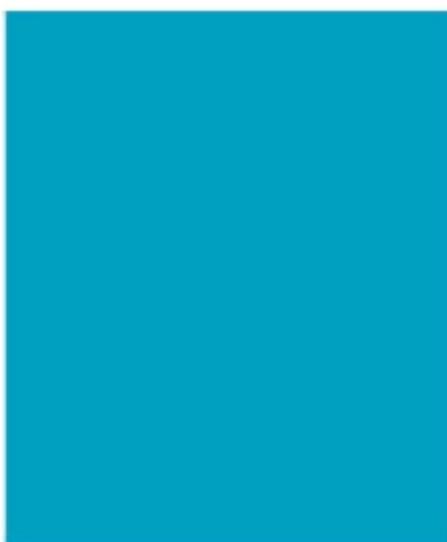


**Dr Nagarajan**

**Queens Park Health  
Centre**

**The presentation of  
options for the  
provision of primary  
medical services**



## **Contents**

1. Executive summary
  2. Background – Practice Profile
  3. Local GP Context and Capacity
  4. Patient and stakeholders engagement
  5. Options Appraisal
  6. Recommendation
  7. Next steps
- Appendix 1 - Current providers of local primary medical services within 1 mile of Dr Nagarajan
  - Appendix 2- Quality/performance measures for local practices
  - Appendix 3 - Distribution of patients registered at Dr Nagarajan by heat map
  - Appendix 4- Proposed patient letter in line with recommendation
  - Appendix 5: Equality Impact Assessment
  - Appendix 6 – Practice termination process

## 1. Executive summary

Dr Nagarajan, Queens Park Health Centre is a GMS practice provided by a sole practitioner, Dr Nagarajan. Dr Nagarajan has notified NHS England and West London CCG of his intention to retire and relinquish his GP contract as of the 31<sup>st</sup> December, thereby providing his contracted 3 month notice. Following discussions with Dr Nagarajan we have been unable to agree an extension and confirm any flexibility with the notice period.

This paper sets out the options available for the future service provision of primary medical services to the 2729<sup>1</sup> patients currently registered at Dr Nagarajan, Queens Park Health Centre, Dart Street, London, W10 4LD.

The options considered in this paper are:

- a) Option 1 (known as dispersal): For patients to register with an alternative existing practice of their choice
- b) Option 2 (known as procurement): For NHS England to appoint a new provider for the continuation of primary care to these patients.

In reviewing these options the following has been taken into account;

- the capacity and capability of the other practices in the area
- patient access and choice
- the financial and practical viability of each option.

This paper recommends Option 1 (list dispersal). This paper will also outline the patient and stakeholder engagement options that are available to commissioners taking into account the 3 month notice period.

## 2. Background – Practice Profile

- a. The most recent patient demographic information (December 2016) identified that there was a relatively equal male to female split (1450 female and 1290 male)<sup>2</sup>.
- b. There is a higher than England average level of deprivation <sup>3</sup>

---

<sup>1</sup> Exeter data (July 2017)

<sup>2</sup> <https://www.primarycare.nhs.uk/>

<sup>3</sup> <https://www.primarycare.nhs.uk/>

- c. The map in appendix 3 shows the patient distribution of the registered patients. This map shows that the geographical spread of patients is relatively large with significant numbers of patients registered outside of the practices catchment area and CCG.
- d. The practice provides essential and additional services.
- e. QOF achievement in 2016/17 was 531.69 out of a possible 559 points (95.11%).<sup>4</sup>
- f. On the NHS Choices website there are a total of 5 reviews, rating 5 stars. 73.5% of patients would recommend their GP Surgery.<sup>5</sup>
- g. The practice raw list size dropped slightly from April 2015 to July 2017 but has remained relatively consistent:

01/04/2015 capitation figure: 3061 (raw list size)

01/04/2016 capitation figure: 2857 (raw list size)

01/04/2017 capitation figure: 2722 (raw list size)

01/07/2017 capitation figure: 2729 (raw list size)

- h. Based on the 17/18 budget the practice is paid a global sum of £258,639 as per their GMS Contract with an MPIG of £6,078
- i. Practice reception and surgery hours are as follows<sup>6</sup>:

