

METRO INTERCHANGE SURGERY, GATESHEAD PRACTICE CLOSURE / PATIENT DISPERSAL

1. INTRODUCTION

- 1.1** Metro Interchange Surgery (MIS) is a GP practice that delivers essential, additional and enhanced general medical services to a registered population of 2,911 as at 20 February 2023. The practice address is 5b New Century House, Jackson St, Gateshead NE8 1HR.
- 1.2** Dr Sayed Masroor Imam was the sole contract holder on the General Medical Services (GMS) contract until his unexpected death on 8 December 2022.
- 1.3** The GMS contract remained open for 7 days, from 8 December 2022, whilst Dr Imams personal representatives considered if they wanted a 28-day extension (as per regulations). The extension was not requested, and the GMS contract terminated at midnight on 15 December 2022.
- 1.4** An emergency Alternative Provider Medical Services (APMS) contract was put in place at short notice via an expressions of interest process with local practices. The emergency contract was awarded to Bridges Medical Practice, Trinity Health Centre, 24 West Street, Gateshead, NE8 1AD and commenced on 16 December 2022. The emergency contract is in place until 31 March 2023, however there was the opportunity to extend the contract by 9 months from 1 April 2023 should there have been a need for a procurement.
- 1.5** The purpose of this report is to provide information regarding the decision to close the practice from 1 April 2023 and to update on the engagement plan.

2. ICB REVIEW

- 2.1** The ICB considered the following two options regarding the future of Metro Interchange Surgery:
 - To procure an APMS contract
 - To disperse the patient list

Details can be found below of the considerations made by the ICB in respect of these two options.

2.2 Procurement of an APMS Contract

- The ICB was able to extend the emergency contract by up to 9 months to allow a procurement to take place
- APMS contracts are time-limited, and cannot exceed 10 years in duration without formal approval
- A procurement exercise usually takes at least 6-9 months
- The cost of staff that are eligible for TUPE transfer may need to be covered by additional (transitional) funding
- The estimated annual cost of the contract would be approx. £480,124

Benefits of procurement:

- Continuity of services for patients (who remain registered)
- Limited impact on local practices

Risks of procurement / Mitigation:

Risks	Mitigation
No bidders at all	If a provider could not be found the ICB would need to consider another emergency contract or list dispersal
No bidder within financial envelope	
Quality of bidders means that there can be no successful contract award	
New contractor is unable to mobilise contract on time	
Risk of challenge to outcome of procurement exercise.	NECS to mitigate via internal processes.
Risk of patient and political challenge regarding possible change of provider	Communication with patients and stakeholders regarding decision made and reasons for decision.
Risk that procurement timeline is not abided by	Contingencies built into programme by NECS
Risk that leases cannot be agreed, or premises cannot be secured	Practice would occupy premises under a 'tenancy at will' until agreed
The procurement process is expensive and time consuming	No mitigation
There is a high failure rate of APMS contracts	To offer appropriate transition funds – this will be a cost pressure to ICB
The existing emergency contract holder does may not want to continue after 31 March 2023	Need to identify another emergency contract holder
Due to the length of time for a procurement, patients may seek to register with an alternative local practice	This would be patient choice but could be mitigated to some degree by regular comms and engagement

Risks	Mitigation
Patients may decide to register closer to home, therefore leaving a reduced list size and potential non-viability of contract	None - this would be patient choice

2.3 Dispersal of the practice list

- To determine if there was a strategic need for a practice to be re-commissioned
- The ICB would be responsible for any redundancy payments to staff and potentially rent on the existing lease
- The impact on local practices, capacity & demand, workforce and premises
- Where existing patients lived – see **Appendix 1**
- Which practices would most likely be allocated patients following practice closure based on their postcode – see **Appendix 2**
- The ratio of patients to GPs within all the practices identified as likely to be allocated patients – see **Appendix 3**

Benefits of dispersal:

- Patients could be offered a practice closer to home (in some instances)
- Patients uncertainty over their registered practice would be reduced
- Due to the area covered by existing patients, a number of practices would be allocated patients which reduces the impact on just one or two practices

Risks of dispersal / Mitigation:

Risks	Mitigation
Additional pressure on practices in the local area	Allocating a smaller number of patients across a greater number of practices.
Dispersed patients would attract a new patient registration fee in year 1 of registration - there would be a cost pressure to ICB (of approx. £150k)	No mitigation but a non-recurrent cost in Year 1. This would also be a cost where patients choose to register elsewhere.
Redundancy costs would be a cost pressure to the ICB as agreed in MoU and emergency contract (approx. £70k)	Staff may find alternative employment (some staff have already done this). This would be a non-recurrent one-off cost.
Due to the last man standing clause in the lease the ICB could be liable for costs of up to approx. £140k based on current rent.	Work with practices / PCN to identify another tenant for the premises. Already interest from practices and PCN.

