

# HOSC/31/09

**Committee** Health Overview and Scrutiny

**Date** 2 December 2009

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**Closure of Sun Street Surgery, Waltham Abbey Report & Recommendations**

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**1. Purpose of the Item**

Attached is a copy of the final report and recommendations of the task and finish group reviewing the closure of Sun Street Surgery, Waltham Abbey.

The West Essex Area Forum has endorsed the findings and recommendations of the Group and commend them to the Committee for consideration.



## Closure of Sun Street Surgery, Waltham Abbey

Review undertaken by the  
West Area Forum

**November 2009**





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## Preface

I am pleased to present this report into the way in which NHS West Essex managed the closure of the former Sun Street Surgery. As a local County Councillor I was fully aware of the concerns being expressed by local residents.

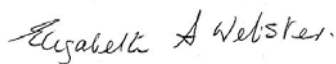
Whilst the report was commissioned by the County Council's West Area Forum, the investigation was undertaken in partnership by the three tiers of local government serving Waltham Abbey; the Town Council, Epping Forest District Council and Essex County Council.

On behalf of the Members who formed the Task and Finish Group that undertook this important review I would like to thank everyone who assisted our work, particularly the members of the public who attended our hearing in public and those who were willing to give evidence.

Our intention was to find out why things were handled the way they were but most importantly to identify lessons that could be used in the future. I trust local people will feel that their voice has been heard, their experiences understood and that the local democratic process has worked for them.

This has been a new experience for the West Area Forum in exercising powers recently devolved to it from the County Health Overview and Scrutiny Committee. They empower the Forum to act as a critical friend to NHS West Essex in holding it to local democratic account.

Thankfully the health service recognised early on that the process could have been managed better and were happy to work with us to learn from the process. As Chairman of the West Essex Forum I look forward to working with NHS West Essex in taking this learning forward. The report will also be forwarded to the County Health Overview & Scrutiny Committee requesting that it be given wide circulation amongst all health organisations providing services to residents of Essex.



Councillor Mrs E Webster  
Chairman of the West Essex  
Area Forum



## Glossary of terminology

CfPS	Centre for Public Scrutiny
GP	General Practitioner
HOSC	Health Overview and Scrutiny Committee
LINK	Essex and Southend Local Involvement Network
NHS	National Health Service
PALS	Patient Liaison Service
PCT	Primary Care Trust NHS West Essex
TUPE	Transfer of Undertakings (Protection of Employment) Regulations 2006

## Summary

Without doubt the closure of Sun Street Surgery in Waltham Abbey due to the ill-health of its single handed GP caused concern amongst local residents. This was evidenced in two ways:

- By the surgery's patients who felt they had been given insufficient time and support to find an alternative practice
- Within the wider community registered with other local practices who feared an influx of new patients would increase waiting times

This report details the findings and recommendations of a task and finish group established by the West Essex Area Forum at the request of the Essex Health Overview & Scrutiny Committee. Even before the review began there was an acceptance by NHS West Essex that the process could have been handled better and whilst the five findings listed in this report may seem to be hard hitting, it needs to be remembered that they were identified with full involvement and willing participation by the Primary Care Trust.

The investigation was undertaken in a transparent manner with a hearing in public at which both representative organisations and members of the public were invited to give written or oral evidence. This hearing was followed up by visits to and discussions with the other practices within the Waltham Abbey area.

The result of this in-depth investigation has been the identification of eight recommendations aimed at helping the planning for and management of future surgery closures across Essex. It is envisaged that the report will be shared with other parts of the country through the Centre for Public Scrutiny library and other ways of disseminating lessons throughout the health services.

Hopefully the residents of Waltham Abbey will appreciate that their views and concerns have been listened to and that their experiences will be helpful in developing better processes for the future. The intention was always to learn lessons rather than allocate blame which is why each recommendation is accompanied by two review dates. The first will review the initial action to the recommendations by the PCTs who commission and provide GP services for the residents of Essex. At a later date there will be a further review to how these recommendations have helped to improve processes for future closures of GP practices.

Finally, Members of the Task & Finish Group would like to thank everyone who assisted in this review. Particular thanks are extended to Tracy Manzi, Head of Primary Care Commissioning, NHS West Essex for her willing co-operation with this investigation. Also to the members of the public, including former Sun Street Surgery patients who attended or gave evidence at the hearing in public, and to the other surgeries for hosting visits and answering questions set by the Group.



Findings	Recommendations
<p><b>Finding 1</b></p> <p>Communication by NHS West Essex with the Sun Street Surgery patients, other Waltham Abbey practices and the Health Overview &amp; Scrutiny Committee was unsatisfactory.</p>	<p><b>Recommendation 1</b></p> <p>Communications to the Chairman of the Health Overview and Scrutiny Committee should also be copied as a matter of course to its Governance Officer.</p> <p><b>Owners:</b> Chief Executives of all Essex Health Trusts</p> <p><b>Implementation Review Date:</b> March 2010</p> <p><b>Impact Review Date:</b> December 2010</p>
	<p><b>Recommendation 2</b></p> <p>All PCTs providing GP services to Essex residents should review their arrangements for communicating with patients in the event of changes to GP practices and incorporate the lessons identified in this report.</p> <p><b>Owners:</b> PCT Chairmen</p> <p><b>Implementation Review Date:</b> March 2010</p> <p><b>Impact Review Date:</b> December 2010</p>
<p><b>Finding 2</b></p> <p>Three months is an insufficient period in which to plan for a smooth transition of patients from one practice to others within the area.</p>	<p><b>Recommendation 3</b></p> <p>PCTs providing GP services to Essex residents should first consider whether it is possible to transfer the full surgery list to a single practice and where this is not possible to ensure there is a better process than for Sun Street Surgery.</p> <p><b>Owners:</b> PCT Chairmen</p> <p><b>Implementation Review Date:</b> March 2010</p> <p><b>Impact Review Date:</b> December 2010</p>
<p><b>Finding 3:</b></p> <p>The failure of NHS West Essex to advise patients they might register with an East Herts outpost practice was culpable.</p>	<p><b>Recommendation 4</b></p> <p>There should be closer cross border liaison over future changes to local services where patients are or could receive services from another health area.</p> <p><b>Owners:</b> PCT Chairmen</p> <p><b>Implementation Review Date:</b> March 2010</p> <p><b>Impact Review Date:</b> December 2010</p>

Findings	Recommendations
	<p><b>Recommendation 5</b></p> <p>In future PCTs should meet all practices likely to be affected by a local surgery closure to plan for a smooth transition for both the patients and their notes.</p> <p><b>Owners:</b> PCT Chairmen</p> <p><b>Implementation Review Date:</b> March 2010</p> <p><b>Impact Review Date:</b> December 2010</p>
<p><b>Finding 4</b></p> <p>There is a need for more proactive business continuity planning across Essex in respect of potential closure of GP practices.</p>	<p><b>Recommendation 6</b></p> <p>PCTs should take proactive steps to develop business continuity plans with all practices, especially those operated by single handed GPs, to have business continuity plans in place and for these to incorporate arrangements for both planned and unexpected closure of the practice.</p> <p><b>Owners:</b> PCT Chairmen</p> <p><b>Implementation Review Date:</b> March 2010</p> <p><b>Impact Review Date:</b> March 2011</p>
<p><b>Finding 5</b></p> <p>The overall process for providing support to the Sun Street Surgery patients was inadequate and not co-ordinated.</p>	<p><b>Recommendation 7</b></p> <p>PCTs should put plans in place to provide adequate and co-ordinated support to patients during any required transition to another practice.</p> <p><b>Owners:</b> PCT Chairmen</p> <p><b>Implementation Review Date:</b> March 2010</p> <p><b>Impact Review Date:</b> December 2010</p>
	<p><b>Recommendation 8</b></p> <p>Work should be undertaken to engage with former Sun Street patients who have not re-registered with an alternative practice in order that their health screening appointments are not missed.</p> <p><b>Owner:</b> Chairman West Essex PCT</p> <p><b>Implementation Review Date:</b> January 2010</p> <p><b>Impact Review Date:</b> March 2010</p>

## Introduction

### Background

On the 1<sup>st</sup> April 2009, the West Essex Primary Care Trust (PCT) received the statutory 3 months notification of the termination of his contract from Dr Lakha, the GP at the single handed practice in Sun Street. Dr Lakha was suffering with ill health and a variety of locum GPs were covering the surgery during this period.

The PCT wrote to the Chairman of the Essex Health Overview & Scrutiny Committee (HOSC) on 21 May 2009 to advise the Committee of the service variation. It was considered unfortunate that the letter had not been copied to officers and that it had happened in the lead up to the County Election.

