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Dear Councillor Aspinall

Re: Primary Care Commissioning in Plymouth

Thank you for your letter of 14th October 2016, following the Wellbeing Select Committee held on 6th October. This is the formal response requested in that letter. Please see the response to each recommendation in turn.

1. ***This committee considers that the services delivered for the Cumberland surgery are essential in the battle against Health Inequalities which Plymouth City Council is committed to addressing.***

NHS England appreciates the value the City Council, patients and the public place on the primary care and minor injuries services delivered in Devonport as part of addressing health inequalities in Devonport. However, the Cumberland Surgery does not provide the same range of comprehensive primary care services to patients as other local practices in the same area, such as extended hours, or avoiding unplanned admissions through targeted support and care plans for patients who might otherwise be admitted unnecessarily to an acute hospital.
The minor injuries service at the Cumberland Centre will not be affected by this decision and NEW Devon CCG are working to re-procure the Homeless service which is currently managed from the Cumberland Centre, by April 2017.
NEW Devon CCG is in the early stages of exploring a Health and Wellbeing Hub model which will use the Cumberland Centre campus as a focus point. This will be a step forward for the people of Devonport in addressing a wider set of issues which contribute to the health inequalities in the area.

2. ***The committee takes seriously its duties under the NHS Act 2006 (as amended) and strongly recommends that to NHS England that all attempts are made to re-procure the current service being delivered through the Cumberland surgery.***

NHS England has taken the difficult decision not to re-procure the current primary care service at the Cumberland Surgery, which as you know was not established by NHS England in the first place. The decision about the Cumberland Surgery was made taking into account its own circumstances and the feedback from patients. The common factors included:

- The underlying level of viability, given that the previous providers had been unable to sustain any of the surgeries which we are not re procuring, despite their best efforts.
- The relatively small size of the practices, which make them unattractive to would-be providers who would have to take on the financial risk (at a value of £76.44 per patient per year).
- The likelihood that, even if a would-be provider was found and was able to meet the necessary criteria, that provider would not be able to keep the doors open for long.
- The fact that young doctors increasingly prefer to be salaried or to work as locums, working within larger practices, which makes it particularly hard for small practices to recruit.
- The availability of alternative GP services, with most patients having the choice of 20 or more other surgeries located within two miles.
- Where patients live, with significant numbers closer to other surgeries than to the one where they are registered.
- The direction of travel set out in the national policy blueprint, the General Practice Forward View, which recognizes the pressures on general practice and points towards a future in which surgeries increasingly operate ‘at scale’ rather than as separate, small businesses (see appendix 1)

Many of these issues are common across the South West as NHS England has sought to sustain general practice.

Taking all the above factors into account, NHS England’s conclusion in each case is that there is no realistic prospect of attracting a new provider that would be able to sustain the individual practices in the face of rising workload and increasing financial pressures.

However, NHS England and NEW Devon Clinical Commissioning Group, which commissions other local services, recognise the Cumberland Centre as a special case because of the deprived population it serves. Work is therefore now under way

to look at how local services might be enhanced from this site, with the objective of creating a Health and Wellbeing Hub.

Other points to note about the Cumberland Surgery are that:

- It was set up ‘at risk’ by LiveWell South West as part of its single contract that
- also spanned Ernesettle, Mount Gould and Trelawny surgeries. This means it was never commissioned by the NHS, given the existing commitment to build the new Devonport Health Centre next door.
- Devonport Health Centre is now open and, with 5,600 registered patients against a capacity of at least 9,000, has more than enough space to absorb more patients from the Cumberland Surgery.
- Unlike most other surgeries in the area, the Cumberland Surgery has not signed up to open extended hours, or to provide special support to help vulnerable patients avoid admission to hospital, which is part of a core offer we encourage all practices to deliver to patients.
- Other services at the Cumberland Centre, including the minor injury unit, are not affected by this decision.
- The outreach service for homeless people, which has been headquartered at the Cumberland Centre, will be re-procured by NEW Devon CCG to provide continuity of care after the current contract expires on 31 March 2017.

3. ***NHS England should work in conjunction with the Clinical Commissioning Group, Plymouth City Council, Peninsula Medical School and providers adjacent to the Cumberland surgery to investigate how sustainable services to tackle health inequalities in this area may be delivered.***

NHS England and partners within the Clinical Commissioning Group, the City Council and the Peninsula Medical School are committed to tackling health inequalities in Devonport. We will work together to address the inequalities in all current and future work with existing providers, and where opportunities arise, for example through procurements, we will investigate how sustainable services to tackle health inequalities can be delivered.. This commitment can be demonstrated through our work with the nearby community of Barne Barton. This should mean that we secure a provider to set up a GP service for the community of Barne Barton, and there will also be a Community Pharmacy to provide an additional service to this more isolated community.

Furthermore, NHS England is collaborating with the CCG on the re-procurement of the Outreach Service – specifically for homeless people.

We know that the Public Health team at Plymouth City Council are keen to work with the CCG and the third sector to develop Health and Wellbeing Hub, which will be able to tackle access to a range of support services for communities such as Devonport. The CCG are currently looking at innovative models to provide better access to urgent care within the community and again the Cumberland Centre is ideally placed to launch this service delivery model.

4. ***The Committee recognizes that whilst NHS England have accepted flaws in the consultation and engagement process, this committee must put on record its dissatisfaction with the process following submissions from patient groups during the course of this meeting***

NHS England acknowledges there were two main areas that caused concerns with regard to the engagement process. With this in mind NHS England has already made some changes to the engagement process, recognising the need to respond to these issues as soon as these were known. The two areas and our responses are as follows:

1) The letters alerting patients of St Barnabus Surgery, Hyde Park Surgery and the Cumberland Surgery to the engagement process, and containing information about drop in sessions at the surgeries were sent out later than anticipated which meant that patients felt they had no notice of the drop in sessions. Further feedback concerned the timing of the letters and concentrated on the fact that letters were sent during peak holiday periods.