<b>Days</b>	<b>Reception Times:</b>	<b>Surgery Times:</b>
Monday	09:00-20:00	09:00-12:30, 16:30-20:00
Tuesday	09:00-18.30	09:30-12:30, 16:30-18:00
Wednesday	09:00-18.30	09:30-12:30, 16:30-18:00
Thursday	09:00-12.30	09:00-12.30
Friday	09:00-18.30	09:30-12:30, 16:30-18:00
Saturday	Closed	Closed
Sunday	Closed	Closed

The total of 24 clinical hours per week available to patients is at the lower end of the spectrum for North West London. The average number of clinical hours provided each week

<sup>4</sup> CQRS 2016-17 data

<sup>5</sup> <http://www.nhs.uk/Services/GP/Overview/DefaultView.aspx?id=44395>

<sup>6</sup> <http://www.nhs.uk/Services/GP/ReviewsAndRatings/DefaultView.aspx?id=44395>

amongst the 29 practices within a 1 mile radius of Dr Nagarajan's practice is 41 hours. Please see appendix 2 for further details.

#### **4) Local GP Context and Capacity**

##### Alternative Local GP Practices

There are 29 practices within a 1 mile radius of Dr Nagarajan's practice<sup>7</sup>. The detail of these practices and their distance from the practice are shown on Appendix 1. Two of the local practices are located within the same health centre Dr Nagarajan's practice occupies, Dr Ahmed's and Dr Lai Chung Fong's practices.

The local age demography of local GPs also needs to be noted. Single handed practices represent several local practices to Dr Nagarajan's. The average age of single handed practitioners in WLCCG within 0.5 miles of Dr Nagarajan's practice is 66 years. As such, future succession planning and the sustainability of these local practices needs to be considered.

There are no significant boundaries when considering patient access by public transport, car or road. All practices have open lists and are registering patients unless stated otherwise.

##### Existing Premises at Queens Park Health Centre

The premises are owned by NHS Property Services. We are not aware of any restrictions in the premises be used in the future.

The annual rent based on the 2017/18 budget is £16,250 and the annual business rates are £3,769.<sup>8</sup>

#### **5. Patient and stakeholders' engagement**

Under the Health and Social Care Act, commissioners are required to carry out engagement in a period of patient and stakeholder consultation, providing patients and local stakeholders with the opportunity to feedback and questions and concerns.

Typically commissioners would seek to engage (over a minimum of 28 days) with patients and stakeholders to ascertain their preferences for how services are provided going forward. Patient and stakeholders would then be informed of this decision.

Commissioners can, when deemed reasonable and proportionate make a decision to consult with patients and stakeholders with a reduced engagement window. This

<sup>7</sup> <http://www.nhs.uk/Services/GP/Overview/DefaultView.aspx?id=44395>

<sup>8</sup> NHS E Finance Schedule dated 2017/18

decision needs to be taken in conjunction with the completion of an Equality Impact Assessment (to be appended Appendix 5).

Appendix 6 outlines the usual process followed regarding practice termination.

## 6. Options Appraisal

The details considered for these options are shown below:

<b>Option 1 – List Dispersal</b>		
<b>Detail</b>	<b>Advantage</b>	<b>Disadvantage</b>
<b>Staff</b>	TUPE does not apply	
<b>Premises</b>	Provides remaining two practices within the health centre to expand.	
<b>Patient Choice</b>	There is a widespread choice of practices that patients may register with, offering a range of services.	Support and assistance would need to be provided to patients, especially vulnerable patients.
<b>Quality</b>	High performance of practices on indicators within 1 mile (appendix 2)	
<b>Patient Access</b>	There is a widespread choice of practices that patients may register with, offering a range of services and options. Other local practices offer patients significantly more clinical hours.	
<b>Finance</b>	Premises saving of £20,019 (rent and rates)	Patients may register with neighbouring practices with a higher cost per patient than which may be an added cost pressure. Local practices may request

		additional support.
<b>Timing</b>	An immediate decision to disperse will provide sufficient time to inform patients and assist those that require additional support.	
<b>Viability</b>	Dispersal is deemed a viable option on the basis of local practice capacity and quality.	

