

NHS SOUTH WARWICKSHIRE CLINICAL COMMISSIONING GROUP EXTRA-ORDINARY PRIMARY CARE COMMITTEE

**Minutes of the Extra-Ordinary Primary Care Committee held on
Wednesday 14 September 2016 at Westgate House, Warwick**

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| Present: | |
| Robin Verso – Committee Chair and Lay Member | RV |
| Rodney Pitts – Lay Member (Governance and Audit) | RP |
| Dr David Spraggett – Governing Body Chair | DS |
| Gillian Entwistle – Chief Officer | GE |
| Alison Walshe –Director of Quality and Governance (Executive Nurse) | AW |
| Liz Flavell-Smith – Acting Chief Finance Officer | LFS |
| Dr Ian Allwood – GP Member | IA |
| In Attendance: | |
| Anna Hargrave – Director of Strategy and Engagement | AH |
| Hannah Willetts – Senior Contracts Manager - Non-Acute | HW |
| Maria Maltby – Head of Corporate Services | MM |
| Dr Bill Fitchford – LMC Representative | BF |
| Gary Lucking – NHS England Representative | GL |
| Elaine Woolmore – Personal Assistant | EW |

| Ref | Note | Actions |
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| 1. | RV welcomed members of the public. | |
| 2. | Apologies | |
| 2.1 | Apologies were received from Dr Andrew Kennedy (LMC), Dr Richard Lambert, Chris Bain (Healthwatch) | |
| 3. | Declarations of Interest | |
| 3.1 | Dr Richard Lambert had declared a financial interest in agenda item 4, Studley Health Centre GMS Contract Termination. The practice area of practice M84060 Arrow Surgery (among others) includes Studley. Dr Richard Lambert is a partner at Arrow Surgery and a member of the Committee. In the case that list dispersal is implemented, Studley Health Centre patients may seek to register at Arrow Surgery. The potential impact is unpredictable and will depend on patient choice. The declaration of interest was made prior to the meeting. The decision of the committee was that Dr Lambert did not participate in either the discussion or decision making process. Dr Lambert was not present at the meeting. | |
| 4. | Questions from the Public | |
| 4.1 | One member of the public attended the meeting and made the following statements including specific questions/requests (highlighted in bold) to be addressed by the CCG. | |

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| 4.2 | <i>The Committee report indicates that patient satisfaction at Studley Health Centre is high. It also indicates that discussions regarding the contract termination commenced in March 2016. Was help provided to the practice to address issues and explore options to resolve them?</i> | |
| 4.3 | <i>It is accepted that the CCG had to act in the best way they could and the officer who conducted the public meeting did very well. A procurement option was supported at the meetings and it was hoped that the current GPs could provide a caretaker service in the interim.</i> | |
| 4.4 | <i>The public are aware of monies available for registration of new patients and should the dispersal route be decided upon then commitment is sought for further services to be available at the GP practices in the locality taking on the new registrations, such as an out of hours service and specialist services.</i> | |
| 4.5 | AW presented the report on Studley Health Centre, including addressing the matters raised. | |
| 5. | Studley Health Centre GMS Contract Termination | |
| 5.1 | AW informed the committee of two options considered regarding Studley Health Centre: procurement and list dispersal. | |
| 5.2 | AW advised that the CCG has delegated responsibility from NHS England for primary care (GP) commissioning and must ensure all south Warwickshire patients can access high quality medical services. The CCG has been in discussion with the practice since March 2016, with involvement from the Local Medical Committee, and alternative options were explored prior to the resignation of the contract holders. However, no viable solution could be found. The partners tendered resignation of the contract at the end of June 2016. All have indicated they wish to pursue alternative ventures. | |
| 5.3 | With regards to practice re-procurement, the preference of those Studley Health Centre (Studley HC) patients who attended the meetings and completed questionnaires, whilst services would continue to be provided at the health centre building, there would be no continuity of GP care for patients and there are no guarantees that a new provider will be found given the very small practice list size. Evidence from elsewhere in the country is that practice list sizes of <4000 are unattractive to potential providers and the Studley HC list is less than half that. At no point have any of the GPs at Studley Health Centre indicated that they would wish to undertake a caretaker arrangement if/whilst a re-procurement is undertaken. Continuity of GP care under this option cannot therefore be provided and it would be highly likely that patients would have 2 changes of GP practice in quick succession even if a tender was successful (the caretaker practice and the substantive practice). Under an Alternative Provider of Medical Services (APMS) contract, which would need to be used for the re-procurement, there would be a further requirement to re-tender the service every 5 years, creating on-going instability and uncertainty for patients accessing their care at Studley HC. | |
| 5.4 | With regards to the dispersal option, AW stated that 14 GP practices are situated within a 4 mile radius of Studley HC, all with open registration lists. One third of the patient population reside in Redditch, therefore patients subject to dispersal would have access to GP services close to home either in south Warwickshire or in Redditch. | |
| 5.5 | Under the dispersal option the CCG would work with the both the Warwickshire and Worcestershire Local Medical Committees to ensure practices are supported and patients are transferred safely. Vulnerable patients will receive additional targeted support. Poole Medical Centre seems most likely to experience the biggest impact. | |

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| 5.6 | Based upon the options appraisal, Option 2 is the preferred option as it gives patients choice, control and better certainty regarding their future care. Two hundred patients have already reportedly registered with neighbouring practices and list dispersal would avoid the risk of minimal market interest, which would create further uncertainty for patients. | |
| 5.7 | Should the decision be reached for list dispersal, the CCG and Studley Health Centre would work together to ensure a smooth transition for patients, concerns from whom have been recognised. Letters would be sent to all patients advising them of the decision, together with public notices to raise awareness. | |
| 5.8 | DS enquired, in the event of list dispersal, how vulnerable patients would be identified. AW advised that the practice had already provided the CCG with information on patients in residential care homes and those patients with mental health conditions or learning disabilities. The CCG's Quality and Safety team will assist these patients and their families in understanding next steps and will work with providers of care, such as Coventry and Warwickshire Partnership Trust, to ensure they remain well cared for during the transition to a new practice. | |
| 5.9 | BF provided the view of the LMC that the CCG had followed the appropriate process regarding this matter and expressed that ongoing support for patients was the most important issue. BF stated that there was patient choice available in terms of registration at alternative GP practices. | |
| 5.10 | The member of the public was in agreement that the CCG had followed the correct process and stated that she wanted something positive to come out of this, i.e., access to better services. | |
| 5.11 | RV stated that it was national NHS policy to ensure that services were available locally and the CCG was working to achieve this across south Warwickshire as part of its Out of Hospital workstream. There could be no immediate commitment that individual services will be increased within Studley, however, as this was not the scope of this Committee. | |
| 5.12 | The Primary Care Committee agreed to support the recommendation for implementation of list dispersal. | |
| 5.13 | A welcome was belatedly made to Gary Lucking, representing NHS England, who was duly introduced to the Committee. | |
| | Resolution: "That pursuant to the provisions of Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960, the public be now excluded from the meeting by reason of the confidential nature of the business about to be transacted". | |

Date of next meeting:

- Wednesday 12 October 2016 at 9:30 am – Committee Room, Westgate House, Warwick.

Confirmed as a true and accurate record of the meeting:**Signature of Chair:**

Print Name:

Robin Verso

Date:_____
