next Steps**

The PCT must consider our statutory duty under the NHS Act 2006, to consult with, and involve, the public and patients in any developments or variations to services. Section 242 of the NHS Act gives particular responsibilities to PCT's to involve and consult with all affected patients or their representatives on:

- (a) the planning of the provision of these services
- (b) the development and consideration of proposals for changes in the way those services are provided, and
- (c) decisions to be made by that body affecting the operation of those services

World Class Commissioning sets out challenging requirements for the PCT to ensure that our process for public consultation is robust and accessible. This is obviously a significant change to the delivery of primary medical services to these patients and we should be demonstrating that we are seeking to ensure that the patients are not disadvantaged. Equally we should be aware that the patients may be getting improved services in collaboration with local clinicians and partner organisations. Members are asked to consider the patient list size and the agreed approach towards larger GP Practice teams when considering the issue of consultation.

The PCT will need to enter into discussions with local practices to assist in the registration of these patients. The PCT are therefore planning to write to all patients that are registered with Hawthorn Lane Surgery and within this communication the PCT will include details of the relevant practices to which the patients residing in the appropriate town will be able to register. Included in the letter will also be an 0800 number which will enable the patients to ring the PCT directly to discuss any concerns and queries which they may have.

The PCT communications team will also include an article in all of the local newspapers as a part of the process which will inform the patients of the procedures to re-register etc. As a matter of courtesy and to proactively facilitate this process, the PCT will also be contacting those practices which are likely to be affected by the patient list being dispersed (listed above), and would expect that they will work collaboratively with the PCT to integrate those patients.

The PCT will obviously be offering its full support to Dr Chung and his staff, the patients currently registered with the practice and those practices with whom the patients may

register with. The PCT will closely monitor the process, ensuring that the transition period for patients is as seamless as possible.

The PCT will provide action plans and timescales for dispersing the practice list, ICT, premises, finances and communications.

The PCT is confident that all of the above issues will be addressed in a comprehensive manner and will allow for the final option to be implemented with the minimum of disruption.

### **Action Required/Next Steps**

In order for the PCT to now progress further with the dispersing of the patient list in a timely and supportive manner, we are asking for the endorsement and support of the Overview & Scrutiny Committee.

Once the PCT receives any recommendations and the endorsement from the Overview & Scrutiny Committee around the proposed changes to the Health Services provision for the patients in Wilmslow, the following actions will commence.

- Having already liaised with the Health Agency regarding the patient population and geographical areas, letters will go out to all head of households explaining the forthcoming retirement and closure of Hawthorn Lane Surgery, and the options for re registration available to them in their neighbourhood. Dr Chung has also provided a personal letter to his patients which also includes a copy written in Chinese, and these will be sent out at the same time as the PCT letters. These letters will include an 0800 patient help line number.
- The PCT Communications team will send a media release to all local newspapers that cover the current practice area informing them of the closure.
- During this process the PCT Primary Care team will have a range of support measures in place to ensure that the patients, Dr Chung and Hawthorn Lane Surgery, and also the practices with whom the patients will re-register are fully supported.

The Overview & Scrutiny Committee are asked to comment on the detail contained within this paper and provide a clear recommendation to the PCT with regards to next steps

Fran Willshaw  
Primary Care Facilitator

Simon Whitehouse  
Director of Primary Care

16 April 2010



**APPENDIX B**

Universal House  
ERF Way (off Pochin Way)  
Middlewich  
Cheshire  
CW10 0QJ

Tel: 01606 275303  
Fax: 01606 835541

7 May 2010

Dear Patient(s)

**Re: Retirement of Dr Chung and closure of Hawthorn Lane Surgery, Wilmslow**

This letter is to inform you and your family that, as of the 30 June 2010, Dr Chung is retiring from General Practice. The Practice operates as a single handed Practice and, as such, Hawthorn Lane Surgery will be closing on this date.

Central & Eastern Cheshire PCT is responsible for ensuring the continuity and provision of GP services to Dr Chung's patients and, as part of that responsibility, we are writing to advise you what you need to do to register with another Practice in your area.

As a patient of Dr Chung you and your family have a number of choices where you can register. Included with this letter is a list of GP Practices local to you, who are accepting new patients. To help you make this important choice we have included the NHS Choices website on the list and this provides more information on the individual Practices. However, some Practices have their own website and details of these can also be found on the NHS Choices website.

Once you have made a decision about which GP Practice you wish to register with, you will need to contact your chosen Practice. They will then inform you of the registration process. Once you have registered your family's medical records will be transferred automatically.

I am sure that, as a patient of Dr Chung, you will join us in wishing him a very happy and healthy retirement. Dr Chung has written a personal letter to you and a copy can be found on the reverse of this letter.

For any further assistance, or if you have any queries please the ring the PCT on **Freephone 0800 5877888** Monday to Friday from 9am until 5pm.

Yours sincerely

Simon Whitehouse  
Director of Primary Care



## HAWTHORN LANE SURGERY

23 Hawthorn Lane  
Wilmslow  
Cheshire SK9 5DD  
Tel: 01625 523902  
Fax: 01625 522112



18<sup>th</sup> March 2010

Dear Patient

Some of you would have already suspected that I will be retiring from General Practice this year and I can now confirm that the date is 30<sup>th</sup> June 2010.

I have been privileged to take over this practice from my predecessor Dr Zabron and a number of respected general medical practitioners before him on 9<sup>th</sup> June 1986. The past 24 years has been a long unmitigated job satisfaction and I thank all of you for the loyalty and friendliness that you bestowed on me and my staff over the years.

It is ironic that a fervent believer in the virtues of single-handed practice like me should patronize the closure of the last remaining single-handed practice in East Cheshire but I have no doubt you will find alternative excellent primary care service in the area.

Detail information on other practices in the area has been enclosed by the PCT for your information.

I wish you all the best for the future.

Yours sincerely

A handwritten signature in black ink, appearing to read "W K Chung", written over a horizontal line.

Dr W K Chung