

GREENWOOD SURGERY

Material has been published recently, which has raised old issues at a time when there might have been a case for continuing the cooling-off period. Rather than answering these individually, we have decided to publish the relevant correspondence again on the website so that people can reach their own conclusions.

‘Eviction’ – ‘Made to move’

Letter to: Mike Harrison, Chief Executive, Maldon and South Chelmsford PCT - 10 February 2004

“I have made it abundantly clear both to you and to the public that I am happy for some form of NHS service to be provided at Greenwood Surgery – but that I strongly take issue with the way it has been ‘managed’ thus far. If you chose not to take advantage of this offer I fear that you will lay yourself open to severe censure – and rightly so.”

e-mail to Mike Harrison, Chief Executive, Maldon and South Chelmsford PCT, Sent: 16 February 2004 10:37

I don't want to sound obstructive - but I would ask you to step out of the surreal world presently inhabited by the PCT for a minute and indulge in a little good old-fashioned common sense. I gather your plan is to move the patients and staff into a Portakabin, (assuming you get planning permission) ... this is, if you will allow me to be frank and forewarn you of the likely reaction, one of the more loopy ideas to have emanated from the PCT - and yet another drain on scarce resources at a time when your spending is spiralling out of control. Have you any idea of the amount of time and effort is involved in setting up a surgery de novo? Or the expense involved? As the spotlight is turned onto the PCT's rising costs, there will certainly people in South Woodham who will ask for a full breakdown of the costs of this venture (knowing that you have been offered no-cost/low-cost alternatives.)

Can I also ask you to seriously consider the reaction of the patients of the practice when you tell them that they are being asked to move from Greenwood Surgery to a Portakabin (at a time when they will be hearing all about a "new health campus in Maldon" costing in excess of £30 million.) These are people who, given the history of the town and the fact that the residents' interests have been sold down the river so many times in the past, are quick to react to perceived inequalities. **And, as I say, they will know that you have been offered Greenwood Surgery for NHS use - a point that will be made again and again and again.**

**Letter to: Mike Harrison, Chief Executive, Maldon and South Chelmsford PCT,
dated 21/02/04**

“My position has not changed – if you want to continue under the present arrangement, that’s fine by me so long as you get the approval of the patients. As I have said before, I do not feel that decisions of this sort should be made behind closed doors and without reference to them.”

“You have (**again and again**) been offered the use of Greenwood surgery – even on terms which are entirely your own (see my letter of Tuesday, 10 February 2004.) All you had to do was demonstrate you had engaged in some sort of democratic process – checking that your plans for the practice met with the approval of the patients. I would have gone quietly and quickly if the patients had given you the go-ahead.”

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-----Original Message-----

From: John Cormack

Sent: 22 March 2004 06:21

To: Mike.Harrison

Subject: Greenwood Surgery

Dear Mike

Thanks for agreeing to fast track the application. I hope we will be in a position to start taking on NHS patients at the beginning of May.

I was concerned when we spoke on the phone that you thought there was at any time a possibility that the patients of the practice could not be seen at Greenwood Surgery - I have looked at the correspondence and I am sorry if there has been any confusion as I really did try to make it absolutely clear that there was no threat to them whatsoever. (See, for example, at my letters to Peter Greenwood which were copied to you.)

You said you thought the LMC should be involved - I have made contact with Brian Balmer and will keep you posted.

John

-----Original Message-----

From: Harrison Mike (5GL) Maldon PCT

Sent: 23 March 2004 19:15

To: John Cormack

Subject: RE: Greenwood Surgery

John

Thanks.

I think the point I have made consistently is that you advised the PCT that we could no longer use Greenwood Surgery under existing arrangements after 29 February, and you asked one of our Doctors to leave your building. The point I kept trying to make was - and has proved to be the case - is that if we left, then the ability for you to see patients under the NHS would also disappear. My records show that options for us to stay only appeared after we had been forced to secure other options.

