

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

23 AUGUST 2019

PUBLIC AND MEMBER QUESTION TIME

PUBLIC QUESTION TIME

Questions Submitted by Mr D Cheese:

The responses provided are on the assumption that the questions are specifically related to the Whitehall Medical Services Contract.

- Did they have any meeting with the Hospital Trust
All providers had the opportunity to bid for the contract under procurement rules. The CCG has not specifically approached the acute Trust however SaTH have not shown any interest or had any discussions with the CCG regarding providing Primary Care Services.
- Did they discuss with existing practices the possibility of one of them taking over Whitehall as a branch
The CCG followed open procurement guidelines around the tender process, which dictates that a direct approach cannot be made to individual providers, however all local practices were aware of the procurement.
- Did the CCG arrange regular meetings with the Whitehall medical Practice to keep them informed of developments from the first consultation when the future of Whitehall came into question.
There have been regular meetings between the CCG, NHS England and Whitehall Medical Practice around the end of the contract, the engagement process, subsequent procurement process and subsequent decisions and actions.
- How many Whitehall patients have registered with other practices
As at 22 August, 1100 patients have registered with an alternative practice, with around 120 registrations currently being processed by practices, this is in line with expectations. Any patient who has not registered with a new practice by early September will be allocated a GP Practice to ensure continuity of care.
- Will the CCG consider extending the Whitehall Practice's closure date by six months in line with the Walk In Centre
The walk in element of the current Whitehall Medical Practice contract ends at the same time as the registered list. The CCG agreed to procure the 2 elements of the contract separately after the contract ends. This was to ensure alignment with urgent care plans.
The procurement process for the registered list was run according to NHS guidelines and produced no bids. Unfortunately, as the contract has been extended several

times, procurement rules dictated that it could not be extended again. Patient letters have been sent advising them of the closure of the practice and how to register with another practice. The contract is ending on Monday, 30 September, 2019 with no patient services after Friday, 27 September, 2019. Around 30% of patients either have already moved or are in the process of moving to another practice and the premises are not available for longer term. It is therefore not possible to keep the practice open after the end of September.

- How is extra funding for additional administrative support being distributed between practices – how much is it? Is the funding temporary?

This question appears to relate to a comment at the Primary care Commissioning Committee in August, when the CCG advised that it was providing support to practices as issues arise. The CCG is continually engaging with local practices around the closure of Whitehall Medical Practice. As at today (22nd August 2019), the CCG has not received any specific requests from practices for additional administrative support. If the CCG received requests from practices, they will receive support as appropriate.

- Is extra funding being considered to extend existing practice facilities?

The CCG is in the process of reviewing the Primary Care Estates Strategy to ensure the longer term availability of primary care premises, taking into account the demographic changes across Shropshire.

Recently 3 new developments have been approved in Whitchurch, Shifnal and Riverside in Shrewsbury.

In addition to this the CCG has just secured capital funding from NHSE to support smaller premises improvements that may be needed whilst the Estates review is completed. The CCG is in the process of working with GP practices to make them aware of the available funding to enable bids to be submitted and a prioritisation process to commence.

- There are a number of GP practice partners coming to the end of the working life. Does the CCG have contingency plans if they decide to close the GP Practice and sell the surgery buildings

The CCG has a Primary Care Strategy which includes workforce and estates plans. The Primary Care Team at the CCG work closely with individual practices around specific issues identified.

- Does the CCG have a long term plan for GP services in Shropshire? Are they considering the concentration of GP services in a smaller number of large practices.

The CCG has a Primary Care Strategy which takes into account the long term planning of Primary Care Services. This is available on the CCG website.

The CCG is not able to dictate to practices that they merge but does have a process in place to receive and consider any applications submitted by practices.

Questions Submitted by Jane Asterley Berry

Ensuring continuity of service at WMP

Will Shropshire HOSC recommend that SCCG makes every effort to ENSURE continuity of service provision to Whitehall patients at their surgery by following NHS England's guidelines? (This could be via a contract extension or variation or through a new urgent contract to apply only until a suitable long-term solution is put in place).