<b>Option 2 – Procurement</b>		
<b>Detail</b>	<b>Advantage</b>	<b>Disadvantage</b>
<b>Staff</b>		TUPE will apply and will most likely have financial implications.
<b>Premises</b>	The premises will likely be available	
<b>Patient Choice</b>	Patients would still have the ability to register with other local practices	
<b>Quality</b>	A new APMS contract would be monitored against a range of Key Performance Indicators	Unknown as new provider would need to be appointed.
<b>Patient Access</b>	A new APMS practice is likely to have longer opening hours than the current provider.	Unknown as new provider would need to be appointed
<b>Finance</b>		The core NHS England (London) minimum core APMS price per patient is £100.10 plus £5.35 for the KPI award. In addition costs will be associated with the procurement processes for an interim and permanent provider.
<b>Timing</b>		Procurement of a new provider is likely to take between 6 to 9months. Therefore

		there is not an adequate amount of time for the procurement process before the retirement of Dr Nagarajan caretaking arrangements will be required
<b>Viability</b>		Procurement of a new provider for a list of this size is unlikely to attract significant interest from the market.

## 6. Recommendation

The recommended option is option 1 (known as dispersal): For patients to register with an alternative practice of their choice. It is also recommended that commissioners make an immediate decision to engage on a preferred option to disperse the registered list and not engage patients and stakeholders in a preferred option of dispersal or procurement.

Key factors in making this recommendation include:

- a) The small registered list of 2729 patients can be dispersed across the large number of existing practices who report better outcomes against some measured indicators.
- b) Given the 3 month notice period given, engaging with patients regarding the option to procure when this is not deemed as viable will result in a large amount of this time taking up with the review of feedback. This time can be spent communicating and supporting patients on the next steps. Providing patients with an option of selecting procurement as a choice can be deemed as providing a false option for decision.
- c) It is unlikely to be commercially viable to procure a new contract for a list of this size. Any practice with a list size of less than 6000 is unlikely to attract competitive interest and would require a substantial price support supplement to make the practice financially viable.
- d) Procurement of a new provider is likely to take between 6 to 9 months. This will result in the need to engage a caretaker of the list which will incur significant cost.
- e) There is a risk of the tight timescale to implement so patients would need to be written to as soon as possible. This can be mitigated against as follows:
  - Proactive support to signpost patients to other practices and advice on how to register
  - Focused support offered to patients identified as vulnerable. Use of CCG navigators.
  - Engagement event to be held at the practice

- CCG engagement with local community networks and councillors and MP.
- A list of local practices and FAQs will be provided at the practice.

## 7. Next steps

If the recommendation is supported the next steps would be as follows:

- To advise all patients and stakeholders of the decision being taken forward. Patients and stakeholders will be written to immediately detailing the preferred option to disperse the list (see appendix 4). Patients and stakeholders will be provided with a defined window to respond with any concerns or queries regarding the decision. This will be through a feedback sheet, email and engagement event at the practice.
- It is recommended that the Committee consider and agree to the instruction of a clinical system caretaker for after 31<sup>st</sup> December for a period of 6 weeks to review and monitor any incoming results.
- Costs associated with sending patients letters via CAPITA need to be considered and agreed.
- A practice closure plan will be implemented with Dr Nagarajan's practice. This will include identification of vulnerable patients to ensure their registration with appropriate local practices prior to the closure.

Proposed Timeframe:

Patient letter is sent out by	Friday 13 <sup>th</sup> October 2017
Patient engagement begins on	Monday 16 <sup>th</sup> October 2017
Patient engagement finishes on	Monday 13 <sup>th</sup> November 2017
Review of feedback begins	Tuesday 14 <sup>th</sup> November 2017
Finalise paper for PCC	Wednesday 15 <sup>th</sup> November 2017
PCC make a formal decision on	Tuesday 21 <sup>st</sup> November 2017
Patient letter is sent out by	Tuesday 28 <sup>th</sup> November 2017
	Provides patients 3 weeks' notice before Christmas week

**Appendix 1 - Current providers of local primary medical services within a 1 mile radius of Dr Nagarajan Queens Park Health Centre**

