

MAIN

FAMILY PRACTITIONER COMMITTEE OF THE AREA HEALTH AUTHORITY FOR HAMPSHIRE

Report to the Medical Practices Committee enclosing a copy of an Application for Inclusion in the Medical List

Name of applicant: Dr. Jane Ann BARTON Requested date of inclusion 1.4.80

1. I enclose a copy of an application received from the doctor which is ~~is not~~ supported by my Committee, after consulting the Local Medical Committee. I have checked that he is a full registered practitioner.

2. The doctor will be included for classification purposes in the practice area of Gosport

which is classified as Intermediate Excluding this doctor and all pending Medical List changes already notified to the Medical Practices Committee, the area is served by 29 main practitioners and - assistants. The patient registrations total Code A and the average list is Code A %

3. The doctor ~~is~~/is not a full time assistant in this practice area (Principal's name Dr. H.A.B. Nicholls ).

4. (a) A declaration of partnership is ~~is not~~ attached.

or

- (b) The applicant is to practise single-handed and is
  - (i) now able to start providing general medical services;
  - (ii) applying provisionally.

5. Reasons why the application is/is not supported.

6. (a) Attached are details of the intended partner(s) practice (if any) and the neighbouring practices.

or

(b) the Medical Practices Committee have agreed in principle, in their letter dated 20th December 1979 ~~to this admission~~ to an admission of an additional partner/~~replacement partner in the proposed partnership practice.~~

Date 6th March 1980

Ad Code A

NOTES Para. 5 DESIGNATED AND OPEN Areas. Please give reasons only  if not supporting.  
INTERMEDIATE AND RESTRICTED Areas. Please give reasons for supporting or not supporting.

Para. 6(a) Complete only if the area is classified as INTERMEDIATE or RESTRICTED.

6. (a) Full details of intended partnership practice (if any) and nearest other practices and distances involved:-

Doctors names and ages	Total Lists	No. of Elderly Patients	Rural Practice Units	Annual Temporary Resident Attendances	No. of dispensing patients	Hospital and other commitments outside general practice (hrs. per week)	Distances from intended surgery (other practices only)
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(b) Other relevant factors

NOTES GENERAL

This sheet need only be completed if the area is classified as INTERMEDIATE or RESTRICTED.

Para. 6(a) Hospital and other outside commitments. Please specify in a footnote the individual outside commitments held by any intended partner(s) and the average weekly hours of each appointment held.

Para. 6(a) Details of neighbouring practices. If there are a number of other practices within say half-mile or one-mile radius from the applicants intended surgery address it will be sufficient in the case of densely populated urban areas to show details for those practices only. If there is no other practice within 5 miles, please state "NEAREST PRACTICE MORE THAN 5 MILES DISTANT".

Para. 6(b) Other relevant factors may include any special history of the practice, whether the applicant is related to his intended partner(s), (if any), reasons why the applicant is precluded from practising elsewhere (e.g. a married lady with family commitments), health of applicant or intended partner(s), proposed hospital appointments (give details), substantial new housing development (please give details of distance from surgery and of expected increase in population within (i) 3 months (ii) 12 months).