I am putting together a panel to consider your application to establish a new practice in SWF. I have asked the LMC to recommend one of their members to sit on it. Once I have asked the panel what info they expect to see in the business case I will send a draft outline to you. I have also asked one of my Finance Team to produce some possible income scenarios under the new contract. I will let you have them as asap, but the Team are under pressure establishing new contracts for other practices from 1 April.

As I made clear when we met the application will be considered following due process and the outcome will either be for or against a new practice. I hope the Board can reach a decision by the end of April.

MIKE H

(NOTE – FOR THOSE UNFAMILIAR WITH THE WAYS OF THE NHS – THE FIRST PARAGRAPH CONTAINED A SELF FULFILLING PROPHECY IN THAT THE PCT HAD THE POWER TO CONTINUE AN NHS SERVICE AT GREENWOOD SURGERY OR TO CAUSE IT TO CEASE. IT CHOSE THE LATTER – SO “THE ABILITY ... TO SEE PATIENTS UNDER THE NHS” DID DISAPPEAR.)

-----Original Message-----

From: John Cormack

Sent: 24 March 2004 08:12

To: Harrison Mike (5GL) Maldon PCT

Subject: RE: Greenwood Surgery

Dear Mike

Thank you for your e-mail.

The correspondence clearly shows that there was never the any doubt that Greenwood Surgery patients could continue to be seen as NHS patients at Greenwood Surgery.

(See, for example, my letters to Peter Greenwood dated 14th and 31st January - which were copied to you.)

Having set up a situation whereby the two of us could no longer realistically work together (see the 'divide and rule' paragraph from my e-mail to G Howard of 17 January 2004) it became increasingly obvious that either Donald McGeachy or I would have to go. As is made crystal clear in the correspondence, he could have stayed (and I would have gone - quickly and quietly) if you had consulted the patients and found that a majority agreed with the PCT's plans for the practice. It was the PCT's refusal to do so that turned out to be the final link in the chain of events which brought us to where we are at present.

As the public see it, all this had nothing whatsoever to do with patient care or the quality thereof ... it had more to do with a PCT which, for reasons best known to itself, created an artificial situation whereby a GP (who had run a practice with which the great majority of them had been very happy over the years) should, overnight, no longer be deemed to be able to do so.

The fact that a significant part of the surgery premises you were using was not under my jurisdiction was well known to the PCT from the outset - you had, after all, been renting the rooms directly from the Pharmacist and Dentist next door all along. This fact was underlined in the video of the surgery contents you were sent before you moved in. You say my suggestion for a cooling off period came late in the day (when both our MP and I were given the impression that negotiation was still possible) - but, as I say, the plain facts of the matter (i.e. that I had absolutely no say in what went on in the rooms I didn't own) were obvious to all from the very beginning. I would have thought that this option should have been fully explored - if only on grounds of cost (and in order to prevent the major parking and access problem that has resulted from the portakabin adventure.)

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I am delighted to hear that the LMC will be involved. In the light of recent experience may I also respectfully suggest that the patients' voice should be included in the decision making process.

I look forward to hearing from you and the Finance Team and, given that we have set ourselves a tight deadline, will make progress with the business case as soon as I do.

With thanks

John

-----Original Message-----

From: Harrison Mike (5GL) Maldon PCT

Sent: 24 March 2004 08:34

To: John Cormack

Subject: RE: Greenwood Surgery

John

Thanks. I think we must agree to differ with your interpretation of events.

Looking forward, however, you can be assured that the views and interests of all patients in SWF will be taken into account and we shall be consulting with the Patients Forum.

MIKE H

-----Original Message-----

From: John Cormack

Sent: 25 March 2004 08:14

To: Harrison Mike (5GL) Maldon PCT

Subject: RE: Greenwood Surgery

Dear Mike

I wasn't so much thinking of the interpretation of what was written as of what actually appeared on the printed page. At the risk of being a bore, I can give you chapter and verse for all this - and, by the same token, **I can't find anything in the correspondence, which gives the impression that I said NHS patients, would not be very welcome at Greenwood Surgery after the 29th of February. As I said when we spoke, if you can find anything at all which does give that impression, please send it to me and you will receive a full apology from me by return.**

Looking forward, I am delighted to hear that The Patients' Forum will be consulted. I don't know much about this body, but I assume that it contains a reasonable number of South Woodham Ferrers patients, and that the town is well represented.

