

**Application for consideration of a contractual change** (for example subcontracting arrangements, change to services, change to agreed opening hours, change in level of commitment for Doctors, practice boundary changes, etc)

(Please add additional pages if you have insufficient room to complete fully and depending upon the nature of change requested, not all sections of this form will need to be completed)

Proposed	Change	Change from partnership to single – h	anded
Practice stamp			

Proposed Date of Change **15<sup>th</sup> August 2017** Practice M/Y Codes **M92649** 

Provide the Practice rationale for the proposed change:

- Age- related retirement of Senior Partner, Dr Naren Mudigonda

\_\_\_\_\_

What options have you considered, rejected or implemented to relieve the difficulties you have encountered about your issues/open hours/practice list and, if any were implemented, what was your success in reducing or erasing such difficulties?

N/A

Of which CCG are you or propose to be a member? *Wolverhampton* 

If applicable, has the CCG approved your proposal? (Please provide evidence of approval/comments from your local CCG)

Not yet



West Midlands

Full details of the benefits you feel your registered patients will receive as a result of this proposed change.

The proposed change will ensure the continuity of care for the patients

Please provide as much detail as possible as to how the current registered patients will continue to access services, including consistent provision across:

- Access to essential services (routine and emergency) including how the Provider will have access to the Patients medical records
- home visits;
- booking routine appointments/requesting blood test results, etc;
- additional and enhanced services;
- opening hours;
- Impact on other parts of the local health economy as a result of the practice proposal (positive/negative)
- extended hours;
- single IT and phone system; and
- Premises facilities.

# Access to essential services

# Current situation:

- The retiring partner, Dr N Mudigonda, reduced his clinics from 9 sessions to 5 sessions per week in October 2013 (working from Wed to Fri).
- A salaried GP has been covering the remaining four sessions since then (On Mon and Tue). There has been no negative impact on access to services for patients because there has been no reduction in the number of sessions offered by the practice each week.
- The other partner Dr V Mudigonda, has been working 8 sessions per week, covering Monday, Tuesday, Wednesday and Friday.
- Additional clinical team includes a Healthcare Assistant and an Advance Nurse Practitioner who oversees minor illnesses.



- The practice is a training practice for GP trainees. The current registrar is female.

#### **Current sessional cover**

DAY	AM	PM
MONDAY	Dr V Mudigonda	Dr V Mudigonda
	Salaried GP	Salaried GP
TUESDAY	Dr V Mudigonda	Dr V Mudigonda
	Salaried GP	Salaried GP
	ANP	HCA
WEDNESDAY	Dr V Mudigonda	Dr V Mudigonda
	Dr N Mudigonda	Dr N Mudigonda
	ANP	ANP
THURSDAY	Dr N Mudigonda	
FRIDAY	Dr V Mudigonda	Dr V Mudigonda
	Dr N Mudigonda	Dr N Mudigonda
	ANP	ANP

### Proposed Change

- In order to fill the void of five sessions of the retired partner, the practice is planning to employ a salaried GP for four sessions to cover on Wednesday and Friday. The remaining session will be covered by Dr V Mudigonda. In essence

DAY	AM	PM
MONDAY	Dr V Mudigonda	Dr V Mudigonda
	Salaried GP	Salaried GP
TUESDAY	Dr V Mudigonda	Dr V Mudigonda
	Salaried GP	Salaried GP
	ANP	HCA
WEDNESDAY	Dr V Mudigonda	Dr V Mudigonda
	New Salaried GP	New Salaried GP
	ANP	ANP
THURSDAY	Dr V Mudigonda	
FRIDAY	Dr V Mudigonda	Dr V Mudigonda
	New Salaried GP	New Salaried GP
	ANP	ANP

As can be seen from the above tables, there will be no changes or reduction in session times for patients under the proposed changes.



#### **HOME VISITS**

Home visits are available for patients who are unable to attend the surgery for health reasons. Visits are made at the available doctors' discretion and this arrangement will continue in the future.

#### Current booking routine appointments/requesting blood test results, etc

DAY	TOTAL APPTS	ROUTINE	EMERGENCY
MON	52	32	20
TUE	56*	36	20
WED	52*	33	19
THU	11	7	4
FRI	49	30	19
	220	138	82

\*Includes extended hours slots

(NB: THE ABOVE APPOINTMENTS DOES NOT INCLUDE ANP APPOINTMENTS)

- Booking appointments and test requests are done through reception and this will continue in future

ENHANCED SERVICES

- Extended Hours (NB: currently under review in light of new GP contract)
- Basket Services

The above services are overseen by all clinicians and this will continue in future.

IT and phone system – *to remain the same* Premises facilities – *To remain the same* 

Please attach any documentation/agreement from the external Provider if the practice is intending to sub contract services to another Provider to deliver primary care services (eg. half day closing/opts outs). The Agreement must describe how and what routine services are to be provided including arrangements for accessing patient medical record. A copy of the Service Level Agreement with the sub-contractor must be attached.