On 15 June 2009 the Local Medical Committee wrote to the Chairman of HOSC expressing their concerns with the lack of consultation undertaken by the PCT on this matter.

On the 1 June 2009 the PCT wrote to the patients of the surgery advising them that they had one month to register with a new GP surgery giving five options:

- Key Health & Market Square Surgeries, both located in the Waltham Abbey Health Centre
- Greenyard Surgery
- Maynard Court Surgery
- Nazeing Valley Surgery, which is situated approximately 3.5 miles from Waltham Abbey Centre

*See page 8 for a map showing the locations of each surgery and their proximity to the Sun Street Surgery*

A public meeting had been held which the Chairman of the Group Councillor Mrs Webster had attended and subsequently wrote to the Chairman of HOSC with her concerns about the process undertaken by the PCT. On the 30 June 2009 the Chief Executive of the PCT wrote to the Chairman of HOSC again to try and address the concerns that had been raised. HOSC has the power to refer a substantial variation in service to the Secretary of State for Health on one of the grounds listed opposite.

The matter was discussed at the meeting of HOSC held on 1 July 2009. The Committee expressed concerns about the:

- arrangements for the closure
- short timescales given to re-register
- lack of information on the alternative surgeries.

Following consideration of its options, the Committee reluctantly decided that as:

- the premises at Sun Street were owned by the GP
- the surgery had closed on 1 July 2009 it was no longer a viable option to refer the matter to the Secretary of State. However

### HOSC Powers of Referral

A local authority health overview and scrutiny committee can refer a decision in respect of a substantial development or variation in service to the Secretary of State for Health if:

- There has been no consultation before the decision was taken
- The HOSC considers the consultation to be inadequate
- The decision is not in the best interests of the delivery of health services across the whole of the local authority's area

as a local health issue the Committee resolved to ask the West Area Forum to monitor the on-going situation and work with the PCT to ensure that:

- All patients found a suitable surgery at which to re-register
- There was enough primary care capacity in the area
- Lessons were learnt from this experience to feed into protocols for dealing with such matters in the future.

HOSC had also agreed to write to all PCTs requesting a list of all single-handed and branch surgeries in their area for future planning. At the meeting of the West Essex Area Forum on 15 July 2009 the Task & Finish Group was formed to carry out this work.

### **Membership & meetings**

The Task & Finish Group was comprised of representatives from all three tiers of local government serving the Waltham Abbey area, as listed opposite. A copy of the scoping document for the review can be found in Appendix 1.

The Group held its initial meeting on Monday 27 July 2009 at which it received evidence from NHS West Essex (the PCT) on how the closure of Sun Street Surgery had been handled.

The second meeting of the Group was held on Monday 14 September 2009 at which evidence was gathered both orally and in writing from invited witnesses and members of the public on the affects of the closure of Sun Street Surgery.

Visits to the main alternative GP Surgeries in the area were carried out to gather their views on the registration of additional patients following the closure of Sun Street Surgery, communication from the PCT and how the additional patient numbers had affected each surgery. The visits were as follows:

Monday 19 October 2009:

- Market Square Surgery, Waltham Abbey

Friday 23 October 2009:

### **Objective for the review**

To review the way in which the arrangements for the closure of Sun Street Surgery have been handled by NHS West Essex and to monitor the arrangements put in place for the patients of the surgery.

### **Membership**

- Councillor Mrs Elizabeth Webster, Essex county Council (Chairman)
- Councillor Adam Clark, Waltham Abbey Town Council
- Councillor Ricki Gadsby, Epping Forest District Council
- Councillor John Knapman, Essex County Council
- Councillor Chris Pond, Essex County Council
- Councillor Bill Pryor, Waltham Abbey Town Council
- Councillor Janet Whitehouse, Essex County Council

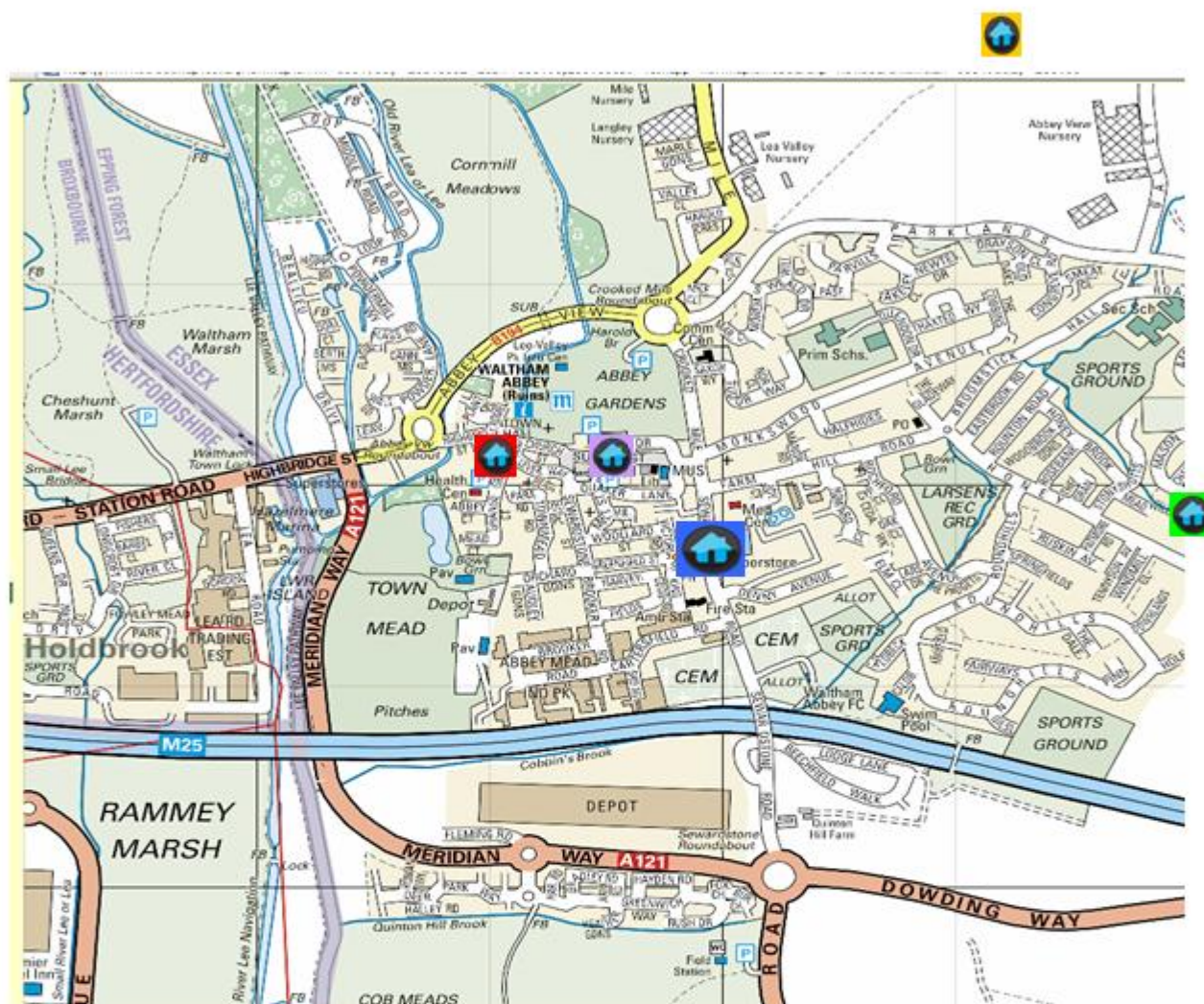
### **Issues covered by the review**

- The patient experience
- Communication issues
- Access issues
- Effects on the GP Surgeries with increased patient lists such as waiting times
- Proposals for protocols for dealing with this type of service variation in the future.

- Greenyard Surgery, Waltham Abbey
- Maynard Court Surgery, Waltham Abbey
- Nazeing Valley Surgery
- Keyhealth Surgery, Waltham Abbey



## Waltham Abbey – GP Practices as at 29.07.09



Waltham Abbey Health Centre – Key Health & Market Square Surgeries



Greenyard Surgery



Maynard Court Surgery



Nazeing Valley Surgery is situated approximately 3.5 miles from Waltham Abbey Centre (off map)



Sun Street Surgery (closed as at 01.07.09)

## Evidence Gathering

### NHS West Essex

At the meeting held on 27 July 2009, NHS West Essex (the PCT) advised the Group that on 13 March 2009 Dr Lakha had been taken unwell and collapsed. The PCT had been informed by the son of Dr Lakha that he was seriously ill and unlikely to return to work.