Thank you for dealing with the 'finance' aspect. I have heard from Sara Glover and will get going on this. If there is anything else I can do to help speed this process, please let me know.

Best

John

NOTE – NO EVIDENCE OF ANY SORT HAS BEEN RECEIVED FROM MR HARRISON OR THE PCT (EITHER BEFORE OR SINCE 25TH MARCH) TO SUPPORT HIS ALLEGATION ... INDEED NO SUCH EVIDENCE EXISTS.

ANY GREENWOOD SURGERY PATIENT WHO DID NOT WANT TO BE MOVED WAS SEEN AND TREATED FREE OF CHARGE DURING A FOUR

MONTH PERIOD (I.E. FROM THE END OF FEBRUARY UNTIL THE SURGERY REOPENED AS AN NHS PRACTICE IN JULY OF THIS YEAR.)

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-----Original Message-----

From: Harrison Mike (5GL) Maldon and South Chelmsford PCT
Sent: 15 April 2004 08:17
To: John Cormack
Subject: RE: Greenwood Surgery

John

Thanks.

Re the planning application - I would be interested to know what errors you nthink I have made?

MIKE H

-----Original Message-----

From: John Cormack
Sent: 16 April 2004 08:41
To: Harrison Mike (5GL) Maldon and South Chelmsford PCT
Subject: RE: Greenwood Surgery

Dear Mike

It's difficult to know where to begin ... but, very briefly, the application is dated the 29th February and is date stamped as having been received by Chelmsford Borough Council on 1st March.

My principle objection is to the implication that the Greenwood Surgery patients would have been left without the use of any surgery premises if the 3 Portakabins had not been delivered. You say, for example: "Since we have an over-riding duty of care to the 5,600 patients registered with us we have had to make alternative arrangements in the form of 3 fully equipped Portakabins."

The PCT used the premises under a licence (not a lease.) There was never any threat to the patients of the practice - indeed I went out of my way to make this clear to you - (I can send you chapter and verse if you so wish) - and, as you know, I've recently asked you to produce the evidence if you believe differently.

Before the date on which you made the application there was a specific agreement that the PCT could use the surgery in March - and, if my memory serves me correctly, we had already been paid by the PCT for use of Greenwood Surgery for the whole of the month of March. (Moreover, all of the patients of the practice had been told via an article in the local newspaper that they could continue to be seen - and, as I write, those who so choose are still using Greenwood Surgery free of charge, and we seem to be getting busier and busier.)

There is also a 'sin of omission' - in that the letter makes no mention of the part of the premises which I do not own and over which I have no jurisdiction; as you know, it is leased from the dentist and the pharmacist next-door.

In short then, The Planning Department could be deemed to have published a document which contains material which may be considered defamatory if it continues to display your letter at the Planning Offices in Coval Lane and at the Community Information Centre in South Woodham Ferrers, and I have written to Mr Hosegood to point this out. My suggestion is that the simplest way forward is for the letter to be withdrawn and replaced by a revised version.

I'll keep you posted.

John

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**RE: 'EVICTON' - SEE ALSO THE INFORMATION SENT TO
CHELMSFORD BOROUGH COUNCIL RE PLANNING PERMISSION
(BELOW)**

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Financial point

Specific to this dispute: HOW MUCH IS THIS EXERCISE COSTING US?

Letter to: Mike Harrison, Chief Exec, Maldon and South Chelmsford PCT, 21/02/04

“As for the ‘Portakabin’ plan – this would appear to have been designed to inflame the situation vis-à-vis both myself and the patients (and, as ever, it took place without any discussion – I was left to hear about it on the grapevine). It is, needless to say, a high-risk policy and has considerably raised the stakes. Moreover, it represents profligate waste – the costs of setting up a general practice de novo are immense – my no-cost and lo-cost alternatives, as I say, all having been summarily refused (with, as I say, no proposals of your own to put in their place.) I know this is but one example of many – but, whereas most of the time the taxpayers aren’t aware which black hole

their hard earned dosh is disappearing into, this time it's right there, before their very eyes.”

