



# ***Review of the 'Relocation of the Highfields' Medical Centre'***

*Evidence gathered by:* Health & Wellbeing Scrutiny  
Commission

*Evidence heard on:* 25<sup>th</sup> November 2014

*Chair of Commission:* Councillor Michael Cooke

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## Useful information

- Ward(s) affected: in particular Spinney Hills, Belgrave & Latimer
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- Report version number plus Code No from Report Tracking Database:

### 1. Purpose of report

- 1.1 The purpose of this report is to highlight the key evidence captured by the Health & Wellbeing Scrutiny Commission on 25<sup>th</sup> November 2014, in relation to the processes and procedures involved in the re-location of the Highfields' Medical Centre in Leicester.
- 1.2 The Commission was primarily concerned with the closure of the Highfields Practice, as the closure of the Moira Street branch premises had been less problematic for patients moving to other practices.
- 1.3 The commission focussed on the impacts to patients and the lessons to be learnt in order to see if there was a better way to deal with these types of issues in the future, as well as seeking to establish a record of events.
- 1.4 The following interested parties were invited to present evidence and /or submit written representations:
  - a) NHS England
  - b) Leicester City Clinical Commissioning Group
  - c) Spinney Hills Ward Councillors
  - d) Healthwatch Leicester
  - e) Chair and Representatives of Patient Participation Group
  - f) The landlord of the Highfields' Medical Centre
  - g) Practice Manager and the GPs at Highfields Medical Centre
  - h) Patients of the practice

### 2. Background

- 2.1 At the last Health & Wellbeing Scrutiny Commission meeting on 4<sup>th</sup> November 2014, the commission had noted a petition forwarded from NHS England expressing patients concerns about the relocation of the Highfields' Medical Centre. The petition had 631 signatures and the signatories were concerned that the Highfields' Medical Centre had been relocated to the Merlyn Vaz Centre (see *Appendix B*).
- 2.2 Legal advice informed the commission that as the petition was originally submitted to NHS England and then shared with the commission, it would not be appropriate to accept it as a formal petition to the council. However, the concerns raised in the petition were issues that could legitimately be scrutinised under the health scrutiny regulations.
- 2.3 Legal advice also indicated that the commission should only be concerned with the structural and service issues around the re-location to the new premises, the

consequences to patients of the move and the NHS England's response. The clinical concerns raised in the petition were not issues that the commission could scrutinise, as these fell under the responsibility of the Care Quality Commission.

### 3. Recommendations

**The Commission RECOMMENDED** that the principal partners responsible for supporting practice or patient relocations (NHS England, CCGs and local Councils) should agree a workable protocol to prevent a recurrence of what has happened at Highfields' Medical Centre.

Such a protocol should recognise the need for:-

- a) A set timetable for delivery;
- b) Early, open and honest patient engagement;
- c) Sound financial practices for the use of privately owned GP surgeries/premises that give security of tenure for patient use;
- d) Local democratic structures to be involved in the process;
- e) Patient Participation Groups (PPGs) to have Terms of Reference that reflect national standards and rules (*see Appendix C*);
- f) Realistic timescales to implement tenancy contracts in NHS Local Improvement Finance Trust (LIFT) buildings owned by Community Health Properties – the time frame should not be longer than 2 months\*; and
- g) An Equality Impact Assessment to be prepared to underpin the process.

The Commission also stated that to be effective all parties would need to work in the spirit of partnership.

**The Commission FURTHER RECOMMENDED** that Parts 2 and 3 of the residents' petition be referred to the Care Quality Commission (CQC) for investigation and appropriate action as these were not matters that could be dealt with by the City Council. The guidelines for scrutiny placed an obligation on the CQC to advise the Council of their decisions and actions taken.

*\*NHS England commented that Community Health Properties is a separate organisation not in control of NHS England or the CCG and therefore the recommendation can only be passed to CHP.*

### 4. Report

- 4.1. The Health & Wellbeing Scrutiny Commission on 4<sup>th</sup> November 2014, noted that NHS England had received a petition signed by local patients expressing concerns about the relocation of the Highfields Medical Centre to the Merlyn Vaz Centre, in particular the inadequate consultation with patients about the move.

