GP care in Plymouth

Paper to Wellbeing Overview and Scrutiny Select Committee

6 October 2016

This paper has been prepared by NHS England for Plymouth's Wellbeing Overview and Scrutiny Committee on proposed changes to GP care in the city.

More specifically, this paper covers options relating to:

- Barne Barton
- The Ernesettle practice, spanning Ernesettle, Mount Gould, Trelawny and Cumberland surgeries
- Hyde Park Surgery
- St Barnabas Surgery
- Saltash Road Surgery

NHS England welcomes the views of the Wellbeing Overview and Scrutiny Committee; these will be taken fully into account when decisions are taken.

Background: How GP services work

NHS England is responsible for the commissioning of primary care medical services (general practice) across England. NHS England – South (South West) is the local office that manages these contracts for the area from South Gloucestershire to the Isles of Scilly Plymouth. There are around 500 practices.

The general practices themselves are independent businesses, operating under contracts with NHS England. This means that, in return for providing specified services, they are paid for each patient on their books.

All contract-holders employ their own staff and provide their own premises. Some own their buildings and some rent them; either way, premises costs are reimbursed by NHS England.

The relationship is based on three broad types of contract:

- GMS (General Medical Services) – the standard, indefinite national contract

- PMS (Personal Medical Services) – locally-negotiated indefinite contracts, usually dating back to before the last NHS reorganisation
- APMS (Alternative Provider Medial Services) - locally-negotiated, time-limited contracts (now a maximum of five years, plus potential extension of two years)

Following review in 2015 to regularise payments across PMS and GMS contracts that have grown up over the years, these practices are all now paid a basic population-weighted annual rate of £76.44 per patient. Previously practices had been paid differing amounts, often for the same level of service.

The standard services that practices provide are set out in appendix 1. Appendix 2 is an illustrative example of practice costs and income, based on a list size of 3,000 patients. This highlights that practices can provide additional services to increase their income, though this will of course also increase staffing requirements and other costs.

NHS England has a duty to ensure that people have access to primary care. This duty is therefore exercised in an environment where providers may resign their contracts at any time and where nobody is under any obligation to take up a new contract; these are entirely business decisions by existing and potential providers.

This means there is a very big difference between actively seeking to close a service and facing the realities in trying to keep it open.

General practices in Plymouth

In Plymouth today, there are 37 separate contracts with independent providers for general medical services. All of these providers except Ernesettle, Hyde Park and St Barnabas have either GMS or PMS contracts, held in perpetuity. This means NHS England is not in a position to directly reorganise primary care services, unless there is either a contract closure or a contract resignation.

Since NHS England was formed in April 2013 there have been three mergers of practices in Plymouth. Some practices are signatories to each other's contract so, while not technically merging, these work more closely together.

There has also been significant investment in upgrading primary care facilities in Plymouth to meet the needs of patients in the 21st century. Devonport Health Centre, St Neots Surgery, Wycliffe Surgery, Ernesettle Primary Care Centre and Mount Gould Primary Care Centre are all examples of improvement and investment to expand the premises to accommodate more patients and the clinical teams to provide the care.

The current position

Over the past year, a number of independent contractors have decided to resign their contracts to provide primary care in Plymouth, handing over responsibility for their patients to NHS England:

- Livewell South West, a community-interest company, handed back its APMS contract when it came to an end for Ernesettle Practice and did not want to pursue any contract extension. Alongside Ernesettle, Livewell had branches at Mount Gould, Trelawny and the Cumberland Centre. The latter surgery – in the same building as the Minor Injuries Unit and other services – was never commissioned by the NHS, but set up 'at risk' by Livewell.

- Dr Jonathan Gale resigned his contract at St Barnabas Surgery. As a single-handed GP, only three months' notice was required. This was a GMS contract. As such, Dr Gale had the option to bring in new signatories or to merge with other surgeries in order to keep the contract going. Dr Gale had explored various options to continue the practice, but without success.

- Dr Stephen Warren and Dr Juliette Whitfield resigned their contract at Hyde Park Surgery. This was a PMS contract. As such, the partners had the option to bring in new signatories or to merge with other surgeries in order to keep the contract going. The GPs had explored various options to continue the practice, but without success.