The options open to Dr Lakha were discussed and his decision was to terminate his contract and close the surgery. The PCT had looked at the suitability of the premises but concluded that they were not DDA compliant and would no longer meet

the contractual standards for primary care. The premises would have required large investment and Dr Lakha's family subsequently decided on another use for the premises which Dr Lakha owned so the contract ended.

In response to a question regarding whether the PCT had looked at extending the timeframe for the closure of the practice in the short-term as well as long-term, it was explained that there had been some discussion around the continuation of the practice and the PCT had held Dr Lakha to the 3 month notice period rather than the one month originally requested by Dr Lakha's son. However to extend the practice after the three month notice period would have required the PCT to TUPE the staff over to them from Dr Lakha's employment which would have made the PCT liable for redundancy payments and therefore this was not pursued as an option. A question was raised regarding liabilities for statutory redundancy and the impact on the PCT budget. In response the PCT advised that they could provide information on the staffing and ask Dr Lakha for information on the redundancy payments and total amount of liability for redundancy payments.

Members wished to explore in more detail the reasons behind choosing the third option open to the PCT of getting patients to re-register themselves at a new surgery. It was felt that the responsibility had been shifted to the patient rather than the PCT taking responsibility for transferring the entire list. In response the PCT explained that the third option gave patients a free choice of where to register and assigning them to a particular surgery would go against patient choice. Patients were very upset about the closure of Sun Street Surgery and the PCT set up the public meeting in response to that in order to fully explain the process being undertaken.

The process for re-registering was explained to the Group in response to a question and involved the patient filling in a new patient form giving permission to transfer the notes to the new surgery. They would also be required to attend a health check-up. Patients were also welcome to visit surgeries to be shown around to help them make a decision.



Members of the Sun Street Task & Finish Group

Members raised concern that this process could be particularly distressing for chronically ill patients and questioned the PCT on how they had helped those patients. In response the PCT reported that they had given a contact number in patient correspondence for patients with difficulties and those that had called had been helped through the process. A second letter had been sent to patients regarding the need to re-register and a third letter would be going out shortly.

The PCT did have the option to auto-transfer patients if they had not registered. Of the 2,900 (approx) patients registered at Sun Street Surgery, around 590 hadn't yet re-registered although there was a time delay in transferring notes. It was clarified that when the surgery closed the PCT's contractor services held the patient notes until they were transferred.

Members questioned in more detail the use of Locum GPs at the surgery. In response it was confirmed that Locum GPs had been employed by the relatives of Dr Lakha to continue the surgery in the absence of Dr Lakha. However once the contract ended there were no longer premises for the locums to work in and the surgery had to close. Members then questioned what options there had been for finding alternative premises. In response the PCT advised that this would still have resulted in a change of GP and it was felt that there were enough GP surgeries in Waltham Abbey and single-handed surgeries were not the preferred way forward.

The Chairman asked about the average patient list size of a GP. In response the PCT reported that there wasn't a specific size, they generally ranged between 1,500 to 2,000 patients per GP. However practices were made up of a different skill mix of staff which could distort the average patient list per number of GPs at a practice. Members expressed an interest in visiting some of the Waltham Abbey surgeries and looking at what services are provided there.

Members felt that it would have been useful for the PCT to provide the patients with a map plotting the surgery options for re-registering and the practice boundaries. In response the PCT explained that they had not included the long list of postcodes forming the boundaries of each surgery as it could make it confusing for people. However Members felt that without the list they could choose a new surgery only to find that they may not be accepted. Members requested this list and a map as part of their evidence.

Members also wished to see the monitoring of which surgeries the patients were re-registering at. The LINKs representative advised that around 200 patients had registered at the Nazeing Surgery and work was being done with a commercial bus operator to re-route a bus service from Waltham Abbey direct to the local hospital past Nazeing Surgery.

The Group felt that the process of re-registering at a new surgery could have proved very distressing for some patients and asked whether the PCT had communicated with any social care organisations or social workers to help ease the process for those patients with greater needs. In response the PCT reported that initially they had been advising patients of the surgery directly but they had informed Social Care services.

Further information was provided to the meeting held on the 14 September 2009 by Tracy Manzi, Head of Primary Care Commissioning, NHS West Essex. The report contained a number of pieces of evidence requested by the Group at its last meeting.



Tracy Manzi introduced each piece of evidence:

- A map of Waltham Abbey town centre plotting the location of Sun Street Surgery and the locations of the five alternative surgeries offered to patients by NHS West Essex - see page 8
- A copy of the first letter to patients of Sun Street Surgery sent by the PCT.
- A copy of the letter sent by Dr Lakha to his patients informing them of his intention to retire.
- The redundancy notice sent to staff of the Surgery and the NHS redundancy policy. Tracy Manzi advised the Group that she had requested Sun Street Surgery to supply information on the total amount of liability for redundancy payments as requested by Members but were yet to receive it. The staff had been directly employed by the Surgery.
- The number of patient registrations at alternative practices up to 29 July 2009. An updated list up to 28<sup>th</sup> August 2009 was tabled at the meeting and is shown opposite.
- Information on the surgery registration areas by postcode for Keyhealth, Market Square, Maynard Court and Greenyard Medical Centre.
- Surgery Patient Information Leaflets for the five alternative surgeries offered by NHS West Essex had been circulated to the Group prior to the meeting.

**Movement of patients from Sun Street Surgery as at 28 August 2009**

Barbara Castle Health Centre	1
Lister Medical Centre	3
The Limes	13
Hamilton	1
Loughton Health Centre	11
Ongar Health Centre	4
Stansted	1
Old Harlow Health Centre	6
High Street Epping	7
Church Langley	5
Greenyard	607
John Tasker House	4
Nuffield House	2
Addison House	5
Abridge Surgery	1
River Surgery	13
McCrea	510
Kandasamy	353
Dhawan	470
Osler House	1
Nazeing	92
<b>Total</b>	<b>2110</b>

A question was raised regarding whether or not patients would be accepted at a surgery owing to being outside the areas listed by postcode. In response it was explained that some surgeries may allow registrations from outside of the specified areas. In some cases that can come with the caveat that home visits may not be possible.

Members felt that it may have been a disservice to patients to provide them with alternative surgery information when they may not be able to register there. In response it was explained that the letter to patients did recommend that patients speak to the surgery in advance to check whether they were able to register there and a phone number was provided for those who may need additional help. Members felt that this ultimately put the impetus on patients to investigate their options and go through the registering process with little assistance from the PCT.

Members were also surprised to learn that NHS West Essex needed to get the redundancy costs from Dr Lakha's family as they had referred to the high cost at the last meeting. In response it was explained that the detailed information was required



from Dr Lakha's son but had not been forthcoming as yet.

## Evidence from witnesses

To enable all those with concerns over the way in which the surgery closure had been handled, the organisations listed opposite were invited to give evidence.

A press release was also issued to local papers making it clear that written or oral evidence was welcomed from members of the public who had been registered with Sun Street Surgery.

Evidence was taken at a hearing in public held in Waltham Abbey Town Hall on 14 September 2009.

### Written evidence

The following piece of written evidence was received in advance of the meeting from Mrs Ann Marston, a patient of Sun Street Surgery in Waltham Abbey:

*'As a patient who has been affected by the closure, I wish to give you my view.*

*Firstly we originally received a letter informing us of Dr Lakha's retirement stating that we had already been informed by Dr Lakha himself. When I queried this with the PCT I was told that it was the fault of the surgery and to raise the matter with them, when in the same phone call I enquired what was to become of us patients the person on the other end wasn't even sure if the surgery was still in operation (this was in late April) I visited the surgery and was told that the letter I should have received from Dr Lakha was only available for me to collect from the surgery as the PCT had forbidden them to send it out to patients.*

*On Friday June 5th we were informed of the closure on July 1st giving us just over three weeks. We did however manage to register at Waltham Abbey Health Centre quite quickly but only because we had the time and the ability to do so. I dread to think what has happened to some of the poor old people I used to meet in the surgery.*

*One of the reasons for closure was given was the building's poor facilities does that mean that the PCT has been providing us with sub-standard service for the last 20years? if so they should be compensating nearly 3000 people for the neglect. If things are so bad at the Sun St Surgery why in less than a month has it been allowed to re-open as a private medical facility?*

*Finally the PCT has chosen to forget the impending population explosion in Waltham Abbey as several large Traveller Sites are being forced upon us, as you no doubt know these people will receive priority over the settled community in health matters as that is Government Policy. I will be attending the public meeting on 14th September if at all possible, I only hope that the views of myself and other Waltham Abbey patients is taken into account and this not all the usual whitewash. The PCT*

### **Organisations invited to give evidence**

- Epping Forest District Councillor & Waltham Abbey Town Councillor
- Essex & Southend LINK
- Local Residents' Association
- Locum Doctor at Sun Street Surgery
- North & South Essex Local Medical Committees
- Royal College of Nursing
- Waltham Abbey Surgeries:
  - ⇒ Keyhealth
  - ⇒ Greenyard
  - ⇒ Maynard Court
  - ⇒ Market Square
  - ⇒ Nazeing Valley
  - ⇒ Howard Close

*must be made to listen over this.'*

### **Oral evidence**

#### **Mrs Joan Walsh**

Mrs Walsh, a patient of Sun Street Surgery, made the following key points:

- Mrs Walsh had attended a meeting held at the Surgery at which representatives from NHS West Essex were present. Patients had been advised at that time that the practice could be moved to the Health Centre. However patients were then advised, without any consultation, that the practice would be closing.
- Mrs Walsh had written to the Department for Health on the matter but been advised that it was a PCT matter. However patients felt that due to the impending departure of the Chief Executive of NHS West Essex, Aidan Thomas, he had little interest in the matter.
- Patients felt that the correspondence from the PCT advising the patients that the surgery would be closing and they would need to re-register with an alternative GP surgery had been sent out too late, leaving little time for patients to act on it before the Sun Street Surgery closed.
- Mrs Walsh expressed concern about the lack of resources at the alternative surgery that she had registered with, as only one doctor had been available in the last few weeks. This raised concern about the future of that surgery.

