

**WOLVERHAMPTON CCG**

**PRIMARY CARE JOINT COMMISSIONING COMMITTEE**  
**November 2016**

<b>Title of Report:</b>	<b>Application to close a branch site at Park Street South (Dr MK Pahwa and Partners)</b>
<b>Report of:</b>	Bal Dhami, Contracts Manager (NHS England)
<b>Contact:</b>	Gillian Shelley, Senior Contracts Manager (NHS England)
<b>Primary Care Joint Commissioning Committee Action Required:</b>	<input checked="" type="checkbox"/> <b>Approval</b>
<b>Purpose of Report:</b>	To inform the Committee regarding the application received to close a branch surgery within the Wolverhampton CCG area and agree a way forward regarding the proposed closure application
<b>Public or Private:</b>	This Report is intended for the public domain
<b>Relevance to CCG Priority:</b>	To ensure the operations of the CCG align with, support and augment transformational change in the way services are delivered, via co-commissioning of primary care services
<b>Relevance to Board Assurance Framework (BAF):</b>	Outline which Domain(s) the report is relevant to and why – See <a href="#">Notes</a> for further information
<ul style="list-style-type: none"> <li>• <b>Domain 1:</b> A Well Led Organisation</li> </ul>	
<ul style="list-style-type: none"> <li>• <b>Domain 2a:</b> Performance – delivery of commitments and improved outcomes</li> </ul>	Improved Outcomes and Delivery of Primary Medical Services to the patients of Wolverhampton CCG
<ul style="list-style-type: none"> <li>• <b>Domain 2b:</b> Quality (Improved Outcomes)</li> </ul>	Improved quality of services patients.
<ul style="list-style-type: none"> <li>• <b>Domain 3:</b> Financial Management</li> </ul>	Not Applicable
<ul style="list-style-type: none"> <li>• <b>Domain 4:</b> Planning (Long</li> </ul>	Provides and secures continued and sustainable



Term and Short Term)	primary medical services to patients of Wolverhampton
• <b>Domain 5:</b> Delegated Functions	The approval of this proposed closure of the branch site is one of the NHS England functions delegated to the Committee to carry out



## 1. BACKGROUND AND CURRENT SITUATION

- 1.1. This Wolverhampton practice has a list size of 3650 patient operating across two sites. The main premises is located in Bilston Health Centre and serves approximately 55% (or 2000 patients) of the total registered list. The remainder (45% or 1650 patients) access primary medical services through the branch surgery located at Park Street South.
- 1.2 The GMS Contract is held with 4 Partners and Dr MK Pahwa is the lead Senior Partner. Dr Pahwa will be retiring at the end of October 2016. An application to remove Dr MK Pahwa as a GP partner from the current GMS Contract has now been processed by NHS England.
- 1.3 Prior to April 2016, the practice had been run for the last 40 years by Dr MK Pahwa and Dr VK Pahwa and a number of ongoing concerns regarding the provision of medical services had been raised. These issues were resolved jointly which saw the addition of 3 new partners added to the partnership Contract and assurances are in place now to enable effective clinical services to be provided.
- 1.4 It should be noted that Dr VK Pahwa retired in March 2016 due to ill health reasons.,
- 1.4 As part of the succession planning, 3 additional partners were added with a view to Dr MK Pahwa retiring from the partnership.

## 2 RATIONALE FOR BRANCH CLOSURE

- 2.1 The partners have now reviewed their branch operation and have submitted a formal application to close the Park Street South branch site. The business plan attached provides their rationale for closure.
- 2.3 The partnership has concern about the suitability of the building. The partnership also has concerns about the possibility that spending further time trying to turnaround the current building may inadvertently affect the delivery of the service to patients currently registered at the branch site but also the patients at the main site.
- 2.4 Care Quality Commission carried out a review in 2014 and outlined a number of concerns about services delivery and also the condition of the current branch surgery. The current CQC standards are now far greater than those in 2014 and little effort has been made to address some of the initial concerns to date.
- 2.5 A number of issues exist with the current practice not limited to the concerns over the long term ability of the partnership to ensure that patients are seen in a safe, dignified and clinically effective environment that offers equitable access to all patients as per Equality Act 2010.



- 2.6 The current partners also have indicated that keeping the branch open is no longer a financial viable option.
- 2.7 Patients can still be seen at the main site located at Bilston Health Centre, Bilston which is located approximately 3 miles apart. Many patients already access the main premises.

### 3. OPTIONS

A number of options have been explored and these are contained in the business plan but have included:

- a) Keeping the branch surgery open
- b) Close branch and redirect patients to register with another local surgery

#### a) Keep current branch site open

This option would involve the funding of significant repair and renovation to the current building to bring it in line with modern building regulations / Equality Act 2010 / Infection Prevention and Control principles.

This will require an agreement from NHS England and the CCG to agree to invest in this building. With the additional investment, there is a likelihood that the revenue costs will increase (for example an increase in rental payments).

#### b) Close branch and redirect patients

The partnership has been holding a number of patient engagement events. They have written to all the patients (over 800 households) to ensure that all are aware of a potential change to the service being provided and engagement events being held to discuss these matters.

Under this option, patients can remain registered with the practice but all future consultations and contact would continue to occur at the main site located at Bilston Health Centre (BHC). The main surgery is located approximately 2 miles from the branch site

All local practices have an open list and therefore would be in position to accept any patients not wishing to remain registered and travel to BHC..

