



## INTEGRATION JOINT BOARD

<b>Date of Meeting</b>	09/10/2018
<b>Report Title</b>	Rosemount Medical Group
<b>Report Number</b>	HSCP.18.085
<b>Lead Officer</b>	Sandra Ross, Chief Officer
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<b>Consultation Checklist Completed</b>	Yes
<b>Directions Required</b>	Yes
<b>Appendices</b>	a. Timeline b. Appendix to NHS Grampian

### 1. Purpose of the Report

- 1.1. At the IJB meeting in August the decision was made to agree the preferred option to transfer patients to other practices as a result of the closure of RMG, considering how community pharmacists and digital options could help to absorb the patient list.
- 1.2. The Board requested that a follow up report be presented to the October IJB meeting.



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### 2. Recommendations

- 2.1. It is recommended that the Integration Joint Board
- a) Note the actions as outlined in this report for the transfer of patients from Rosemount Medical Group (RMG) to other practices and instruct the Chief Officer to implement the changes;
  - b) Agree to incur expenditure of up to £144,026, to be funded from the Primary Care Reserve Fund; and
  - c) Make the Direction, as attached at appendix A, and instructs the Chief Officer to issue the Direction to NHS Grampian.

### 3. Summary of Key Information

#### Project Group Set Up

- 3.1. A project group has been set up to devise and oversee a detailed implementation plan for the transfer of the 4568 patients to other practices in the city, following the closure of RMG. The group involves key individuals from within ACHSCP and NHS Grampian, including representatives from finance, Human Resource, RMG, Primary Care Contracts Team, eHealth and Practitioner Services Division.

#### Establishing GP Practice Capacity

- 3.2. The Clinical Director, Dr. Stephen Lynch, wrote to GP practices in August asking them to indicate if they would have capacity to take any of the patients from the RMG list. Further to this, several meetings have been undertaken with the practices to discuss their capacity and how many patients they would be willing to take.
- 3.3. At the date of writing 12 practices have responded saying they have capacity. The confirmed number of patients allocated to different practices at this time will absorb 51% of the RMG patient list. Final discussions are being held with remaining practices who have indicated they will take larger numbers.



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Some practices that initially indicated they could take a larger number of patients have since revised that number down, however indications are that the remaining 49% can be accommodated within the practices yet to confirm.

- 3.4. Following on from this work, should the remaining practices feel they are unable to take the numbers of patients initially indicated, the balance will have to be formally assigned; however the preference would be to agree numbers with practices.

### Patient Transfer

- 3.5. Patients will be transferred on a phased basis, beginning early November. Practices which are taking on larger numbers of patients have indicated that they would like their patients to be transferred in stages too.
- 3.6. Patients will receive a letter approximately 2 weeks prior to the transfer, telling them which practice they are transferring to and when. After meeting with members of the public (see below), it has been suggested that it would be useful to include the new practice's patient information leaflet within the letter. As some of the practice leaflets are quite bulky, a template will be sent to each practice asking them to fill in the most pertinent information for patients in the interim. When the patient then visits the practice they can obtain the full leaflet. Patients will also be advised to ensure that they have enough medication to last 2-4 weeks after the transfer. This has been discussed with the doctors of Rosemount Medical Group and they will make the necessary arrangements.
- 3.7. Patients will not be required to do anything to transfer GP practices and all existing arrangements, for example repeat prescriptions, will be transferred to the new practice on their behalf.

### Stakeholder Engagement

- 3.8. **Patients:** Two letters have been sent to patients giving them information about the closure and the IJB preferred option. Question & Answer sheets were sent with both letters which also contained an email address and telephone number for patients to make contact should they have any concerns or queries. Several public drop-in sessions for patients have been held at Rosemount Community Centre. During these sessions, representatives from ACHSCP were available to talk to patients and listen to their concerns.



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The concerns being highlighted at the drop-in sessions, via email and telephone, centred around the following:-

- What are patients required to do about their medical records, particularly repeat prescriptions? Patients were assured that ACHSP will manage the automatic transfer of patient records, including repeat prescriptions, to the new practice.
- Could patients ask ACHSCP to transfer them to a particular practice? Patients were advised that as there were over 4500 patients on the RMG list it was difficult to enter into individual circumstances of patients. It was suggested that should they find that the new practice did not meet their needs, they could register with another practice after the transfer.
- Do patients have the choice to register with a different practice prior to the closure rather than wait to be transferred? Patients were encouraged to stay with RMG to avoid any possible destabilisation of other practices however they were informed that it was their decision to move to a new practice prior to being transferred, or not.
- Access to public transport to enable patients to travel to their new practice. The Operations Manager from First Bus attended the first drop-in session and was able to reassure and advise patients on the available bus routes. The project team will also explore the possibility of including bus timetables and information about other forms of health and social care transport within the patient letters and will host another public drop-in session with colleagues from First Bus.

**3.9. Rosemount Medical Group:** The Head of Central Locality has been working very closely with the partners of RMG around the closure. The main topics being considered are the clinical aspects of the patient transfers and the financial implications of the patients being moved on a phased basis.

**3.10. Elected Members:** Elected members had the opportunity to attend a briefing session at the Townhouse on the 12<sup>th</sup> of September.