A copy of the practice current and proposed practice area is required for applications for changes to practice area

Describe impact of proposed change upon practice boundary (inner and outer):



## There will be no changes to the practice boundary as a result of the change.

*If applicable*, please provide the outcome of consultation with your patients (PRG) about this proposal and how the Practice will communicate the actual change to patients and ensure patient choice throughout (provide written evidence (agenda/minutes of meetings, etc to document outcome of patient views with your application): Depending upon the type of practice application, NHS England/CCG will not be able to consider the Practice application until evidence from patient consultation has been received

.....N/A.....

Please confirm the following:

Practice list size	3800
Current number of appointments per week	220
Proposed number of appointments per week	220

(NB: The above figures do not include super-numery registrar appointments)

ANP appointments will also account for an additional 125 appointments per week

What arrangements are to be made in the event of there being a reduction in appointments availability/services (please list)

N/A – There will be no reduction of appointments (please see above)

### Current opening hours

Mon	Tues	Wed	Thurs	Fri	Sat	Sun
8.00am to	8.00am to	8.00am to	8.00 to 1	8.00am to	OOH	OOH
6.30pm	7.15pm	7.00pm	pm	6.30pm		
6.30pm –						
8.00am	8.00am	8.00am	8.00am	8.00am		
next day:						
OOH	OOH	OOH	OOH	OOH		



## Proposed opening hours

Mon	Tues	Wed	Thurs	Fri	Sat	Sun
8.00am to	8.00am to	8.00am to	8.00 to 1	8.00am to	OOH	OOH
6.30pm	7.15pm*	7.00pm*	pm	6.30pm		
6.30pm –						
8.00am	8.00am	8.00am	8.00am	8.00am		
next day:						
OOH	OOH	OOH	OOH	OOH		

If applicable, identify increase/recruitment of additional workforce (Please list details)

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If applicable:

Name of joining GP	Dr Olatoye Lotsu
Status of GP (e.g. Partner/Salaried doctor, etc.)	Salaried Doctor
Level of commitment	Four sessions

**Enhanced Services** 

Learning Disability Health Check	Extended hours subject to review
Childhood Imms (2 – 5 year olds)	
Childhood Seasonal Influenza	
Men ACWY	
Meningitis Freshers	
Men B	
Pertussis (Pregnant Women)	
Seasonal Influenza + Pneumococcal	
Shingles (catch up)	

Any other services provided

Shared Care Substance recovery clinic – Thursdays This service is provided by Dr N Mudigonda the retiring partner. However, Dr V Mudigonda will be taking over this service and it will therefore continue as normal.




Do you have any other information to bring to the attention of NHS England/CCG about this application?

In case of exceptional circumstances where the sole general practioner Dr V Mudigonda is off due to illness, the practice intend to provide the continuity of service to the patients as follows:

- 1. An additional salaried GP has been taken on with a view to making them a partner in the future.
- 2. The practice is in active discussion with Primary Care Home Model of Care with regards to joining in the future.
- 3. One of the salaried GPs to step in as locums OR
- 4. Approach locum agencies for cover OR
- 5. Dr V Mudigonda's spouse Dr Jas Bal to cover as locum OR
- 6. Agreement has been reached with Drs Saini & Mehta at Church Street Surgery, Bilston for cover: both practices use the same clinical systems (EMIS, Docman) so patient records can be accessed; both practices are 300 yards away so patients will be able to access Church Street if necessary.

# Further points to note:

1. The new salaried GP previously worked at the practice as a GP registrar. He developed a good rapport with the patients and his previous experience with the practice will help to provide some continuity of care.

**Sub-Contracting: Additional Information** (The Practice may have already provided this information above):

# N/A

Please list the following:



(a)	the name and address of the proposed sub-contractor;
(b)	the duration of the proposed sub-contract;
(c)	the services to be covered:
(d)	the address of any premises to be used for the provision of services.
Się	e signed by all parties to the current contract gned Print Date
Si	gned Print Date
Si	gned
	Print
	Date



Signed	
Print	
Date	
Signed	
Print	
Date	

Please continue on a separate sheet if necessary

Note: this application does not impose any obligation on the NHS CB to agree to this request.

*For those CCGs that are operating at Greater Collaboration or Joint Working,* Please return this completed and signed form to:

By Email:

England.gp-contracting@nhs.net

Or

### By Post to:

Primary Care Contracting Team NHS England (West Midlands) St Chads Court



213 Hagley Road

Edgbaston

Birmingham

B16 9RG

Has the Practice informed Care Quality Commission of this change?

<mark>Not Yet</mark>

Has the Practice informed Primary Care Support England of this change?