

IVEL MEDICAL CENTRE, BIGGLESWADE, BEDS

1. Practice History

The Practice is known as Ivel Medical Centre and there is no Senior Partner. For contractual purposes Dr Hollington is the Lead Partner. The Practice was founded in 1973 and has grown to its current list size of 10,300 patients.

2. Practice Area

The Practice is in a semi rural area in the eastern part of Mid-Bedfordshire. The population of Biggleswade is 16,500; and has 15 surrounding villages in its catchment area.

Biggleswade is a market town, and is the largest settlement in the East Bedfordshire corridor. It is bypassed by the A1 trunk road, with easy access to both the north and south, and good road links to all the neighboring towns, and villages. There is some light industry around the town and the countryside is almost entirely given over to horticulture and vegetable growing. There is an Industrial Park on the southern side of the town. The East Coast railway passes through the town with a centrally located train station. Services run north to Scotland and south to London Kings Cross.

3. The Practice

The Practice currently has six Partners comprising four full time who work 8 sessions per week, one who works 7/8ths and one half time Partner made up of three male and three female Doctors.

The vacancy has been created by a Doctor resigning from the Practice.

The Practice is a GMS Dispensing Practice, and currently dispenses to 16% of its registered patients.

Since the introduction of the nGMS Contract the Practice has over the last four years achieved high QOF scores. The Practice is signed up to a number of Enhanced Services including Sexual Health, Minor Injury, Near Patient Testing, Phlebotomy, and Minor Surgery, and Anticoagulation Service.

The Practice offers Extended Hours via an Enhanced Service with appointments between 7.00 a.m. – 8.00 a.m. 1 – 3 weekday mornings per week and 1 -2 Saturday mornings per month. These hours are arranged to fit in with Doctors personal circumstances.

The Practice achieves the higher level Child Health Surveillance Targets.

The Executive Director is responsible for the management of the Practice and plays an integral part in the running of the Practice.

4. Partners Interests/Responsibilities

Most of the Partners have been with the Practice for many years

The interests of the Partners are as follows:

Dr William Hollington	Chronic disease management (Diabetes, Coronary Heart Disease, Hypertension and Chronic Kidney Disease), Palliative Care, Health Promotion, and Occupational Health
Dr Jane Hartree (4/8 ths)	Asthma, COPD, Travel Medicine and Child Surveillance and Immunisation, Breast Screening, Dementia and Learning Disabilities
Dr Anna Zahorski	Cancer including Palliative Care Gold Standards, Care of Elderly, Cervical Cytology, IUD's,
Dr Nigel Smith (7/8 ths)	Dermatology, Minor Surgery, Cryotherapy, Epilepsy, Hypothyroidism, Dispensary
Dr Rama Kailasa	Will be joining the Practice in August 2012

Discussions with the new partner/s would take place to decide how their skills complement those of the existing Partners.

5. Practice Management

The Practice has excellent administrative processes in place to ensure its smooth running. Since the arrival of the Executive Director in 2001 the processes and protocols in place have enhanced this excellence. There is good teamwork between all members of the Practice team.

6. Staff

The Practice employs 22 personnel as follows:

Executive Director – full time
Office Manager – previously one of the Practice's Nurses (0.66 WTE)
2 Medical Secretaries (1.34 WTE)
2 Data Input/Administrators (1.39 WTE)
4 Practice Nurses (2.66 WTE)
2 Healthcare Assistants (1.11 WTE)

- 1 Administrator/Receptionist – full time
- 1 Administrator (0.4 WTE)
- 7 Receptionists (4.78 WTE)
- 2 Dispensers (1.39 WTE)

The Practice’s personnel are committed to both the Practice and the patients. The Practice receives compliments from its patients, and achieves high scores through patient satisfaction surveys.

The Practice also has access to a full complement of attached Primary Health Care personnel who are located off site.

7. Clinics

Minor Illness – Every morning)	
Diabetes – Twice Weekly)	
Asthma/COPD – Twice Weekly)	These are all
Coronary Heart Care – Weekly)	run by the
Children’s Health Surveillance – Weekly)	Nursing Team
Travel - Weekly)	
Treatment Room – Daily)	
Phlebotomy – Every morning)	
Anticoagulation – weekly)	

The Practice also carries out other sessions such as Minor Surgery, Cryotherapy, fitting of IUDs, and Child Surveillance as required.

The outside commitments of the Practice are an integral part of the Practice’s daily working.

The Practice carries out daily ward rounds at Biggleswade Community Hospital.