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Roll on the day when managers are accountable – when people who make daft decisions that waste sackfulls of public money are asked to pay for the damage out of their own pockets.

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E-mail Sent: 25 February 2004 09:19 To: Mike Harrison

I still think the portakabin idea is completely barmy - dreamt up by someone who, in the words of Edmund Blackadder, is "madder than mad Jock McMad, winner of last year's Mr Madman competition." It's tacky and HUGELY expensive and (as with so much that has happened recently) I wish someone had bothered to discuss it with me first - or at least mention it!!! If they'd done so I might at least have been able to say to them: "And where do you think people are going to park?"

I still think this matter has been handled very badly - and will continue to say so vociferously - but I think the important matter, as I say, is to start at the point on which we have agreed from the outset and make sure there is seamless and safe patient care.

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NOTE: WE CAN ONLY GUESS HOW MUCH HAS BEEN SPENT BY THE PCT ON THIS PROJECT TO DATE. IF WE INCLUDE THE COST OF THE MANY LOCUMS WHO HAVE BEEN BROUGHT IN FROM FAR AND WIDE, IT SEEMS UNLIKELY THAT THERE WILL BE ANY CHANGE OUT OF HALF A MILLION – AND IT COULD BE MORE.

THE FIGURES WILL HAVE TO PUBLISHED AT SOME STAGE.

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HOW YOUR MONEY IS BEING SPENT:

At a meeting held in September 2003 to discuss GP prescribing, Mike Harrison gave us some figures for Maldon PCT.

£11.3m spent on drugs last year- out of a total of about 62 million total spend for the PCT. Spend increasing at 12%-whuch is 5% more than budget

£9,839,000 spent on community services

£11,869-000 spent on general practice (but this figure includes prescribing costs) - when asked if this represented a reduced spend on general practice from the previous year (when, according to the figures contained in the PCT's own information booklet for patients, the spend on General Practice was £1.7 million) Mike H said the prescribing costs (for the year in question – “the previous year”) were £10 million.

Secondary care - £35,599,000 spent on secondary care.

£2,638,000 spent on 'shifting the balance of power'

£2,403,000 on admin (£2.4 million) ... up from £1.3 million the previous year (as published in 'Your Guide to Local Health Services') ... and yet only £1.86m is being spent on General Practice if Mike Harrison's figures were correct.

**IF SO, THIS MEANS THAT THE PCT IS SPENDING MORE ON
ADMINISTRATION THAN ON GENERAL PRACTICE.**

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Patient Choice

**Letter to: Mike Harrison, Chief Executive, Maldon and South Chelmsford PCT -
10 February 2004**

"I think you should at least pay lip-service to some sort of democratic process. I do not believe that decisions can be taken behind closed doors nowadays which affect the fundamental rights of patients and restrict their choice; there has to be some form of consultation process.

In this I find myself at one with John Reid. Whilst espousal of the concept of 'patient choice' is thought to be pathognomonic of some sort of mental illness in the Maldon area, you will be surprised to hear that he takes it seriously. We all received a letter/booklet on the subject in December from Nigel Crisp. We are told that the "culture of choice needs to be widened and deepened" and "Central to this is the extension of patient information, power, and choice." We hear that "All of us - not just some amongst the affluent middle classes - want the opportunity to share in decisions about our health and health care." (See <http://www.doh.gov.uk/choiceconsultation/> for further examples.) I would argue: "What can be more fundamental than joining a practice, and then not being allowed to make a choice about your GP or how it is run?"

**Letter to: Mike Harrison, Chief Executive, Maldon and South Chelmsford PCT,
dated 21/02/04**

"I really don't think you can hide behind the Strategic Health Authority here – the staff there know even less about the wishes of the patients in South Woodham than you do. My point remains – if you are making fundamental changes that affect each and every one of the patients of the practice you have a **duty** to present your plans to them and see what they think of them. The health service should **not** be run in an old-fashioned, high-handed, paternalistic/authoritarian manner – bear in mind that the "doctor knows

best” attitude is no longer an acceptable credo for clinicians. I think you need to get it into your head that it is the patients who should be deciding on how their bit of the health service is run – and you should take your orders directly from them. Wasn’t that the whole point of setting up PCTs in the first place?”