Councillor Knapman asked Mrs Walsh whether she felt she had been misled by NHS West Essex about the options for the surgery following Dr Lakha's retirement. Mrs Walsh responded that she did feel that the patients had been misled and she also felt let down by Dr Lakha himself who had been seen attending the Sun Street Surgery premises which had now re-opened as a private centre.

Mrs Walsh was asked whether the PCT had provided patients with any information on the alternative surgeries such as how many doctors there were or what services were provided. In response Mrs Walsh informed the Group that patients had to phone the surgeries themselves to find out that type of information. The Nazeing Practice was also felt to be too far away to be a real option to patients in Waltham Abbey particularly with the lack of public transport.

Mrs Walsh was asked to outline the process she had undertaken to register at an alternative surgery. In response the Group was advised that she had phoned all of the alternative surgeries to ask questions about the services they provided including home visits and urgent prescriptions. In some cases the surgery staff had not been very helpful. This had taken an afternoon of phone calls. Once Mrs Walsh had selected her preferred surgery she had visited it to collect the registration forms, fill them in and return them. No initial medical had been offered due to the influx of patients. The whole process had taken over a week to complete.

#### **Mrs Francis Pymont,**

Mrs Pymont, who is a member of the Market Square Patient Group. made the following key points:

- Mrs Pymont's husband had been a local GP in the area.
- The alternative surgeries had been sent a letter by the PCT advising them that new patients from the Sun Street Surgery may be registering with them and to address any questions to the PCT. There was concern that Sun Street Surgery

had a patient list of around 2,600 patients which was a high number to disseminate to the other surgeries.

- Concern was also raised that the patient to GP ratio at Sun Street Surgery was over what was believed to be the recommended 1,800 patient to GP average. This then had an impact on the surgeries where patients were re-registering and concern was raised about the ratios at Market Square Surgery.
- The transferring of patient notes was also a consideration for the surgeries who had the responsibility of summarising the notes and checking medication. There may also be an impact on the prescription service which worked to a 28 day rule. This could all lead to a lacking service for both the existing patients of the surgeries and the newly registered patients.

Mrs Pymont was asked whether she felt that NHS West Essex had given any consideration to the impact this process would have on the other surgeries following the closure of Sun Street, including fielding the inquiry calls. In response Mrs Pymont felt that there hadn't been any consideration of the impacts.

The Group expressed concern about the responsibility for transferring the patient notes to the new surgery, entering them on the new surgery computer system whilst still trying to provide a good level of service to the existing patients. This overload of work could lead to mistakes being made.

Mrs Pymont was also asked about the process of registering at Market Square Surgery, whether patients were offered a medical and whether patients were accepted from outside the area. In response the Group was advised that when patients apply to register at the surgery, the area is checked, registration forms are provided which have to be filled in by the patient and returned to the surgery. The details are temporarily added to the computer system and then the patient notes are sent for from the PCT. Patients were not offered an initial new patient appointment and it was thought that patients from some areas outside of the listed areas were accepted there and some areas were not.

### **District and Town Councillor Pat Brooks**

Councillor Brooks, a patient of Sun Street Surgery, made the following key points:

- The timescales in which the process had been undertaken were considered to be appalling.
- The demographics of the area included a high number of older people who may have particular difficulties trying to organise their health requirements.
- The staff at the surgery did not seem to have any more information than the patients themselves.
- Some of the alternative surgery options were quite far from the location of Sun Street Surgery and were already over-stretched with patients.
- Cllr Brooks had registered with another surgery in the area which was not on the list and had been accepted as a patient there. It was questioned as to why the Howard Close practice had not been listed by the PCT.
- Questions were raised as to why the Sun Street premises had been considered unsuitable for GP premises, they were thought to be DDA compliant with a ramp on entry. Also why the lease could not be extended with Locum doctors to allow longer timescales for patients to organise alternative arrangements.
- Patients felt that they had received a raw deal with how the matter had been dealt with.

Councillor Pond asked about the registration process at Howard Close. Cllr Brooks explained that the surgery had been recommended to her by a friend, it was a three doctor practice which was a satellite surgery of a surgery within the East Herts PCT catchment area. It was unclear why this had not been listed as an option for patients.

Following a question regarding whether the process had caused confusion, it was confirmed that it had.

Councillor Pond asked Cllr Brooks whether there were any vacant premises in the Sun Street area and whether she considered that there were viable options for premises that the PCT could have considered leasing on a short-term basis to run the surgery from during the interim period. It was believed that there were plenty of vacant premises and some viable options that could have been used. The Chairman also confirmed that she believed this to be the case.

### **Additional questions to NHS West Essex**

Councillor Knapman raised the issue of staff redundancies. The impression from the evidence provided was that the PCT had always considered that the redundancy payments were prohibitive to taking over the surgery and therefore that the surgery would close, so it was questioned why it had taken so long for the patients to be told that this would be the case. In response Tracy Manzi informed the Group that there had been difficulties with communicating through Dr Lakha's son and not being able to speak directly to Dr Lakha. The PCT had to ensure that the wishes of Dr Lakha were being passed on and it took time to get a response to any options put forward by the PCT such as asking Dr Lakha about taking on a partner. The premises not being owned by the PCT had also presented an issue. Looking for other premises would have taken time and investment to get them to the required standard and patients would still have needed to change surgery. The PCT had held Dr Lakha to the contractual 3 month notice period, he had only wanted to give 1 month's notice.

One of the issues raised during the oral evidence session had been the PCT's original suggestion that the surgery could be moved in its entirety to the Health Centre where two of the other Waltham Abbey surgeries were located. Patients were then advised that there was not room for a third practice. Tracy Manzi apologised that patients had been misled on this option. When the Health Centre had been built there had originally been room for three surgeries to move there. However over the course of time other services had expanded into the space and so now there was not enough room for a third surgery. Members questioned what other services were located there and whether there would have been an option to move them to provide space for the surgery. In response the Group was informed that there was a fully fitted physiotherapy suite and a District Nurse base there so there was no real option to re-locate these services. The PCT apologised that patients had been mis-led.

Councillor Pond questioned whether the PCT had looked at the option of buying or leasing the premises at Sun Street to keep the surgery open. In response it was advised that the building did not meet the current guidelines for providing primary care, however it had when the original contract had been signed. The PCT had developed services and invested in premises but a survey by the estates team in 2002 had revealed that it would cost around £112,000 to bring the premises up to standard as it was a listed building and it was unclear whether such works could be

pursued. The standards set were part of a legally binding contract.

Members questioned the PCT's response to the offer from the locum doctors to take on the full patient list as Members felt that it would have been a simpler process for patients if the list had been automatically transferred to a single provider and if they were dissatisfied they would then have the option of registering elsewhere. In response it was explained that there had been an expression of interest in taking over the surgery and two other surgeries in Waltham Abbey had also expressed an interest in taking over the full patient list. However the premises were again an issue for the locum doctors to take over the surgery and there would normally be a proper procurement process undertaken with expressions of interest which would take time. The PCT would have been concerned with giving a practice list to the locum doctors with no proper recruitment process.

Members felt that the PCT hadn't really considered the impact on patients and that the responsibility had been put on the patients to spend time going through the process of registering elsewhere. In response the PCT explained that the advice they had been given was to give patients a free choice of where to register for GP services. If the PCT had transferred the full list to an alternative surgery there would still have been many patients unhappy with the choice made by the PCT. It was clarified that the funding follows the patients so although the PCT had made a small saving on the cost of the premises with the closure, the patient funding followed the patient where they re-register.