- More recently, Dr Robert Gardner has resigned his single-handed contract at Saltash Road Surgery. This was a GMS contract. As such, Dr Gardner had the option to bring in new signatories or to merge with other surgeries in order to keep the contract going. Dr Gardner had explored various options to continue the practice, but without success.

Using a procurement framework of approved providers, NHS England was able to secure the services at all these sites for a time-limited period, so options for the future could be considered. This inevitably attracts a significant financial premium, given the rapid mobilisation required and short-term nature of the agreements.

A similar process has also been in place with a practice in the Rame Peninsula, following resignation of the single-handed GP. In the light of engagement work with patients, NHS England decided to procure a new provider. This was unsuccessful, with no bids received. Patients have now re-registered with other practices, while work continues with the local community and with the neighbouring practice to re-open the previous premises at Millbrook.

This picture is becoming increasingly familiar in the South West, as workload and financial pressure increases. The short-term contracts in Plymouth, with Access Healthcare, have therefore been aligned to end together on 31 March 2017. This was designed to allow for NHS England to take a wider look at primary care in Plymouth, so steps could be taken to make the system of GP care more sustainable for the longer term, in line with the General Practice Forward View (see below).

This strategy also ties in with the procurement of a new service for the people of Barne Barton, a deprived area of Plymouth that does not currently have its own surgery.

It is therefore important that the proposals for Plymouth are seen as a whole. The series of contract handbacks provides a rare opportunity for NHS England and Northern, Eastern and Western Devon Clinical Commissioning Group to take a more-strategic look at primary care in Plymouth, given limited ability to make change with a system of indefinite contracts.

The evidence and policy basis for the proposals

Pressure on general practices

Ninety pet cent of contacts with the NHS are through primary care, so it is essential that we have a high-quality, accessible 'front door' if we are to manage the pressures facing the NHS as a whole.

However, general practice is under increasing pressure both locally and nationally. This is caused by a number of factors:

- Increasing demand – between 1995 and 2008 the average consultation rate per patient rose from 3.9 appointments per annum to 5.5 appointments per annum. Consultation rates have continued to rise and a 2015 national study by the Nuffield Trust indicates that the average rate is now likely to be approaching 8 consultations each year.
- Increasing complexity - While the total number of people with one or more long-term condition is expected to remain stable over the next 10 years, the number with two or more long-term conditions is projected to increase, from 5 million today in England to about 6.5 million.
- Alongside long-term conditions, the prevalence and complexity of disease increases with age. The number of those aged over 80 years is expected to double between 2010 and 2030. Older patients aged over 80 years consult more frequently – between 12 and 14 times a year in 2008/09.
- The increases in workload have not been matched by increased investment in primary care or numbers of GPs. Across England expenditure on primary care as a proportion of total health spending has been reducing and whilst there has been an 18% increase in the number of GP's over the last decade this is not sufficient to meet the increased workload.
- Recruitment of both GPs and primary care nurses is an increasing challenge, with vacancies in training places together with increased proportions of GPs wishing to work part-time or to have a 'portfolio' career. The traditional partnership model for general practice is also changing with more doctors wishing to be employed by the practice rather than become a partner in the business, with its attendant risks and pressures. Smaller practices are finding it particularly hard to recruit.
- Primary care has been changing the way it works in response to those pressures, with most GP practices now employing a wider range of health professionals to see and treat patients, including nurses with increasing levels of specialist expertise, pharmacists and therapists.
- Many practices are also encouraging different forms of access to complement the traditional face-to-face appointments, such as telephone or on-line advice, triage or consultations.

The GP Forward View: nationally and locally
The blueprint for NHS England in the South West, as in the rest of the NHS, is the General Practice Forward View (April 2016).

The GP Forward View will see an increase of £2.4 billion invested in primary care over the five-year period to 2020/21. This is a 14% real-terms increase in spending on primary care.

In addition there is a £500m 'sustainability and transformation' package to support that investment, including plans for significant numbers of extra GPs and other health professionals, and help and support to change the way in which services are organised so that the increasing workload can be managed.