- 4.2. On 25<sup>th</sup> November 2014 the Health & Wellbeing Scrutiny Commission invited evidence to establish:
- a) the reasons for the relocation of the surgery premises,
  - b) to identify why patients raised their concerns,

4.2. The commission members gathered the following key evidence:

### 4.3. REASONS FOR RELOCATION

The NHS England Area Team has a contract with the Highfields practice to deliver medical services to approximately 8000 patients. Up until 13 October 2014 the contract stated that the locations for the delivery of services were:

- Highfields Medical Centre, 71-73 Melbourne Road, Leicester LE2 0GU Highfields, and
- 24 Moira Street, Leicester, LE4 6LA

In April 2014, Dr Jatin Patel, the practice senior doctor and owner of the 2 practice premises resigned from the practice, but retained ownership of the premises. Hence, Dr Patel became the landlord of the existing premises at both Melbourne Road and Moira Street Surgery practices. Dr Patel believed that the new partners would sign the lease shortly after they had signed the contract with NHS England in relation to the practice.

Since March 2014, lease negotiations were ongoing without success. NHS England provided advice to the GP Practice on these issues.

On 28<sup>th</sup> August 2014 the GP practice was served with an eviction notice by the landlord. The eviction notice stated that the GP practice had to vacate both premises with effect from 16<sup>th</sup> October 2014.

The commission heard that the NHS England Area Team then intervened to secure suitable new premises, as the GP practice had failed to reach an agreement with the existing landlord regarding the terms of the lease largely linked to issues with rent, dilapidations and good will.

The NHS England Area Team worked with the practice to achieve the move to alternative premises because:

- the eviction notice was sudden and there was a very short period of time to put into place alternative arrangements
- the need to ensure continuity of care for 8000 patients, in the interests of patients welfare.
- there was vacant space available in the excellent NHS premises at Merlyn Vaz Centre and Belgrave Health Centre (both LIFT buildings) which was already been paid for by the NHS.
- the availability of this space within the communities of Highfields and Belgrave.

Since the relocation of the Highfields Medical Practice, NHS England had been in contact with other medical practices in the area to identify any consequential impact upon them. As a result, additional resources had been made available to one practice that was experiencing high volumes of new patient registrations to help with the registration costs and clinical patient

checks.

NHS England were not responsible for finding premises for any practice, but the Area Team had provided assistance in this instance in the interests of patients welfare.

Leicester City Clinical Commissioning Group informed the commission that they were not involved until later in the process. Had they been involved earlier, they might have been able to provide advice/support to give some additional leverage to the GP issues.

**Commission members raised the following points:**

- 1) NHS England Area Team should have acted more swiftly to follow national guidance for consulting on proposed planned service changes. (Although, acknowledged that in this case legality issues relating to the lease negotiations probably contributed to the delay).
- 2) The relocation to the Merlyn Vaz and Belgrave Health Centres seemed to serve a purpose as a convenient solution as it fulfilled the usage of the already vacant space, paid for by the NHS.  
*NHS England commented that the only consideration or purpose of NHS England was the availability of a suitable alternative building to ensure continuity of services to patients at very short notice. All other benefits were derived by coincidence.*
- 3) It is concerning that contracts managed by NHS England do not cover situations such as this where an eviction notice was served which impacted on patients.
- 4) It is concerning that NHS England did not have details of all medical practices that were located in non-NHS owned premises; it was each practice's responsibility to provide the premises in which to fulfil their contract with NHS England.  
*NHS England commented that it does have a list of all medical practices in non-NHS owned premises. We do not always know the most up to date tenure arrangements if practices do not inform us of any changes.*
- 5) There should be an audit of how many medical practice premises were owned by GPs and a risk register produced.

