

NHS Rotherham Clinical Commissioning Group

Primary Care Sub-Group – 27 April 2022

Primary Care Committee – 11 May 2022

Queens Medical Centre

Lead Executive:	Ian Atkinson, Executive Place Director
Lead Officer:	Rachel Garrison, Senior Contract Manager (Primary Care)
Lead GP:	Dr Avanthi Gunasekera, SCE Lead for Primary Care

Purpose:

To brief the committee on the circumstances surrounding the closure of Queens Medical Centre, and the actions taken by the CCG in response.

Background:

The contract for Queens Medical Centre was handed back with no notice period on 05 April; the practice has experienced many difficulties of late, including a drop in CQC rating to inadequate with special measures, and staffing issues. A multi-disciplinary site visit by Officers of the CCG took place on 16 March and the findings were not satisfactory. Officers have been working to complete closedown processes in the absence of practice staff.

Primary Care Delegation Responsibility:

Does this paper relate to Rotherham CCG or delegated business?

Rotherham CCG	
Delegated	Yes
Both Rotherham CCG and delegated	

Please indicate which area of delegated responsibility this paper covers:

Commissioning, procurement and management of GMS, PMS and APMS contracts including taking contractual action	Yes
Newly designed enhanced services (including DES)	
Local incentive schemes	
Discretionary payments	
Commissioning urgent care for out of area registered patients	
Planning Primary medical care services (PMCS)	
Managing practices with CQC / quality concerns	Yes
Decisions on premise cost directions	
Planning the commissioning of PMCS	
Manage the delegated allocation for commissioning of PMCS	
Assurance to the governing body on the quality and safety of PMCS	

Please indicate which of the Delegated Duties Decisions this paper requires:

Delegated Duties – iii – Decisions in relation to the establishment of new GP practices (including branch surgeries) and closures of GP practices.	N/A
---	-----

Delegated Duties – iv – Decisions about ‘discretionary payments’.	N/A
Delegated Duties – v – Decisions about commissioning urgent care (including home visits as required) for out of area registered patients.	N/A
Delegated Duties – b – The approval of practice mergers.	N/A

Analysis of key issues and of risks

On the evening of 04 April Dr Khan, a single-handed GP leading Queens Medical Centre, relinquished his contract giving no notice period meaning the practice did not open on the morning of 05 April. The immediate priorities were to inform other local NHS and social care agencies so they could ensure their patients were safe, and contacting patients themselves.

The list at Queens was only 1339; not enough to be financially viable and it was considered futile to pursue re-procurement. For this reason, the decision was made to disperse the list and ask patients to register at a practice local to them. Letters informing the whole patient list of the closure and what to do next were posted out by close of play 08 April, with the Data Quality Team having facilitated access to the clinical system and patient information. Patients who have not yet registered elsewhere have now been sent a text message encouraging them to move, and ultimately will be allocated to a surgery to ensure they continue to have access to care should they need it if they don't move of their own accord. They retain the option to move to another practice if they choose, but we cannot close the SystmOne unit for Queens until all patients are removed from the system.

Officers also immediately worked with a previous employee of the practice to identify any immediate risk in the clinical system and divert patients to alternative agencies who could help quickly e.g. a palliative care patient needing an urgent medication review was flagged with the Hospice for intervention, and an elderly gentleman with an untreated urinary tract infection was visited by the community matron.

On 14 April the IT Team visited to remove all the hardware and network infrastructure from site as these assets belong to the CCG, and in the week beginning 18 April all the Lloyd George notes on site were secured and packed by Officers and collected by Primary Care Support England (PCSE) to be taken to a secure site for processing. They, and any loose paperwork and patient identifiable information were taken to Darlington where a warehouse team is working to repatriate documents before notes are sent to new practices. This includes any hard copy documents issued by other providers since the closure – Rotherham Foundation Trust are sending paperwork direct to PCSE, and a mail direction from Queens to the CCG is in place so the team can filter out clinical correspondence and send on to Darlington. This process will be in place for some weeks to come.

A process is underway to work within the clinical system to resolve any outstanding tasks, file reports and ensure completeness of patient notes. These tasks need to be complete before the unit can be closed and archived.

Patients have repeatedly made contact with Officers to ask questions and have been supported to both resolve their queries and register at an alternative practice.

This impact of the closure is clearly being felt by the practices in the immediate area, particularly Blyth Road, Manor Field and Braithwell Road. These practices have been supported with short-term additional administrative staffing, pharmacist input from the PCN to expedite medication reviews, and The Federation is working to put in extended access services to provide more appointment capacity locally.

Reference to NHSE Primary Medical Care Policy and Guidance Manual (PGM):

Following communication from Dr Khan that he wished to immediately withdraw from the contract, Rotherham CCG mutually agreed the termination in accordance with Section 56 of the PMS contract with effect from 5 April 2022.

Officers are following the Primary Medical Care Policy and Guidance Manual process for Unplanned / Unscheduled and Unavoidable Closedown. This makes the responsibilities and necessary steps clear [B0134-primary-medical-care-policy-and-guidance-manual-v3.docx \(live.com\)](#) (page 346 onwards), but assumes a degree of continuity of service is being provided by either the contractor or a caretaker, and that there are practice staff available to support. Officers are seeking support from colleagues within the CCG and other agencies where necessary.

Patient, Public and Stakeholder Involvement:

Not applicable.

Equality Impact:

Not applicable.

Financial Implications:

Any activity taken by the provider up to close of play 04 April will be funded by the CCG.

Human Resource Implications:

Not applicable.

Procurement Advice:

Not applicable; the decision was made to disperse the patient list.

Data Protection Impact Assessment:

Not applicable.

Approval history:

None.

Recommendations:

The committee is asked to note the report.

Paper is for noting.