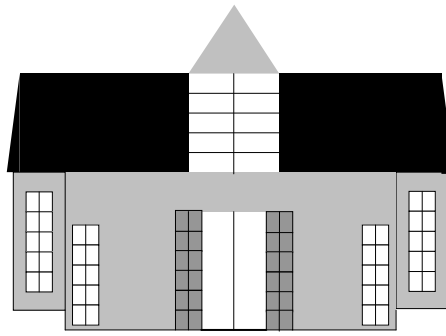


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26<sup>th</sup> June 2008

Dear Ms. Tackage,

**Proposed integrated care pilot scheme between City Hospitals Sunderland NHS Foundation Trust and Church View Medical Practice**

I am replying, on behalf of the staff of Church View Medical Practice to your letter regarding the planned transfer of Church View Medical Practice's (located at Silksworth Terrace, Sunderland) ('CVMP') Personal Medical Services contract to City Hospitals Sunderland NHS Foundation Trust ('CHS') as part of an integrated care pilot scheme.

You have already received the aims and objectives of the pilot as part of the submission to seek a ruling from the co-operation and competition Panel (CCP) submitted in May 09.

I believe you are wishing, in particular, to assess the extent to which the arrangement within the pilot may limit;

- a) patient choice of healthcare services of the type provided by CVMP (i.e, whether the arrangement could limit patients' choice of primary care provider) .
- b) patient choice of personal medical services of the type provided by CHS (i.e whether the arrangement could limit patient access to alternative providers of NHS-funded services of the kind that CHS offers).

You also wish to examine whether the arrangement protects the primacy of the GP gatekeeper function and the benefits of the proposed merger for patients and taxpayers

All of the doctors who work at Church View Medical Practice are registered with the General Medical Council and therefore work to fulfil the duties of a doctor as outlined in Good Medical Practice

[http://www.gmc-uk.org/guidance/good\\_medical\\_practice/GMC\\_GMP.pdf](http://www.gmc-uk.org/guidance/good_medical_practice/GMC_GMP.pdf)

As doctors we must always;-

Make the care of our patient our first concern.

## Work in partnership with patients

- listen to patients and respond to their concerns and preferences
- give patients the information they want or need in a way they can understand
- respect patients right to reach decisions with us about their treatment and care
- support patients in caring for themselves to improve and maintain their health

## Be honest and open and act with integrity

- act without delay if you have a good reason to believe that you or a colleague may be putting a patient at risk
- never discriminate unfairly against patients or colleagues
- never abuse the patients trust in you or the public's trust in the profession

We are aware that we are personally accountable for our professional practice and must always be able to justify our decisions and actions.

All of the GPs who will transfer are currently salaried. We will transfer under current terms and conditions and are then likely to transfer into agenda for change in due course. Neither of these terms and conditions offer any financial or commercial advantage or incentive for clinical or administrative staff to refer to CHS in preference to any other secondary care provider. As part of the transfer of employment process employees will be asked to sign a declaration stating that they have no perceived conflicts of interest. It should also be noted that I personally already work some sessions for another local FT.

## **Gatekeeper Function and Access to Alternative providers of NHS-funded services of the kind that CHS offers**

In carrying out our work as general practitioners it will remain essential that we give our patients the choice to determine with us, where they receive the healthcare that they require, above and beyond the primary medical services which we offer. We will continue to offer CHOICE of secondary care provider to our patients on referral. As a practice we use the Choose and Book system allowing patients to either make their own appointment or decide with their GP when and where they wish to be seen and then make a directly bookable appointment during the consultation.

Baseline audits show that currently, 82.1% of our new out-patient referrals go to City Hospitals Sunderland NHS Trust, 7.8% to County Durham and Darlington NHS Foundation Trust, 5.5% to The Newcastle Upon Tyne Hospitals NHS Foundation trust, 3.6% to Gateshead Health NHS Foundation Trust and 0.9% to South Tyneside NHS Foundation Trust. We will continue to audit on a monthly basis, with a quarterly review session with NHS South of Tyne and Wear, our referral patterns and monitor any changes or trends in referral pathways or rates. We will also continue to monitor our performance against other practices within Sunderland. Any significant changes (plus or minus 5%) would be investigated and:

- ratified as being similar to neighbouring practices,
- justified on the grounds of overall secondary care costs,
- selected for ongoing monitoring ,
- justified on patient request

### **Patient Choice of Primary Care Provider**

Church View Medical Practice (CVMP) has 6300 patients registered and will remain open for patients to join. There are two practices, Colliery Medical Group with 5520 patients, Dr Joshi with 3929 patients based in a modern medical centre not 50 yards from CVMP. Both of these practices are established, have open lists and well regarded with Dr Joshi scoring 1000 QOF points and Colliery medical group scoring 998 QOF points compared to CVMP at 998.7 QOF Points.

If patients wished to move further away from CVMP for a GP there are a further 3 practices with open lists within a 1 mile radius of CVMP. Any patients unhappy with the services offered by CVMP are able to walk into the neighbouring practices and register with them.

### **Taxpayers Interests**

One of the fundamental aims of the proposed pilot is;-

- To ensure full utilisation of the resources available across primary and secondary care.

The current CVMP arrangement means that any surplus generated is lost to both patients and the local health economy. A joining of CHS and CVMP would mean that any surplus generated is kept within the local health economy and will be available to improve patient care.

CVMP will be monitored as a separate service line within the CHS SLR/SLM process. This will allow CVMP to be run as a segregated budget with a clearly defined profit/loss account. The pilot will therefore be able to demonstrate the extent to which resources have been re-invested in patient care.

The pilot also wishes to ;-

- Actively manage long term conditions leading to holistic care with improved quality of care and life for patients
- Reduce use of unplanned out of hours services, A and E, emergency admissions and readmissions
- Reduce inappropriate planned visits to existing hospital and primary care services

The pilot will focus on reducing both the amount of unplanned care that patients receive and the number of emergency admissions that they require. Unscheduled care is expensive for commissioners and stressful for patients so any reductions achieved should produce economic benefits and improve both the quality of care and the experience for the patient.

We therefore believe that the vertical integration that will occur within the Integrated Care Pilot proposed will be able to demonstrate that it is in patients and taxpayers best interests and will protect the primacy of the GP gatekeeper function for our patients. We also believe that there will continue to be sufficient choice and competition in primary and secondary care services to ensure that our patients will continue to receive high standards of care and value for money.

Yours sincerely,

Dr. Helen Groom MBBC MRCGP