The key changes envisaged in the GP Forward View are designed to address the following issues:

- **Workforce:** including specific commitments to provide more doctors, physician assistants, clinical pharmacists and mental health therapists so that patients will have access to a wider range of clinical expertise via their GP practice. Patients will also be encouraged to make greater use of pharmacies for advice and treatment of minor ailments.
- **Workload:** enabling practices to participate in the national 'Making Time for Patients programme' and to implement 10 High Impact Changes. There is also training for administrative staff to enable them to support GPs better by signposting patients to the right service and to deal with some clinical paperwork. There is also a £40 million resilience fund to support practices to work together and ensure there is a sustainable model of primary care which can meet the changing and increasing demands on general practice.
- **Infrastructure:** a £900 million investment programme to support increased use of technology and invest in building which will support the new service model which is developing.
- **Care redesign:** the Government is committed to developing extended access to general practice so that patients can access services seven days a week. This development needs to be integrated with changes to NHS 111 and out-of-hours services so that patients are supported to access care locally where ever clinically appropriate.

NHS England in the South West has also put in place a local Primary Care Development Fund package of support, with a particular emphasis on identifying and supporting those practices that are potentially vulnerable and on encouraging practices to work together in order to create sustainable delivery models.

This work has being supported by the appointment of a change manager in each CCG area, together with region-wide project co-ordination and support. New streams of funding and support including the resilience and access funds will build on this approach to help implement locally-appropriate solutions.

Taken together, the investment and change in primary care will mean a sustainable model of service delivery can be developed across Plymouth. It is, however, also likely that patients

will access services in different ways and be seen by a wider range of staff; WOSC members will have an important role in working with NHS England and the CCG to help to plan and communicate local changes in a positive way to patients and the public.

In order to celebrate the many good examples of change and innovation already being implemented across the region which demonstrates the GP Forward View vision in action NHS England is running a conference and awards event in October. This will enable practices to learn from colleagues locally and to be supported by practical tool to help them implement changes available on a new web-site being developed in conjunction with the Academic Health Science Network.

This overall approach means that, when commissioning care in Plymouth, NHS England's emphasis must be on:

- Developing GP services at a scale that can cope with the financial and work pressures; otherwise there is a greatly-increased risk that providers will find their businesses unviable and that patients will be left without a practice
- Encouraging innovative and extended services that offer maximum benefits for patients
- Making best use of capacity and of good buildings that already exist
- Making best and fairest use of taxpayers' money
- Tackling inequalities

GP services in the longer term: the process

With temporary contracts in place from the first part of 2016, NHS England was able to begin looking at options for the longer term, taking into account key factors including:

- National policy (see below)
- Population profiles, including levels of deprivation
- Geographical spread of patients registered with each practice
- Capacity in other practices
- Accessibility
- Sustainability of services
- Value for money

As a result, NHS England wrote to patients at Ernesettle, Mount Gould, Trelawny, Cumberland, St Barnabas and Hyde Park in August 2016 to share our early thinking regarding the options that we were considering for each surgery so that we could commence patient engagement.

This viewpoint has been used as the basis for intensive engagement work with patients at each surgery, so patients could understand the position from NHS England's perspective and, most importantly, NHS England could find out what they thought.

In the case of Ernesettle, Mount Gould and Trelawny, where the likely option was to reprocure, this was primarily to help shape the service specification that would be put to bidders.

In the case of St Barnabas, Hyde Park and Cumberland, the aim was to find out what impact loss of their surgery might have and to explore any other viable options. A similar approach is also now under way for Saltash Road surgery, following the subsequent resignation of the contract-holder.

Only when all feedback has been received and analysed will any decisions be taken by NHS England. This should be in October 2016.

This timescale is designed to enable any other surgeries to be added to the procurement process, or other options to be pursued, while still allowing time for all changes to be put into place by 1 April 2017.

The options for practices in Plymouth

The options for practices in Plymouth, as shared with patients, have been developed by NHS England with the Northern, Eastern and Western Devon Clinical Commissioning Group (which will be taking on greater responsibility for commissioning primary care) and with input from local GPs and from Devon Local Medical Committee.

Healthwatch Plymouth, Plymouth City Council and a GP are also represented on the group that has overseen this work.

The proposals can be broken into three:

1 Barne Barton
Efforts have been under way since 2007 to enhance the provision of GP care, alongside other community-based health and social care services. Work has been carried out to identify the specific needs of the population, and possible responses to meet those needs.