“The general view in the town at present appears to be as follows: asking the patients of Greenwood Surgery to move to a Portakabin is an insult to South Woodham, particularly at a time when you are planning a ‘New Health Campus’ in Maldon at a cost of £30 million! They, like me, are surprised that no attempt to run this plan past them.”

“I am sorry to say that, given the manner in which this matter has been handled, and the high-handed and contemptuous disdain you have shown for the wishes of the patients, this has now become a resignation issue.”

Letter to: Mike Harrison, Chief Executive, Maldon and South Chelmsford PCT - 10 February 2004

“I suggest we instigate a diplomatic process which takes into account the wishes of the patients – bearing in mind that the PCT has failed them woefully in this respect thus far. I suggest we engage the services of an organisation which would have the confidence of all concerned – e.g. the Electoral Reform Society - and ‘elect’ the GP that the patients want to run Greenwood Surgery for a three year term (a further election taking place at the end of that period.) The election would be open to all doctors who regularly work at Greenwood Surgery. The GP who wins the election will run the practice in conjunction with the staff and patients.

The GP(s) who loses the election would be free to practice elsewhere in South Woodham if he so wished – and to stand again at the next election

In summary: my view is that the PCT should ditch ‘cronyism’ as a way of working henceforth, and should espouse the democratic process.”

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Confidentiality:

Letter to: Mike Harrison, Chief Exec, Maldon and S. Chelmsford PCT – 31st Jan 2004

“There are also innovations to which I take exception. Patient data is being sent off to the ‘THIN scheme’; when the ethics committee responsible approved the scheme, it did so on the recommendation that (amongst other measures) the practices participating should “print and display a poster” informing patients what is being done with their records (which they, unsurprisingly, regard as confidential ... as do I). The poster idea is one that has been much derided by many lawyers on the basis that (a) not all patients visit their GP’s surgery regularly and (b) not all of those that do bother to read all the posters on the notice board(s). As such, it can hardly be said to

constitute "informed consent." At Greenwood Surgery, we did not even go this far, however: I have seen no such poster – in fact, until very recently, Greenwood Surgery had a large red poster on display bearing the legend: "Here to listen, not to tell." My view is that the patients of the practice deserve a written apology from the PCT and that any financial gain (however it might be dressed up) should be passed on to them in an agreed/acceptable form."

Letter to: Mike Harrison, Chief Exec, Maldon and South Chelmsford PCT – 21/02/04

"Confidentiality" of patients' notes

Thank you for your general remarks about confidentiality. I am more concerned about the specifics here.

I do not acknowledge that patient information should be passed on without informed consent except in **very well defined** cases. These are extremely rare – I have not come across an example personally in more than 20 years of general practice. My view is that confidentiality is the cornerstone of the doctor-patient relationship – and I have campaigned unceasingly to prevent abuses.

I looked VERY carefully for the notices and leaflets you describe in your letter and could find none. I am fully satisfied that there were none on display. The only poster I could see was a large red one displayed for the benefit of the patients in the busy downstairs waiting room - it bears the inscription: "Here to listen not to tell." I photographed this and will attach a copy to the version of this letter sent by e-mail.

The big red poster is still there in the busy downstairs waiting room; since the story broke, however, a small typed (A5) poster has been put on display in the upstairs waiting room. I have photographed this. At the time of writing, there is still nothing in the main waiting room on the ground floor.

The excuse given as an excuse for this breach of confidentiality is that this exercise constitutes "research." I contacted your research governance man (Nick Wrycroft) on Feb 19th 2004 and he hadn't even heard about the scheme ... let alone been given the opportunity to check and approve it. So here's yet another of your own rules broken in the practice you yourself are running – and more public money down the drain in that you are employing somebody you don't use.