   NHS England used an agent to send letters to patients, and unfortunately they were unable to work within the timescales set by the local team in the South West. This meant there was a delay in sending out the letters which we recognise was unacceptable.

   Subsequent letters have been sent out from our local office, meaning we have more control over delivery, and can make sure that patients are the first to know of our decisions. With regards to the timing of the letters, we agree it was regrettable that the letters were sent out in August at the end of the summer holidays, however we were clear that the engagement period would last for four weeks ending on 24th September. We were also clear that there was more than one method of patients being able to give their views, as patients could write, email or phone us as well as attending the drop in sessions.

2) The first drop in sessions were well attended despite feedback that the notice period for these sessions was too short. This led to criticism that the drop in sessions were chaotic and disorganised. We took this feedback seriously, internally reviewed our processes and as a result sent more staff to subsequent

sessions. As an example we were able to send four members of staff to the Cumberland Surgery drop in session on 25th August 2016.

As a result of the engagement process 430 people responded by coming to drop-in meetings or contacted us via phone, email or post. All feedback was collated and analysed as part of the decision-making process.

Detailed responses were also received from Healthwatch Plymouth and from the Cumberland Patient Participation Group among others. We were also able to use the specific feedback received at the Overview and Scrutiny Meeting when making our final decisions.

The broad themes from the engagement process were as follows;

- Patients did not wish to lose their relationship with the GP and valued good access to a practice and not waiting a long time for an appointment.
- Another practice might be larger, with longer waits to speak with receptionists or for appointments.
- Patients were concerned about the distance to other practices, the lack of direct bus services the cost of travel including taxi fares.
- Patients felt they might lose valued services.
- Patients did not wish to lose their relationship with staff who were more than clinicians, knew them well and enabled patients to see the same doctor each time.
- Some patients did not want to register with other surgeries, because of past experience.
- Patients valued the continuity of care in managing long term health conditions and worry that they would not get the same level of care at any other GP surgery.
- Patients did not wish to lose their relationship with the GP, and valued good access to a practice and not waiting a long time for an appointment.
- Patient felt another practice might be larger, with longer waits to speak with receptionists or for appointments.

5. ***With regard to St Barnabas and Hyde Park surgeries; that committee, via the Chair, receives information on how future proposals reflect the engagement and consultation that has taken place and includes an impact assessment on surrounding surgeries***

The decision has been taken that St Barnabas and Hyde Park surgeries will not be re-procured for the reasons set out in our response above to your second recommendation, and also in the light of the patient feedback received, as described in the response to the fourth recommendation above.

In the areas surrounding both practices there are 20 different GP practices within a two mile radius of each surgery. Investment has been made across Plymouth at a number of GP practices to either enlarge or improves premises, therefore the impact on any individual practice is expected to be diluted as a result of the large number of GP practices in the area. There is a positive impact for those surgeries as an increased number of patients will result in increased income, which will help to secure a more sustainable set of GP practices for the population of Plymouth. We will be working closely with all practices, as well as patients, to ensure a smooth transition for patients.

6. ***NHS England should consider "lessons learnt" from the recent consultation experience and in future all proposals should be accompanied by an extensive communication plan which advises all patients of alternative services and how to access them.***

It has been helpful to receive your feedback which enables us to build learning into any future engagement and communication with patients about service change. I think it is helpful to re iterate the NHS England requirements around engagement. The NHS England guidance on engagement is set out in the '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.

<u>Fair</u>
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. However, the decision-making process was timetabled so any of these surgeries could still be added into the procurement process following the patient engagement exercise, to try and find a new provider for 1 April 2017.

The process undertaken locally has been 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 have also helped shape the proposals.

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

- 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 the procurement. Considerable, similar feedback had already been gathered from people in Barne Barton, as part of the abortive procurement process in 2015.
- 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.

All patients registered at the affected practices will be receiving letters this week giving them the news of the decision made to close the surgeries and providing information on all the other GP practices in Plymouth. In addition there is a telephone number and email address where patients can contact our team at NHS England if they have questions or need help registering at another GP practice. With the support of the existing contract holder the most vulnerable patients will also be supported to move to a new GP Practice of their choice.

I can confirm that we were clear during the engagement process that NHS England wanted to listen to patients views, but recognise that sending out lists of alternative services at that point in the process could have been misconstrued as meaning a decision had been made before the results of the engagement were known.

7. ***Plans for the future of Primary Care services are considered at the Health and Wellbeing Board to check alignment against the Plymouth Plan (HWB Strategy)***

The GP Forward View is the blueprint for developing sustainable primary care in Plymouth. This means that, when commissioning primary care for Plymouth for the future, NHS England will work with partners such as the City Council to

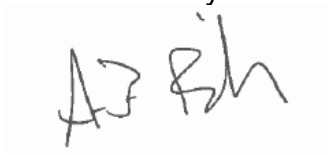
- Encourage innovative and extended services that offer maximum benefits for patients.
- Make best use of capacity and of good buildings that already exist.
- Develop GP services at a scale that can cope with the financial and workload

pressures.and tackle inequalities.

- Make best and fairest use of taxpayers' money.
- It will be helpful as we develop our plans, in combination with the CCG, for the future of primary care services to work with the Health and Wellbeing Board and ensure alignment against the Plymouth Plan (HWB Strategy).

I look forward to a continued close working.

Yours sincerely



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