The case for procurement is based on multiple factors:

- High levels of deprivation
- Its designation as a top-priority neighbourhood within the Neighbourhood Renewal Action Plan (and one of only three to be sufficiently deprived to receive Government Neighbourhood Renewal Funding)
- An increasing population, currently around 5,000
- A clear wish from the community for such a development
- A high proportion of children
- Geographical and social isolation, with access via only one road.
- Community commitment to creating premises alongside the Tamar View Community Centre

Although a procurement exercise in 2015 failed to attract bidders, it is included in the wider procurement in 2016 because offering the contract alongside others will make it more attractive, potentially as part of a bigger bid (GP care 'at scale').

Consideration will also be given to the setting up of temporary premises, to enable the new service to start work pending the creation of permanent accommodation.

2 Ernesettle, Mount Gould, Trelawny and Cumberland

For historical reasons, although a single practice, this is the most-complicated arrangement. The four surgeries were previously run by Livewell SouthWest (formerly known as Plymouth Community Health), under a time-limited APMS contract. This expired at the end of March 2016. LiveWell decided against pursuing the option of a contract extension.

Although Livewell SouthWest ran the practice from four sites, only Ernesettle, Mount Gould and Trelawny were commissioned by the NHS. Cumberland had been set up on its own initiative ('at risk') by Livewell SouthWest.

Since then, the brand-new Devonport Health Centre has been built just across the car park from the Cumberland Centre. This modern building was created for a registered population of more than 9,000 patients; it currently has around 5,600.

When the new short-term provider, Access Healthcare, was appointed in 2016, NHS England decided to include the Cumberland in order to avoid any immediate disruption for patients.

The position is further complicated by the fact that the Cumberland premises are within the bigger Cumberland Centre, which also houses a minor injuries unit and other community services, which are commissioned by the CCG.

The CCG and Plymouth City Council are currently considering the best model for health and wellbeing hubs as part of their long-term vision for health and wellbeing. This could include Cumberland.

The CCG also commissions its GP outreach service for homeless people from Access Healthcare; although the GP who leads this work is based at the Cumberland, this is an administrative centre, with clinical care provided in the community. This CCG aims to continue commissioning an outreach service after the current contract ends, also on 31 March 2017.

NHS England has therefore set in motion a process to procure GP services for Ernesettle, Mount Gould and Trelawny – the three surgeries previously commissioned. NHS England has been talking with patients who use the three surgeries and running a survey, to inform the service specification (see below).

Bids have been received in the initial stage of the procurement process, based on a generalised specification. Once all patient feedback has been received, final specifications

will be drawn up and the second phase of procurement launched. This process is subject to modification if the decision is to include any other surgeries.

At the same time, NHS England has been exploring the option that Cumberland Surgery, which was never commissioned by the NHS, should not be re-provided when the current contract ends and what arrangements would need to be in place to sustain access to good GP services. This is because:

- The GP premises within the Cumberland Centre are inadequate (two windowless consulting rooms); this issue has been raised with NHS England by staff
- The surgery serves relatively few registered patients (around 1,800)
- Both of these factors would make the surgery unattractive to potential eligible bidders
- Everyone who goes to the surgery is registered with the single Ernesettle practice, so would, as now, be able to use any of the other three surgeries without re-registering
- Anyone who uses the surgery would alternatively be able to re-register with the new, purpose-built Devonport Health Centre on the same site
- Other practices in the area are also willing and able to take extra patients, so nobody need be left without a doctor
- There are real benefits in being part of a larger practice, with greater choice of appointments, more services and a wider range of skilled staff

3 St Barnabas, Hyde Park and Saltash Road

Based on the need to support sustainable general practice, as set out in the GP Forward View, NHS England has been engaging with patients on the option not to re-procure services at St Barnabas and Hyde Park. The same approach is now being taken for Saltash Road.

This is because:

- Their viability was already in doubt, given that all contracts were handed back to NHS England by the previous contract-holders, who were unable to secure the practices' future either by bringing in new signatories or by merging with other surgeries
- All are relatively small, which makes it harder for the practices to survive at a time when GP care is under pressure and it is hard to recruit staff – especially doctors
- Other practices in the area are willing and able to take extra patients, so nobody would be left without a doctor
- There are real benefits for patients in being part of a larger practice, with greater choice of appointments, more services and a wider range of skilled staff

As a result, NHS England's experience suggests that it would be difficult to find any willing and eligible provider interested in bidding for the three surgeries at the standard rate of £76.44 per patient – markedly lower than the value under the current, temporary contract. Given these factors, NHS England's preliminary view is that the best way forward and best use of taxpayers' money would be for these surgeries to close and to make use of capacity at other practices in the area.