#### **4.4. CONCERNS RAISED BY PATIENT PARTICIPATION GROUP (PPG)**

In June 2014, the PPG were receiving complaints from patients and staff in relation to the situation at the surgery. The PPG chair, Mr Shiraz Khan, approached the surgery doctors for answers, but was told that information could not be shared with the PPG at this stage, due to legal reasons.

In July 2014 the PPG chair arranged a meeting with Leicester City Clinical Commissioning Group to discuss the problems at the surgery and to find ways forward to resolve the current situation. No new development or any progress was made.

Early in September Mr Shiraz Khan, Chair, sent an email to Mr Saiful Choudhury, the practice manager, expressing concern about a sudden influx of patients wanting to become members of the PPG (*Mr Khan said he felt his position as chair was becoming marginalised*).

An urgent PPG meeting was held on 10<sup>th</sup> September, organised by the practice manager (the PPG chair informed the practice manager that he was not able to attend the first meeting, and could only partly attend the second meeting).

However, the meeting (termed as a PPG meeting) went ahead, and was chaired by the practice manager. Some new PPG members attended, and PPG terms of reference were also discussed. The minutes state that attendees were supportive of the relocation move.

This meeting was led by a presentation by Mr Saiful Choudhury, practice manager, to inform the PPG members about the move to Merlyn Vaz Centre & Belgrave Health Centre. There was no consultation with the PPG group or the patients, prior to this meeting.

Amanda Anderson (NHS England) was present at this presentation meeting. All parties from NHS and CCG were aware at this stage of what was being proposed, in relation to relocation.

**Commission members raised the following points:**

- 1) It is concerning that over a 5 month period from March to August 2014, various meetings and discussions took place between NHS England Area Team and the GP practice to resolve the lease situation, but the PPG were not kept informed.
- 2) It is concerning that a PPG meeting held was led by the GP practice manager, instead of the PPG chair or vice chair.
- 3) The GP practice, NHS England and the CCG should have been aware that PPGs are constituted in their own right and should already have terms of reference as national guidance dictates this (example at APPENDIX C)
- 4) The Leicester City Clinical Commissioning Group (CCG) should have taken a more proactive role in advising the PPG, and if necessary, intervening.

#### 4.5. PETITION SUBMITTED TO NHS ENGLAND - PATIENTS RAISING CONCERNS

From 12<sup>th</sup> to 15<sup>th</sup> September 2014, a petition was circulated in the Highfields area for patients to sign.

In September 2014 NHS England received a petition with 631 signatures. Local patients raised concerns that the Highfields Medical Centre had been relocated to the Merlyn Vaz Centre without adequate consultation with patients.

The GP Practice and NHS England raised concerns about the misinformation and confusion to patients signing the petition e.g. is it for operational issues at the surgery, or is it against the relocation of the surgery.

NHS England subsequently, shared this petition with the Health & wellbeing Scrutiny Commission at Leicester City Council (legal advice stated that this could not be accepted as a formal petition, but the issues could be scrutinised).

##### Commission members commented:

- 1) That the legal advice received indicated that the commission should only be concerned with the structural and service issues around the relocation, the consequences to patients of the move and NHS England's response.
- 2) That the clinical concerns raised in the petition about repeat prescriptions and telephone waiting times were not issues that the commission could scrutinise, as these were essentially operational issues which were the responsibility of the Care Quality Commission.

#### 4.6. COMMUNICATION WITH PATIENTS

25<sup>th</sup> & 26<sup>th</sup> September 2014 the practice begins to publicise the relocation move on the website, posters, telephone message and patient events at new premises and SMS communication.

NHS England and practice sent a letter to all patients to inform them that re-location would be on 13<sup>th</sup> October to the new premises; the Merlyn Vaz Centre and Belgrave Health Centre. This allowed approx. 2 weeks for patients to find another doctor or re-locate.

In October 2014 Press statements and media enquiries took place. A couple of public / patient demonstrations took place outside the Melbourne Road surgery.