This is a disgrace. I ask **yet again** that you should apologise to the Greenwood Surgery patients on behalf of the PCT.

Paper on patient confidentiality

10 February 2004

Patients worried when primary care medical records are used for research without their consent

[Public attitudes towards the use of primary care patient record data in medical research without consent 2004; 30: 104-9]

Patients may not want their primary care medical records to be used for research without their express consent, reveals a small exploratory study in the Journal of Medical Ethics. They fear breaches of confidentiality and unauthorised use by employers and insurers.

But the research also shows that patients are poorly informed about the safeguards in place to protect them.

Recent UK legislation has created ambiguities for both patients and researchers. The 1998 Data Protection Act strengthened controls on the use of personal data, but the Health and Social Care Act 2001 allows patient identifiable information to be made available in certain circumstances, including medical research.

The authors base their findings on the results of discussion groups with 49 members of the public and interviews with four lay people from local patient advocacy groups. All those taking part were asked to consider the acceptability and worth of three different scenarios.

The first involved a family doctor, who sent a paper on a particular condition to a medical journal, based on a review of practice records. The second involved the transfer of the names and address of patients at the practice to an external research team, running an awareness campaign about a particular condition.

And the third involved transferring identifiable information on newly diagnosed patients to an external disease register, to plan services and use the data for research.

Various attitudes and assumptions came to light. While there was support for such research, doubts were voiced about the suitability of family doctors to conduct research because this might conflict with their duty of confidentiality. Some felt that GPs had enough work to do and should concentrate on providing clinical care and leave research to hospital doctors and drug companies.

The more control was perceived to move away from the surgery and the GP, the greater were patients' concerns. Greater anxieties were raised about each successive scenario. Patients were particularly anxious about more sensitive disorders, such as mental health problems. And serious concerns were expressed about the possibility of other parties, such as insurers and drug companies, gaining access to the data.

But patients were poorly informed about the safeguards already in place for data security nor did they realise that research proposals required ethical approval.

Three of the four representatives from patient advocacy groups found the first scenario unacceptable, and all four rejected the second. None of them was happy about scenario 3, although they considered it more acceptable for service planning.

The authors conclude that it is wrong to automatically assume that patients are happy for their medical records to be used for research, despite supporting the activity. How widespread are the concerns still needs to be assessed, they say. But awareness of the research process is poor, and more should be done to enlighten the public, they say.

Contact:

Dr Michael Robling, University of Wales College of Medicine, Cardiff,
Wales, UK

Tel: +44 (0) 29 2054 1133

Email: rablingmr@cardiff.ac.uk

Click here to view full paper:

http://press.psprings.co.uk/jme/february/104_me5157.pdf

Please note this link will remain live for one month only

Embargo: 00:01 hours, Tuesday 10 February 2004 UK Time

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MATERIAL SENT TO CHELMSFORD BOROUGH COUNCIL RE PLANNING PERMISSION

Robin Hosegood
Town Planning Services
Chelmsford Borough Council
PO BOX 7544, Civic Centre,
Duke Street
ESSEX CM1 1XP

Re: Temporary siting of 3 Portakabins (South Woodham Ferrers Clinic, Merchant Street, SWF)

Your ref: 04/00425/FUL/RWH (See copy of your letter of 5th April attached.)

Thursday, 15 April 2004 - sent by fax and recorded delivery letter.

Dear Mr Hosegood,

You will have received many objects to planning permission applications in your time ... but very few, I suspect, as bizarre as this one.

The Planning Application referred to above is accompanied by a letter from Mike Harrison (Maldon PCT Chief Exec) to Derek Stebbings. It is dated 25th Feb - but it would seem to have been dated in error as Mike Harrison says: "The application has been completed to the best of our ability" ... but the application is dated the 29th February and is date stamped as having been received by Chelmsford Borough Council on 1st March (i.e. the planning application, seemingly, must have already

have been completed by the time the letter was written - so the letter, seemingly, must have been written on or after the 29th Feb).