3. LOCAL MEDICAL COMMITTEE

- 3.1** The Local Medical Committee (LMC) supported list dispersal for the following reasons:
- The patients would be dispersed across a number of practices
 - Patients would be allocated based on practices' ability to take them on
 - A procurement may not be successful based on a reduction of patients

4. OUTCOME OF ICB REVIEW

- 4.1** On 26 January 2023, Gateshead Senior Leadership Team recommended dispersal to go for final approval via ICB Executive in February.
- 4.2** On 14 February 2023, North East and North Cumbria ICB gave final approval for dispersal. The approval was based on:
- Patients would be dispersed across a number of practices based on where they live, therefore limiting the impact on any one practice
 - Patients would be allocated to practices based on their ability to take them on in terms of staff and premises
 - Understanding that a procurement may not be successful based on the list size
 - Taking into consideration the reduction of patients linked to where existing patients are choosing to register due to the uncertainty of the practice
 - The ICB providing support with registrations and medication reviews as a result of dispersed patients

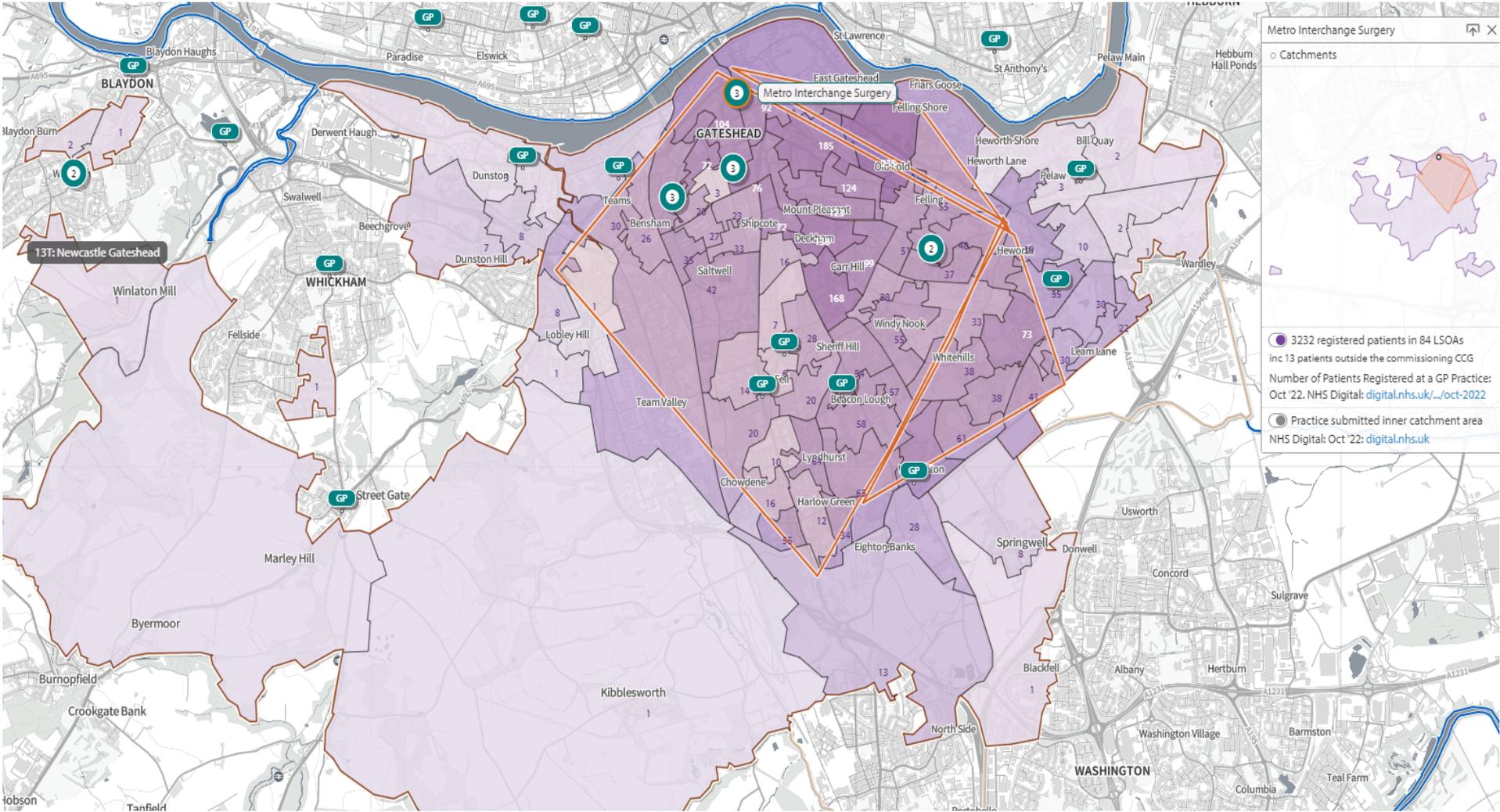
5. COMMUNICATIONS AND ENGAGEMENT

- 5.1** A communications and engagement plan has been produced to:
- Inform patients of the situation and to reassure them that services will continue to be provided
 - Offer patients the opportunity to seek clarification about any concerns or queries
 - Meet NHS legal duties for engagement, equality and best practice in engagement and communications
- 5.2** Patient Letter 1: A letter was sent to over 16s in the household (with a paragraph asking them to ensure that all members of the household registered with these practices are aware of its content) in December 2022. This included details of the situation with Dr Imam and the emergency contract provider. Patients were advised that they did not need to register elsewhere, and a further update letter would be sent once we knew the future of the practice. The practice and HealthWatch were provided with a list of Q&As to help deal with any queries from patients