With regard to the number of patients still left unregistered at a new surgery it was clarified that of the gap of 800 patients, as of the current time there were 372 patients left to register. Others were referred to as 'ghost' patients, those which had moved to a new area or those that had registered with a new surgery not within the west Essex area. With the 372 remaining patients the PCT had written to them again and if they remained unregistered the PCT could consider allocating them to a surgery. A high percentage of them were 25-45 year old males.

A question was raised regarding the impact of additional patients on the existing surgeries, capacity constraints and the issue raised during the oral evidence session of average patient list sizes per GP. In response it was confirmed that there was no set figure for patient list sizes. A list size per GP was usually between 1,500 and 2,000 dependant on the skill mix at the practice. A high number of nurse appointments could mean a bigger list size was manageable.

### **Greenyard Surgery**

The Practice Manager from Greenyard Surgery was present at the meeting and advised the Group that the surgery had taken on an additional 607 patients with the closure of Sun Street. The list size was the highest in Waltham Abbey. It was clarified that they were accepting patients outside of the specified area and still offering home visits. The surgery had informed the PCT that health checks were not being offered at some surgeries but this had not been followed up. Health checks were still being offered at Greenyard Surgery. It was acknowledged that there may be a small impact on existing patients during this process. Greenyard Surgery felt that there had been little assistance from the PCT during this process and although the Surgery welcomed new patients there was a lot of work for the surgery to do summarising and inputting new patient details onto their system.

*NB The PCT later confirmed that practices are contractually obliged to offer a health check to a new patient within six months of them joining and practices are aware of this.*



### **Concerns raised by the Chairman**

- The lack of home visits being offered at some surgeries
- New nursing homes in the area increasing the pressure on primary care provision
- The reference made by the Chief Executive of NHS West Essex, Aidan Thomas, at a local young peoples group in the area that funding may be available following the closure of Sun Street Surgery inferring that it was already being re-allocated
- Whether it was anticipated that additional doctors would be required in the area? In response to this it was advised that it was unclear at the current time whether additional GPs would be required, but the PCT was aware of the new nursing homes, new homes and issues highlighted in the Joint Strategic Needs Assessment and the PCT had been asked to commission the appropriate services.

### **Lessons identified by the PCT**

Councillor Knapman asked the PCT what they would do differently if going through this process again. Tracy Manzi acknowledged that there had been poor communication during the process.

The retirement had been unexpected and having spoken to Dr Lakha 6 months prior there had been no indication that he intended to retire. The process had highlighted issues with single-handed GP practices and the PCT welcomed a process to be established on how to deal with such issues in the future. In this particular case the PCT had been limited by the short notice and lack of premises but learning from this experience would be beneficial for the future.

The PCT welcomes feedback from patients on any problems with their new surgeries as it was considered that there was capacity there to take on the patients and still provide a good level of service, but the patient experience may be different.

### **Clarification by the Head of Member Support and Governance**

The Head of Member Support and Government posed some questions to the PCT based on the evidence gathered during the meeting:

- There had been a suggestion that the PCT had forbidden Dr Lakha to send the letter he had written regarding his retirement to his patients. In response to this Tracy Manzi advised that the PCT would have had no reason to forbid Dr Lakha from communicating directly with his patients, it would have been his choice. However the PCT had only communicated with Dr Lakha through his son.
- The Sun Street Surgery had reopened as a private establishment, the PCT was asked whether they had been involved in any way or needed to issue a licence. In response it was confirmed that they had not been involved but understood that it had re-opened as an alternative therapy centre and provision of private immunisations.
- The PCT was asked whether they had written to or consulted with the alternative surgeries during the process of the Sun Street Surgery closure. In response it was clarified that informal discussions had taken place about Dr Lakha's retirement due to ill health and this had been followed up by a letter.
- With regard to transferring the full patient list en bloc to another practice, it was explained that the Health Overview and Scrutiny Committee had been led to believe that this would have been possible, it was questioned whether a transfer process with consultation and expressions of interest could have been carried out

within 3 months. In response Tracy Manzi advised that she was unsure but the legal advice they had been given was to provide patients with a choice of surgeries to register at.

- There seemed to be other surgeries in the area, such as Howard Close which had not been provided to patients as an option on the PCT's list it was questioned why not. In response it was advised that the PCT would need to check with East Herts PCT as the Howard Close surgery was linked to an East Herts Practice.
- Clarification was sought on how funding worked with regard to a patient registering at a practice outside of the West Essex PCT area and whether some of the patient funding was allocated to the GP practices for new patients. If so were checks being undertaken by the PCT on how this extra funding was being spent and whether it was being used for extra resources and services. In response it was clarified that the funding followed the patient to the relevant PCT area. There were quality benchmarks in place for each practice and a patient survey carried out quarterly on services and there were standards around access which were monitored regularly. However patient feedback was welcomed. Members were concerned that generally people do not write to the PCT with issues or feedback on services. The PCT acknowledged that they did not receive enough feedback and welcomed more. There was also the option of contacting the Patients Liaison Service (PALS) to discuss issues and ask questions.

### **Questions from the floor**

Ann Mitchell, from a local residents' association, questioned whether if a doctor does not agree to do home visits out of the specified area whether that complies with the charter? In response the PCT explained that within the area there would be a GP practice able to offer the patient a full range of services. However if a patient decided to register elsewhere particularly outside of the area specified by a practice the service offered to the patient may be reduced. It was confirmed that at the current time there were no surgeries with a closed list so patients could register at any of the options provided to them. If problems did occur with a surgery's ability to take on new patients the PCT would work with them to address that issue. The surgeries had also been offered a financial advance to assist them in taking on new patients.

Concerns were raised about a computerised system of registering used at Greenyard Surgery which some patients found daunting to use. There were also notices advising patients that they could not be longer than 10 minutes during an appointment and needed a separate appointment for each issue they wished to discuss with the doctor. The Practice Manager advised that it was personal choice whether or not patients wished to use the automated system and patients were welcome to go to the reception desk to book in on arrival, but the issue would be looked into.

Staff from Dr Lakha's surgery advised that the total amount of redundancy paid out to staff was £1,200 maximum, with staff of over 5 years service only receiving £364.

Concerns were raised generally with the way in which the process had been undertaken, it was felt by many that the PCT had failed to provide patients with quality of care and patients felt unhappy with the alternative options they had been provided with. Patients felt that staff who worked at the surgeries were particularly important in the process of finding a suitable surgery.

## Visits to Surgeries

To gain a better understanding of the locations and issues associated with the remaining practices within the area, the group visited them as described on page 7. Detailed notes from these visits can be found in Appendix 2.

The visits reinforced many of the issues raised by the witnesses at the hearing in public. One major difference was the perception of an increase in waiting times for a medical appointment.

Other issues reinforced by these visits were:

- Communications from the PCT to both the GP Surgeries and the Sun Street Patients had been poor - see quotations opposite.
- All surgeries had experienced a substantial increase in patients and had generally increased their staffing resources accordingly
- There was inadequate support from the PCTs, particularly in respect of the transfer of patient notes
- Dr Lakha's patients had been used to a unique level of service which larger practices are unable to provide
- A number of patients had found the process to be very stressful and needed additional support.
- Most practices had offered patients transferring from Sun Street individual health checks, although the Market square Surgery had left the initiative for this with individual patients
- There are transport issues associated with the Nazeing practice



'The Surgery was aware that letters had been sent to patients when Dr. Lakha had become ill, however some patients did not receive the letters.'

*See Appendix 2: visit to Nazeing Valley Surgery*

'Some patients did react with a degree of panic regarding registering elsewhere.'

*See Appendix 2: visit to Key Health Surgery*

## Findings & Recommendations

### Communications

Communication with both patients and other neighbouring surgeries is important in order that the surgeries are able to make the necessary arrangements to be able to maintain their services to their existing patients and also to be able to put contingency plans in place to welcome new patients to the surgery and provide all the appropriate checks. This was clearly not the case during the closure of Sun Street Surgery.

Communications with HOSC also left much to be desired, particularly bearing in



mind that letters were addressed to the Chairman during the period running up to the County Council elections.

Information that is clear, concise and comprehensive should have been provided to the Sun Street Surgery patients about all the neighbouring practices who have capacity to register them as patients, including surgeries funded by neighbouring PCTs.

This should have included proactive information on location and public transport, as well as capacity and services at each, rather than the emphasis and responsibility being on the patients to have to ring each surgery and find out that type of information for themselves.

### **Closure process**

Whilst the Group recognise that three months is the statutory minimum period of notice required from GPs to end their contract, Members are concerned that this is insufficient to plan for a smooth transition of patients to other practices.