The procurement process for the registered list was run according to NHS guidelines and in collaboration with NHS England and Arden & GEM Commissioning Support Unit and this produced no bids. Unfortunately, as the contract has been extended several times, procurement rules dictated that it could not be extended again. Patient letters have been sent advising them of the closure of the practice and how to register with another practice. The contract is ending on Monday, 30 September, 2019 with no patient services after Friday, 27 September, 2019. Around 30% of patients either have already moved or are in the process of moving to another practice and the premises are not available for longer term. It is therefore not possible to keep the practice open after the end of September.

Lessons learnt?

Given the unnecessary distress caused to patients at Whitehall, and the dispersment of staff (when GPs and practice nurses are currently hard to recruit), what have the officers and board members of the SCCG learnt from the outcomes of this deeply flawed process they are responsible for? What transfer of learning would they seek to publicly demonstrate in their future relations with all patients and staff?

It is usual practice for the CCG to review its processes and this will be done once the practice has closed and reported to Primary Care Commissioning Committee.

Thorough consideration of the EIA

How thorough was the SCCG Equality Impact Assessment (EIA) in relation to WMP patients who would be likely to be particularly negatively impacted by a change of GP surgery? For example, frail elderly people; vulnerable patients; those with disabilities and access needs; patients reliant on public transport particularly for those who are living on benefits or low incomes; carers with a number of children under 5 years etc?

When deciding to close WMP, what detailed consideration was given by the SCCG to ensure any negative impacts would be minimised or eradicated for such patients? In regard to undertaking the decision to disperse WMP patients, is there accompanying anonymised data available to the public that can assure us and members of HOSC, that the SCCG thoroughly complied with those EIA recommendations for all such patients?

The EIA was completed in January around potential outcomes. Following the decision to disperse the patient list, the impact assessment identified that specific consideration should be taken around the impact on the frail elderly, vulnerable and those with disabilities and special access needs.

NHS England are leading the engagement with the vulnerable patient groups and liaising directly with Whitehall Medical Practice around this.

There are two practices within a mile of the existing practice premises (one less than ½ mile walk) and a further four within 1.5 miles, for some patients, these practices will be closer than that current distance travelled.

Monitoring the successful transfer of patients from WMP.

- Presumably, as closure of WMP is imminent (just over one month away), it would be good practice for the SCCG to monitor the successful transfer rate of patients to alternative GP practices. How many have made successful transfers (therefore, how many have yet to do so?) thus far? What if anything must the SCCG do to ensure all WMP patients are successfully transferred before the 27th of September?

The CCG has a process in place to ensure the successful transfer of patients. As at 22 August, 1020 patients have registered with an alternative practice which is in line with expectations, with others in the process of transferring. The CCG wrote a further letter to the registered patients in the past week, reminding them that they need to register with an alternative practice.

All practices in Shropshire CCG currently have open lists and the CCG has met with those practices in the immediate vicinity of Whitehall to confirm that there is sufficient capacity available.

Any patient who has not registered with a new practice by early September will be allocated a GP Practice to ensure continuity of care. At this time, patients will be advised how to contact their new practice to complete the registration process.

MEMBER QUESTION TIME

Questions Submitted by Councillor David Vasmer

1. Why did the CCG not realise that the Whitehall contract ended in 2019 rather than 2020? What was the impact of this mistake on the process and timetable for contract procurement?

The CCG regularly reviews all of their contracts and it was during a routine contract review process that the end date was confirmed. The minute of the meeting referred to by Gill George in her correspondence, confirmed clarification of a previous verbal discussion when questions were asked around the contract end date as the membership of Primary Care Commissioning Committee had changed during the length of the contract.

This did not impact on the timetable for procurement which was run in line with guidance and with support from NHS England and procurement partners, Arden & GEM Commissioning Support Unit.

2. Why was the duration of the contract set at 4 ½ years, with no extensions, when the Primary Care Commissioning Committee (PCCC) understood that this could be considered 'limited and undesirable' by providers?

PCCC debated the length of the new contract. At the time of these discussions, the landlord had advised that the maximum length the building would be available would be 4.5 years. NHSE advised that the contract term should not be for longer than the agreed lease as this brings risks and bidders would have understood that. Since the initial discussion took place the landlord advised that they were not willing to extend for this period of time and the premises was only available until the end of September 2019. This remains the current situation.