The commission heard that NHS England would have undertaken a full and formal consultation process with patients if the relocation of the practice had been one that was planned in advance. However, in this instance this was not

possible, therefore the steps taken was based upon ensuring continued care for patients; given the short timescales involved.

Commission members commented:

- 1) That the public perception and expectations may have been different if the letter to patients had referred to 'eviction' as the reason for the urgency of the relocation.
- 2) The Scrutiny Commission commented that it may have been better at the outset to indicate that there was a problem in negotiating a lease and that the practice may need to move. This would have allowed an earlier dialogue and consultation with patients to produce a better outcome.

The Leicester City Clinical Commissioning Group stated:

"That it was disappointing that patients were not involved earlier; as this could have led to the situation being better managed".

**4.7 IN CONCLUSION, the commission raised the following concerns:**

- a) The lease negotiations for the Highfields Medical Centre x 2 Practices was drawn out as a consequence of an apparent breakdown in communications.
- b) The rights and responsibilities of the Patient Participation Group Chair and its members were not recognised by the practice and NHS England.
- c) The re-location of the practice to the Merlyn Vaz Health Centre at short notice.
- d) **All these issues led to a negative impact on the patients.**

## 5. Financial, legal and other implications

### 5.1 Financial implications

'There are no direct financial implications arising from this review'.

*Rod Pearson*  
*Head of Finance*



## 5.2 Legal implications

There are no legal implications as a result of this report.

*Amy Owen-Davis  
Solicitor  
For City Barrister and Head of Standards*

## 5.3 Climate Change and Carbon Reduction implications

None

## 5.4 Equalities Implications

The Public Sector Equality Duty requires the public authority with responsibility for changes to service provision to consider what those potential impacts are to service users and if there are any adverse impacts, to put mitigating actions in place that reduce or remove those adverse impacts. This should be done at the time that the decision is made.

It appears that there is a lack of clarity as to who is responsible for having 'due regard' over the implications of the surgery location move and acting accordingly – regardless of the reasons for the move taking place. In commissioning the delivery of the GP service which is definitely a public function that comes within the remit of the Public Sector Equality Duty (PSED), the NHS commissioner passes along their PSED to the GP Surgery. There is no evidence that the GP Surgery has considered the equality impact of its move from its Highfields location nor taken action accordingly if necessary, as required by the PSED. It is likely that accessibility to the new location could be given as a potential equality impact.

Consultation that sought to identify the impact on the surgery's users with the Patient Participation Group would have been a good source of evidence, but this is not the only way this duty could have been met. Therefore, in conclusion based on the information available, is that the decision maker, the GP practice, does not appear to have met their Public Sector Equality Duty in regard to the decision to move the surgery premises to another location; nor has the NHS England reminded them of the need to do so.

Any protocol developed in anticipation of future relocation of a surgery should highlight the need to meet the Public Sector Equality Duty and to clarify evidence required to demonstrate that this duty has been met. The role of the Patient Participation Group could be further explored and clarified to determine whether it can assist the GP Surgery in carrying out this duty or whether this duty rests with the GP surgery alone. The June 2013 Care Quality Commission report regarding Patient Participation Groups focuses on their work being good practice only, without reference to any status or contribution to the GP surgery as part of its business operation.

*Irene Kszyk, Corporate Equalities Lead, ext 374147*

**6. Background information and other papers:**

None.

**7. Summary of Appendices:**

**Appendix A** - Minutes of the 25<sup>th</sup> November 2014 special meeting held of the Health & Wellbeing Scrutiny Commission.

**Appendix B** – Petition (front page only) received by NHS England

**Appendix C** – Example of Terms of Reference for Patient Participation Group (PPG)

**8. Is this a private report (If so, please indicate the reasons and state why it is not in the public interest to be dealt with publicly)?**

No.

**9. Is this a “key decision”?**

No

**10. Report Contacts**

Councillor Michael Cooke, Chair of Health & Wellbeing Scrutiny Commission, Leicester City Council.

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