Where there is an unexpected closure of a surgery, consideration should be given to the full surgery list being transferred to a single surgery to give patients the opportunity for continuity of service and additional time to be able to make alternative informed arrangements if they wish.

Members of the Task and Finish Group did not accept the reasons why the PCT had acted differently, which in their view was bound to cause the maximum anxiety and disruption to a large proportion of the patients.

They also considered that, on the evidence available to them, any contingency redundancy costs which might have fallen to the PCT under TUPE if the existing Sun Street Surgery staff had been retained to provide a longer transition period would have been very small.

Such arrangements could initially be supported by the use of locum doctors and temporary staff to enable the receiving practice to identify long term demand.

### **Finding 1:**

Communications by NHS West Essex with the Sun Street Surgery patients, other Waltham Abbey practices and the Health Overview & Scrutiny Committee was unsatisfactory.

### **Recommendation 1**

Communications to the Chairman of the Health Overview and Scrutiny Committee should also be copied as a matter of course to its Governance Officer.

### **Recommendation 2**

All PCTs providing GP services to Essex residents should review their arrangements for communicating with patients in the event of changes to GP practices and incorporate the lessons identified in this report.

### **Finding 2:**

Three months is an insufficient period in which to plan for a smooth transition of patients from one practice to others within the area.

### **Recommendation 3**

PCTs providing GP services to Essex residents should first consider whether it is possible to transfer the full surgery list to a single practice and where this is not possible to ensure there is a better process than for Sun Street Surgery.

In this respect patient's needs should be paramount over issues such as seeking competitive tendering.

NHS West Essex could have included information in respect of the Howard Close Surgery which operates as an outpost of an East Herts PCT practice.

Its location and staffing might have suited many patients much better than those offered. The Panel believe that the failure of the PCT to advise patients they might register also with this practice was culpable.

There needs to be much closer liaison over border issues such as this. The NHS is after all a National Health Service, and it does not serve patient interests well if it is compartmentalised and localised.

Members also consider it would have been beneficial for the PCT to meet with all of the alternative surgeries to discuss how the re-registering of patients would work. Such discussions could have discussed the arrangements for, and support to be provided by the PCT for transferring patients' notes and inputting them into the practices' computer systems.

### **Business continuity planning**

HOSC has requested information from each of the Essex PCTs about the number of single handed GP practices serving Essex. Information has already been supplied by West Essex PCT and there are two covering this area.

Comprehensive business continuity plans should be in place throughout the health service so that the quality of service to patients is not compromised. These should plan for a wide range of contingencies, including closure of GP practices.

Action should therefore be taken to ensure that all practices, and especially those operated by single handed GPs have appropriate contingency and business continuity plans in place for when there is an unexpected closure of a practice.

### **Finding 3:**

The failure of NHS West Essex to advise patients they might register with an East Herts outpost practice was culpable.

### **Recommendation 4**

There should be closer cross border liaison over future changes to local services where patients are or could receive services from another health area.

### **Recommendation 5**

In future PCTs should meet all practices likely to be affected by a local surgery closure to plan for a smooth transition for both the patients and their notes

### **Finding 4:**

There is a need for more proactive business continuity planning across Essex in respect of potential closure of GP practices.

### **Recommendation 6**

PCTs should take proactive steps to develop business continuity plans with all practices, especially those operated by single handed GPs, to have business continuity plans in place and for these to incorporate arrangements for both planned and unexpected closure of the practice.

## Support to patients

It should be recognised that patients who are used to receiving a service from a single handed GP surgery will not be familiar with the working culture and practices of larger multi GP practices.

Whilst some support was provided by individual practices, the overall process for providing this in respect of the Sun Street Surgery patients was inadequately planned and not co-ordinated.

It is accepted that the development of additional single handed practices may not be in the best overall interests of future health service provision. However, consideration should be taken to ensure that the transition of patients from single handed practices is supported as appropriate.

Finally, Waltham Abbey is an area where residents have poor life expectancy and their ongoing relationship with their GP should be advocated. NHS West Essex should be proactive in seeking to engage with patients who have not re-registered with an alternative practice in order that their health screening appointments are not missed. i.e. Cervical smears etc.

### Recommendation 7

PCTs should put plans in place to provide adequate and co-ordinated support to patients during any required transition to another practice.

### Recommendation 8

Work should be undertaken to engage with former Sun Street patients who have not re-registered with an alternative practice in order that their health screening appointments are not missed.

## Conclusion

Members of the Task and Finish Group sympathise with the people of Waltham Abbey, whose interests they consider were not best served by the actions the PCT took in this matter. The public interest and disquiet seen in the evidence indicated to Members that many inhabitants consider that NHS West Essex had taken the easiest way out for themselves ahead of the needs of patients, and in broad terms, the Group agree with that argument

## Appendix 1 - Scoping document

### Policy and Scrutiny Scoping Document

<b>Committee</b>	HEALTH OVERVIEW & SCRUTINY – Delegated to the WEST ESSEX AREA FORUM	
<b>Topic</b>	SUN STREET SURGERY, WALTHAM ABBEY	Ref:AFW-SCR-01
<b>Objective</b>	To review the way in which the arrangements for the closure of the Sun Street Surgery have been handled by NHS West Essex and to monitor the arrangements put in place for patients of the surgery.	
<b>Reasons for under-taking review</b>	<p>The Health Overview &amp; Scrutiny Committee considered the closure of the Sun Street Surgery in Waltham Abbey at its meeting on 1 July 2009.</p> <p>Concerns were raised by Members of the Committee and the local Member around the handling of the closure by NHS West Essex, the options offered to patients of the surgery, communication of the service variation and the patient experience.</p> <p>The Health Overview and Scrutiny Committee agreed to delegate the role of monitoring the arrangements put in place by the PCT, access issues and liaison with local GP practices to the West Essex Area Forum as a local health issue.</p>	
<b>Method</b> <i>Initial briefing to define scope</i> <i>Task &amp; Finish Group</i> <i>Commission</i> <i>Full Committee</i>	<p>The Review will be undertaken by a Task &amp; Finish Group as agreed at the meeting of the West Essex Area Forum held on 15 July 2009.</p> <p>Meetings will be held as necessary to consider the issues, speak to patients, liaise with the GP surgeries and monitor the effects of the closure.</p> <p>The final report will be submitted to the West Essex Area Forum, followed by the Health Overview &amp; Scrutiny Committee to be ratified and then sent to the PCT for a full response to the recommendations and proposed actions.</p>	
<b>Membership</b> <i>Only complete if Task and Finish Group or Commission</i>	<p>E Webster (Chairman)</p> <ul style="list-style-type: none"> <li>• J Knapman (to be confirmed)</li> <li>• C Pond</li> <li>• J Whitehouse</li> </ul> <p>Cllr Pryor/Cllr Clark (Waltham Abbey Town Council)</p> <p>R Gadsby (Epping Forest DC)</p>	

<b>Issues to be addressed</b>	<p>The patient experience</p> <ul style="list-style-type: none"> <li>• Communication issues</li> <li>• Access issues</li> </ul> <p>Effects on the GP surgeries with increased patient lists such as waiting times</p> <p>Proposals for protocols for dealing with this type of service variation in the future.</p>
<b>Sources of Evidence and witnesses</b>	<p>PCT representatives &amp; nominees Local Medical Committee</p> <ul style="list-style-type: none"> <li>• Individual GP surgeries</li> <li>• Patients of the Sun Street Surgery</li> <li>• Resident Associations</li> <li>• LINKs</li> </ul> <p>Royal College of Nursing</p> <p>A letter to be sent to potential witnesses and a press release issued inviting interested groups and members of the public to provide oral and/or written evidence.</p>
<b>Work Programme</b> (see attached timeline)	<p>1<sup>st</sup> meeting NHS West Essex requested to provide the following background information:</p> <ul style="list-style-type: none"> <li>o The handling of the notification of the retirement of the GP through ill health.</li> <li>o The options open to the PCT and the reasons behind choosing the option which was presented to the patients.</li> <li>o The plans for the on-going arrangements for patients to register at an alternative GP Surgery.</li> <li>o Access issues for patients.</li> </ul> <p>Contingency planning for those patients who fail to register elsewhere &amp; the possible effects on the Harlow Walk-in Centre.</p> <p>Consideration of the issues raised by the Health Overview &amp; Scrutiny Committee.</p> <p>Visits to the GP Surgeries</p> <p>2nd meeting - Evidence from witnesses, patients etc</p> <p>3rd meeting - Formulation of Findings &amp; Recommendations</p> <p><i>NB it is suggested that there is an e-mail discussion to finalise the draft report before submission to the Area Forum</i></p>
<b>Indicators of Success</b>	<p>A successful transfer of the patients registered at Sun Street Surgery to a new GP surgery list.</p> <p>Public concern is allayed</p> <p>Proposals for protocols around dealing with this type of Service Variation in the future to minimise disruption to the healthcare of west Essex residents.</p>