**3.11. Receiving GP Practices:** All practices were contacted by the Clinical Director to ascertain which practices have capacity to take on patients from the RMG practice list. Some practices have had queries which have been addressed. Practices receiving patients from the RMG list will require some support to ensure the smooth transition of patients. This may consist of additional administrative, pharmacy or clinical support.



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**3.12. Pharmacies:** The top three dispensing outlets for the prescriptions written at RMG were contacted to discuss concerns regarding any potential impact on their business due to the closure. There were concerns about patients moving to other pharmacies but with the prescription collection service and the chronic medication service it was felt that the impact would not be as great as originally anticipated. One pharmacy was being asked by patients if they were closing as well, so they have proactively attached a note to the patient prescription bags advising that they are open for business. Another pharmacy suggested they receive flyers and posters advertising the drop-in sessions to give to patients who had queries. This was done and the pharmacies also invited to the drop-in sessions.

A member of the Project Group undertook to update the NHS Grampian Pharmacy Contractors Committee of the closure and the concerns raised by pharmacies in the area and how those concerns have been addressed.

While Pharmacies provide many valuable services to patients that reduce the workload on GPs, patients must be registered with a GP practice.

### Exploring Digital Options

**3.13.** At the August IJB meeting, the potential for digital solutions to reduce the need for patients to attend a GP practice was suggested. While each patient must be registered with a physical GP practice, some of the practices that have volunteered to take RMG patients have 'Attend Anywhere' software which is a web-based platform that allows health care providers to offer video call access to their services. The 'GP at Hand' system which is available in England states that patients can "book an appointment within seconds" via their smartphone, however the patients still need to be registered with the practice holding the GMS contract. As an additional tool to ease workload this may be an option in the future but in terms of reducing the number of patients from RMG that have to be transferred to other practices unfortunately it does not provide a solution at this time.

## 4. Implications for IJB

**4.1. Equalities –** Closure of a GP Practice will inevitably have negative implications for people with protected characteristics. The impact of a GP Practice closure and the change to a new GP practice is often more unsettling for older people or people with disabilities/long-term conditions for example.



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ACHSCP is working to make the transfer as easy as possible for those involved and will make the necessary arrangements for patients, including organising transfer of repeat prescriptions and any annual review appointments.

**4.2. Fairer Scotland Duty** – there are no direct implications for the Fairer Scotland Duty as this report relates to operational, not strategic, decisions.

**4.3. Financial -**

Funding to GP practices is calculated on patient list size every three months. As the most recent calculation was 1<sup>st</sup> October, there will not be another calculation until 1<sup>st</sup> January 2019. To ensure the smooth transfer of patients to new practices and avoid financial disadvantage, it is proposed that funding will be provided to the receiving practice on transfer of the patients. RMG will continue to receive funding for the numbers of patients calculated at 1<sup>st</sup> October.

There will also be additional clinical and administrative time required for practices which is directly associated with the transfer of patients.

The amounts below will be funded from the Primary Care reserve:

Patient transfer costs	77,401
Communication costs	10,616
Admin, pharmacy & clinical support for practices	56,009
<b>TOTAL</b>	<b>144,026</b>

**4.4. Workforce** – Closure of Rosemount Medical Group will have implications for the staff employed by the group and all staff had been made aware early in the process. Colleagues from HR within NHS Grampian advised that RMG seeks appropriate legal advice regarding TUPE arrangements. RMG have sought advice from the British Medical Association who have confirmed that TUPE does not apply in this situation. NHS Grampian HR Department is prepared to offer advice and training to RMG staff, as appropriate.



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There are several ACHSCP staff members located within the RMG practice, all of whom have been advised of the closure. The various teams are discussing how the capacity from Rosemount Medical Group will be utilised going forward.

- 4.5. Legal –** ACHSCP must ensure that patients are registered with a GP Practice after 31<sup>st</sup> of January 2019.
- 4.6. Other –** NA

### 5. Links to ACHSCP Strategic Plan

- 5.1.** Whilst the Rosemount project has been initiated reactively by RMG handing back their contract, this provides an opportunity for ACHSCP to begin to work towards our future vision for primary care, as approved by the IJB in January and August 2018.

Recognising that this vision is long-term, closing a smaller practice will help enable primary care services to move towards larger, integrated, multi-functional hubs and widen the first point of contact for primary care. This in turn will help transition thinking from '*I need to see my GP*' to "*I need to go to the health and wellbeing service*", helping to ensure longer term sustainability in primary care services.

### 6. Management of Risk

#### 6.1. Identified risks(s):

- There is a risk that the numbers of patients on the RMG practice list is greater than the total number of patients other GP practices have volunteered to take, resulting in patients having to be assigned to practices.
- There is a risk that patients register with GP practices on an ad-hoc basis which may put additional strain on GP practices with limited capacity.

- 6.2. Link to risks on strategic or operational risk register:** There is a risk of significant market failure in Aberdeen City (General Practice) (strategic risk register – 1b)

- 6.3. How might the content of this report impact or mitigate these risks:**  
This report presents an implementation plan for the phased transfers of



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RMG patients to GP practices close to their home. This managed approach will help to ensure both that all patients have access to a GP practice and that patient registrations to GP practices do not put pressure on their capacity.

Approvals	
	Sandra Ross (Chief Officer)
	Alex Stephen (Chief Finance Officer)