

# Community Bulletin

**Issue 3:** 16 January 2015

Thank you to everybody who came to the public meeting at the Town Hall on 15 January, at which NHS England was able to announce agreement on the North Tawton GP service for 2015/16.

This is the press release that has been sent out, followed by questions and answers that have been built up over recent weeks:

## **Bow Medical Practice to take over GP contract at nearby North Tawton**

Agreement has been reached to secure GP services at North Tawton from 1 April 2015.

The neighbouring Bow Medical Practice has signed a one-year contract with NHS England. It will operate from the existing North Tawton premises, which are due to be improved over coming months.

The new arrangements will enable NHS England to work with local people and groups during 2015, to see what might be needed in the longer term. A procurement exercise will then be carried out to award a long-term contract from 2016.

The contract with Bow Medical Practice means services will be available 8am-6.30pm on weekdays, as now. It is expected that a range of GP and nurse appointments will be available each day, some bookable and some drop-in.

Services will include:

- Cervical screening
- Contraceptive services
- Vaccines and immunisations, for both adults and children
- Child health surveillance
- Maternity medical services
- Learning disability health checks

Bow has stepped in following the resignation of Wallingbrook Health Group, which will cease providing care at North Tawton on 31 March. In the meantime, it is business as usual, with Wallingbrook committed to ensuring a smooth handover. Staff based solely at North Tawton will transfer to Bow Medical Practice.

Caroline Stead, NHS England Contract Manager, who has led work on the agreement with Bow, said: "It's always worrying for people when the future of their GP surgery is uncertain, so it's good to be able to settle things from April.

"That gives us the chance to work with people in and around North Tawton on how primary care might be developed for the longer term, including issues like enhanced care for older people and those with long-term conditions.

"We'll be coming back in the spring to gather ideas and look at the practicalities, so it will be an exciting time to get involved."

Michelle Freeburn, the Managing Partner of Bow Medical Practice, said: "We're really pleased to have been awarded this contract and look forward to providing a local service for the North Tawton patient community. Bow is not far away and our existing patients face similar health issues, therefore we understand the needs of a rural community.

"We're delighted that Dr Karen Rasaiah and some members of the team will continue to work with us at Devonshire House, offering familiarity and stability. We're confident that the changeover will be as smooth as possible and look forward to meeting our new patients."

**Caroline Stead**

Contract Manager - NHS England, Area Team for Devon, Cornwall and Isles of Scilly

Email: [caroline.stead@nhs.net](mailto:caroline.stead@nhs.net)

Tel: 0113 824 8961

# North Tawton surgery

## Questions and answers

January 2015

### **Why is a one-year arrangement being sought?**

When a contract ends, NHS England is legally responsible for making sure medical services continue to be provided for existing patients. The contractor that is standing down is obliged to cooperate with NHS England in the transition.

In deciding how best to ensure continuity, NHS England is required to consult with patients, the public and overview and scrutiny committees, and to consider all options before making any final decision.

The six-month notice period included in the contract held with Wallingbrook was not long enough for permanent new arrangements to be put in place, not least because of the need to consult.

NHS England therefore asked other local providers if they were interested in a short-term contract to sustain services, pending a full consultation and procurement process later in 2015.

As a result, a short-term contract has been offered to Bow Surgery.

### **Will it be a full-time service?**

The services will be commissioned under a standard national contract, which requires services to be available 8am-6.30pm on weekdays. It is expected that a range of GP and nurse appointments will be available each day.

The consultation exercise will help NHS England review the level and type of service that is needed in the longer term, from 2016.

### **Will there still be a mix of bookable and drop in appointments available**

Yes, it is intended that a mix of appointment types will continue to be available.

### **What range of services will be offered?**

These will include:

- GP and practice nurse consultations
- Cervical screening
- Contraceptive services
- Vaccines and immunisations, for both adults and children
- Child health surveillance
- Maternity medical services
- Minor surgery
- Learning disability health checks
- MMR vaccination
- Meningitis C vaccination (for freshers)
- Hepatitis B vaccination

- Rotavirus vaccination for children
- Adult seasonal flu vaccination
- Seasonal pneumococcal vaccination
- Childhood seasonal flu (nasal spray for two- three- and four-year-olds)
- Shingles vaccination
- Pertussis vaccinations for pregnant women

#### **Will procurement of a longer-term service be offered out to a wider catchment area?**

This will depend on the service model that emerges from consultation with local people. It might be that certain services, such as extended hours, would be difficult to sustain for a small, standalone practice.