The income flowing to those other practices would also improve their viability.

How decisions will reflect statutory duties to address health inequalities

As NHS England reviews the sites and options for the future, a foundation of the work will be Health Equality Impact Assessments on all sites using the approved and recently-updated NHS England templates. Expert advice has also been sought from NHS England's central team to promote health equalities in line with recent legislation (Health and Social Care Act 2012). These will be reviewed in the light of patient engagement.

NHS England commissions general medical services for people who are ill or believe themselves to be ill. Our commissioning colleagues in the clinical commissioning group and within public health at the city council also commission a range of local enhanced services from GPs to meet the specific needs of the local population.

Therefore, when undertaking any health equality impact assessment, NHS England is conscious of the fact that patients have access to several other GP surgeries that are commissioned to provide the same services.

The impact of a potential closure would be mitigated by access to other practices nearby, all of which have open lists and can register new patients.

Overall, when considering the options on whether or not to seek new providers for St Barnabas, Hyde Park, Cumberland and Saltash Road, NHS England will take into account:

- Feedback from patients
- Population profiles, including levels of deprivation
- Where patients live
- Equality Impact Assessments
- Transport issues, including bus routes
- Accessibility issues, including provision for people with disabilities

How we have engaged with patients and stakeholders

NHS England guidance on engagement is set out in its 'Statement of Arrangements and Guidance on Patient and Public Participation in Commissioning' (December 2015).

This extract explains duties under Section 13Q of the Health and Social Care Act 2012 and includes an important example:

> Where public involvement is required, NHS England has a broad discretion as to *how* it involves the public. However, this is not an absolute discretion: it must ensure that its arrangements are ***fair*** and ***proportionate***.
>
> ***Fair***
> The courts have established guiding principles for what constitutes a fair consultation exercise. These principles (known as the *Gunning* principles) were

developed by the courts within the context of what constitutes a fair *consultation* and will not apply to every type of public involvement activity. However, they will still be informative when making plans to involve the public.

The *Gunning* principles are that the consultation:

- Takes place at a time when proposals are still at a formative stage. If involvement is to be meaningful, it should take place typically at an early stage. However, it is often permissible to consult on a preferred option or decision in principle, so long as there is a genuine opportunity for the public to influence the final decision.
- Gives the public sufficient information and reasons for any proposal to allow the public to consider and respond.
- Allow adequate time for the public to consider and respond before a final decision is made.
- The product of the public involvement exercise must be conscientiously taken into account in making a final decision.

Proportionate

It is almost always possible to suggest that more can be done or that an exercise can be improved upon, particularly with hindsight. However, NHS England needs to balance its duty to make arrangements to involve the public with its duty to act effectively, efficiently and economically. Therefore, the arrangements for public involvement and activities flowing from those arrangements need to be proportionate.

NHS England should also consider the potential impact on other services, which may not be commissioned by NHS England (e.g. ambulance services), and issues for patients beyond the clinical services themselves such as accessibility, transport links and ambulance availability.

For example:
A small GP practice in an urban area is likely to close due to the retirement of the lead partner and difficulties relating to the condition of the practice premises. The patient list can be dispersed to a neighbouring GP practice two streets away. The public involvement duty would be engaged, but carrying out an extensive public involvement exercise in relation to the changes may be disproportionate. Local commissioners arrange to write directly to all current patients of the practice informing them of the planned change, and ensure that clear notices are displayed on noticeboards at the surgery and local community venues, and that information is included on the practice website. They talk to the patient participation groups of both surgeries about the impact of the proposed changes and arrange a drop-in session at the practice for patients to find out more. Specific efforts are made to reach those who may be easy to overlook, including seeking advice from the local community and voluntary services about the impact on groups in the local community that experience the greatest inequalities.

When considering the way forward for all affected practices in Plymouth, NHS England was very clear that options should not be closed off for those surgeries that, in its preliminary view, should not be procured. The decision-making process was timetabled so any of these surgeries could still be added into the procurement process, to try and find a new provider for 1 April 2017.