- 5.3** Patient Letter 2: A letter was sent to all registered patients in February 2023, advising them that Metro Interchange Surgery would close on 31 March 2023. Patients were told they did not need to take action as they would be allocated a local GP practice; however they were informed of their right of choice and that they were able to re-register with another practice if they wish. They were informed a further letter would be sent advising them of their allocated GP practice. Again this letter was shared with the practice and HealthWatch and Q&As were provided.
- 5.4** Patient Letter 3: A further patient letter will be sent to patients in March 2023, advising them which GP practice they have been allocated to and providing details of their right to choose any local GP practice to register with.
- 5.5** Media relations will be conducted by the NENC ICB communications team. Stakeholder engagement is being undertaken by NENC ICB Primary Care Team and Gateshead Council. During February 2023 the following stakeholders have received updates via email / letters:
- Overview and Scrutiny Committee
 - Health and Wellbeing Board
 - Healthwatch
 - LMC
 - GP practices / PCNs in the Gateshead area
 - Local Ward Councillors
 - MP
- 5.6** Further engagement will take place towards the end of March 2023 to inform key stakeholders of the closure of the practice (see timeline below).

Ros Goode
Portfolio Manager – Primary Care Commissioning (Gateshead)
North East & North Cumbria ICB
23 February 2023

APPENDIX 1: PATIENTS REGISTERED BY LSAO (NHS DIGITAL OCT 22)



APPENDIX 2: PATIENT ALLOCATION BASED ON POST CODE

The table below shows the practices that would be allocated patients based on their postcode. Further work is underway to discuss this with practices and ensure they can take on additional patients linked to workforce and premises.

Patients may choose to register at an alternative practice.

PRACTICE	POST CODE	NO. PTS
Pelaw Medical Practice	NE10 0	516
Longrigg Medical Centre	NE10 8	292
Crowhall Medical Centre / St Albans Medical Group	NE10 9	303
Glenpark Medical Centre	NE11 0	60
Second Street / Bensham Family Practice / Teams	NE8 2	35
Fell Cottage Surgery / Fell Tower Medical Centre	NE9 5	281
Beacon View Medical Centre	NE9 6	354
Wrekenton Medical Group	NE9 7	313
Oxford Terrace / Central / Millennium / Bridges / Bewick	NE8 1&3	860
Bewick Road	NE8 4	194
Sunniside Surgery	NE16 5	2
Oldwell Surgery / Hollyhurst Medical Centre	NE21 4	2
Chainbridge Medical Partnership / Blaydon Practice	NE21 5&6	2
Out of Area (not Gateshead)		18
	TOTAL	3232*

** The patient list size was 3,232 as at 01 October 2022 and we are aware this has reduced to 2,911 as at 20 February 2023.*

APPENDIX 3: RATIO OF PATIENTS TO GP'S WITHIN PRACTICES IDENTIFIED AS RECEIVING MORE THAN 30 PATIENTS IF MIS LIST WAS DISPERSED

Practice Code	Practice	List Size (Oct22)	WTE GPs (Nov22)	Patients per WTE GP
A85001	Fell Tower Medical Centre	7,492	6.89	1087.37
A85002	Bensham Family Practice	3,964	1.20	3303.33
A85004	Longrigg Medical Centre	10,559	8.32	1269.11
A85005	Oxford Terrace & Rawling Road	16,204	18.37	882.09
A85006	Glenpark Medical Centre	9,107	11.56	787.80
A85007	Fell Cottage Surgery	8,167	4.99	1636.67
A85009	Crowhall Medical Centre	6,101	1.03	5923.30
A85011	St Albans Medical Group	7,460	6.16	1211.04
A85013	Millennium Family Practice	3,653	0.89	4104.49
A85016	Wrekenton Medical Group	11,262	8.75	1287.09
A85017	Bewick Road Surgery	7,153	4.92	1453.86
A85019	Central Gateshead Medical Group	10,553	8.00	1319.13
A85021	Second Street Surgery	4,068	2.21	1840.72
A85023	Teams Medical Practice	5,655	6.65	850.38
A85026	Beacon View Medical Centre	5,112	6.11	836.66
A85611	Pelaw Medical Practice	5,409	4.98	1086.14
A85614	Bridges Medical Practice	6,339	3.10	2044.84