<b>Meeting the CfPS Objectives</b> <i>Critical Friend Challenge to Executive</i> <i>Reflect Public voice and concerns</i> <i>Own the scrutiny process</i> <i>Impact on service delivery</i>	<p>Reflect Public Voice &amp; Concerns – Analysis of the way in which NHS West Essex engages with the public over proposed service changes.</p> <p>Impact on service delivery - Consideration of the provision of health services to patients living in West Essex and the effects of changes to services and changes in health needs.</p> <p>Own the Scrutiny Process – To make recommendations on procedures for dealing with similar health service variations in the future.</p>		
<b>Diversity and Equality</b> <i>Diversity and Equality issues are to be considered and addressed.</i>	<p>To ensure that all patients have an opportunity to feed into this review including those within harder to reach groups.</p> <p>To ensure that all patients of Sun Street Surgery have an equal opportunity to access GP services following the closure of the surgery.</p>		
<b>Date agreed by Committee</b>	<p>Health Overview &amp; Scrutiny Committee – 1 July 2009</p> <p>West Essex Area Forum – 15 July 2009.</p>		
<b>Future Action</b>			
<b>Governance Officer</b>	David Moses, Head of Member Support & Governance	<b>Committee Officer</b>	Sophie Campion
<b>Service Lead Officer(s)</b>	NHS West Essex		

## Appendix 2: Notes of the visits to GP Surgeries

### Market Square Surgery, Waltham Abbey

Approximately 500 new patients had been taken on by the Surgery since the closure of Sun Street Surgery.

#### **What communication did the Surgery receive from NHS West Essex regarding the closure of Sun Street Surgery and the implications of that closure?**

The Surgery had been told in April 2009 that Dr Lakha had been taken ill. Letters had been sent to patients asking them to register elsewhere. The Surgery was also aware the Dr Lakha had written a personal letter to his patients advising them that he was to retire and that they would need to register elsewhere. Subsequently to that the Surgery had been advised of Dr Lakha's resignation and that they may have patients wishing to register.

#### **How has the registration of new patients gone? And how has the Surgery handled the additional work inputting patient details to the system?**

The Practice was going through a system change at the time and therefore already having to deal with inputting information. The Surgery did some pre-planning by asking patients to have a copy of any repeat prescriptions ready. Staff had also taken on over-time to try and get the notes and summaries input on time. In some cases they were incomplete due to how the information had been sent.

In terms of transfer times registration could be done instantly on the system and appointments could be given immediately if required prior to adding notes. The full paper records took a few weeks to come through.

It was recognised that Dr Lakha's patients were used to a unique level of service and other practices were unable to offer that same level of service.

The Surgery felt that the sending of patient records could have been more organised. The paperwork was sent to contractor services then forwarded to the new Surgery which took 2-3 weeks. Large boxes were sent which had to be sorted through to locate patient's notes. There had been no handover period following the closure of the Sun Street Surgery which would have been helpful for the staff there dealing with the paperwork.

*NB At a later stage the PCT informed that patient records are sent out to the practices by Contractor Services on request of the new practice. They are usually returned as requested (ie not in alphabetical order). This would not normally be an issue for the new practice as relatively minor numbers are usually involved.*

*Summaries of patient notes need to be completed within 8 weeks for the practice to earn Quality and Outcomes Frameworks funding for this indicator but is not compulsory. Notes will have already been summarised at the previous practice and will only require checking and updating but there is no contractual obligation for this to be completed in 8 weeks.*

#### **Have health checks been offered to all new patients at the Surgery?**

If patients have asked for them they have been done and patients have been advised that they can make an appointment. Often patients do not attend so it is left to patient choice to make an appointment.

#### **Have patients been accepted outside of the specified postcode areas and if so does the Surgery offer the full range of services including home visits?**

Patient registrations have been kept within the postcode area and within the West Essex PCT area. The Practice had few patients who lived far from the Surgery and therefore if absolutely necessary it was likely that a doctor could attend. However it was up to the patient to decide whether to register there if it was made clear to them that they may not be



able to have the full range of services due to living outside of the registration area of the Surgery.

**How has the extra number of patients affected waiting times for appointments? and how has the Surgery increased the capacity of services due to the additional number of patients?**

The Surgery had taken on extra staff, including one of the nurses and one of the receptionists from the Sun Street Surgery. July and August had not proved as busy as usual which had helped. It was explained that there were a number of pre-bookable sessions per doctor and then a number of sessions held back to be booked on the day. Locum doctors sessions had been increased as needed. There were new opening times which had been attached to the surgery brochures which had only recently been printed but were already out of date.

It was acknowledged that the shared reception within the health centre (shared with Keyhealth Surgery) had caused some confusion but generally patients did not mind which surgery they registered with.

As well as the main doctor, Dr Dhawan there was a full-time female doctor partner and a long-term locum to offer continuity as far as possible.

The Practice had also approached the locums who had been working at Sun Street Surgery prior to its closure to see if they wished to join Market Square Surgery with the full patient list but this had been declined. There were consulting rooms at the health centre which could have been allocated.

**What is the ratio of patient numbers to GPs and support staff at the Surgery?**

The Surgery advised that this was not a set figure. If there was an issue with a shortage of appointments then the Surgery would recruit and advertise for a full-time doctor. There were 5,800 patients registered at the Surgery with 2.5 full-time equivalent doctors.

**What support has there been from NHS West Essex?**

The Surgery considered that more help could have been given with the transfer of patient notes. The summaries for each new patient had to be done within 8 weeks and it was considered that given the circumstances this could have been increased. A junior doctor at the Surgery had worked weekends to assist with this.

**Other issues**

The Surgery was asked about the impact of the Waltham Abbey population increasing and needing to ensure that health services are adequate.

The Surgery had been approached regarding the registrations of a new nursing home in the area, however they already had one nursing home registered at the Practice.

The one on one service offered by Dr Lakha could not be offered at other surgeries.

The patient experience would be looked at through quarterly surveys at the Surgery and feedback.

**Greenyard Surgery, Waltham Abbey**

Approximately 700 new patients had been taken on by the Surgery since the closure of Sun Street Surgery.

**What communication did the Surgery receive from NHS West Essex regarding the closure of Sun Street Surgery and the implications of that closure?**

The Surgery had received a letter from Tracy Manzi at NHS West Essex in April regarding the closure and assumed that there would be a migration of patients. The PCT had made



an error on the paperwork and given out the private line back office number of the Surgery rather than the patient line which the Surgery had had to ensure was manned at all times to take calls from patients.

**How has the registration of new patients gone? And have health checks been offered to all new patients at the Surgery?**

There had been some issues with the registration of new patients particularly with regard to adding all of the patient's medication on the system. The Surgery had offered 20 minute appointments to all new patients with the Practice Nurse for a health check.

There had been some issues with some of the new patients and a zero tolerance sign had been put up in the reception area. Next day appointments were being offered.

**Have patients been accepted outside of the specified postcode areas and if so does the Surgery offer the full range of services including home visits?**

The Surgery was offering home visits within the West Essex Area. This had recently been extended to the Hertfordshire border area and home visits were being offered.

**How has the Surgery increased the capacity of services due to the additional number of patients?**

The Surgery has 3 doctors with 2 on a job-share basis. There was also a Medical Director once a week. On a Monday and Tuesday the Surgery was under staffed with only 1 doctor there and this was being worked on. One receptionist from the Sun Street Surgery had been taken on for a temporary period.

**What is the ratio of patient numbers to GPs and support staff at the Surgery? And how has the extra number of patients affected waiting times for appointments?**

The ratio of patients to doctors at the Surgery was within the guideline of 1 GP to 1,800 patients.

Appointments within 24-48 hours were able to be offered.

The PCT had not given patients information on appointment waiting times although the Surgery had made a number of suggestions to them about information that could be provided.

**What support has there been from NHS West Essex?**

The Surgery felt that the process could have been handled better by the PCT.

There was also an issue with the extra funding for additional patients in that there was a three month lag due to quarterly payments. Therefore Sun Street Surgery was still being paid for patients for up to three months after the closure and the new Surgery had taken on the patients without the funding for up to 3 months.

*NB At a later stage the PCT informed that Changes to list sizes are made quarterly in arrears at fixed intervals in the year. It was unfortunate that the Sun Street practice closed at the very beginning of the second quarter and that the practice did have to wait for the funding to follow the patient. However the PCT did offer to make an advance payment to practices to help offset the additional staff costs.*

**How has the Surgery handled the additional work inputting patient details to the system?**

The Surgery was still experiencing problems with the storage of notes in the reception area and this was leading to issues of health and safety. There had been no help from the PCT to deal with this.

