

<p>Principals: Dr M Choudhry Dr H Abbasi</p> <p>GP: Dr N Peyvandi</p>		<p>Tudor Drive Surgery 192 Tudor Drive Kingston Upon Thames Surrey KT2 5QH Tel: 0208 549 0061 Fax: 0208 549 9488</p> <p>Practice Nurses Sally Willers Megan Lloyd Megan Hunter</p>
---	--	--

Statement by Tudor Drive Surgery (192 Tudor Drive)

Background:

AT Medics is Limited Company wholly owned by 6 UK qualified General Practitioners which currently provides primary care services across 11 sites in London. One of these sites is based in Lambeth PCT where AT Medics co-run the GP Led Health Centre. This site has also been highlighted by Healthcare for London as one of five healthcare centres across the capital that exemplifies the polyclinic service model. AT Medics have been fully engaged with the polyclinic service model and have worked with NHS London in promoting this through the print and TV Media.

AT Medics were awarded the contract for Tudor Drive Surgery following a national tender process and began provision of Medical Services at 192 Tudor Drive Surgery on 1st October 2008 tender process that resulted in the practice being awarded to AT Medics.

Originally the practice was managed by two GPs, Dr Thakerar and Dr Yadav who have both been subject to fitness to practice proceedings by the GMC have both been removed from the GMC's medical register.

During their investigation by the GMC, the practice was managed by 2 local practices, namely the Groves who were responsible for Dr Thakerar's patients and Churchill Medical Centre who were responsible for Dr Yadav's patients.

On commencing at 192 Tudor Drive, AT Medics have combined the 2 practices and called it Tudor Drive Surgery. AT Medics have made considerable efforts to make the practice successful on all fronts including addressing both clinical and non-clinical problems,

[§<]

We have no doubt that if 164 Tudor Drive is granted a licence to allow it to be used as branch surgery for the Churchill Medical Centre, a large well established practice with a good reputation and a locally powerful group of GP's, then this could have a potentially devastating effect on the service provision at Tudor Drive Surgery.

Not only could it destabilise a fledgling practice yet to be fully established but could also reduce choice for the local population which runs counter to the current NHS agenda.

Choice:

We believe that if a small but significant numbers of patients leave the practice, Tudor Drive Surgery could become an unviable option for the PCT to continue to fund and could lead to its closure.

This could in turn lead to loss of Jobs of the Salaried GP, Nurse and 8 administrative staff. In the current climate of rising unemployment, we do not believe it would be easy for many of the staff to find further suitable employment and redundancies would create further burden for the taxpayer.

We believe that if the practice is no longer viable from a financial perspective and services have to be closed down at Tudor Drive Surgery as a result, then this could lead to a reduction in patient choice with 1 less surgery where they can register.

[§<]

Business impact:

If the practice lost a significant number of patients and the PCT decided to no longer continue to fund it at current levels which are the minimum required to make the practice financially sound and sustainable, then AT Medics reserves the right to launch a counter legal claim against the PCT for loss of earnings.

Tendering process

The advert for the tender to provide Primary Care Services at Tudor Drive Surgery appeared in the British Medical Journal and GP Magazine on the 14 March 2008.

AT Medics declared an expression of interest by the 4th April 2008.

The PQQ was submitted on the 2nd of May 2008 and AT Medics were invited to tender on the 9th May 2008.

The final tender was submitted on the 6th June 2008 and AT Medics were subsequently invited to the interview stage, which was held on the 30th June.

AT Medics have taken part in approximately 20 tender processes since the advent of APMS in 2004/5.

We believe that the tender process run by Kingston PCT was the most robust, challenging and rigorous process that has been followed by any London PCT since Autumn 2004 to current date.

Firstly, the whole bid process was anonymised and we were allocated a bidder number. The shortlisting therefore took place by members who were blind to the identity of the bidder. This had not occurred in any of the prior bids we have partaken in.

Secondly, the highly structured ITT tender pack was very well put together, asked for the correct level of details and was easy to follow. This fared extremely favourably compared to other tenders, which have been confusing, muddled and bureaucratic.

Thirdly, it was evident from the MOI and from publicly available information that the PCT had entered into extensive consultation with the local community and patients registered at the Practice prior to the tender process, during and after it was completed.

This was evidenced by a number of events which took place such as the meeting in the local community hall led by the PCT Chief Executive, the presence of 2 members and heads of the local patient group namely Henry Suppatee and Dr Harold Hughes on the interview panel and the public meeting held after we were successfully awarded the practice.

This public meeting was attended by Susan Kramer the local MP, the PEC Chairman, Dr Jonathan Hildebrand, the Chief Executive of the PCT David Smith, the Primary Care Development Manager Jennie Widdowson, local councillors and over 100 patients of Tudor Drive Surgery who were given the opportunity to ask us questions as to our plans for the surgery. The meeting lasted over 2 hours.

We have never known this level of community engagement in any of the prior bids we have ever been involved in.

Finally, the interview stage was very robust with 12 members on the interview panel. We believe the interview was one of the toughest we have partaken in, in terms of the breadth of questions asked and the level of detail required.

Establishment of Tudor Drive Surgery

We still consider ourselves to be in the process of establishing the practice due to the fact that we took over the practice at the end of the second quarter of the financial year 2008/09. There were 2 separate IT systems running in parallel and the practice list, was inaccurate in terms of the patients registered at the practice.

The highly technical and time consuming process of combining IT systems and list cleansing alone took 3 months to complete and was finally completed in January 2009 although we were still removing patients who had post returned and were obviously no longer in the area up until the end of March.

Over the past 10 months we have continued to establish Tudor Drive as a forward thinking and modern practice in keeping with the current NHS ideals.

