

PARTNERSHIP

Dr Julia Visick GMC:4279211 ~ Dr Philippa Hine GMC: 7037162 ~ Mrs Izzy Culliss (Managing Partner)

September 2022

To Marysville Medical Practice patients

We are writing this statement on behalf of all of the partners of Marysville Medical Practice and in response to the letter we have received from Shrewsbury Councillors (Chris Lemon, Julia Evans, Kate Halliday, Alex Wagner, Julian Dean and Bernard Bentick) voicing specific concerns regarding our future relocation into the proposed Shrewsbury Health and Well-being Hub.

Firstly, some general considerations:

Historically, the partnership model of general practice was set up with the requirement that GPs would provide their own premises, and these were usually part of their own homes. As time went on, practices grew and took on premises. But there have been problems at a national level with providing buildings for GP surgeries for many years and there are issues with the current model that fundamentally restrict our ability to undertake our day-to-day duties as a GP. Many premises are sub-standard and wholly unsuitable for the purpose of providing modern medical care.

All of the six GP practices looking to relocate are either working from premises rented from landlords, or the partners have mortgages on their buildings. Either model confers a significant personal financial risk. The rent or mortgage is paid by notional rent which is reimbursed by the NHS. This is assessed based on the value of the building and the footprint that is given over to NHS service provision. This system of reimbursing what is deemed to be an appropriate “market rent” to landlords, or to cover the mortgage, is commonplace, at considerable cost to the NHS, up and down the length and breadth of England.

The personal liabilities incurred by individual partners when signing a lease with landlords or a mortgage with a bank, is causing a national crisis in recruitment and retention of substantive GPs. A GP may find themselves in a situation where their partners leave the practice, perhaps due to retirement, relocation, or illness, and they are left with sole financial responsibility. They are faced with the impossible decision to struggle on continuing to provide NHS services for the remainder of their lease term, or to hand back their NHS contract and be personally liable for future rent payments to their landlord for the remaining duration of the lease. In some circumstances such leases can be as long as 25 years.

Not only is it becoming increasingly difficult to attract newly qualified GPs into a permanent partnership position within a practice because of this personal financial liability (young GPs don't want to take on a mortgage that is bigger than the mortgage they have for their own

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home), but many very experienced and respected doctors are leaving partnerships to work as locums.

Not only would the proposed hub enable the NHS to save money, but because it would be owned by the local NHS (the ICB) it could enable them, for the first time, to link the budget holder (the commissioner) with estate ownership. This would support the alignment of clinical and estate priorities across our locality and better meet the needs of our individual community. PCNs and commissioners could drive improvements in the quality of the building that services would be provided from and tailor those services in a way that responds to local needs and enables genuine improvement in the support and wellbeing of Shrewsbury patients.

Development of a bespoke, ICB owned centre would enable the phased disposal of sub-standard accommodation, and it would also reignite a sense of pride in the role of the “family doctor”. A desire to work consistently within and for a community of patients and know that there is no personal financial liability one incurs by doing so. Permitting us to focus on the reason we were first attracted to a career in General Practice, rather than being distracted by managing estate issues and landlord complications.

The interest shown by the practices involved is indicative of the appetite to respond to the massive increase in demands and expectations placed on General Practice over the last 5 years, and to adapt to the change in direction of primary care service delivery. Becoming much more community focused and integrated with social care.

Other external allied service providers will be selected by the ICB according to the needs of the community to support the wider (social) determinants of health. We are working with our local partners in the ICB regarding the range of allied services that may operate from the proposed hub. This is going to be put to the public when this project goes to public consultation in the Autumn. But the current proposals include services that patients would currently have to make a separate journey to hospital for such as phlebotomy and x-ray, along with some community clinics. Having such services within the same locality as their GP surgeries may reduce the distance that patients are likely to need to travel.

We know that transport is a concern for some of the population. As a group of practices and in conjunction with Shrewsbury PCN we are working with Shropshire Council, who are partners in the ICB, to provide a solution to public transport provision for this area. It is of the utmost importance to all of us that accessibility issues will not discriminate against any of our

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patients receiving excellent care. It needs to be fit for purpose so the staff can get to work too.

The practices that relocate to the hub would continue to function as independent practices with discrete geographical areas. We would all continue to have our own Reception and waiting areas. It is also proposed that there would be a variety of Primary Care Network services for the benefit all the patients registered within the Shrewsbury PCN.

The ICB is following all the procedures laid down by the NHS around engagement and consultation.

We know that there will be challenges and teething problems. However, the proposed development would give us all an opportunity to work together to provide a high standard of primary care and to work with our population to improve their general health and wellbeing.

Specifically relating to Marysville:

As Partners of Marysville Medical Practice we are incredibly proud of the Practice that we have built and continue to develop and wish to grow further. We are invested emotionally and financially in ensuring the best future for the practice by continuing to improve patient services. Our primary aim is to continue to deliver and improve on our good standards of patient care. We have many patients who are supportive of the move if it enables us to continue as the practice that they are currently very happy with.

Marysville has moved several times during its' lifetime to enable expansion of the space needed to make it fit for the purpose of providing general medical services as per our NHS contract. We are simply planning for the future to ensure that medical services can still be provided.

The current building is large enough, at this time, however the main issue for us as Partners is the Lease. There are no other sources of funding currently available in the NHS that would enable us to stay where we are, addressing this fundamental issue. **A previous GP Partner has already had to make the hard decision to leave the Partnership due to the significant personal financial risk that being on the Lease involves.** These leases need to be signed for 20-25 years and is a definite factor that is preventing other GPs from becoming a Partner in Marysville Medical Practice. The partners are also liable for building repairs, so must pay personally for the repair of the boiler, or lift, for example, which at the current Marysville building are hugely disproportionate to our patient list size. The money saved by moving to

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the hub, because of the way costs are overall reduced, would enable us to employ a further GP +/- other allied health care providers.

We will not be re-signing this lease when it is up for renewal (in less than 3 years' time), as there is too much personal financial risk involved, which we do not think that anyone, following independent financial advice, would agree to take on. Even if a leaseholder could be found we cannot expand as the access is a narrow residential road and would make the road busier than it already is.

Therefore, we need to seriously consider the proposed Shrewsbury Health and Well-being Hub to enable a future for our practice. We will be aiming to ensure that this is the best move for the practice, enabling us to keep our practice identity, independence and values.

We believe that the proposed Shrewsbury Health and Well-being Hub could provide Marysville Medical Practice with a future proof home, within a community-facing and community-activating environment that is filled with energy, life and opportunity.

We understand that our patients and staff will have concerns and questions and we welcome open dialogue to discuss these. We simply ask that people remain open minded and try to work with us to find solutions to these fundamental issues within General Practice.

There will be public consultation, as was always planned, in the Autumn of 2022.

Signed
The Partners of Marysville Medical Practice

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