The process is being overseen by a group that includes representatives NEW Devon CCG, Plymouth City Council and Healthwatch Plymouth, along with an independent GP. Devon Local Medical Committee and other GPs also helped shape the proposals.

The approach to direct patient engagement has been two-fold:

1. For Ernesettle, Mount Gould and Trelawny patients, a survey was set up so they could consider issues such as opening hours, types of staff and levels of service. The online survey ran until Friday 23 September, supplemented by paper copies that were available from the surgeries. Results are now being analysed so service specifications can be finalised for phase two of procurement. Considerable, similar feedback had already been gathered from people in Barne Barton, as part of the abortive procurement process in 2015.

2. For St Barnabas, Hyde Park and Cumberland the brief was to try to understand what impact the loss of their surgery would have on individual patients and if there might be any other viable options than closure and dispersal of the registered list. The same approach is now under way for Saltash Road (see below)

Initial contact with patients was via letter sent week commencing 22 August. These letters had been due to go out a week earlier, but were held up at NHS England's national contractor.

A series of drop-in sessions were organised for interested patients. The initial round was referred to in the patient letters, with explicit acknowledgement that these slots would not suit everybody and with an open invitation to suggest further, convenient dates via email or phone.

Given that the first date was very close to the time when letters would arrive, Patient Participation Groups were briefed the week beforehand and asked to spread the word. In the event, the initial drop-in sessions were very well-attended, overrunning their timeslots.

While awaiting suggestions of further dates, further rounds were proactively arranged at different times of day, and publicised via Patient Participation Groups and other stakeholders. Many of these were also well-attended.

There was some confusion over format among patients at the first three sessions. This was addressed for subsequent events by the addition of a 'meet and greet' member of staff to explain the process.

This process involved small-scale discussions with NHS England staff, supported by Healthwatch Plymouth. This allowed individuals to discuss their personal positions, in private if necessary. The impact of potential closure was captured in feedback forms that had been developed with Healthwatch Plymouth.

These forms were also sent out and returned electronically.

Public meetings were not held. Long experience has shown that these are ineffective in capturing the type of feedback that was needed by NHS England, which centres on individual experience. Many patients would not attend an open meeting, or would not speak up in such an environment; these are often the people from whom NHS England would not otherwise hear.

The full programme of drop-in sessions was:

Hyde Park Surgery	Thursday 25th August	10.00am
St Barnabas Surgery	Thursday 25th August	12.00pm
Cumberland Centre Surgery	Thursday 25th August	2.00pm
St Barnabas Surgery	Tuesday 30th August	4.30pm
Cumberland Centre Surgery	Wednesday 31st August	4.30pm
Hyde Park Surgery	Friday 2nd September	4.30pm
Ernesettle Primary Care Centre	Thursday 8th September	10.00am
Trelawny Surgery	Thursday 8th September	12.00pm
Mount Gould Primary Care Centre	Thursday 8th September	2.00pm
Cumberland Centre Surgery	Monday 12th September	10.00am
St Barnabas Surgery	Monday 12th September	12.00pm
Hyde Park Surgery	Monday 12th September	2.00pm
Mount Gould Primary Care Centre	Monday 19th September	10.00am
Ernesettle Primary Care Centre	Monday 19th September	12.00pm
Trelawny Surgery	Monday 19th September	2.00pm

As well as being briefed by NHS England the week before the letters were sent, Patient Participation Groups were asked to help generate interest, to advise on any particular hard-to-reach groups, and to distribute the feedback forms.

As of 23 September, well over 300 feedback forms had been received, along with other comments via email, phone and post. These are being analysed, so the key issues can be identified and taken into account in the decision-making process.

The feedback and comments are being collated under four main themes:

- Relationship with another practice
- Access to another practice
- Re-location (travel, access)
- The services available at another practice

Healthwatch Plymouth has also been gathering patient feedback via its own online system. This is being collated in its own report.

As stated above, the approach to Saltash Road has been the same as for Hyde Park, St Barnabas and Cumberland. NHS England is now seeking to find out what impact the loss of their surgery would have on individual patients and if there might be any other viable options other than closure and dispersal of the registered list.

Patient feedback forms are available online and via the surgery, while initial drop-in sessions are planned for 12 October.