### 4. Capacity of Local Practices

The partnership has contacted all of the practices outlined below to ensure that they are aware of what may potential occur in respective of an potential increased demand in patients asking to register:



Ednam Road Surgery	0.2 Miles
Duncan Street Surgery	0.6 Miles
Parkfield Medical Practice	0.6 Miles
Lea Road Surgery	0.6 Miles
All Saints Surgery	0.7 Miles
Pennfields Medical Centre	0.7 Miles
Bilston Health Centre	3.0 Miles

## 5. PATIENT ENGAGEMENT

- 5.1 Throughout the engagement process, the practice have met with representatives of the circa 1650 registered list size. It is difficult to provide an accurate list size as many patients registered at Park Street South have often been seen at the main site in Bilston Health Centre. This makes it difficult to establish level of dependency on this surgery.
- 5.2 To date, the Practice has:
- 1) Placed posters in multiple languages throughout the practice
  - 2) Met with members of the public on open meetings – 21st September 2016 / 5th October 2016 and a further meeting has been scheduled for 12th October 2016.
  - 3) Letters outlining the potential closure have been sent to all patients informing them of the latter 2 patient engagement events.
  - 4) Actions from the engagement events have been further extrapolated and feedback has been passed on to all patient groups.
  - 5) The Practice has attempted to identify a functioning PPG but this does not exist and thus the Practice has made efforts to pull together a working group.

## 6. RISKS AND IMPLICATIONS

### Key Risks

#### 6.1. Committee decides to keep branch surgery open.

- 6.1.1. Continued safety and infection prevention concerns if the surgery remains open in its current state.
- 6.1.2. Continued poor patient experience when being sent to and inconvenienced by going to hospital.
- 6.1.3. Branch site would not meet basic CQC inspection – this is a major risk for the partnership based on the outcomes of the first assessment in 2014.
- 6.1.4. Substantial financial input required for the renovation of the branch practice to meet current infection prevention, equality and clinical guidance as well as general building



regulations. Following renovation a review and likely increase in revenue costs will be expected.

**7. Committee decides to support closure of branch surgery.**

7.1. Increased pressure on neighbouring surgeries – this has been mitigated with increased capacity at Pennfields Medical Centre and early dialogue with local surgeries.

**8. Financial and Resource Implications**

8.1. There is a likely financial implication for the repair of the current branch surgery at Park Street South to bring it in line with current benchmarking.

**9. Quality and Safety Implications**

9.1. Closure of the surgery will reduce the current concerns around safety of delivering services in the current branch surgery.

**Recommendations**

That the Committee:

- Discuss the proposed branch close and approve the practice application to close the branch surgery. Timescales to be agreed.

<b>Name</b>	<b>Bal Dhami</b>
<b>Job Title</b>	<b>Contract Manager, NHS England (West Midlands)</b>
<b>Date:</b>	<b>19/10/2016</b>



**REPORT SIGN-OFF CHECKLIST**

**This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.**

	<b>Details/ Name</b>	<b>Date</b>
Clinical View	N/A	
Public/ Patient View	Discussed at meetings with all parties in October and November 2016	
Finance Implications discussed with Finance Team	N/A - financial risks mainly around branch site investment	
Quality Implications discussed with Quality and Risk Team	N/A	
Medicines Management Implications discussed with Medicines Management team	N/A	
Equality Implications discussed with CSU Equality and Inclusion Service	N/A	
Information Governance implications discussed with IG Support Officer	N/A	
Legal/ Policy implications discussed with Corporate Operations Manager	N/A	
<b>Signed off by Report Owner (Must be completed)</b>	<b>Gill Shelley</b>	<b>24.10.16</b>



**BOARD ASSURANCE FRAMEWORK NOTES**

(Please **DELETE** before submission)

**Domain 1: Well led organisation** – impacting on whether the CCG:

- has strong and robust leadership;
- has robust governance arrangements;
- involves and engages patients and the public actively;
- works in partnership with others, including other CCGs;
- secures the range of skills and capabilities it requires to deliver all of its Commissioning functions, using support functions effectively, and getting the best value for money; and
- has effective systems in place to ensure compliance with its statutory functions.

**Domain 2a: Performance:** delivery of commitments and improved outcomes: a key focus of assurance will be how well the CCG delivers improved services, maintain and improve quality, and ensures better outcomes for patients. This includes progress in delivering key Mandate requirements and NHS Constitution standards, and ensuring standards for all aspects of quality, including safeguarding, and digital record keeping and transfers of care are met.

**Domain 2b: Quality:** delivery of commitments and improved outcomes; a key focus of assurance of how well the CCG delivers improved services, maintains and improves quality and ensures better outcomes for patients. This includes progress in delivering key mandated requirements and NHS Constitution standards. Also ensure that the CCG is able to demonstrate the continuous improving quality agenda for all aspects of quality including safeguarding.

**Domain 3: Financial management:** financial management capability and performance, including an assessment of data quality and contractual enforcement.

**Domain 4: Planning:** covering not only annual operational plans, and related plans such as those relating to System Resilience Groups and the Better Care Fund, but also longer term strategic plans, including progress with the implementation of the Forward View. Progress towards moving secondary care providers from paper-based to digital processes and the extent to which NHS Number and discharge summaries are being transferred digitally across care settings will be specific measures during 2015/16, towards the ambition for a paperless NHS.

**Domain 5: Delegated functions:** When approved this will include primary care and may, in time, include other services. This is in addition to the assurances needed for out-of-hours Primary Medical Services, given this is a directed rather than delegated function.