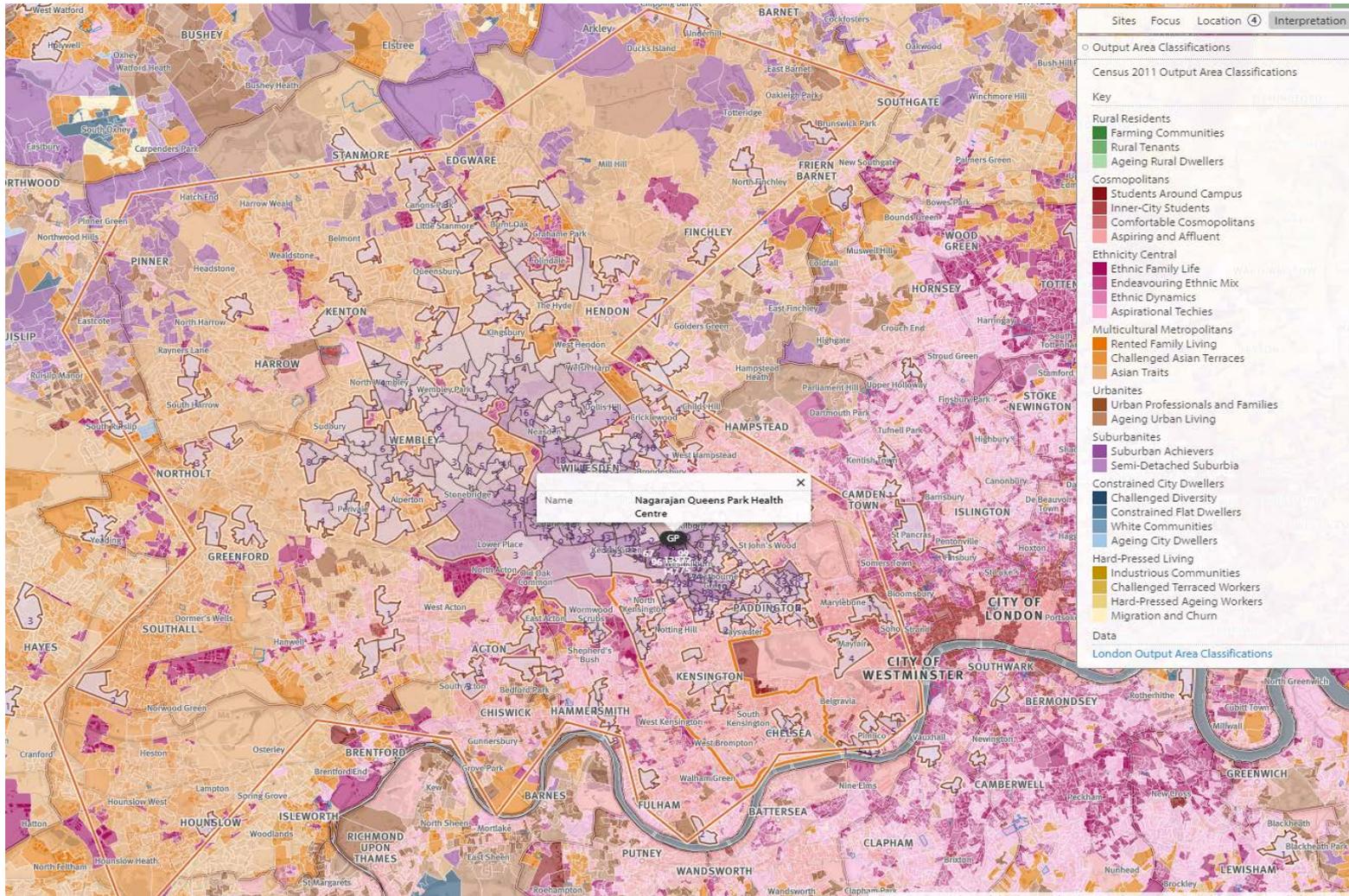
CCG	Practice Code	Contract Type	Practice Name	List size July 17	Distance (Miles)
NHS West London CCG	E87057	GMS	Nagarajan Queens Park Health Centre	2729	0
NHS West London CCG	E87735	GMS	Lai Chung Fong Queens Park Health Centre	1376	0
NHS West London CCG	E87755	GMS	Ahmed N Queens Park Health Centre	2564	0
NHS Brent CCG	E84667	GMS	Blessing Medical Centre	3123	0.2
NHS West London CCG	E87021	GMS	Shirland Road Medical Centre	3889	0.2
NHS West London CCG	Y02842	APMS	Half Penny Steps Health Centre	5010	0.3
NHS Brent CCG	E84023	GMS	Park House Medical Centre	5365	0.3
NHS West London CCG	E87751	GMS	Dr Kumara Srikrishnamurthy	2172	0.3
NHS Brent CCG	E84696	GMS	Dr Abubakr Shaikh (Peel Precinct)	1638	0.4
NHS West London CCG	E87742	PMS	The Golborne Medical Centre	2485	0.5
NHS Brent CCG	E84025	GMS	The Lonsdale Medical Centre	14392	0.5
NHS West London CCG	E87024	PMS	The Golborne Medical Centre	5066	0.5
NHS West London CCG	E87038	GMS	Dr Philip Mackney	4409	0.6
NHS West London CCG	E87026	GMS	Meanwhile Garden Medical Centre	2791	0.6
NHS Brent CCG	E84705	GMS	Dr Jyotsna Patel	2559	0.6
NHS Brent CCG	E84042	GMS	Kilburn Park Medical Centre	7851	0.7
NHS Central London CCG	E87741	GMS	Dr Susan Elizabeth Honey	3799	0.7
NHS West London CCG	E87733	GMS	The Exmoor Surgery	3561	0.7
NHS West	Y0101	APMS	Barlby Surgery	9878	0.7