How feedback from engagement will be reflected in further development of proposals

The results of the engagement and feedback from patients and Healthwatch, together with the outcome of this Select Committee, will feed into the decision-making process, which has been put back to enable all input to be collected.

Options for all of the sites will form a paper recommending the way forward for consideration by the directors of NHS England South West. The decisions are needed by later October in order to meet the timescales for making necessary changes by 1 April 2017.

The options and recommendations for St Barnabas, Hyde Park, Cumberland and Saltash Road will give full weight to patient feedback, alongside all other factors outlined above. This allows for any of these surgeries to be placed into the procurement process, or for other options to be followed through.

If the decision is taken to disperse any patient lists, the timescale also allows for this to be managed, so that the patient experience is as smooth as possible in transferring to other GP practices. NHS England always requires a detailed exit plan from provider in these circumstances, with special attention to the needs of vulnerable people.

The options and recommendations will also span Ernesettle, Trelawny, Mount Gould and Barne Barton. While initial bids have been received, the next phase will see a full specification circulated, drawing on patient feedback. Bidders will need to satisfy NHS England that they can provide a safe and effective service against this specification.

There is no guarantee that any of these services can be reprocured. In that case, alternative plans would need to be developed, in line with NHNS England's duty to ensure that patients would not be without GP care.

The procurement process has built into it the opportunity for stakeholders such as the NEW Devon CCG and HealthWatch to evaluate the bids and to be involved with the decision-making process for awarding the contracts.

Range of primary care services for patients at Plymouth practices

The current contract between NHS England and all the Plymouth practices involved covers essential primary care medical services that are for people who are ill or believe themselves to be ill. This also includes treatment and care for long-term conditions.

They are also contracted to provide additional services such as basic contraception as well as childhood immunisation and vaccination programmes, plus some minor surgery. There are a number of Directed Enhanced Services which NHS England offer practices each year which include: Learning Disabilities Health Checks, Minor Surgery, Extended Access Hours and Avoiding Unplanned Admissions.

All of these services are provided at GP practices in Plymouth, therefore if these sites were to close, the affected patients could access all these services at any of the other 30 or so practices in Plymouth.

In addition to the basic primary care services that NHS England commissions the NEW Devon CCG also commission a range of services for patients and they would need to consider how best to commission those services going forward, however many of these services are commissioned annually therefore it would be possible to re provide those services elsewhere.

Similarly Plymouth City Council commissions sexual health services from GP practices including the long acting reversible contraceptives and other public health services and they too offer these on an annual basis so the provision can be changed. It is fair to summarise that most of the services commissioned by both the NEW Devon CCG and Plymouth City Council will be offered to all GP practices in the city and so there should be universal access to all the services.

The Outreach service for the homeless that the CCG currently commissions was originally procured to be run form the Ernesettle group of practices, which at that time consisted of Ernesettle Primary Care Centre, Mount Gould Primary Care Centre and Trelawny Surgery. The CCG is currently in the process of reprocuring this service. The CCG and Plymouth City Council are also currently considering the best model for health and wellbeing hubs as part of their long-term vision for health and wellbeing. This could include the Cumberland campus site

The Medical School works with practices to provide training placements for GP's and all of the six sites involved in this project are involved to a greater or lesser extent, although the provision of GP training is not contractual. NHS England has made contact with the Medical School to update them on the current process and will continue to work with them as the procurement progresses.

To summarise, all of the current services can and would be available to patients wherever they are registered, so there would be no loss of service to patients.

Appendix 1: Services commissioned by NHS England under GMS, PMS and APMS contracts

Standard contractual services:

- Minor surgery
- Learning Disability health check scheme
- Extended hours
- Avoiding Unplanned Admissions
- MMR vaccinations
- Men B
- Men ACWY
- Meningococcal Booster
- Hep B
- Rotavirus vaccinations for children
- Seasonal Flu Vaccination
- Seasonal Pneumo Vaccinations
- Childhood Seasonal Influenza (2 & 3 year olds)
- Shingles vaccinations
- Pertussis vaccinations for pregnant women
- Pneumococcal

Additional services also provided:

- Cervical screening
- Contraception services
- Vaccination and immunizations
- Childhood Vaccination and immunizations
- Child Health Surveillance
- Maternity medical services – excluding intra partum care
- Minor Surgery (curettage & cautery)

Appendix 2: Practice ready reckoner (Excel file)