#### **Will the services provided by the local pharmacy be affected?**

The contract for the pharmacy is separate to the contract for the GP services. There are no plans to change the pharmacy contract, although it is acknowledged that the viability of the pharmacy is linked to the continuing existence of the GP surgery in North Tawton.

#### **Will NHS England provide capital to support the cost of a new building?**

NHS England is not responsible for providing capital funds for new buildings, nor is it responsible for owning or leasing property. It is the responsibility of the contract-holder to ensure that suitable premises are available; these can be owned by the contractor or leased from a third party.

Instead, NHS England provides monthly funding for the fair market rental value of a building, based on the district valuer's assessment. If the practice wanted to improve its premises or take on new premises, any associated changes to rental value would need to be approved by NHS England.

#### **Why did Bow get a new building?**

When the current providers of the Bow Medical practices took over, there were no permanent premises; for a while, the service had to be run from portacabins. The partners at Bow Medical Practice put together a business case for new premises, which was approved. The practice paid for the new building.

As with other practices, NHS England now reimburses Bow on a monthly basis, based on the rental assessment of the district valuer.

#### **How are GP practices funded?**

In simple terms, the funding distributed to practices is broken down into:

- A global sum (see detail below)
- The Quality and Outcomes Framework (in line with performance across a range of areas , such as vaccination rates)
- Any enhanced services, beyond the basic ones
- NHS England-administered funds (maternity/sickness cover for GPs, for example)
- Reimbursement of premises costs
- IM&T (computers etc)
- Dispensing/personal administration of drugs

The global sum is calculated using the global sum (Carr-Hill) allocation, to cover:

- Essential services
- Additional services
- Staff costs
- Locum reimbursements (for appraisal, career development and protected time)
- The cost of employers' pension contributions

The aim of the global sum is to share out money in proportion to perceived need. It represents practice, not GP, income. It is calculated quarterly and paid monthly.

Payments will vary according to demography and patient turnover, or if there is a change to the practice's additional or out-of-hours services opt-outs. This is why there is a likely to be a change in a practice's global sum payment each April, July, October and January.

This funding system is known as GMS (General Medical Services). Some practices – not including North Tawton? – are funded slightly differently, under a system known as APMS (Alternative Provider Medical Services). North Tawton is currently PMS and under the new contract will be APMS.

Where a practice has an APMS contract, the funding is agreed and negotiated locally, but the same factors are taken into account. At the same time, there is a national move to ensure that practices are funded as equitably as possible, given that variations have arisen over many years of contract negotiations (see below).

### **How much per head does each patient attract? Is this the same nationally and how is it calculated?**

The national formula (Carr-Hill – see above) takes account of age and gender, patients in nursing and residential homes, needs (morbidity and mortality), list turnover, and unavoidable costs (staff market forces and rurality). For a GMS practice, the fee per patient for the global sum is currently £69.52 per weighted head of population.

While differences between the payments for practices have grown up over the years, these are being phased out to make the system fairer to all. By 2020, all practices will be paid the same figure per patient unless they are delivering specific extra services.

### **What is the cost of running a new surgery?**

It is not possible to give an estimate of the costs of running a general practice as there are a number of variable factors including size, staffing structure, GP drawings, range of services offered, utility costs. North Tawton is a small practice, with around 2,235 patients, while others in Devon and Cornwall have well over 10,000 patients.

### **What will happen to the staff currently working in the surgery**

Most of the staff who have worked for the North Tawton Practice will continue to working for the

Wallingbrook Health Group at their other sites. There are a small number of staff who work solely in North Tawton; these will be able to transfer to the new provider.

**Does the local MP know?**

Yes. NHS England's Area Team Director, Anthony Farnsworth, has met with Mel Stride to brief him.

**Are the press aware?**

Yes. They will be able to play a particularly important part when it comes to looking at the sorts of service North Tawton and its catchment area need for the longer term. We will want as many people as possible to take part.

**How will people be able to have their say on the long-term future?**

NHS England's priority is to secure continuity from 1 April. Once the new practice is in place, the aim will be to involve as many people as possible in looking at what is needed in the longer term for the North Tawton area, and how that might be provided. It's not just a question of writing wish-lists; the practicalities will need to be considered carefully.

NHS England hopes to offer a range of ways for people to have their say, whether at meetings, on paper or online.

The outcomes will be used to shape the service specification for procurement.

**What does procurement mean?**

Procurement means going out to 'market' with a specification to see which potential providers are interested in running the local service. There is no guarantee who, if anyone, would respond. The process is open existing practices and other providers, including the private and not-for-profit sectors.

This is a formal process, taking several months, so the successful provider is unlikely to be known before the end of 2015, unless there is only one interested party.