3. Why was the new Whitehall Practice contract apparently combined with provision of a 'Zero Tolerance Enhanced Service' for patients across Shropshire who had a history of being violent or threatening to their GPs? Every CCG is required to commission a Special Allocations Scheme (previously known as a Zero Tolerance Enhanced Service). Primary Care Commissioning Committee felt that it was an opportunity to include this into the procurement of the APMS contract.

4. Why was the option of merger of the Whitehall Practice work into an existing GP's GMS contract rejected by the PCCC?

APMS contracts cannot be merged. In cases nationally where this appears to have happened it is due to APMS contracts ending and the patients being bulk transferred, by agreement, to one other provider. There was no one GMS provider that came forward to indicate that they wished to discuss this with the CCG. GMS providers could have bid to run the APMS contract alongside their own but they did not.

5. Why was no market engagement event held to engage and interest potential providers and explore with them their ideas for service provision? Why, as part of this pre-procurement work, were ideas for more innovative approaches not discussed with Shrewsbury or Shropshire GPs or hospital trust SaTH?
The CCG did issue a Prior notice of the procurement which did raise a number of expressions of interest from bidders. The procurement process was open to all providers.
6. Why did the CCG breach the timescales/content set out by NHS England in its 'Primary Medical Care Policy and Guidance Manual (PGM)' for Stage 1 and Stage 2 of managing primary medical care contracts coming to an end?
The Policy manual referred to in the query, provides guidance around timescales for procurement. NHS England who has been involved in the procurement process has confirmed to the CCG that they are assured that due process was followed.
7. Did the CCG believe that its plan to award a contract on 30th June gave a new provider sufficient time to launch a service on 1st October? Once the CCG's indicative timetable had slipped by a further 7 weeks, would the remaining time have been sufficient for a new provider to launch a service on 1st October? Does the CCG believe that this extremely constrained time period is likely to have been a deterrent to potential providers?
The CCG received procurement advice from Arden & GEM CSU procurement experts who advised that the timescales were within expectations.
8. Why did the PCCC Chair explicitly not want the contract for Whitehall Medical Practice to be in place in seven years' time?
We would need to seek clarification and further context on this question before responding.
9. How did the CCG's financial constraints influence discussion, process and decisions around a future for Whitehall Medical Practice?
The funding for GP registered lists is allocated to the CCG under delegated authority from NHS England and is calculated via a nationally agreed formula. The funding follows the patient registration, wherever they are registered and therefore although the finances were taken into consideration along with other issues, it was not a major consideration in the decision making process.
10. Will the CCG share minutes of the closed decision-making session of the 5th June 2019 PCCC?
The CCG does not share minutes of meetings which were held in a confidential setting. The reason the Primary Care Commissioning Committee meeting was held in a confidential setting was due to the live procurement in process. The outcome and a summary of the confidential meeting was openly reported and discussed in the following Primary Care Commissioning Committee which was held in public. The CCG has also responded to a number of questions raised mainly by 2 individuals which were also detailed in the same meeting and are on the CCG website.

Other comments picked up through paperwork:

Why didn't the CCG try to procure a GMS (non-time limited) contract?

NHSE advised that the CCG would be unable to procure a GMS contract because these are in perpetuity contracts. The NHSE Commercial Executive Panel, which assesses procurement business cases and their value for money would not support such a contract duration and this would also be against procurement law as would be deemed as anti-competitive because the CCG would never be able to go out to the market again to explore the opportunity of a more competitive price.

APMS contracts are the only type which can be awarded and are time limited.

Why didn't the CCG work with SaTH on a form of 'Vertical Integration'?

As well as the above answer to a similar question – SaTH could have bid for the APMS contract. If SaTH were interested in creating some form of Vertical Integration, this would be on a larger scale and start with a number of practices as has happened in Wolverhampton. These practices have all subcontracted their GMS contracts to Royal Wolverhampton Hospitals Trust. The staff are all employed by the hospital whilst the GP partners remain accountable for their GMS contracts. This is similar to the involvement of Our Health Partnership in Shropshire.