## **Maynard Court Surgery, Waltham Abbey**

Over 350 new patients had been taken on by the Surgery since the closure of Sun Street Surgery.

### **What communication did the Surgery receive from NHS West Essex regarding the closure of Sun Street Surgery and the implications of that closure?**

The Surgery had initially received a letter in April 2009. However enquiries from patients had started from the end of March 2009. After the public meeting on the closure of Sun Street Surgery had been held, there had been more registrations and an influx in June.

### **How has the registration of new patients gone? And have health checks been offered to all new patients at the Surgery?**

The Surgery had anticipated some of the work and had plans in place to deal with the extra patients. The new doctor's sessions had been increased in anticipation. The registrations and health checks had been a slow process and the patient notes had taken time to come through. Repeat prescriptions had been honoured prior to the doctor seeing the patient for a review.

The longest registration had taken around 4-6 weeks.

Those patients who were chronically ill were prioritised and helped. The Surgery tried to ensure that they saw a doctor quite quickly.

Some of the patients registering had found the process stressful and needed quite a lot of reassurance. Some had been quite demanding and had come to expect a unique level of service from Dr Lakha's surgery.

### **What is the ratio of patient numbers to GPs and support staff at the Surgery?**

At the Surgery there are two full-time equivalent doctors with a total list size of 3,400 patients and two doctors were present at the Surgery at a time.

There was a Practice Manager, Senior Receptionist, two part-time receptionists and a secretary. In terms of medical staff there was a Practice Nurse and nurse practitioners and a phlebotomist as well as the doctors.

### **How has the extra number of patients affected waiting times for appointments?**

Generally the Surgery was able to offer next day appointments with some same day appointments. Routine appointments were offered for 10 minutes within 48 hours. Urgent appointments could be made by ringing at 11.15am for a morning appointment or in the afternoon for an evening appointment.

The Surgery felt that they had been able to offer the same levels of service as previously and would be monitoring the patient survey result which had been done early.

### **What support has there been from NHS West Essex? And how has the Surgery handled the additional work inputting patient details to the system?**

The Surgery felt that financial support for extra hours would have been helpful. The staff at the Surgery had taken on extra hours to carry out the registration work but the only assistance that had been offered from the PCT was funding in advance like a loan. Space to store the notes had also been a problem.

### **Other issues**

The Surgery advised that when the new Waltham Abbey health centre had been built they had been offered the opportunity to move the practice there. However it had been considered that the Surgery offered an access point for local people. There had been some plans within the PCT for development in the area but had not come to fruition. The Surgery

had funded an extension and therefore had the capacity to take on extra patients and in addition had taken on extra sessions to accommodate those patients. The Surgery did have a lot of work with many older patients and nursing homes registered there. The funding per patient equated to around £60 per patient per annum. There was additional funding for other services such as immunisations and minor surgeries.

The ghost patient situation had decreased and the Surgery removed patients from the computer system who appeared to be ghost patients.

The Surgery offered a good diabetes clinic service.

## **Nazeing Valley Surgery, Nazeing**

Approximately 120 new patients had been taken on by the Surgery since the closure of Sun Street Surgery.

### **What communication did the Surgery receive from NHS West Essex regarding the closure of Sun Street Surgery and the implications of that closure?**

The Surgery was aware that letters had been sent to patients when Dr Lakha had become ill, however some patients did not receive the letter.

### **How has the registration of new patients gone? And have health checks been offered to all new patients at the Surgery?**

The Surgery explained it was a nurse-led practice and as a new practice had an open list. There were pressures on the Surgery such as high number of elderly people in the area and new families moving into the area as well as a high immigrant population. Some people liked the idea of a smaller surgery and it had come top in a recent access survey. However there were issues with public transport to the Surgery being poor.

The Surgery was able to offer help and support to patients during the transition period. Despite being busy the Surgery felt that it had coped well with new registrations which were not only due to the closure of Sun Street Surgery, but also related to their move to new premises.

All new patients registered at the Surgery have received a new patient check where everything is reviewed. Patients have been contacted to ensure that the check has been booked.

There had been no complaints about the service and good feedback had been received.

### **Have patients been accepted outside of the specified postcode areas and if so does the Surgery offer the full range of services including home visits?**

Patients had been taken from further afield but home visits were more difficult in some areas, particularly in rural communities.

### **How has the extra number of patients affected waiting times for appointments? And how has the Surgery increased the capacity of services due to the additional number of patients?**

As patient numbers have increased, the surgery times have increased. There are two doctors one working Mondays and Tuesdays and the other working Wednesday to Fridays. As a nurse led practice there was also a Nurse Practitioner whole time equivalent and a part-time nurse.

The appointments times had been increased with one later evening and an extra half an hour each morning for all practitioners. Appointments could either be booked on the day or routine appointments could be booked up to 3 months ahead.

### **What is the ratio of patient numbers to GPs and support staff at the Surgery?**

The total list size was 2,800 and split between the practitioners still left some capacity.

### **How has the Surgery handled the additional work inputting patient details to the system? And what support has there been from NHS West Essex?**

Inputting the patient records had proved to be a real issue, particularly to try and meet the 8 week summarising target. As a Practice run by the PCT, the PCT had not offered any extra time or resources to do this extra work and the Surgery was not provided with the extra funding per patient that other Surgeries received through new registrations. There had been an increase in workload for administrative staff and for practitioners, particularly with the medical checks.

Resourcing issues had not been picked up by the PCT and the Surgery had a vacancy for a part-time nurse.

The staff working extra hours to complete the additional work were entitled to time off in lieu, but did not have the time to take it.

### **Other issues**

The Practice would have like to take on even more patients but the public transport issues were a problem. A representative from the Local Involvement Networks (LINKs) was working to try and resolve this issue.

There was a tender out for the Practice due to the new Government guidelines on PCTs splitting the Provider and Commissioning roles.

There were some issues along the road outside the Surgery which needed to be picked up and some affected access to the premises.

## **Keyhealth Surgery, Waltham Abbey**

Approximately 700 new patients had been taken on by the Surgery since the closure of Sun Street Surgery, approximately 500 of which were related to the Surgery closure.

### **What is the ratio of patient numbers to GPs and support staff at the Surgery? And how has the extra number of patients affected waiting times for appointments?**

There was a total of 7,000 patients on the list. The ratio was of patients to doctors was quite high.

However there were enough appointments each week to meet the demand from patients. Sometimes extra sessions were required.

Appointments were offered on the same day as well as 2-3 days in advance and up to a month in advance.

### **What communication did the Surgery receive from NHS West Essex regarding the closure of Sun Street Surgery and the implications of that closure?**

There had been some advance notice and understanding of the situation with Dr Lakha's Surgery. Some patients did react with a degree of panic regarding registering elsewhere.

### **How has the registration of new patients gone?**

The Surgery felt that for some of the patients it was quite a shock and due to the unique level of service offered by Dr Lakha patients were concerned about getting the same level of service elsewhere. However the Surgery did have experience of dealing with this type of situation following the take-over of patient's lists from other Surgeries which had closed in the past and had worked in a different way.

Patients had been helped through the initial transition period and repeat prescriptions had been provided where needed.

Home visits were a service offered by the Surgery.

### **Have health checks been offered to all new patients at the Surgery?**

Extra sessions had been added to provide patient checks for those registering with the Practice.

### **How has the Surgery handled the additional work inputting patient details to the system? And what support has there been from NHS West Essex?**

The summarising of patient notes within a 4-6 week period and dealing with repeat prescriptions had been the biggest concern. However the Surgery had taken on extra staff and additional hours to meet this demand.

A meeting had been held to discuss the influx of new patients and how it would be handled. An additional staff member had been brought in to assist with the summarising of notes. This could be done to different levels with a review at a later stage by a clinician and with supervision where required. The extra hours had been paid for by the Keyhealth Surgery and there had been no help from the PCT. The Surgery had found the communication from the PCT to be quite poor.

### **How has the Surgery increased the capacity of services due to the additional number of patients?**

It was explained that normally practices grow gradually and as they grow they match the clinical staff to the patient needs. The Surgery was in the process of organising the clinical team anyway and the additional patients registering justified an expansion of the team. The Surgery advised that it was willing to put the resources in place necessary to meet the demands.

### **How has the extra number of patients affected waiting times for appointments?**

The Surgery did not consider that there had been a significant impact on appointment waiting times following the influx of new patients.

The calls were triaged in the morning to ensure that patients appointments were matched to the most appropriate practitioner. There had been some re-organisation of surgeries to accommodate.



**This report is issued by**

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