London CCG	1				
NHS Central London CCG	E87010	GMS	Dr Hugh Wright	7158	0.8
NHS Central London CCG	E87046	PMS	The Randolph Surgery	8263	0.9
NHS Camden CCG	F83059	PMS	Brondesbury Medical Centre	16910	1
NHS Central London CCG	E87663	GMS	Third Floor Lanark Road Medical Centre	3196	1
NHS Central London CCG	E87756	PMS	Ground Floor Lanark Medical Centre	3453	1
NHS West London CCG	E87003	GMS	North Kensington Medical Centre	4787	1
NHS West London CCG	Y00507	GMS	St.Quintin Health Centre	2413	1
NHS Central London CCG	Y00902	PMS	Dr Philip Olufunwa	3916	1
NHS West London CCG	E87050	PMS	The Practice Beacon	2087	1
NHS West London CCG	E87637	PMS	Grand Union Health Centre	10214	1
NHS West London CCG	E87067	GMS	Colville Health Centre	10383	1

## Appendix 2: Quality/performance measures for local practices

CCG	Practice Code	Contract Type	Practice Name	CQC Overall Rating	Wheelchair Access (NHS Choices)	GPHLI (identify those more than 5)	GPOS Triggers	GPOS (identified for review?)	GP Patient Survey Satisfaction with Opening Hours	GP Patient Survey Able to make an appt last time they	GP Patient Survey Confidence and Trust in the last GP spoken to	GP Patient Survey Ease of Telephone Access	QOF 15/16 (WLCCG average = 91.3%)	Practice Capacity to Register New Patients (As of 02/10/17)	Weekly Clinical Hours (NHS Choices)
NHS West London	E87057	GMS	Nagarajan Queens Park Health Centre	Requires Improvement	Y	3	8	Approaching Review	80%	81%	84%	79%	91.6%	NA	23.5
NHS West London	E87735	GMS	Lai Chung Fong Queens Park Health Centre	Good	Y	0	10	Review Identified	58%	77%	90%	79%	89.5%	TBC	23
NHS West London	E87755	GMS	Ahmed N Queens Park Health Centre	Requires Improvement	No data	2	9	Review Identified	85%	87%	96%	93%	99.5%	500	27.5
NHS Brent CCG	E84667	GMS	Blessing Medical Centre	Good	Y	1	8	Approaching Review	77%	87%	92%	83%	99.0%	TBC	30
NHS West London	E87021	GMS	Shirlands Road Medical Centre	Good	Y	2	7	Approaching Review	74%	78%	97%	82%	90.9%	300	54.5
NHS West London	Y02842	APMS	Half Penny Steps Health Centre	Inadequate	No data	2	3	Achieving Practice	82%	69%	88%	75%	97.1%	TBC	72
NHS Brent CCG	E84023	GMS	Park House Medical Centre	Good	Y	0	9	Review Identified	83%	90%	95%	84%	96.2%	1000	49
NHS West London	E87751	GMS	Dr Kumara Srikrishnamurthy	Good	Y	2	5	Achieving Practice	85%	85%	99%	89%	88.5%	Very little to No capacity	31
NHS Brent CCG	E84696	GMS	Dr Abubakr Shaikh (Peel Precinct)	Inadequate	Y	1	7	Review Identified	92%	92%	96%	95%	87.8%	Capacity to register a high number	25
NHS West London	E87742	PMS	The Golborne Medical Centre	Good	Y	3	9	Review Identified	92%	91%	96%	96%	82.9%	Capacity to register a high number	28.75
NHS Brent CCG	E84025	GMS	The Lonsdale Medical Centre	Good	Y	2	11	Review Identified	52%	81%	94%	33%	100.0%	Capacity to Register - no number confirmed	42.5
NHS West London	E87024	PMS	The Golborne Medical Centre	Good	Y	0	4	Achieving Practice	89%	90%	95%	91%	99.7%	TBC	59
NHS West London	E87038	GMS	Dr Philip Mackney	Requires Improvement	Y	3	10	Review Identified	70%	85%	98%	92%	90.0%	TBC	2167
NHS West London	E87026	GMS	Meanwhile Garden Medical Centre	Good	Y	1	9	Review Identified	81%	83%	93%	91%	87.9%	Capacity to Register - no number confirmed	50.5