We have overcome considerable hurdles in the shape of IT software inadequacies, combining the two IT systems, establishing Clinical and Information Governance and improving access by providing extended hours with 2 late evenings and a Saturday surgery.

We have addressed staffing issues and re-organised administrative tasks. We have employed new staff and re-organised the existing staff into a single effective unit. We have established new systems of clinical management. We have engaged with the PCT at all levels and with our GP colleagues in trying to move the local PBC agenda forward.

Clinically we have established provision of new LESs and DESs and worked closely with the prescribing advisor to achieve objectives based on clinical evidence and local and national guidelines. We achieved near maximal QOF within our first 6 months at the surgery (997 pts). We have established a patient group and engaged meaningfully with them.

There are still many tasks to be completed as we continue to improve the range and quality of the primary care provision at the practice.

We believe we have unique experience in turning around poorly performing practices as the vast majority of the 11 practices we have taken over have been under performing as measured by nationally accepted standards.

[✂]

Recently a self-publicised march from 164 Tudor Drive to Churchill Medical Centre took place. This was organised by supporters of Churchill Medical Centre, who were requesting the opening of the premises at 164 as a branch surgery. Whilst it is their democratic right to stage such a march, it left many patients confused and created much interest in the local press who were keen to exploit a situation.

We believe that such activities and the utilisation of the local media in creating this issue has acted to destabilise our surgery, create confusion amongst our patients particularly the elderly and the vulnerable and has served to undermine our efforts in moving the practice forward.

We therefore re-iterate that we believe it is not in the interest of the local community to have another GP Surgery 50 yards away from our surgery and the potential effects on our practice as outlined above could be extremely serious with a real risk of closure.

Principals:
Dr M Choudhry
Dr H Abbasi

**Tudor Drive Surgery
192 Tudor Drive
Kingston Upon Thames
Surrey
KT2 5QH
Tel: 0208 549 0061
Fax: 0208 549 9488**

Additions to Impact Statement

In addition to our previous impact statement we would like to add the following comments.

Our Contract Price was determined after the national tendering process and following negotiations with the PCT it was finalised at £263,500. This was based on various factors of which the most important was the practice list size which in the MOI was stated as 3100 patients.

In reality, this figure was itself difficult to ascertain due to the problems of there being 2 lists that used to be combined and there being much interchange between the 2 since the list was split. In addition there were several hundred 'ghost' patients (i.e. those who had died or had moved out of the area but had not been removed from the practice list) which have now been deregistered as part of our list cleansing process. Furthermore the list was depleted in the months preceding the changeover from caretaker arrangements to the substantive arrangements from October 2008 for reasons outlined below.

In addition to the list size, the global sum factored in staffing levels and predicted additions to staff and services.

The original staffing complement submitted in our original tender is detailed below:

Medical Staffing	£ 140000 (2 GPs)
Nursing services	£ 35000 (1 FTE G grade Nurse)
Practice Management	£ 35000 (1FTE Practice Manager)
Administration/ Reception staff	£ 85000 (3 FTE Receptionists)

If Churchill were permitted to open their Branch Surgery at 164 Tudor Drive there could be several possible outcomes.

A reduction in patient registrations and an exodus of existing patients would mean the Practice would have to reduce the services it provides and the access times for appointments with the clinical staff. This would inevitably also lead to a reduction in the workforce. The patients at 192 Tudor Drive have become used to the extended opening hours offered in the last 10 months and easy access to appointments with doctors and nurses, including those available on a Saturday. A reduction in these services would not only be extremely frustrating for our patients, but would also have a detrimental effect on the local community health care.

Kingston PCT and AT Medics would eventually have to consider whether the Practice was still viable. If it were decided that the Practice was not viable this could lead to the Practice closing with resulting job losses for staff who mainly live within the local community, hence having an impact on the local economy.

Closure of the practice would impact negatively on continuity of patient care. The same population of patients have now had several different healthcare providers in the past 4 years. This was initially through Drs Yadav and Thakerar, then the caretaker arrangements of Churchill and Groves Practices.

New therapeutic relationships would have to be formed with the patients at Tudor Drive. This would inevitably result in delays in patient care with chronic illness or referrals having to be re-started - a factor which we had to contend with when we began in October 2008. We believe yet more change could have an adverse impact on the health of some of our more vulnerable patients at a time when stability has finally been achieved.

The loss of this Practice would mean a lack of choice, leaving Churchill as the only health care provider in the vicinity. [3<]

As an organisation that works across a number of London PCTs, we are particularly surprised that a local large practice is attempting to force through the opening of a branch surgery on the doorstep of another local smaller practice. In an area where there is little or no unmet need we can see no real justification for this other than a direct financial reward the Churchill group.

If there is any doubt as to the quality of Primary Care being provided we would invite any independent assessors to examine the management of the practice before and after we commenced the contract. We feel there have been significant improvements made that were long overdue.

We have noted with interest the arguments put forward by the Churchill group around a greater range of services being offered compared to Tudor Drive. We

think the detail behind these statements should be examined and in particular whether the full range of these 'extra' services would be delivered from the newer (much smaller) premises.

The whole tender process focussed very heavily on patient participation and patient representatives were involved at every step. The message that was delivered very clearly stated that patients wanted the surgery to remain open and for services to be delivered from the existing building. We are keen that these views are not forgotten and we believe that should the future of Tudor Drive Surgery be put at risk, then it would be this group of patients and not those from the Churchill practice that would be the most affected. Having invested significant intellectual and financial resources into effectively turning around an underperforming surgery we are of the view that the last thing that the practice or patients need is yet further change.