My principle objection is to the implication that the Greenwood Surgery patients would have been left without the use of any surgery premises if the 3 Portakabins had not been delivered. Mike Harrison says: "Since we have an over-riding duty of care to the 5.600 patients registered with us we have had to make alternative arrangements in the form of 3 fully equipped Portakabins."

The PCT used the premises under a licence (not a lease.) Whilst I did write to say that there would be a change in the terms, this was not a notice for the patients to quit the premises. There was NEVER any threat to the patients of the practice - indeed I went out of my way to make this clear to the PCT.

Furthermore, before the date on which the application was made there was a specific agreement that the PCT could use the surgery in March - indeed we had already been paid by the PCT for use of Greenwood Surgery for the whole of the month of March. (Moreover, all of the patients of the practice have been told via an article in the local newspaper that they can continue to be seen - and, as I write, those who so choose are still using Greenwood Surgery.)

There is also a 'sin of omission' - in that the letter makes no mention of the significant part of the premises which I do not own and over which I have no jurisdiction; it is leased from the dentist and the pharmacist next-door. The existence of this was, of course, well known to the PCT from the outset.

In short then, there was/is good evidence to counter assertions made in the letter from Mike Harrison that accompanied the planning application - and much of this must have been known to the PCT by the 29th February (if not by the 25th Feb - which is why I make the point about the date the letter and application were presumably sent.)

I realise that it is most unlikely you could have known that this letter from the PCT contained factual errors before today. However, having been made aware of this fact, I assume (although I haven't yet had time to check it out) you could be deemed to have published a document which contains material which may be considered libellous if you continue to display Mr Harrison's letter at your Planning Offices in Coval Lane and at the Community Information Centre in South Woodham Ferrers.

I would suggest that the most straightforward way forward is that you withdraw this letter immediately. I have contacted Mike Harrison to bring his attention to the fact that it contains factual errors and, when I have heard your views on the matter, will no doubt invite him to send you a revised version.

Having dealt with the urgent matter, I will respond more fully to the revised application in due course.

With thanks

Yours sincerely

Dr John Cormack

Extracts from the correspondence

Re: "Quit the premises" - "28 days notice" - and - Was there any threat to patient care?

To: Peter Greenwood - Corporate Services Manager, Essex Strategic Health Authority
8 Collingwood Road, Witham, Essex CM8 2TT
16 December 2003

To be frank, the bottom line here is that there has been a breakdown of trust on both sides - and my view is that this has occurred because of the way the PCT has handled matters in general since it took over Greenwood Surgery.

We are determined, however, to continue to work towards finding a solution for the sake of the patients.

With best wishes

Yours sincerely

Dr John Cormack

Sent by fax at 11.50 am on 16/12/03

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Peter Greenwood - Corporate Services Manager, Essex Strategic Health Authority
8 Collingwood Road, Witham, Essex CM8 2TT

Wednesday, 14 January 2004

Bearing in mind the further passage of time and the matters referred to in my last letter I wonder if it might be possible to speed things up as I would like to come to a decision soon ... although, as I've said before, I would want it to be one that takes into account the needs of our patients.

Yours sincerely

Dr John Cormack

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Peter Greenwood - Corporate Services Manager, Essex Strategic Health Authority
8 Collingwood Road, Witham, Essex CM8 2TT
31st January 2004

As I have mentioned to you in previously, it is not my intention to compromise the care of the 'Greenwood Surgery' patients; accordingly I will put a proposal for a speedy resolution of this matter to Mike Harrison in the very near future.

Yours sincerely
Dr John Cormack

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-----Original Message-----

From: John Cormack
Sent: 09 February 2004 09:38
To: Harrison Mike (5GL) Maldon PCT
Subject: RE: Greenwood Surgery

Mike

By the time I got this on Friday in a form I could open/read, it was too late to check out the legal point you raised. Will therefore address this ASAP and get back to you.

And, as I have said before and mentioned again when we met on Wednesday last, be advised that patient care will NOT be compromised.