NHS Brent CCG	E84705	GMS	Dr Jyotsna Patel	Good	Y	2	10	Review Identified	51%	76%	79%	57%	98.9%	TBC	31.5
NHS Brent CCG	E84042	GMS	Kilburn Park Medical Centre	Good	Y	2	6	Approaching Review	74%	75%	97%	48%	99.2%	TBC	51.5
NHS Central Lond	E87741	GMS	Dr Susan Elizabeth Honey	Good	Y	1	5	Achieving Practice	65%	78%	92%	76%	94.1%	TBC	26.5
NHS West London	E87733	GMS	The Exmoor Surgery	Good	Y	3	5	Achieving Practice	77%	63%	96%	57%	97.2%	6000	57.5
NHS West London	Y01011	APMS	Barlby Surgery	Outstanding	Y	3	7	Approaching Review	88%	72%	94%	79%	100.0%	Capacity to Register	54
NHS Central Lond	E87010	GMS	Dr Hugh Wright	Good	No data	1	12	Review Identified	53%	77%	94%	83%	93.2%	500	28.17
NHS Central Lond	E87046	PMS	The Randolph Surgery	Good	Y	2	8	Approaching Review	68%	75%	94%	79%	78.5%	300	55.5
NHS Camden CCG	F83059	PMS	Brondesbury Medical Centre	Good	Y	1	4	Achieving Practice	81%	83%	93%	69%	97.8%	200	49
NHS Central Lond	E87663	GMS	Third Floor Lanark Road Medical Centre	Good	Y	2	5	Achieving Practice	90%	90%	96%	95%	98.9%	TBC	37.5
NHS Central Lond	E87756	PMS	Ground Floor Lanark Medical Centre	Requires Improvement	Y	4	8	Approaching Review	77%	79%	94%	72%	88.7%	unable to contact	54
NHS West London	E87003	GMS	North Kensington Medical Centre	Good	Y	3	4	Achieving Practice	77%	89%	100%	94%	99.7%	200	54.5
NHS West London	Y00507	GMS	St Quintin Health Centre	Good	Y	1	6	Approaching Review	79%	92%	93%	96%	98.8%	200	38
NHS Central Lond	Y00902	PMS	Dr Philip Olufunwa	Good	Y	3	13	Review Identified	81%	77%	92%	69%	77.6%	unable to contact	30.5
NHS West London	E87050	PMS	The Practice Beacon	Good	Y	0	6	Approaching Review	81%	83%	98%	94%	98.5%	165	25.85
NHS West London	E87637	PMS	Grand Union Health Centre	Good	Y	1	6	Approaching Review	81%	87%	95%	82%	98.1%	2000	62.5
NHS West London	E87067	GMS	Colville Health Centre	Good	Y	10	8	Approaching Review	80%	82%	95%	83%	94.0%	1000	34.5
								WLCCG Average	79%	84%	95%	84%			
								1mile average	76%	82%	94%	79%			

### Appendix 3 - Distribution of patients registered at Dr Nagarajan's Practice by heat map



## **Appendix 4- Proposed patient letter in line with recommendation**

[Insert Date of letter]

Dear [insert Patient Name]

### **Important Information about your GP surgery – Dr Nagarajan within Queens Park Health Centre**

This letter is to advise you that Dr Nagarajan has notified NHS England of his intention to retire on 31<sup>st</sup> December 2017. I am writing to provide you with some information about the GP services at Dr Nagarajan's Practice and to invite you to give your views on how these could be provided in future.

### **What happens when a GP contracts end?**

When a GP contract ends, the local Clinical Commissioning Group (CCG) for West London needs to decide how patients registered at the practice can continue to access GP services in the future. This means, either;

- a. asking patients to register with another existing local practice of their choice,
- or
- b. Appointing a new provider for the continuation of GP services. This would be through a competitive tendering process.