The Practice also provides Out of Hours Cover for a Local Hospice. The Practice is contracted to provide cover on 16-18 weekday evenings per month and for a Full Time Partner this means that they would be on call for the Hospice between 6.00 p.m. – 8.00 a.m. on average 1 evening per week. In the event that the Hospice requires a Doctor to visit then for the evening the Doctor is on call they need to be no more than 30-40 minutes from the Hospice.

The Practice also provides twice weekly visits to an EMI Home and weekly visits to a Capio Home.

The Practice has a Contract to provide fortnightly Shared Care Sessions for the Practice’s substance Misuse patients.

The Practice also hosts weekly the following PCT/Hospital services:

Counseling
Dietetic
Community Midwife

8. Premises

The existing Practice premises are owned by the Practice and consist of three adjacent terraced houses. The accommodation comprises

Six consulting Rooms
2 small consultation rooms
Clinic Room
Two Treatment Rooms
Dispensary
Three Waiting Rooms
Reception Area (including records)
Administration Office
Secretaries' Office
Executive Director and Office Managers' Offices
Staff Room - containing Practice Library
Four Toilets

In 2001 it was announced that land to the east of Biggleswade would be developed. The development has now commenced and when it is complete it is anticipated that there will be circa 2,000 additional patients registered with the Practice.

Since 2001 the Practice has actively been involved in negotiation for the building of a new health centre in conjunction with the other Practice in town. Unfortunately progression of the Project did not move forward due to funding.

The other Practice in the Town has decided that it will not now move as space has been vacated which it can expand into.

The Practice has therefore been holding discussions with Central Bedfordshire Council and an opportunity has come up for the Practice to relocate to a building owned by Central Bedfordshire. The Practice's Business Plan has been approved by the PCT's Asset Management. The Practice is presently engaging further with Central Bedfordshire Council regarding the relocation and work on drawings and plans is currently being undertaken. Due to the work that has to be undertaken it is not anticipated that the Practice will move for a further 15-18 months.

On relocation the Practice will be looking to sell its current premises and to become a tenant of Central Bedfordshire. Due to this the Practice will have

mutual discussions and agreement regarding premises with any new Partner/s joining the Practice.

9. Computers

The Practice is fully computerised and currently moved to Sy1 in September 2010. The Practice is totally committed to computer data entry. Since 1988 all consultations have been entered on the computer. In addition since 1990 referrals, admissions, pathology and x-ray results have been input. All patient information is scanned onto the computer on a daily basis. The Practice is also linked to Bedford and Lister Hospital for Discharge Summaries, and receives electronic test results.

10. Secondary Care

Primarily the Practices refers patients to Bedford and Lister Hospital Stevenage for their secondary care. Patients are also referred to Addenbrookes Hospital Cambridge, Hinchingsbrooke Hospital, Huntingdon and others including London Hospitals.

11. Training

The Practice is committed to training, and was appointed as a Training Practice in the NW Thames Region in 1985. Unfortunately the accreditation expired in June 2010. The Doctor joining the Practice in August 2012 is keen to continue training and we therefore hope that this is an area that can continue in the Practice in the future.

12. Ivel Valley Consortium

The Practice is a Shareholder of the Ivel Valley Health Partnership which has commenced commissioning services locally.

13. Commitments Outside the Practice

Clinical Assistants, Biggleswade Community Hospital

Medical Advisers to a Local Hospice – (Out of Hours)

Medical Officers to Beaumont Park Nursing Home for the Practice's patients

Medical Officers to Potton House Nursing Home for Elderly Mentally Infirm

Industrial Medicine Officer

LMC Member

LMC GP Mentor

14. Meetings

A rolling three month programme of Practice Meetings are held every Monday and include

Monthly Mini Partners Meetings
Prescribing
Significant Event/Clinical Governance
Gold Standards
Primary Health Care Team
Clinical Meetings

Full Partners Meetings are held every couple of months.

15. Out of Hours

The Practice's out of hours cover is provided by M-Doc. This is a Co-operative which was set up by local Practices and has continued since the introduction of nGMS. Several local GPs continue to carry out shifts and provide cover for the Practices in the Ivel Valley location.

16. Applications

As a Practice we have high medical and ethical standards. We take a pride in the care that we provide to our patients to ensure that they receive both the best possible treatment both in primary and secondary care.

We are willing to consider options regarding the filling of the position of either a full time Partner or two part time Partners.

If you are enthusiastic, motivated and committed to providing first class patient care and are interested in joining the Practice then please apply by handwritten letter and Curriculum Vitae addressed to

Christina Ward Executive Director
Ivel Medical Centre
35/39 The Baulk
Biggleswade
Beds SG18 0PX

Interviews: To be arranged
Start As soon as possible are willing to wait for the right candidate/s