Best

John

Letter to: Mike Harrison, Chief Executive, Maldon and South Chelmsford PCT - 10 February 2004

"I have made it abundantly clear both to you and to the public that I am happy for some form of NHS service to be provided at Greenwood Surgery - but that I strongly take issue with the way it has been 'managed' thus far. If you chose not to take advantage of this offer I fear that you will lay yourself open to severe censure - and rightly so."

e-mail to Mike Harrison, Chief Executive, Maldon and South Chelmsford PCT, Sent: 16 February 2004 10:37

I don't want to sound obstructive - but I would ask you to step out of the surreal world presently inhabited by the PCT for a minute and indulge in a little good old-fashioned common sense. I gather your plan is to move the patients and staff into a Portakabin, (assuming you get planning permission) ... this is, if you will allow me to be frank and forewarn you of the likely reaction, one of the more loopy ideas to have emanated from the PCT - and yet another drain on scarce resources at a time when your spending is spiralling out of control. Have you any idea of the amount of time and effort is involved in setting up a surgery de novo? Or the expense involved? As the spotlight is turned onto the PCT's rising costs, there will certainly people in South Woodham who will ask for a full breakdown of the costs of this venture (knowing that you have been offered no-cost/low-cost alternatives.)

Can I also ask you to seriously consider the reaction of the patients of the practice when you tell them that they are being asked to move from Greenwood Surgery to a Portakabin (at a time when they will be hearing all about a "new health campus in Maldon" costing in excess of £30 million.) These are people who, given the history of the town and the fact that the residents' interests have been sold down the river so many times in the past, are quick to react to perceived inequalities. And, as I say, they will know that you have been offered Greenwood Surgery for NHS use - a point that will be made again and again and again.

Letter to: Mike Harrison, Chief Executive, Maldon and South Chelmsford PCT, dated 21/02/04

"My position has not changed - if you want to continue under the present arrangement, that's fine by me so long as you get the approval of the patients. As I have said before, I do not feel that decisions of this sort should be made behind closed doors and without reference to them."

"You have (again and again) been offered the use of Greenwood surgery - even on terms which are entirely your own (see my letter of Tuesday, 10 February 2004.) All you had to do was demonstrate you had engaged in some sort of democratic process - checking that your plans for the practice met with the approval of the patients. I would have gone quietly and quickly if the patients had given you the go-ahead."

E-mails

-----Original Message-----

From: John Cormack

Sent: 25 February 2004 09:19

To: Mike Harrison

Cc: McCormick Rona (4CN53) Maldon PCT

Subject: Our conversation

The one point we have agreed fully on all along is that there should be no disruption to patient care.

I would, therefore, be prepared to provide unrestricted access

-> -> -> ->

And I still think this matter has been handled very badly - and will continue to say so vociferously - but I think the important matter, as I say, is to start at the point on which we have agreed from the outset and make sure there is seamless and safe patient care.

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-----Original Message-----

From: John Cormack

Sent: 26 February 2004 08:11

To: Mike Harrison

Cc: McCormick Rona (4CN53) Maldon PCT

Subject: March invoice and agreement.

Mike

I've attached an invoice. I'll be doing this on a week by week basis - that way, if I've guessed the additional cost of the utilities inaccurately, we can review it in the light of Debbie's calculations ... and we can make a modification to the last payment which reflects the fact that March is a little over 4 weeks long.

It is intended to continue this agreement throughout March (or longer if you wish to negotiate further use)

NOTE: THE PLANNING APPLICATION, REMEMBER, IS DATED 29-2-04
(DATE STAMPED AS RECEIVED BY THE PLANNING DEPT ON 1-4-04.) THIS
E-MAIL IS DATED 26-2-04.

From: John Cormack

Sent: 27 February 2004 13:18

To: Harrison Mike (5GL) Maldon PCT

Subject: RE: March invoice and agreement.

Dear Mike

Thank for you letter/e-mail of 26th Feb.

Your solicitor said you had a lease, whereas in fact you have a licence. I'll get you a copy of the advice I have received - but in the meantime let me say that I think this is just a semantic problem as you want to have the use (or potential use) of Greenwood Surgery in March - and I want to let you stay.

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