In deciding which approach to take we need to consider all relevant information, such as the size and demographic profile of the practice population, public health information, the availability and condition of the existing premises, and the number, capacity and quality of other local GP practices.

### **What will happen to your practice?**

In this case, having considered all the relevant information, West London Clinical Commissioning Group are **proposing** to ask patients to register with another existing local practice of their choice. The reasons for this proposal are outlined below:

- There are 29 practices within a mile of Dr Nagarjan's practice and 2 of those practices are located within Queens Park Health Centre. All have open lists and are registering new patients.
- The number of patients registered at the practice is relatively low and therefore we may find it difficult to find other providers interested in providing this service.

## **How you can get involved**

NHS England and West London CCG want to hear from you to make sure that your views are taken into account when a final decision is made.

You can share your views in the following ways:

1. Feedback sheet

You can complete the feedback sheet on the following page and return to your practice or alternatively email to NHS England at [england.lon-nw-pcc@nhs.net](mailto:england.lon-nw-pcc@nhs.net)

The closing date for receipt of your comments is (INSERT DATE)

2. Information session

You can attend the following information session at Dr Nagarajan's Practice where you can hear about the reasons for the proposal in greater detail and ask any questions that you may have:

Location: Dr Nagarajan's Practice, Queens Park Health Centre

Date: (insert date)

Time: (insert time)

Further information including a list of Frequently Asked Questions and a list of local practices will be made available at the practice.

NHS England and West London CCG will review patient and stakeholder feedback, alongside other relevant information, before a final decision is made. We will write to all adult patients registered with Dr Nagarajan's Practice advising them of the outcome and the next steps.

NHS England and West London CCG is committed to offering the best possible access to health services to our patients. Thank you for taking part in this engagement and we look forward to hearing your views.

If you are unclear of the contents of this letter and require further explanation please contact NHS England via:

☐☐ Telephone: 0207 150 8300 or by ☐☐ email to [england.lon-nw-pcc@nhs.net](mailto:england.lon-nw-pcc@nhs.net)

Yours faithfully,

Sharon Peppard –Assistant Head of Primary Care North West London  
London Region Team

**Patient feedback for Dr Nagarajan's Practice – Queens Park Health Centre**

Please complete the below feedback form and return it to Dr Nagarajan's Practice by **(insert date)**. Alternatively you can email it to [england.lon-nw-pcc@nhs.net](mailto:england.lon-nw-pcc@nhs.net)

Following the decision of Dr Nagarajan to retire, West London CCG is proposing to ask patients to register with another existing local practice of their choice. We would like to hear your views on this proposal together with any concerns you may have:

**Appendix 5: Equality Impact Assessment**

To be completed

## **Appendix 6 – Practice termination process**

1. The most common reason for contract termination is GPs choosing to retire. Other possible reasons include termination for performance reasons or APMS contracts reaching the end of their designated time span.

Single handed GMS practices can provide 3 months' notice to retire and partnership GMS and PMS practices 6 months. These timescales can prove challenging.

2. When a practice closure is confirmed the options available to commissioners are

- A) list dispersal
- B) procurement

3. Patients are written to informing them of the situation and seeking their views on list dispersal or closure. Patients can respond at the practice, by post or via email to [england.lon-nw-pcc@nhs.net](mailto:england.lon-nw-pcc@nhs.net). FAQs and additional information is made available to patients as appropriate. The engagement process typically runs for 28 days with time required after the end of the engagement period to collate and analyse the results.

4. A stakeholder engagement runs concurrently with the patient engagement seeking their views on list dispersal or closure. Stakeholders include

- LMC/LPC
- Health Overview and Scrutiny Panel
- Local GP Practices
- Local Pharmacies
- Healthwatch

5. An options appraisal paper goes to the Primary Care Committee and will typically include:

- Practice Profile – list size and demographics, geographical spread of registered patients, quality, range of services, patient feedback, opening hours and access
- Local capacity and quality – the number of practices within 1 mile, their ability to register new patients and how many patients, the quality of local practices
- Local Practice spread – proximity and ease of access from current site
- Premises issues – will the current premises be available after termination?
- Patient engagement feedback
- Stakeholder engagement feedback

- Commercial viability of the practice

Based on the above the paper will make a recommendation to the Primary Care Committee for either procurement or dispersal.

6. Once the Primary Care Committee has made a decision patients and stakeholders will be informed and next steps will be enacted dependent upon the decision